
COVID-19 Emergency Response

Monitoring and mitigating the secondary impacts of the COVID19 epidemic on WASH services availability and access

Primary impacts of an outbreak are defined as the direct and immediate consequences of the epidemic on human health. Secondary impacts are defined as those caused by the epidemic indirectly, either through the **effect of fear on the population or as a consequence of the measures taken to contain and control it**. For clarity and simplicity, we are not including the consequences for the individual or the family of being sick or dying from it, such as time spent in hospital, treatment expenses, loss of the family breadwinner, bereavement, survivor stigmatization, etc. as those would be independent from the response to the epidemic.

Countries will experience secondary impacts on WASH services in different ways, depending on the underlying strength of their economy and social services, the type of measures taken to contain the virus and their duration. Similarly, not all members of a society will suffer the consequences in the same way, with most of the impact expected among the most vulnerable to economic and social shocks, and to WASH services disruption (i.e. due to poverty, discrimination or other causes of vulnerability).

Monitoring the secondary impacts of the epidemic and the measures to contain it serves **two purposes**:

1. To contribute to decision making on the appropriateness of measures taken to contain the epidemic, and
2. Anticipating potential sanitary crisis generated by WASH services disruption and address arising needs to mitigate the secondary impact on population.

Note that impacts on humanitarian interventions are not specifically addressed in this note focusing on social impacts among the general population.

Secondary impacts on WASH services:

- Quarantined population with no access to piped water supply and sewerage systems
 - ➔ No access to external water and sanitation services
 - ➔ Disruption of support services from Government or CSOs
 - ➔ Increased risk of water-borne diseases outbreak
- Lack of maintenance of WASH infrastructure and gaps in service provision, including, but limited to:
 - ➔ Disruption of safe water distribution by lack of maintenance and reduced staffing for daily operation
 - ➔ Potential sewer overflow by lack of maintenance and reduced staffing for daily operation

- Failure to supply/purchase water and wastewater treatment chemicals
- Failure to supply/purchase fuel for pumping station, water and wastewater treatment plants
- Disruption of desludging services, which may particularly put at risk health facilities IPC, schools and prison
- Disruption of solid waste management services

- Stock-out or increased price of WASH commodities
 - Bottled water and water transport
 - Soap, hand-sanitizers
 - Cleaning materials
- Disconnection from services due to lack of income (can't pay the bills)

- In OD communities – families regressing to OD due resistance to share toilets

All these secondary impacts could lead to an increased incidence of water borne diseases, including a potential for outbreaks such as cholera where the disease is already active.

Monitoring secondary impacts on WASH services:

Understanding these potential consequences require putting in place a system that capture those changes in availability and access to services.

Each CO should list few key impact indicators to be measured on a weekly basis, such as:

- Water cost (USD +/-)
- Existence of bottled water gap (Yes/No)
- Soap price (USD +/-)
- Existence of soap gap (Yes/No)
- Water distributed normally (Yes/No)
- Water utilities reporting chemicals or fuel gap (Yes/No)
- Desludging services operating normally (Yes/No)
- Waste collected normally (Yes/No)

To ease the regular monitoring of those indicators, we suggest translating them into two simple questions, either for their integration into the global COVID-19 Social impacts questionnaire or for the use of the CO WASH section:

- Have any of the following WASH markets been disrupted?
 - Soap
 - Hand-sanitizers
 - Cleaning materials
 - Bottle water
 - Desludging services
 - Drinking water distribution services
 - Water treatment chemicals

-> For each of the services checked above, please explain how they were disrupted (prices increase, stock-out, personal gaps etc.):

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- Have local authorities decided population movement restriction affecting the operation of water and sanitation utilities?

Mitigating secondary impacts:

The COVID-19 response, depending on the intensity of the disease and measures taken by each country, could result in mild to severe basic WASH services disruption or reduced capacity of households to access those services.

Since most, if not all, measures described above require a regular access to water, sanitation and hygiene services and relevant supplies, it is part of UNICEF's core responsibility to ensure the most socially and economically fragile population will continue to access those services during the response.

The scope of intervention can be wide and will be context-specific, it includes, but is not limited to:

- Advocacy and support to local water and sanitation utilities to secure a basic level of operation, which may require supporting staff and O&M costs and provide additional safety equipment to workers
- In kind, cash-based or market-based approaches to ensure all households have a continuous access to hygiene and cleaning commodities, including water and sanitation services.

Indeed, populations may be affected in different ways, either directly when they are quarantined, when WASH services are disrupted, or more indirectly when the response results in a lock down affecting households' livelihoods. In this case, the poorest, whatever the country, will be the first impacted and a tailored assistance might be required

Depending on local markets capacities and COs ability and knowledge to deal with cash-based approaches, affected populations might be supported through direct or indirect mechanisms to ensure access to, in priority, sufficient water and hygiene materials. Cash-based approaches could be more adapted than usual direct in-kind assistance in many currently affected countries. COs should be prepared for such program by identifying markets capacities and planning for LTAs.

In most fragile countries, where markets do not offer such opportunities, in-kind distribution to vulnerable population identified as most at risk might be needed (e.g. distribution hygiene and cleaning kits, water distribution etc).

In situation where the response affects the capacity of the water and sanitation utilities to operate normally, when staffing is not optimal, financial resources not met, energy supply disrupted, etc. technical, material and financial resources can be provided on a temporary basis to restore them.