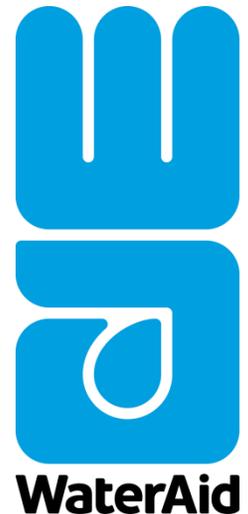


# WaterAid Nepal

## Programme Emergency

### Response Plan for COVID-19



#### Background

The new [coronavirus \(Covid-19\)](#) outbreak first started in Wuhan, China in December 2019 and is spreading fast ever since. As per The World Health Organization (WHO), a total of 62,955<sup>1</sup> people died and 1,136,851 people got infected from the virus as of 5 April 2020. Considering this as a global threat, WHO announced declared Covid-19 as a public health emergency of International concern on 30<sup>th</sup> January, 2020 and later announced the disease as pandemic<sup>2</sup> on 11<sup>th</sup> March, 2020. 209 countries have reported the virus as of 5th April 2020.

Nepal reported 9 cases of Covid-19 as of 4 April 2020, first person recovered and other eight are in quarantine <https://heoc.mohp.gov.np/>. Nepal is among the high risk countries for the spread of the virus since it is situated in between China and India. The virus could have serious consequences to Nepal as the country has low Human Development Index (HDI) (0.579)<sup>3</sup> and 28.6 percent people are multidimensionally poor<sup>4</sup>. 3.5 million people in Nepal still do not have access to basic water<sup>5</sup>, only 25.4 percent of the water supply systems are well functioning<sup>6</sup>, 5 percent of children under the age of 5 suffer from diarrhoeal diseases<sup>7</sup>. 52 percent of the population in Nepal do not have handwashing facility on the premises with soap and water (JMP 2017), 36 percent of Healthcare Facilities (HCFs) do not have basic water supply, 8 percent of HCFs still donot have toilet facilities, 46 percent of HCFs have handwashing materials at point of care, and only 1 percent of HCFs has basic waste management practices<sup>8</sup>.

The data highlights the poor condition of WASH in HCFs and even Health workers lack awareness on importance of WASH in HCF. For treatment and maintaining quality health services there is lack of PPE for Health workers and other required materials and equipments. The virus may have major consequences in Nepal due to poor health surveillance mechanism, open borders with India, movement of migrant workers across borders; low capacity of the government in terms of human and equipment resources to deal with public health emergency; poor access to water, sanitation facilities, hygiene practices further compounded by lack of proper protective gears for different frontline workers. Every

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<sup>2</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

<sup>3</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/NPL.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NPL.pdf)

<sup>4</sup> Nepal Multidimensional Poverty Index 2018

<sup>5</sup> JMP 2015

<sup>6</sup> Nepal Demography Health Survey 2016

<sup>7</sup> Nepal Demography Health Survey 2016

<sup>8</sup> Global JMP Baseline Report 2019

year, many people die from Acute Respiratory Infections (ARI) related incidents due to lack of proper services in Nepal. The total ARI-related deaths at healthcare facilities were reported to be 127 in 2017/18. ARI case fatality rate per thousand at healthcare facility is 0.05 per 1000 in FY 2017/18. Therefore, the situation can be aggravated and alarming if Covid-19 spreads in Nepal.

Although the government of Nepal started some initiatives like screening of possible infected persons in all seven provinces, health screening in all border points, partial lockdown from 19 March moving to a complete lock-down of the country from March 23 onwards, banning public gatherings, movement of people and restriction in vehicular movement except for emergency purposes and ban of all domestic and international flights till April 15, 2020. The government has allocated Isolation ward in six hub hospitals and key satellite hospitals; operation of hotline service sharing information about the disease and raising awareness through mass media. The Government has also activated the Health Cluster to take joint measures to control the disease. However, the country is facing problems like lack of sufficient human resource, enough testing kits and viral transport medium (a box used to transport samples) to handle a possible outbreak. We also lack the capacity to test, trace, isolate - effectively. The health personnel working in frontline lack sufficient safety gears used while testing people.

