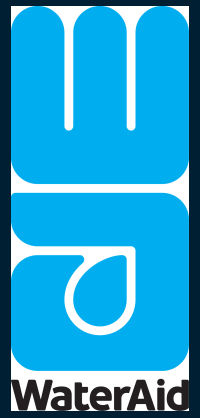
# Eliminating inequalities in the WASH response to COVID-19

In conjunction with WaterAid and WSSCC



#SWAinAction

23 April 2020

# Programme

- Framing Presentation
- Nepal
- Kenya
- Malawi
- WaterAid
- Question and Answer

# Framing Presentation

**Ms. Catarina de Albuquerque**

**CEO, Sanitation and Water for All**

# Why addressing inequalities is essential at this time of COVID-19

- SDGs and human rights demand sanitation and water for all, **focusing on the elimination of inequalities**
- Eliminating inequalities in water and sanitation reduces wider development inequalities.
- There are continuous health crises due to preventable disease in many settlements around the world due to lack of water and sanitation, **this is not new**
- **Inequalities are exacerbated** by COVID-19
- People without access to water and sanitation are least able to protect themselves from COVID-19.
- COVID-19 is particularly dangerous for particular vulnerable people – due to age an underlying health conditions.
- People living in poverty suffer from long-term malnutrition and ill-health caused by poor water and sanitation, poor air quality, limited opportunities to look after health increasing their risk

# What are the limitations of ‘lockdown’ in cities in the South

- Solutions practiced in Europe and China may not be appropriate in the South
- Social distancing in densely populated urban settlements, and handwashing where there is no access to soap and water is challenging if not impossible
- Where there are limited services at home, people have to leave the home for basic needs, such as to fetch water at communal waterpoints and use communal toilets
- Daily wage earners cannot survive without working or external financial support
- Most countries have a limited national ‘safety net’

# Learning from previous health crises

- Managing HIV / AIDS, SARS, Ebola have all provided lessons that must be used now
- Communities themselves are the best resource to tackle the epidemic.
- Communities best understand how to adapt existing practices that may put them at risk.
- Any mitigation measures must be understood, adapted and agreed by the communities expected to carry them out.
- Unless there is local organization and engagement with communities, and trust and no response will work.
- A heavy-handed lockdown, policed by the military, as we are seeing in some countries, will cause more unrest, and will not address the inequalities that already exist and are being exacerbated through measures designed to limit the spread of COVID-19.
- A collaborative, cooperative response requires integration of water and sanitation into other critical approaches in public health and social / economic support.

# Information, data collection

- There is an urgent need for clear, evidence-based information
- Efficient, coordinated systems for information management and sharing using the channels that are used by local communities, and working with local leaders to endorse the messages and prevent misinformation
- Working with communities to provide and confirm data on infection rates
- Communities know where the most vulnerable people live and are best placed to support them

# Solutions

- Human rights principles – non-discrimination, participation, access to information, accountability and sustainability – are as critical now as they are in ‘normal’ times.
- Community processes for managing the virus are critical for success
- Communities must be invited to work the city and with the national government about the difficulties that they are facing, particularly regarding the support that they require, and the most appropriate ways of providing that support.
- Emergency handwashing stations must give way to long-term solutions that ensure access to water and sanitation for all always and everywhere

# Protecting the vulnerable

During this webinar we will hear from governments and civil society organisations about how they are working to protect marginalized and vulnerable people from Covid 19, and asking some hard questions, including

- How do we use the lessons learnt today to protect people in the future?
- Where decisions are made to reduce of remove tariffs – how does this benefit the poorest communities who don't have a connection?
- Where we are asking people to stay in the home and keep at least 2m from others, how are we ensuring that public toilets are safe, open and accessible under these conditions?
- How are we protecting public water resources so that people do not pass the virus on simply from the handle of the water pump?

These are some of the questions that we are putting to our panelists today – and we hope to be able to share solutions and good practices as a result of this webinar.

