

Concept Note: Coronavirus (COVID-19)

WaterAid's multi-country initiatives on hygiene promotion

COVID-19 (Coronavirus) is rapidly spreading around the world and specific treatment including a vaccine to protect people from the virus has not yet been developed. To date, COVID-19 has predominantly spread in high-income nations with relatively strong health systems. However, the risk will be significantly greater if it continues to spread to nations with weaker health systems. This could have catastrophic effects on populations in low and middle-income (LMIC) nations, not just as a direct consequence of COVID-19 but also because it will weaken critical health care services.

Tackling COVID-19 requires a comprehensive package including preventive, protective and curative interventions. WaterAid is not a medical agency that deals with case detection, surveillance, management or treatment. But, WaterAid plays a key part in the preventive aspects as a WASH agency (WASH = water, sanitation and hygiene). As a global leader in hygiene promotion and behaviour change, we are proactively scaling-up our work through government led mechanisms using appropriate means of communication adapted for controlling or preventing the further spread of COVID-19. We know that promoting good hygiene is one of the most cost-effective health interventions (The World Bank, 2016).

WaterAid has strong partnerships with national governments and civil society groups in the countries where we work. In many of them we are already partnering with the Government to roll out nationwide or large scale hygiene promotion initiatives.

Programme Aim:

To promote hygiene nationwide in selected countries to prevent COVID-19's spread.

All WaterAid countries - as basic minimum - will amplify key hygiene behaviours using mass media/digital channels and social media, linking with COVID-19 in coordination with national government and the WASH sector.

Priority Focus Countries:

Bangladesh, Burkina Faso, Cambodia, Ethiopia, India, Nigeria, Pakistan,

Selected due to their population size, geostrategic importance and locations where cases already been recorded. Mitigating COVID-19 in these settings will reduce its global impact and protect smaller neighbouring countries. In these countries WaterAid has strong on-going hygiene programs that can be leveraged and modified specifically for COVID-19.

Resilience Building Countries:

Nepal, Ghana, Mali, Tanzania, Zambia, Malawi, Mozambique, Myanmar.

These are countries with a lower risk at present, but where WaterAid has strong existing hygiene programmes that we can leverage and where we can build resilience.

As the context is fast moving, country prioritisation will be assessed regularly.

Programme Strategy:

We propose a phased approach for hygiene promotion that is responsive to the dynamic nature of COVID-19 transmission and the diverse needs of the countries we are targeting. WaterAid’s strategic aim to tackle inequalities in all aspects of water, sanitation and hygiene extends to our work in the specific response to COVID-19.







Phase 1: 8 weeks

We foresee this being the critical window for curtailing the spread of COVID-19 in LMIC nations. We propose three key streams of work:

Workstream 1: Large scale hygiene promotion

In each of the countries above we have established hygiene behaviour change programmes and strong relationships with governments, civil society organisations and creative agencies. We will utilise these to adapt, re-design and scale up hygiene promotion programming. The table below highlights the key behaviours we will focus on based on current WHO recommendations and our own expert knowledge and experience. Messages may be adapted for each context based on emergent misconceptions or current practices.

To minimise the risks of interpersonal contact, we will use digital, mass, print and social media, as our primary delivery channels for hygiene promotion. We will create visual reminders/cues (to be placed near handwashing facilities), and use public service announcements such as billboards, print advertising, radio, television and social media to promote hygiene. These will feature local celebrities such as athletes, actors, comedians, and musicians modelling the target behaviours and leading by example. We will aim for higher reach / coverage with high frequency while also maintaining the fidelity of our delivery. All our work will be aligned with established government and sector-led campaigns. Below is the inclusive set of behaviours we will be contextualising for each country:

Handwashing with soap	Frequently washing both hands with soap and water thoroughly (especially before food preparation and eating, and feeding; before touching the nose/face, after going to the toilet; after exposure with any dirt/dust/fluids/frequently touched surfaces)	
Respiratory hygiene	Covering nose and mouth when coughing and sneezing (sneezing or coughing into the elbow and disposing of tissue if it is used into a closed bin) to be followed by handwashing with soap.	
Maintaining social distancing	Avoiding close contact (separation by about 2m) with people who are unwell (with symptoms) and confirmed cases. Recommending non-contact greetings	
Cleanliness	Cleaning frequently-touched surfaces regularly such as door handle, mobile phones etc.	
Food hygiene	Eating thoroughly cooked food especially meat / eggs and thoroughly washed fresh fruits/vegetables, washing hands with soap before cooking / handling food	
Referral	Self-isolation and seeking immediate medical care if unwell (high fever, cough and difficulty breathing).	