In this context, WaterAid Nepal aims to support the initiatives of Government of Nepal (primarily Ministry of Health and Population (MoHP) and WASH cluster) for preparedness of response against the possible outbreak of Covid-19 in Nepal. WAN's approach is to primarily build on the existing work on integration of hygiene promotion in routine immunization supporting the Family Welfare Division of Ministry of Health and Population at a federal level. Our work on mainstreaming hygiene promotion, is integral to our WASH interventions in all working areas (32 local municipalities / rural municipalities - 5 districts currently), it will be scaled up in 753 municipalities and 77 districts, and the work in HCF for WASH standards in Bardiya district. In addition, WAN will coordinate with the Ministry of Water Supply and WASH Cluster for response activities especially at the local municipality/rural municipality level.

- a) **Response through ongoing hygiene integration work:** The hygiene promotion through routine immunization project is in the process of scaling up in 77 districts (753 RM/M) across the country after successful piloting in five districts of Nepal. WAN will exhibit its support aligning with the GoN's activities and plans, particularly to strengthen the capacity of the Government of Nepal to sensitize people about the importance of sanitation and hygiene, handwashing and other mass awareness initiatives against Covid-19 focusing on hygiene behavior change. At the federal level, WAN is in the core committee of National Health Education, Information and Communication Center (NHEICC) which is the communications lead for the Government, co-lead by WHO. Consistent Covid-19 prevention awareness materials and innovative, creative and easy to use hygiene promotion behavior change messages have been prepared, where WAN will support to enable its outreach to communities we work with. WAN will actively participate in the various stakeholder mechanisms for Covid-19 response: NHEICC led meetings, Health Emergency Operation Centre (HEOC), Health cluster, WASH cluster, and AIN.
- b) **Response in WASH project areas:** In addition, WAN will coordinate and collaborate with its partners who are working in different districts, and who might be at higher risk being exposed to our target population such as working in communities bordering to India and China or high migration rate or working in healthcare facilities. WAN will regularly share information and updates on COVID-19 and advise them to take necessary precautions while working in the districts. WAN will assess the immediate needs in working areas with partners, and identify appropriate response needs – in lockdown phase, early response and recovery – with adequate assessment of the unfolding scenario. Some initial areas of intervention community hygiene awareness through miking services, handwashing stations, availability of soap and water, advising on water quality and quantity so local

government and user committees can plan contingency for water supply, to be further developed as per the local needs. WAN will work with NWSC in Lahan to support them on water contingency planning and share experiences and learning with the WASH cluster.

- c) **Coordinate and collaborate with WASH cluster on WASH response and advocacy:** WAN will coordinate with WASH Cluster at the national level to promote hygiene behavior change messages through different mediums. WAN will support sanitation workers network in 3 Municipalities to contribute PPE for sanitation workers as a way to highlight and prioritise the issue as sanitation work is an essential service but sanitation workers are vulnerable and exposed to risks of various infections. WAN will extensively promote handwashing, and demonstrate handwashing stations – feet operated – in identified public spaces and hubs where people need access in collaboration with local municipal governments. WAN will furthermore work rigorously on hygiene promotion in School and Healthcare facilities and meeting the basic WASH service levels as an ongoing part of our work. WAN will coordinate at District level and Rural municipality level in the respective cluster – Health, Protection and WASH cluster through our partners at our working locations. WAN will technically support WASH cluster to develop questionnaire for isolation wards for assessing Hub and satellite Hospitals focusing on water, sanitation and Hygiene standard as stated in draft National WASH in HCF standard led by MoHP. Alongside, WAN will advocate for integration of WASH as a crucial part of the multi-sector response to Covid-19 – highlighting the need for access to hygiene facilities for all, water availability, and reaching unreached communities.

### Three Phases of Response:

**Phase 1 :** Rapid Response focuses on media and communications ‘WASH as a first line of defence against Covid-19’ and demonstrate models for handwashing facilities – feet operated.