# Nepal

**Dr. Rajit Ojha**

**Ministry of Water Supply**

# Preparedness

- Preparedness plan was prepared assuming 7,000 case load and 700,000 population impacted
- WASH CLUSTER BUDGET ESTIMATED USD 3.04M
- Government decided hub hospitals in capital and  no. of satellite hospitals in regional centers for curing the infected patients
- Isolation centers and quarantine centers prepared by local governments capacity YET to be assessed

# Nepal's WASH Sector

- Approximate 41,000 water supply schemes are operated by Water Users and Sanitation Committee (Approx. UNREACHED POP 11% and limited service level more than 30% )
- Urban water operators are Nepal Water Supply Corporation
- For Kathmandu the water utility is Kathmandu Upatyaka Khanepani Limited
- COUNTRY declared ODF however, sanitation sustainability is concern, data on Hygiene is yet to be put in MIS
- Constitution has given the operating right to local government
- Local government still needs capacity strengthening to operate

# Preparedness and Response in the WASH Sector

- Facilitation in Institutional and communication arrangements AT NATIONAL AND SUB-NATIONAL LEVELs
- NATIONAL WASH cluster SECRETARIAT EQUIPPED WITH INFO MANAGEMENT system and human resources however it needs to trickle down to provinces
- Guidance notes  to service providers/local governments/provincial governments
- Health Care Facilities'  WaSH assessments ONGOING with the help of development partners and Ministry of health
- SUPPORT TO HealthCare Facilities BEING PROVIDED TO COVID HOSPITAL
- REGULAR WASH CLUSTER mechanism/MEETING taking place; UPDATES and corrective course adopted
- 4W UPDATING- initiated among the WaSH clusters partners for response, some initial response initiated

