

THE WATER, SANITATION AND HYGIENE SECTOR AND ITS RESPONSE TO COVID-19: INITIATIVES IN LATIN AMERICA AND THE CARIBBEAN

Annex 2b: Measures adopted in Caribbean countries in response to the pandemic

Updated until: May 15th, 2020

Main document and previous updates available [HERE](#)

Since the declaration of the pandemic by CoVID-19, both governments and operators in Latin America and the Caribbean (LAC) have implemented a set of measures to mitigate the effects of the crisis in relation to water, sanitation, and hygiene services (WASH). In order to share experiences and good practices, some of the initiatives implemented in countries of the region have been mapped to i) ensure that, during the emergency period, all people have access to safe drinking water, sanitation and hygiene, and/or ii) support and strengthen the role of service providers in providing these basic services, in a continuous and safe manner. Therefore, the measures listed below are structured and synthesized around two major actors: the user, and the service providers.

On April 15th, 2020, a brief concept note was published to present and list several measures and initiatives that countries have adopted and implemented in the COVID-19 response to assure WASH services for all. This was published together with Annex 1¹, which maps measures launched in 15 countries as of March 31st, 2020. This mapping has been expanded to increase the number of Latin American countries to 18² and a new Annex (Annex 2a) has been developed to show updated and new measures introduced until May 15th, 2020.

This Annex (2b) complements Annex 2a by presenting findings from the first mapping for the Caribbean region, including initially a list of eight countries³. It presents an overview of initiatives that WASH

stakeholders have launched or are implementing in the COVID-19 response to assure WASH services in these countries. The database used for mapping the measures, with more detailed information at country level with its source can be seen [here](#).

A preliminary analysis shows that most countries have taken proactive measures in response to the COVID-19 emergency. Overall, a significant number of measures seek to increase availability and accessibility to drinking water for all. On the other hand, few measures have been identified to provide technical and financial assistance to utilities, which might hamper their capacity to provide services in the mid- and long-term. More specifically:

- Many countries have implemented measures prohibiting the disconnection of users and enforcing the reconnection of previously disconnected users, as well as ensuring a minimum daily volume of drinking water for vulnerable and not connected households through infrastructure expansion or unconventional solutions such as small water systems and mostly by water trucks. On the contrary, no measure has been found regarding the implementation of specific sanitation measures. This may be particularly relevant for confined people who do not have access to sanitation and need to use shared or public toilets, as well as for essential workers if public infrastructures are not available.

¹ This Annex presents a mapping of measures that the WASH sector has implemented in the COVID-19 response in the Caribbean region. It has been prepared based on web searches of initiatives and measures taken by governments, utilities and bilateral and multilateral cooperation agents in Latin America and the Caribbean, as of 31st March 2020. Therefore, the main sources of information used have been the official websites of governments (national and/or provincial, or state in the case of federal countries), websites of utilities and their national and international associations, news stories published in the media, references on Twitter and other social networks, and interviews with UNICEF staff, regulators and local stakeholders.

² New added countries include Nicaragua, Dominican Republic, and Cuba

³ Bahamas, Barbados, Belize, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago. For language purposes, Cuba and Dominican Republic are reported in Annex 2a (Latin America).

- There are many initiatives led by non-governmental organizations and private donors regarding the provision of hygiene kits for families at risk, including menstrual hygiene products. Additionally, there is evidence of awareness-raising campaigns for the promotion of hand washing and the construction of new handwashing stations in public spaces. In the Caribbean region, there are utilities that have already put in place initiatives regarding water-saving and efficiency and advice.
- On the other hand, only few interventions appear to be adopted by countries to secure the continuity of WASH services and improve intervention and prevention control in essential institutions, such as health care facilities, isolation centers or schools. This puts specific vulnerable groups at higher risk.
- No evidence has been found with respect to ensuring that the needs of women and girls in relation to water, sanitation and hygiene (WASH) are being specifically addressed. According to a recent report from the Economic Commission for Latin America and the Caribbean (ECLAC)⁴, women are in a “particularly vulnerable situation” since they are often under informal employment situations, with few guarantees and limited access to social safety nets in many countries. In the Caribbean, women are the primary caregivers in many households, and they represent 70% of the workforce in health and social sectors⁵. Consequently, quarantine is likely to increase their burden of responsibilities at home and additionally, an increased exposure for frontline workers. Given the broken social protective networks and lack of services for women and girls it is essential to ensure that the provision of WASH services reaches this particular group.
- Some utilities are also putting their own measures in place to protect workers such as providing face masks and equipment to its employees. There are sanitary protocols to safely provide water to the

general public and heightened safety protocols at work sites. However, no measures have been found for personal protective equipment (PPE) to informal sanitation workers.