Workstream 2: Working with key decision-makers to accelerate action

To respond rapidly to the COVID-19 threat, we need to engage as many organizations in the prevention efforts as possible. Recognising COVID-19 will impact different people in different ways, we will support gender and socially inclusive responses, and to start influencing governments to prioritising embedding hygiene behaviour change at the core of national economic development plans. We also propose government to have virtual meetings where possible with organisations and major employers in each country to advise them on what they can do within their immediate spheres of influence. Workplaces are likely to be particularly key they are spaces where people interact for extended periods of time. Supporting prevention measures should be in all employer's interest since the health of their staff will be critical for the functioning of their business. It is also vital to establish functional coordination mechanism between WASH and health clusters.

Workstream 3: Supporting the government to improve hygiene facilities in key locations

Evidence shows that during outbreaks people typically start washing their hands more because they are worried about the disease. However, in LMIC settings water and soap are less conveniently available and this can create a major barrier preventing people from doing the right thing. Approximately a quarter of our budget will be channeled to the construction of handwashing facilities in key locations (e.g. markets and bus stops) working with local marketing / creative agency, as well as supporting local suppliers where possible. Locations will be identified and consultation with government and the facilities will be handed over to them to manage.

We recognise that in times of crisis, it is the most marginalised or already discriminated against who will be impacted even more acutely and that we work hard to prevent and condemn any stigmatisation, discrimination or violence through WASH across these workstreams.

Phase 2: 6 months

At the end of phase one, we will reassess the situation based on the disease transmission dynamics at the time. We will discuss possible courses of action with our partners and donors. We will determine whether on-going hygiene promotion needs different types of touch points to deliver. We will also assess what mechanisms can be implemented to build longer-term resilience sustained hygiene programme within these countries. In this phase, ideally, WaterAid will support national Government and civil society partners to intensify the on-going hygiene campaign using interpersonal communication methods (subject to uplifting travel restriction) while continuing the digital and mass media campaign. We will also focus on promoting these behaviours through our existing programme areas in those respective countries (the existing hygiene campaigns are attached in annex A).

In both phases, the key focus will be to offer comprehensive and correct information and ensure misinformation is managed in the countries. WaterAid will monitor the delivery of planned and agreed activities, frequency of delivery and its quality at both the stages rather than outcomes because it will be simply not possible to measure the behavioural outcomes from this type of campaign.

Technical Advisory Group

At a global level, WaterAid will establish a technical advisory group to support the actions in different countries. This would include behaviour change scientists and public health experts from WaterAid UK, the London School of Hygiene and Tropical Medicine and WaterAid regional offices. At country level, WaterAid will facilitate the in-country coordination platform for hygiene promotion working with creative agencies and support existing government-led processes. We will also endeavour to bring the WASH and Health Clusters together around this hygiene promotion initiative.

Partners

At the global level, WaterAid will partner with the London School of Hygiene and Tropical Medicine, WaterAid country programs and key government departments in each country (e.g. Ministries of Health and of Water). Coordination mechanisms will also be established with country-level WHO offices, WASH Clusters and relevant key stakeholders.

Budget:

The indicative budget per priority and secondary resilience-building country is expected to be **GBP 560,000**, with a total of **GBP 8,400,000 for the WaterAid's initial response**. This is subject to change as context changes in countries and smaller initiatives in secondary countries may be need to be financed.

Annex A: Ongoing / in-design Hygiene Behaviour Change campaigns to be also mobilised during stage 2 phase

Name of the hygiene campaign	Name of the hygiene campaign	Name of the hygiene campaign
 <p>Best Family Campaign in Bangladesh (in operation)</p>	 <p>Clean Green Campaign in Pakistan (in operation)</p>	 <p>Ideal family campaign in Nepal: hygiene into immunisation (in operation)</p>
 <p>Clean community campaign in Ghana (in operation)</p>	 <p>“TSEDU-Ethiopia”: “Clean-Ethiopia” (in design – yet to start)</p>	 <p>Bye-Bye Cholera Campaign in Mozambique (in operation)</p>
 <p>Clean campaign in Malawi (in operation)</p>	 <p>Mamiratra (shining) campaign in Madagascar (in operation)</p>	 <p>Kutuba (clean campaign in Zambia) (In operation)</p>
 <p>Clean family campaign in Nigeria (In operation)</p>	 <p>Hlenteke Campaign – eSwatini (in design phase)</p>	 <p>Clean Burkina Campaign in Burkina Faso (in design phase)</p>
 <p>Clean family campaign in Sierra-Leone (IN design phase)</p>	 <p>Social Art + behaviour change campaign in Mali (in operation)</p>	