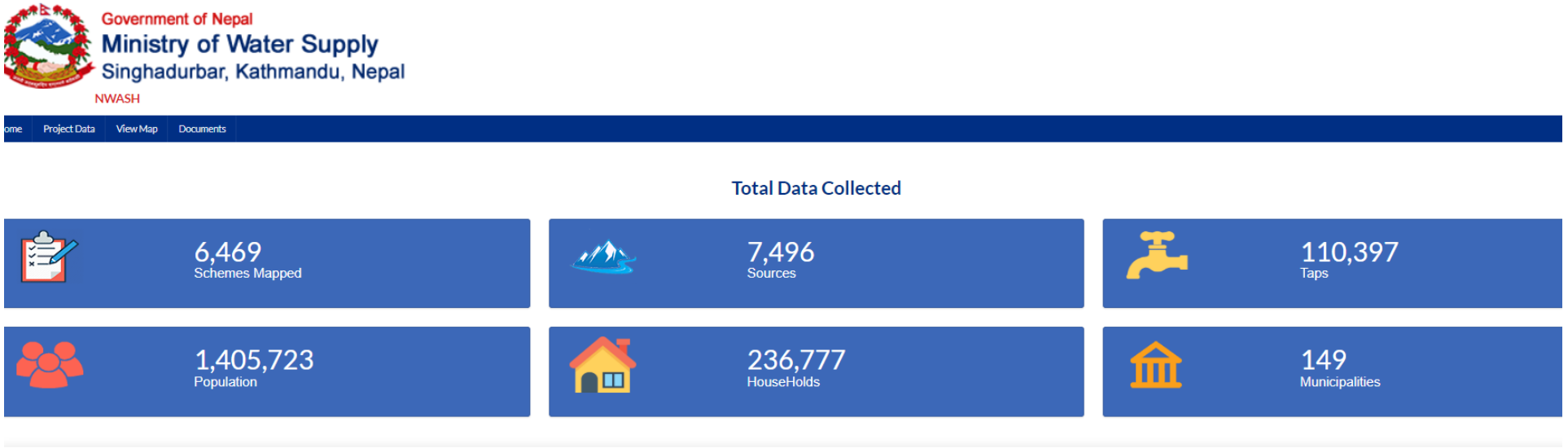
# Challenges and Key Learnings

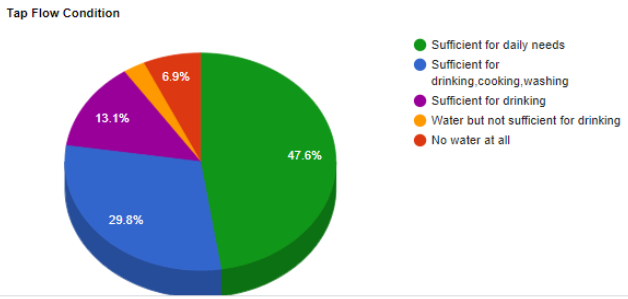
- Supply- Local level supply options for critical materials such as disinfectants etc.
- Quick installation of new or improvement of old hand washing facilities in healthcare centres/hospital ??
- Mobility- More digitized platforms/ Digital literacy to service providers
- Safety- Make safety equipment's for field workers mandatory
- Regulation and monitoring- Digitized platforms for live monitoring/institutional arrangement for WaSH regulation
- Communication- Establish the communication channel between the layer of governments through National contingency plan.
- Multi hazard- THE MONSOON SEASON coming soon. CAN be bigger disaster if both are on the same time
- FUNDING GAP in UPCOMING YEARS
- Research – if corona is found in water and sewerage ? How? If International experts' support available ?

# Responses to mitigate Inequalities during coVID-19

- Local government has initiated subsidizing the water tariff but the question is how to operate water supply system in its own revenue to be looked at now
- FEW WUSC has also rebated the water tariffs
- WATER TRUCKING for the vulnerable /UNREACHED COMMUNITIES TO PROMOTE HYGIENIC Behavior
- Distribution of Water disinfection agent to poverty stricken aREA
- Impact of covid-19 on women and children being esp. wash sector
- Supply of hygiene/dignity kit being distributed to women in affected(potential) community together with essential support package is initiated but LOCAL GOVERNMENT NEEDS TO UNDERSTAND the importance of WASH
- Wash cluster is working together with women/children/elderly related ministry/agency to address wash need of those people

# Identifying the vulnerable population




Robust MIS

We can integrate with other vulnerability layers (poverty, marginalized group presence against WaSH services easily now)

# Its time to give emphasis to “hygiene” inequalities

Introduction of Hygiene in National MIS

Basic Hygiene Services (Hand washing facility with soap at premises )

| | Coverage | Richest | Poorest |
|---|---|---|---|
| Urban | 67.5% | 91.9% | 40.2%% |
| Rural | 43.1% | 58.0 | 27.2% |
| Nepal | 47.8% | 85.8% | 32.5% |