**Phase 2 :** Intermediate Response focuses on Behaviour change interventions, WASH contingency plans, scaling-up WASH facilities in the communities and Municipalities (Rural and Urban)

**Phase 3:** Long term Response focuses on strengthening local WASH systems and sustaining behaviour change

***(Based on experience of three phases of intervention, some long term interventions shall be designed)***

**WaterAid Nepal:** WaterAid Nepal (WAN) is an international non governmental organization working in Nepal since 1987. The organization has been working towards promoting greater accountability and effectiveness to deliver WASH services for the vulnerable and marginalized people, with specific attention to the special needs of women and girls; children and people with disabilities. WAN works with local partners, technical experts, government authorities and communities to support the delivery of integrated WASH services to vulnerable and marginalized communities, helping to transform lives. WAN has been focusing on supporting the delivery of WASH services primarily to the most marginalised groups and individuals, while also working to empower people, so that they manage WASH resources sustainably and take actions for their rights to water and sanitation. WAN delivers integrated WASH services considering Rights to Water and Sanitation as envisaged by the Constitution of Nepal, 2015, guided by a Human rights approach.

## Results Framework for Covid-19 Response

**Goal:** Local governments, partners, local water, sanitation and health institutions and vulnerable and marginalized communities, in selected municipalities/rural municipalities of Nepal are equipped with appropriate knowledge and access to water, sanitation and hygiene facilities to respond to the Covid-19 pandemic.

**Objectives:**

1. To raise awareness at the community level about the importance of sanitation and hygiene to help prevent the spread of the Covid-19.
2. To support the Government of Nepal in its preparedness and response to an outbreak of Covid-19 through hygiene promotion interventions, handwashing facilities and basic WASH provisions.
3. To support local governments to develop WASH contingency plan to ensure availability of essential services like water supply and sanitation services during emergency.
4. To influence the government to prioritise WASH in general, particularly the vulnerable and marginalized communities and protect the health, dignity and safety of sanitation workers.

Outcome	Outputs (Results)	Activities
<p><b>Outcome 1:</b> Increased knowledge and awareness of hygiene behaviours for prevention and precautions against Covid-19 in vulnerable and marginalized communities</p>	<ol style="list-style-type: none"> <li>1. Coordinated with relevant stakeholders (both at federal and local level) to deal with possible outbreak of Covid-19</li> <li>2. 87 Information centers / Help Desks are established to sensitize the people against Covid-19</li> <li>3. 15 Municipalities (Rural and Urban) and 210000 people are sensitized through appropriate channels and media on the importance of Sanitation, Hygiene to help</li> </ol>	<ol style="list-style-type: none"> <li>1. In coordination with NHEICC, prepare posters, Jingles for radio, TV, social media through creative process in Nepali and local languages for mass awareness on prevention of Covid-19.</li> <li>2. Mobilizing appropriate local media, miking, having high outreach at working RMs/Ms to deliver the hand hygiene and sanitation &amp; hygiene messages with a priority for preparing the community to help prevent the spread of Covid-19.</li> <li>3. Establish Information Centre/Help Desks in the RM offices, Health Institutions to disseminate information and messages among the communities against Covid-19.</li> <li>4. Meetings / interactions between stakeholders, particularly with WASH clusters, Health cluster, AIN working groups and disaster management committee as relevant to strategize for a multi-sectoral Covid-19 emergency response preparedness plan.</li> </ol>

