

# **USAID Water, Sanitation and Hygiene (WASH): Strategic Approach to COVID-19 Response**

#### **Table of Contents:**

Overview: Strategic WASH Response to COVID-19		
WASH in the Health System: Communicate Risk and Prevent & Control Infection	4	
WASH in Complex Emergencies: Prevent COVID-19 and Maintain Critical WASH Systems	4	
WASH, Recovery, and Resilience: Prevent Backsliding and Second-order Social, Economic and		
Governance Impacts of COVID-19	6	
Governance impacts of COVID-15		
Conclusion	6	
ANNEX: ILLUSTRATIVE WASH ACTIVITIES FOR COVID-19 PREVENTION, RESPONSE, RECOVERY AND		
RESILIENCE	7	
NESILIENCE	/	

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## **USAID WASH - Strategic Approach to COVID-19 Response**

Across the globe, USAID is supporting countries affected by COVID-19. We are working directly with governments, multilateral organizations, NGOs, the private sector and other organizations responding on the ground to combat the virus. This includes working with frontline workers to slow the spread, care for the affected, and equip local communities with the tools needed to fight back against COVID-19. USAID and the State Department have made available nearly \$508 million to combat COVID-19.

Among USAID's priority approaches is the provision of emergency water, sanitation and hygiene (WASH) services and supplies, and long-term support to maintain continuity of WASH services. WASH is essential for slowing down the spread of COVID-19. Frequent and proper handwashing with soap is one of the most important measures that can be used to prevent the spread of the COVID-19 virus. Reliable water and sanitation services in health facilities and households are critical to ensuring both sufficient quantities of safe drinking-water and the ability to maintain hygiene (including hand hygiene, laundering, cleaning and disinfection). WASH services are at risk of being disrupted by the outbreak, the response to it, and downstream effects. Ensuring services such as drinking water and sanitation are continuously available is critical to governance, economic growth, and preventing development backsliding. As such, USAID's approach looks at both immediate needs and opportunities to bolster the system now and into the future.

#### Overview: Strategic WASH Response to COVID-19

In addition to protecting Americans at home and abroad from pandemic illness, USAID is responding to COVID-19 by bringing together multiple sectors in order to address critical emergency response, recovery, and long-term resilience that helps prevent the next outbreak.

- 1. Within the health system, priorities include Infection Prevention and Control (IPC), including WASH, health systems strengthening, and global health security.
- 2. In complex emergencies, USAID is focusing on mitigating the spread of COVID-19 and supporting the public health consequences of the pandemic in target locations, as well maintaining critical WASH services.
- 3. USAID recognizes that COVID-19 may have both short- and long-term impacts on the well-being, economic growth, and stability of governments, communities and households. As a result, the Agency is simultaneously focusing on mitigating second-order impacts of the pandemic, such as by preventing backsliding in WASH systems through continuity of operations support to utilities and service providers.

USAID's COVID-19 Task Force, which sits in the Agency Front Office, oversees and coordinates all Agency activities and communications in response to the COVID-19 pandemic.

The Water Leadership Council, representing senior leadership from the Bureaus for Resilience and Food Security (RFS), Global Health (GH), DCHA (the future Bureau for Humanitarian Assistance (BHA)), and all Regional Bureaus, serves as a link between the Task Force and the WASH technical level and oversees COVID-19 WASH technical approaches. At the working level, USAID's COVID-19 WASH response is coordinated by the Intra-Agency WASH technical working group, which includes WASH advisors from the same Bureaus represented on the Leadership Council. This working group is responsible for supporting Missions in their WASH-related COVID-19 response activities and for tracking evidence and best practices to ensure recommendations remain current, and are woven across USAID's Agency-wide technical responses.

#### WASH in the Health System: Communicate Risk and Prevent & Control Infection

The primary goal of USAID's health system response to COVID-19 is to reduce the burden of disease abroad, avoid the collapse of health care in targeted countries, and strengthen global health security. The Global Health Bureau (GH) is leading on all related activities, including WASH.

Priorities for WASH within the health system focus largely on:

- Communications to ensure households, communities and health care workers understand the risk of COVID-19 and the importance of handwashing with soap,
- Continuity of services, particularly as the increase in patients due to COVID-19 is projected to increase the burden on Health Care Facilities (HCF), and
- Preventing and controlling infections in health facilities (IPC), including among health care workers and health facility staff, through the expansion of WASH services, behaviors, and products such as soap.

It is important to note that behavior change activities must use methods that do not bring large groups together or otherwise increase risk of COVID-19 transmission.