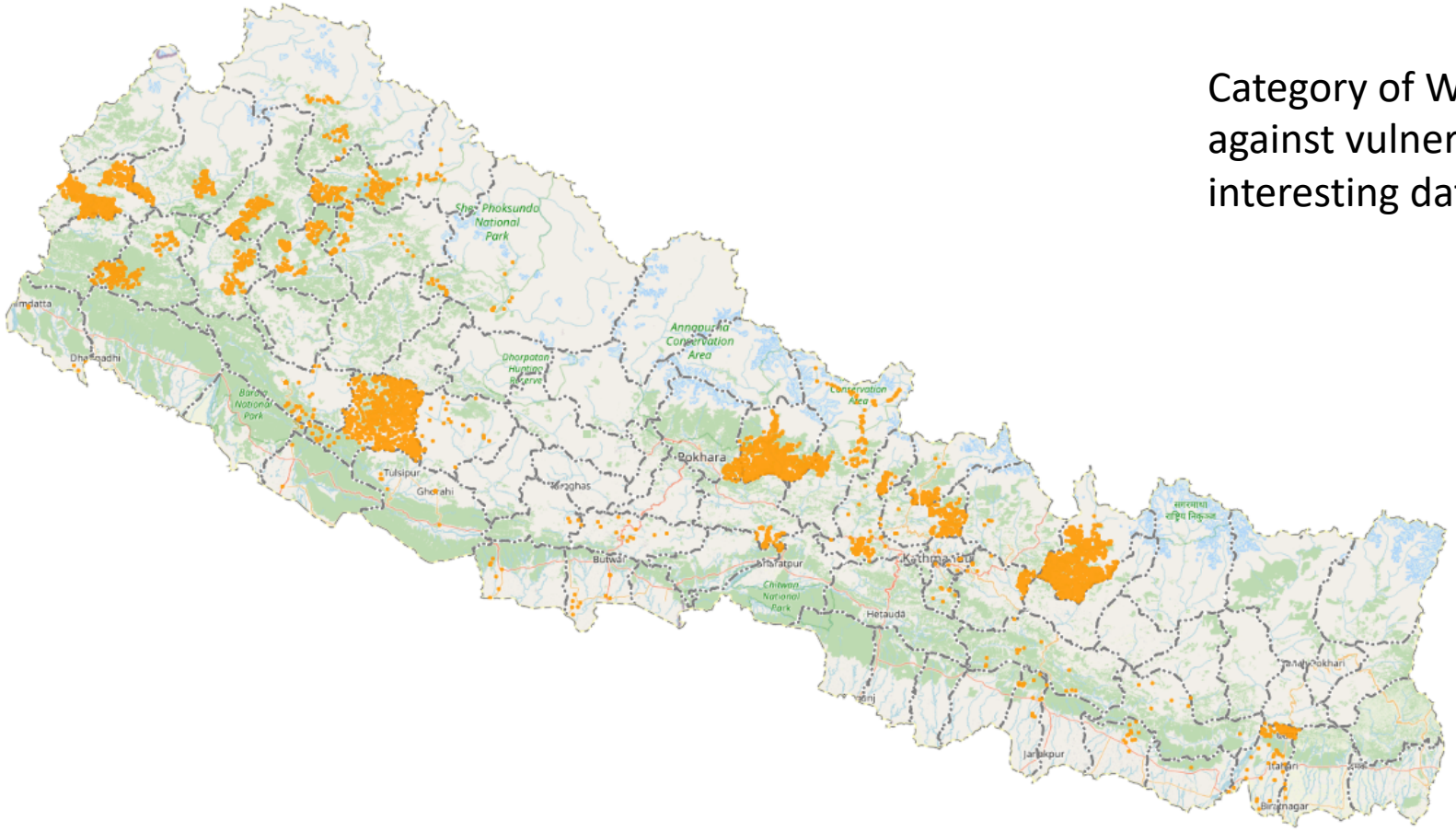
Source: JMP Report 2017

Measuring the investment of household levels

Integrated WaSH plan of local governments

Robust and live MIS along with financial planning

# Integration of vulnerability profiles against WASH service data




Category of WaSH services/ ladders against vulnerability profiles would be interesting data to analyse

# Putting the policies/analysis into practice

- Strengthen the local government on wash sector programming and monitoring – both regular and emergency - in coming years
- Output based Sectoral funding to empower local governments
- Strengthen the vulnerable population (Sector Development Plan aims not only to improve the WaSH services of vulnerable population but also to act as the empowerment wheel through key posts,job opportunity in marginalized communities.
- DEVELOPMENT PARTNERS enhanced support post COVID 19
- Finalization Materialization of pending wash-sdp and conducting joint sector review for better harmony/coordination with development partners
- Moving towards wash sector wide approach by increasing investment in wash sector

# Kenya

**Eng. Kimanthi Kyengo**

**Ag. Director - Sanitation Management & Head of Development Cooperation**

**Ministry of Water & Sanitation and Irrigation**

MWSI MOH Wash Partners

# Eliminating Inequalities in the Water, Sanitation and Hygiene Response to COVID-19

## SWA Briefing

23rd April 2020

Nairobi.

