

Note to support Session 2 of the Regional Workshop on Equitable Access to Water and Sanitation

Session 2. Equitable Access: lessons learned from COVID-19

Group work (30 min). Workshop participants will work in groups to identify ways in which the scorecard could be improved (based on guiding questions).

BACKGROUND

Between 2011-2013, the Expert Group on Equitable Access to Water and Sanitation developed a self-assessment methodology to help countries assess to what extent access to water and sanitation is equitable. The self-assessment methodology includes (1) a recommended process to carry out the self-assessment and (2) a tool to support the self-assessment (the Equitable Access Scorecard). It has been applied in 12 countries (including the three countries that piloted it).

Over the last two and a half years, the world has experienced a major pandemic episode which has shown how crucial it is to ensure access to water, sanitation, and hygiene (WASH) for all the population, including the most vulnerable. Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks. They are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on community livelihoods and wellbeing. Many co-benefits will be realized by safely managing WASH services and applying good hygiene practices – such efforts will prevent other infectious diseases, which cause millions of deaths each year. The COVID-19 pandemic has also caused secondary impacts such as the ability to buy products (e.g. soap), pay water bills, ruptures in supply chains and interruptions of services, or a decline in the quality of response due to restricted movement of utility staff.

Nearly a decade has passed since the self-assessment methodology was published in 2013. It is thus timely to review the lessons learned during the application of the self-assessment methodology as well as to what extent it is able to capture the impact of a pandemic such as COVID-19 – and if not, how it should be modified.

QUESTION 1. The self-assessment methodology aims to be easy to understand and apply, produce relevant results, and encourage change. How could the self-assessment methodology be improved (both in terms of process and content) to achieve those goals?

QUESTION 2. The COVID-19 pandemic has highlighted a number of issues regarding access to WASH. How could the Equitable Access Scorecard be modified to ensure it supports a COVID-aware assessment of Equitable Access to Water and Sanitation?

Possible examples include:

- A. **Ensuring “Access to Hygiene”.** The Equitable Access Scorecard focuses on water and sanitation and does not cover hygiene in an explicit manner. Yet, frequent and proper hand hygiene is one of the most important measures that can be used to prevent infections with COVID-19. The Equitable Access Scorecard could be expanded from covering water supply and sanitation, to covering water supply, sanitation and hygiene (WASH). For example, by including references to hygiene promotion efforts, as well as the availability of soap, water, and handwashing facilities (including in public spaces such as markets).
- B. **Ensuring WASH in health care facilities.** The Equitable Access Scorecard includes a section (Area 3.3) regarding users of health care facilities. Safe WASH services in health care facilities are needed to deliver quality health services; protect patients, health workers, and staff; and

prevent further transmission. Area 3.3 of the Equitable Access Scorecard could be revisited to ensure it adequately covers those issues – for example, by referencing capacity development for frontline sanitary workers.

- C. **Providing emergency support to secure the provision of WASH services.** The Equitable Access Scorecard does not discuss emergency situations. The Equitable Access Scorecard could try to include references to:
 - a. The existence of emergency plans to provide rapid and low-cost water service and sanitation provision for communities, health care facilities, and schools (which is critical to enable handwashing, hygiene, and disinfection).
 - b. The ability of WASH service providers to provide emergency support (e.g. in terms of operational capacities and financial resources).
 - c. The ability of WASH service providers to ensure the continuity of service delivery in the face of emergencies.
- D. **Ensuring that emergency policy responses do not undermine equitable access to WASH.** Some emergency policy responses (such as the provision of free water) have a negative impact on the financial resilience of WASH service providers. This may impact the future capacity of WASH service providers to extend services to the underserved and to increase the quality of the service. The Equitable Access Scorecard could include references to this issue.
- E. **Ensuring that long-term changes support equitable access to WASH.** The COVID-19 pandemic has prompted thinking about the need and opportunity to digitalize service provision. This includes operational aspects (such as remote monitoring and operation, or the establishment of an e-procurement system) as well as commercial ones (such as issues around bill payment and customer service). While operational improvement should, in principle benefit all customers, attention needs to be paid to ensure that any changes in commercial practices do not affect negatively any vulnerable or marginalized groups. The Equitable Access Scorecard could include references to this issue.

QUESTION 3. The COVID-19 pandemic generated a number of emergency policy responses from governments regarding the provision of WASH services. What policy responses were adopted in your country? Have they been effective? Have they had unintended consequences regarding equitable access to WASH?