As of April 17, 2020, nearly \$100 million in emergency health assistance from USAID's Global Health Emergency Reserve Fund has been made available to over 30 countries, including for support on WASH. Many of USAID's high priority countries for WASH are recipients of this funding, including: Afghanistan, Ethiopia, Kenya, Mozambique, Nigeria, Senegal, Tanzania, India, Indonesia, Nepal, and Haiti. Additional GHP and emergency funds are anticipated.

## WASH in Complex Emergencies: Prevent COVID-19 and Maintain Critical WASH Systems

Populations that are already in the midst of a complex humanitarian crisis, and countries that are extremely fragile and could easily tip into a humanitarian crisis with an external shock, have particular needs with respect to the COVID-19 pandemic. USAID's COVID-19 humanitarian responses target current humanitarian settings where USAID's Office of Foreign Disaster

Assistance (OFDA) or Food For Peace (FFP) -- the future Bureau for Humanitarian Assistance (BHA) -- are already working, and where health and WASH actors are implementing and are at risk for severe COVID-19 impacts and widespread transmission.

USAID's priorities for COVID-19 responses in complex emergencies are to:

- Mitigate widespread transmission of COVID-19,
- Address public health consequences, and
- Maintain essential WASH and health services for crisis affected populations.

WASH activities primarily target vulnerable and population-dense settings such as urban areas or IDP camps, and focus on supporting the health response, such as through the provision of soap for handwashing and ensuring continuity of WASH services in humanitarian settings.

In target locations, there are limited alternatives to water and sanitation services, so a loss of functionality would have severe health impacts on vulnerable populations. As such, Continuity of Operations Plans activities are especially important. Priority actions might include prepositioning critical stocks or identifying contractors to deliver services if NGO field staff are unavailable. Construction of new community water or sanitation infrastructure is not part of the emergency response to COVID-19, due to the long time-frames required for construction to be completed.

Any WASH activities taking place in crowded settings, such as behavior change campaigns and hygiene product distribution, must balance impacts against the potential for increasing the risk of COVID-19 transmission due to physical contact with beneficiaries. Any distribution of WASH non-food items should be targeted to high risk populations and be limited to evidence-based items for protection against COVID-19 (e.g. soap for handwashing, disinfection kits for self-quarantine/self-isolation households).

DCHA Bureau, including both OFDA and FFP, the future Bureau for Humanitarian Assistance (BHA), is leading on emergency WASH activities in response to COVID-19. In addition to programming supplemental funding, DCHA is contributing to WASH and COVID-19 in complex emergencies by allowing current emergency programs to adapt their WASH programming to address the challenges of COVID-19 for their context. USAID will continue to expand and adapt their emergency response as the situation changes.

As of April 17, 2020, USAID has provided \$110 million in humanitarian assistance from USAID's International Disaster Assistance (IDA) account to countries at high-risk from the pandemic, prioritizing populations affected by ongoing humanitarian crises, particularly displaced people. Several countries receiving supplemental IDA funds are also primary recipients of USAID's Water Directive funds, including: Afghanistan, DRC, Nigeria and South Sudan.

### WASH, Recovery, and Resilience: Prevent Backsliding and Second-order Social, Economic and Governance Impacts of COVID-19

It is expected that there will be various first- and second-order impacts of COVID-19 across a range of sectors, including governance, the economy, education, energy, tourism, and food security, with both short-term and long-term repercussions not only on the economy and household livelihoods but also on overall stability in fragile states. Ensuring services such as drinking water and sanitation are continuously available is critical to governance, economic growth, and preventing development backsliding.

WASH services, supplies and hygiene behaviors are at risk of being disrupted by the outbreak, the responses to it, and the downstream effects of the pandemic. There is a high potential for downstream impacts on water and sanitation services as provider staff may become unable to work, user payments may slow or stall, supply chains of critical materials may be disrupted and finance will likely become difficult to access. Sustaining availability of WASH services is essential to protecting against transmission of COVID-19 and preventing secondary economic disruption. The Bureau for Resilience and Food Security (RFS) is leading on water and sanitation service delivery activities that aim to protect development gains and build resilience now, and into the future.

In addition, DCHA/FFP (future BHA) is contributing to recovery and resilience efforts by allowing Food for Peace development food security activities (DFSAs) to adapt their WASH programming to address the challenges of COVID-19 in their countries and activities. DCHA/FFP will continue to expand and adapt their WASH response in DFSAs as the situation changes and as opportunities become available.

USAID's extensive WASH development programming will also contribute to the response and mitigation of downstream impacts, through investments in sustainable water and sanitation service delivery. Where appropriate, these activities may be adapted to provide more targeted support for the response through development interventions.