# Identifying the most vulnerable populations

**Who?**

- Informal settlements residents
- Low-income backgrounds esp. casual labourers, daily workers
- Rural population - focus on pastoralists, Low literacy levels
- Health workers
- Elderly and people with disabilities
- People with chronic conditions
- Prisoners
- WSS underserved Population
- Refugees

# Creating policies and taking water and sanitation actions which target the vulnerable

- Emergency/coordinated approach-incld. 2 levels of Govt.
- Thematic response teams
- Emergency fund – incl. Private sector
- Lead agency identification - Presidency & MoH
- WASH IPC coordination
- WASH protocols and Regulatory advisory
- Identification of hotspots across the country - 4,265 hot spot sites
- Identification of vulnerable populations
- Sensitization/Awareness creation, promotion of HWWS

# Creating policies and taking water and sanitation actions which target the vulnerable

- Setting up of National and County WASH coordination committes
- Advocacy for increased investment in WASH infrastructure
- Facilitating community monitoring/Surveillance
- Development of digital platforms for info., data and insights Sharing among stakeholders

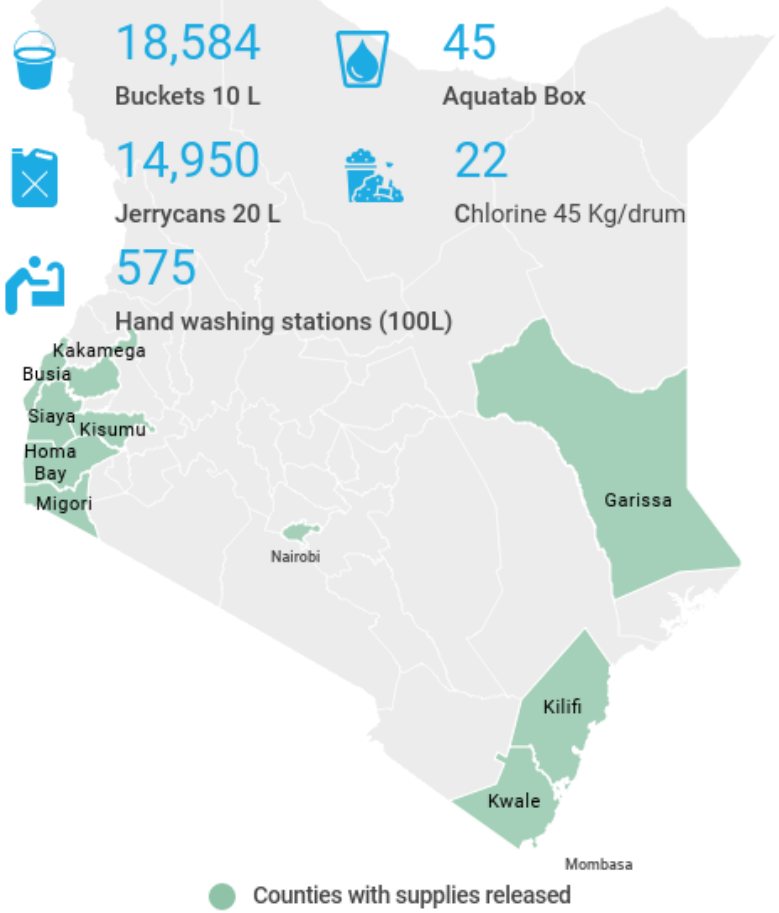
# MWSI ~ HW, tanks, Bowsers & Exhauster …20.04.200

| Market Center | CBD | Bus Stops/Parks | Informal Settlements/Slums | Police Stations /Prison | Health facility | Total | Water Tanks Installed | | Water Bowsers Available | Exhausters |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | NO. | Capacity (5M³ or 10M³) | | |
| 1191 | 471 | 494 | 786 | 326 | 145 | 4,512 | 494 | ~ | 93 | 9 |

# COVID-19 WASH supplies - UNICEF

## Supplies released in 11 counties

- 48,750 Bar soap
- 100 Knapsacker sprayers 20 L
- 18,584 Buckets 10 L
- 45 Aquatab Box
- 14,950 Jerrycans 20 L
- 22 Chlorine 45 Kg/drum
- 575 Hand washing stations (100L)




## Supplies ready for delivery

- 46,000 Bar soap
- 1,000 Knapsacker sprayers 20 L
- 1,000 Jik bleach
- 500 Hand sanitiser - 500 ML
- 70 Aquatab Box
- 425 Hand washing stations (100 L)