	prevent Covid-19	
<b>Outcome 2:</b> People and communities are practicing improved hygiene behavior, particularly hand washing with soap.	<ol style="list-style-type: none"> <li>1. Placement of 177 Handwashing Facilities and 36 sanitation facilities in strategic locations of RMs/M to demonstrate handwashing practices</li> <li>2. Delivered water services are periodically disinfected for safe consumption and handwashing</li> <li>4. At least 39,000 HHs and 210,000 people are made aware on the importance of hand hygiene, sanitation behavior practices and use of safe water</li> </ol>	<ol style="list-style-type: none"> <li>1. Install Handwashing stations and sanitation facilities in municipalities (urban and rural) offices, Health Care Facilities, community / public toilets, and wards to reach vulnerable community.</li> <li>2. Establish sanitation facilities (temporary toilets) in strategic locations, particularly quarantine areas where the sanitation facilities currently are not enough to cater to the people in the quarantine areas.</li> <li>3. Testing of WQ in water systems and carry out chlorination (disinfection) in the water systems (that failed to maintain residual chlorine and meet other national drinking WQ standards) in the distribution systems of water schemes.</li> <li>4. Raise awareness on the use of safe water by promoting water purification through Point of Use water treatment options or use of chlorine liquid (disinfectant such as Piyush/Water Guard etc.) within the communities/HHs for safe consumption of water (if the WQ tests failed to meet WQ standards).</li> <li>5. Create BCC materials on handwashing to sensitize the communities and health care workers on 6 key hygiene behaviors including hand hygiene with particular focus on HW, water Purification and safe management of faeces and wastes and sensitize people through orientations, trainings to the communities / people, staff of help desk / information centers, staff responsible for cleaning etc.</li> </ol>
<b>Outcome 3:</b> Local Government has a WASH contingency plan to ensure availability of water supply and sanitation services	<ol style="list-style-type: none"> <li>1. 15 municipalities (rural and urban) are provided technical support to develop WASH contingency plan (as a part/chapter of WASH plan) ensuring</li> </ol>	<ol style="list-style-type: none"> <li>1. Prepare a contingency plan and institutionalized it as a part of WASH Plan aligning with the cluster committees at federal/local government level (as appropriate) to ensure regular and adequate quantity of supply of water, continued use of toilets and proper waste management.</li> <li>2. Lobby and influence RMs for the allocation of budget to realize</li> </ol>

<p>during emergency</p>	<p>continued availability of safe water for drinking and domestic purpose with ensuring adequate sanitation services</p>	<p>contingency plan for the response during emergency situation with proper mechanism and mobilization of Rapid Response Team under Disaster Management Committee at RM level.</p> <ol style="list-style-type: none"> <li>3. Activation of Health Surveillance Team within Health unit and activation of Water Safety Plan teams within the respective water schemes to ensure critical WQ parameters (at least Free Residual Chlorine) in case of emergency with proper disinfection of water systems and water points (tube-wells) with liquid chlorine or bleaching powder.</li> <li>4. Conduct sanitary inspection and WSP along with the WQ testing to ensure WQ by activating Water Safety Plan team and mobilize WSUCs of the respective water schemes.</li> <li>5. Promotion of HH water treatment (PoU) options at the community/HH level for safety of drinking water.</li> </ol>
<p><b>Outcome 4:</b> Health Institutions and Health Professionals, water supply operators, sanitation workers and social mobilizers are equipped with relevant types of protective gears for safety</p>	<ol style="list-style-type: none"> <li>1. 295 Health institutions and 87 information centers help desks are provided with Covid-19 hygiene kit and PPEs for HW (Category 1 or 2 or 3?) to manage safely against Covid-19.</li> <li>2. Five (5) category of workers/professionals are equipped with basic set of PPEs and covid-19 hygiene kits.</li> </ol>	<ol style="list-style-type: none"> <li>1. Mobilize health workers (i.e. Auxiliary Health Workers, ANMs, Staff Nurses, etc.) at basic primary level (e.g. health posts/HCFs) and communities and wards of respective municipalities (urban and rural) to raise awareness by delivering impactful messages related to the outbreak of Covid-19.</li> <li>2. Provide appropriate type/ category of Personal Protection Equipment (PPE) as per Government Guideline (annex Govt guideline and WAN list) and Covid-19 hygiene kit for health workers, Water supply workers, sanitation workers and Social mobilizers / hygiene workers / facilitators / promoters as per their functions.</li> <li>3. Faciliate / lobby for meetings / interactions of Health Institutions with other key stakeholders to strategize in dealing safely with possible outbreak of Covid-19.</li> </ol>

**Budget:** WAN needs GBP 350,466 for the Covid-19 response plan. Please refer to attached excel sheet for detailed break-down of budget.