#### Conclusion

The COVID-19 pandemic is a rapidly changing situation. The priorities and approaches in this document reflect the best available evidence as of April 2020. USAID continues to monitor emerging evidence and guidance, including from the World Health Organization and U.S. Centers for Disease Control and Prevention. USAID will, as needed, further refine recommended WASH approaches to COVID-19 prevention, control, response, recovery and resilience in context of local and national outbreaks, impacts, and evidence.

For further information please contact waterteam@usaid.gov.

## ANNEX: ILLUSTRATIVE WASH ACTIVITIES FOR COVID-19 PREVENTION, RESPONSE, RECOVERY AND RESILIENCE

Response Category	Illustrative Activities
WASH in the Health System: Communicate Risk and Prevent & Control Infection	<ul> <li>Review and update existing infection prevention plans including clear lines of responsibility and oversight, and train all staff on cleaning and disinfection procedures for surfaces, equipment, and textiles.</li> <li>Ensure accessibility and promote use of handwashing facilities with water and soap at point of entry screening, all waiting areas, and all patient care areas.</li> <li>Train medical staff to model proper handwashing behavior as they prepare to begin each consultation while explaining to patients how and why everyone should wash hands.</li> <li>Identify essential IPC-WASH supplies and materials, such as soap and disinfection materials, and ensure they are made available for immediate use.</li> <li>Train and empower cleaning staff as critical members of the health workforce to ensure that cleaning procedures are undertaken regularly.</li> <li>Support health facilities with longer term approaches for operating and maintaining drinking water, sanitation, and handwashing facilities to ensure they can maintain a hygienic environment for staff and patients, linked to a quality improvement approach (e.g. the "Clean Clinic Approach" or others).</li> <li>Provide technical assistance to Ministries of Health in drafting, implementing, financing and enforcing policies and plans for ensuring WASH in health care facilities.</li> <li>Ensure continuity of water and sanitation services at health facilities by working with local utilities and water user associations.</li> <li>Address supply chain issues for soap availability for vulnerable populations</li> <li>Extension of water supplies for handwashing to marginalized or informal settlements by established and well-functioning water service providers and utility companies.</li> <li>Implement community-level social and behavior change (SBC) campaigns aimed at promoting and supporting correct and consistent adoption of key hygiene behaviors, especially handwashing with soap.</li> </ul>

<sup>&</sup>lt;sup>1</sup> https://washforhealthcare.mcsprogram.org/

	<ul> <li>Support offices within Ministries responsible for health promotion/behavior change to identify messages and channels for implementation of national campaigns to inform about and support correct and consistent adoption of proper handwashing and other hygiene key behaviors.</li> </ul>
WASH in Complex Emergencies: Prevent COVID-19 and Maintain Critical WASH Systems	<ul> <li>Activities and messages in-line with approved country/Cluster Risk Communication and Community Engagement (RCCE) guidance.</li> <li>Scaling-up of hand washing at household, community, and institutional levels.</li> <li>Provision of hand washing stations and soap at key public locations.</li> <li>Soap / hand washing kit distributions to COVID-19 vulnerable populations.</li> <li>Distribution of household IPC (disinfection) kits (e.g. bucket, bleach, cleaning cloths) to self-isolated or self quarantined HH where country/national Health /cluster guidance specifically endorses home IPC kits.</li> <li>Operation and maintenance of existing water supply and sanitation systems in targeted, high-risk areas (e.g. IDP camps) with focus on standards and quality control.</li> <li>Water supply and sanitation necessary for IPC in supported health facilities selected in coordination with Health Cluster / health partners in targeted, high-risk areas (e.g. IDP camps).</li> </ul>
WASH, Recovery, and Resilience: Prevent Backsliding and Second- order Economic and Governance Impacts of COVID-19.	<ul> <li>Work with utilities and other service providers to develop business continuity plans for operations to address decreasing revenue from user fees and reduced personnel.</li> <li>Work with service providers and local and national authorities to monitor supply chains (for critical inputs, like chlorine for water treatment, or fuel for continued pumping) and potential impacts on services.</li> <li>Pre-position reserves of critical WASH supplies (e.g. chlorine for water treatment) and strengthen supply chains.</li> <li>Develop written operation and management guidance and provide training for operation of infrastructure, water treatment plants, chlorination dispensers, water points and water storage infrastructure.</li> <li>Address service provider financing gaps through disaster-sensitive procedures for fiscal transfers and/or renegotiation of loan terms during the crisis period.</li> <li>Establish or strengthen financing mechanisms/facilities to support the local private sector/NGOs in delivering safe water.</li> </ul>

- Invest in increasing water availability through development of water schemes and associated technical assistance for operations and management, including water service provision for handwashing.
  - Preparation of action plans to significantly increase access to safe water supply outside of the areas served by piped networks through contracts with local private sector or community-based organizations, as appropriate and based on context.