## Pipeline supplies

- 1,000 Heavy duty gloves
- 500 Gumboots
- 100 Chlorine 45 Kg/drum

# Sanergy, SWA Private Sector member, COVID-19 response

- Joined **government's Emergency Response Taskforce**, & private sector initiatives focused on getting essential supplies to the COVID-19 hotspots identified by the Kenyan government.
- Deployed **30,000 bars** of soap donated by **Unilever** to the residents of Mukuru and Mathare informal settlements and frontline workers in Nairobi.
- Implemented free handwashing stations at government offices in the informal settlements
- Continued services for **150,000 people** with regular, professional waste collection services at the residential level
- Developed plan to accelerate service delivery to 1 million people.

SANERGY

# Other partners

- Amref is distributing 400,000 pieces of sanitizers in mukuru slums, kibra, and kawangware. Progress on ongoing already 15,000 distributed and working with some private sector community under Business compact consortium to do WASH BCC messaging in Nairobi, Mombasa, and kilifi slums.
- WASH Alliance, in collaboration with UNICEF, plans to undertake the following interventions in informal settlements of Nairobi: 50 000 people will be provided with safe water at 7.5-15 litres/person/day through new connections and 34 (5,00lts each) water tanks; 200 handwashing stations at public spaces and health facilities, to serve 30,000 people; 10,000 vulnerable households will be provided with 10,000 hand washing vessels with taps and soap for 3 months for Covid-19 prevention, provision of 200 PPE for frontline workers; and support to coordination structures.
- Plan International has initiated supporting the response in Kibera. Kayole, informal settlements with water tanks, hand washing facilities, Liquid soap, masks. Also, children homes in Kirigiti, Kabette and Dagoretti supported with water tank, soap hand washing facilities and masks.
- WSTF is planning to implement a sizable support in Nairobi county. Funding from Danida. Implementing in cooperation with Athi Water Works Development Agency and Nairobi Water and Sanitation Company. This support is still in planning phase.
- UNHABITAT has installed 10 hand washing stations; 5 in Kibera, 5 Mathare – each serves up to 1,000 people per day and provided online training to 37 youth representatives. Planed to provide 20 hand washing stations in Mzambarauni and Majengo informal settlement in Kilifi County, and additional support in Mandera and Kalobeyei settlement in Turkana County.

# KENYA RED CROSS RESPONSE

This highlights key actions that Kenya Red Cross has implemented to alleviate the impact of COVID19 pandemic in Kenya complimenting government and other partner efforts at National and County level

Training of staff and volunteers - **89,820**

Supporting Government to screen community members - **138,532**

Ongoing PFA sessions for health workers - **260**

Supporting tracing of contacts COVID cases **- 1401**

Conducting household visits - **224,626 HHs**

Number of mental health practitioners trained on COVID-19 - **235**

Supported 5 county governments to undertake fumigation

Supporting referral of suspected cases - **234**

Conducting mass campaigns through PA system - **5,372,343**

Telecounselling services reached **853** persons through KRCS toll free line 1199

Counselling provided to Passengers in **20** quarantine sites

Distribution of IEC materials (Activity is number of IEC materials distributed) - **69,257**

Sensitization of Refugees in camps - **173,009**

Community sensitization- Barazas **94,390**

Distributing PPEs to first responders, health workers and vulnerable community members- **5,495**

Establishing of handwashing facilities - **570,328**

Distributing of Handwashing material in prisons- **11,243**

Inmates and Prison staff sensitized/trained **-39,763**

# Working with communities to put policies into practice

- Facilitating community monitoring/surveillance
- Support , facilitate and work with Church& Local leaders  to use local channels – TV, Radio, social media to pass COVID messages
- Identification, train/orient and designate spokespeople to promote IEC material

# Malawi

**Ms. Emma Mbalame**

**Director**

**Ministry of Water and Irrigation Development**

# MALAWI AT A GLANCE

EMMA MBALAMBE- SWA FOCAL PERSON
DIRECTOR- WATER SUPPLY AND SANITATION SERVICES- MINISTRY OF IRRIGATION AND WATER DEVELOPMENT

24.04.2020

There are a number of legal instruments that support implementation of sanitation and hygiene in Malawi namely, among others;

1. Public Health Act (1949) under review by Law Commission CAP 34.01
2. Water Works Act (2005) CAP 72.01
3. Environmental Management Act (1996) CAP 60.02
4. Local Government Act (1997)
5. Council bye-laws CAP 23.01
6. National Sanitation Policy

**Using Mutual Accountability Mechanism to track Sector Progress through JSR processes, CSO Performance Report, GLAAS**

**Championing the inclusion of representatives of groups and actors primarily from groups representing specific LNOB/EQND interests and provide a space for interaction through WES Network member organizations**

**Positioning Malawi as a front runner in innovative application of an LNOB/EQND lens in Water, Sanitation and Hygiene policy and practice.**

# IDENTIFICATION OF THE VULNERABLE POPULATIONS

Explicit mapping & targeting of the potentially disadvantaged; mapping where they are and their needs that need to be addressed

Method of communication for mobilization: use structures of PWDs to distribute information

Identify & include non-WASH actors i.e. societies that work with PWDs

EQND principles, frameworks, protocols in technical implementation guidelines; incorporated in planning, training & in annual review

# POLICIES AND STRATEGIES TARGETING THE VULNERABLE COMMUNITIES

**Policies and Strategies under review ( Recently Reviewed) are taking on board LNOB and EQND approaches i.e The National Sanitation and Hygiene Strategy and the Sanitation Policy under review**

Identify institutions that support potentially disadvantaged populations & engage in planning & implementation

**Champion District Wide Approaches with District Coordinating Team at the center;**

# HOW WE ARE WORKING WITH VULNERABLE COMMUNITIES

# CSOs EXAMPLES

Venue selection: Consult potentially disadvantaged people on appropriate; decentralize meeting venues not to be in the traditional meeting places like markets that are central for all but inaccessible to disadvantaged populations who feel pressurized to accept those

Probing question: who is not here, whose voice is not here

Strengthening partnerships with CSOs working with Vulnerable Communities e.g. to translated material to Braille; to trained interpreters on technical content for interpretation; resource persons (pool of interpreters trained on S & H content and terminology, who can be resource persons)- WES Network member CAHESH is an example

# SUSTAINABILITY OF THE APPROACHES BEYOND COVID-19

Focus: Special Interest Groups –

- Visually impaired

-People with physical disabilities

- People living with albinism

Interventions:

National Level –

- voice for increased consideration for special interest groups through FEDOMA and MACOHA…( they advocate for policy and strategy change for the Disability and vulnerable a coalition (

DCT/DEC

Schools

Community

→

Cascade EQND approaches in MAMs

Tools to capture EQND approaches

→

# WaterAid

**Ms. Priya Nath**

**Equality, inclusion and rights advisor**

# WaterAid: Tackling inequalities in the WASH response to Covid-19

1. How are we adapting & responding to the needs of the most marginalised & poorest  during COVID-19?
2. How are we working with communities in the response?
3. How to make sure that actions to address COVID-19 ‘vulnerabilities’ are sustainable after the crisis?

Priya Nath- Equality & Inclusion Advisor
On behalf of colleague around the world
23/04/20

Characteristics of marginalisation

Spatial

- Informal settlements
- Homeless
- Isolated, rural
- Institutionalised people

Groups

- People in poverty
- Refugees & IDPs
- Indigenous and minority groups
- Informal workers
- Hidden populations who fear authorities
- Stigmatised professions: sanitation workers, rubbish collectors, cleaners

Individual

- Gender
- PwD
- Older people
- Existing health status

# Principles and practice

## 1. Analysis & focus on who is most at risk, missed out or adversely affected by crisis and response

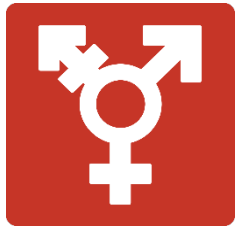
- Supporting 'Vulnerability Assessments' (qualitative interviews involved) (Timor and Zambia )
- Assessment and targeting of situation of informal workers in factories (Myanmar) and construction sites (Cambodia) with relevant information and WASH access
- Advocacy with and supply for informal settlements (Bangladesh and others)
- Plans for work with Govt & partners on WASH, menstrual health & rights in domestic abuse centres (SA)

## 2. Work with representative groups in planning and delivery (sustainability)

- Hygiene and handwashing specific materials and promotion with and for people with disabilities, including those who are hearing impaired (Eswatini )
- Assessment of the barriers of touchless handwashing facilities for persons with disabilities (Zambia)

## 3. Reach everyone and tackle discrimination and stigmatisation as part of response efforts.

- Supporting and scaling work with Govts on hygiene messages to national platforms but also focus on translating into local languages to ensure better reach and targeting those with no access to FM radio with loud speaker work (Nepal)
- Intensified work with Sanitation Workers Associations for protection, equipment, tackling stigmatised status and risk (Bangladesh, India and Nepal)
- Monitor and spotlight unintended consequences i.e. people being reprimanded for not wearing masks when they cant afford it; inability to social distance due to choice between hunger or health; and known stigma against people with disabilities and existing health conditions.



# Principles and practice

## 4. Recognised & tackle (increased) gender burden of WASH and Care work

- Promote water collection, cleaning and hygiene as everyone's responsibility, not just women ( Do's and Don'ts guide for communications campaigns
- Recognise and address - utility workers, WASH officials, technicians largely involved in response planning are still mostly male. Urgently support and require women's participation in response at all levels
- Exploring work with WRO to tackle WASH work and violence collectively (Zambia)

## 5. Support governments, utilities and service providers in their obligation to respond to all groups (integrated, not parallel processes)

- Planning with National Office of Water & Sanitation for work in peri-urban settings, interventions in prisons and alongside women's rights organisations ( Burkina Faso )
- Helping to disinfect schools that will be used for housing homeless population and committed to rehabilitate the sanitary block (toilets and handwashing facilities) to ensure the sustainability of the impacts extend beyond the emergency situation (WA Madagascar )
- Supporting development of continuity and equity plans

## 6. Use data and information systems we have but understand that disaggregated data is also lacking! We don't know enough to make informed decision about risk, response effectiveness

- Creating situational maps highlighting the geographical areas of greatest need for WASH services particularly in marginalised and poor communities to support targeting by govt (WA Nigeria )
- Using evidence from recent formative research in 5 countries on barriers and motivations for hygiene behaviour change. Very telling for shaping our response and long term work highlight barriers are social, physical, not just attitudinal so response much match these (Southern Africa)

# Sustainability?

## 1. Phasing

| Section 6: EQUALITY, INCLUSION AND RIGHTS: POSSIBLE WATERAID ACTIONS | | | | | |
|---|---|---|---|---|---|
| LOCAL SITUATION | 1: Sporadic cases | 2: Accelerated transmission | 3: Lock-down/ partial lock-down | 4: Post-peak | 5: New Normal |
| WATERAID RESPONSE | 1: Prepare for crisis (Preparedness) | 2: Initial activities/ emergency response | 3: Non-contact working | 4: Transition to new normal | 5: Build long-term resilience |
| Ensure accessibility of WASH and health services | Support small artisans and private sector to produce inclusive and affordable handwashing facilities | | | | |
| | Engage with private sector and government to control rising prices on essential commodities including MHM products during COVID-19 | | | | |

## 2. Financing

- Existing financing gap in WASH will increase
- Levels of investment to establish and sustain services have **to be increased**
- Investments by governments, service providers, the private sector and users themselves are all important.

## 3. Partnerships

- New, stronger and more sustain partnerships
- Recognise mutual goals
- Avoid business as usual !

# THANK YOU

**WaterAid Myanmar**
13 hrs ·

While you are at home at the time of lock down, teach your children about hand washing and hygiene behaviour.

WaterAid

# Questions and Answers

# Eliminating inequalities in the WASH response to COVID-19

23 April 2020

#SWAinAction