- Increase the coverage and provision of water and sanitation services is being done by the expansion of infrastructure works through the acquisition of drilling rigs and the installation of new wells. However, no measure has been found regarding the need to ensure electricity access for utilities to perform their operations and very little has been found with respect to ensuring the supply chains of material needed for these operations.
- Initiatives to provide the technical and financial support that utilities need has shown to be weak, with only very few operators receiving funds to guarantee operation of services. No measures have been identified to support small and/or community service providers operating in rural areas. Thus far, no monitoring initiatives have been detected to promote rapid detection of service delivery failures and promote corrective actions.

Many of the Caribbean countries share the susceptibility to natural threats such as hurricanes, tropical storms and floods which has caused already major losses in infrastructures and livelihoods. Consequently, response teams have been created to reinforce the preparedness and social protection systems ensuring access to safe water, emergency sanitation measures, while supporting efficient coordination of humanitarian assistance and management of information⁶. This could mean an advantage with respect to the installed capacity in these countries to deal with emergencies, such as The Caribbean Disaster Emergency Management Agency (CDEMA) which is a regional inter-governmental agency for disaster management in the Caribbean Community (CARICOM). For this particular emergency, a Regional Protocol designed to support CARICOM States in their response to COVID-19 has been finalized

⁴ Economic Commission for Latin America and the Caribbean (ECLAC) (2020). Latin America and the Caribbean and the COVID-19 pandemic: Economic and social effects. 14 May 2020. Available at: https://repositorio.cepal.org/bitstream/handle/11362/45351/4/S2000263_en.pdf

⁵ UN News (2020). Protecting the Caribbean's most vulnerable people in the face of COVID-19: A UN Resident Coordinator blog. 17 May 2020. Available at: <https://news.un.org/en/story/2020/04/1060842>

⁶ Pan American Health Organization (2020). Hurricane Irma and Maria in the Caribbean. 13 May 2020 Available at: https://www.paho.org/disasters/index.php?option=com_content&view=article&id=3613:hurricane-irma-and-maria-in-the-caribbean-2&Itemid=904&lang=en

with the support of Regional Institutions of CARICOM and submitted to the CARICOM Secretariat⁷. There is also the Caribbean Water and Wastewater Association (CWWA)⁸ that is a grouping of water, wastewater and

solid waste professionals in the public and private sectors who work closely with relevant authorities and disseminate relevant information to its members.

Table 1: Measures adopted in Caribbean countries in response to the COVID-19 pandemic
Last update: May 15, 2020

Measure / Initiative	CARIBBEAN COUNTRIES ⁹							
	BAH	BAR	BEL	GUY	HAI	JAM	SUR	TRI
1. Preserve the ability of all people, including the most vulnerable, to meet their basic needs in relation to water, sanitation and hygiene								
Identifying priority intervention areas, supporting with data from the WASH sector the national multi-sector mapping of those areas most at risk from COVID-19 ("hotspots") [1].					X			X
Not cutting off the water supply to households who are unable to pay bills, under any circumstances.	X		X	X	X	X		
Immediately reconnecting free of charge all households disconnected for non-payment that do not currently receive water services.	X				X	X		
Ensuring a minimum daily volume of drinking water for all households classed as vulnerable or not connected to the water networks, through infrastructure expansions and/or unconventional solutions (e.g. distribution of water to households or at specific community points, water trucks, water kiosks, etc.), respecting physical distancing (at least, one-meter between taps).	X	X		X	X	X		X
Ensuring provision of services to all segments of population [2] living outside a home .					X	X		
Ensuring that there are specific measures aimed at addressing the needs of women and girls in relation to water, sanitation and hygiene (e.g., sanitation facilities in isolation centers with gender sensitive safety measures and privacy, targeted awareness raising on handwashing and hygiene promotion, ensuring menstrual hygiene and health management, sex-disaggregated data are considered in WASH response plans)								
Establishing, maintaining and/or extending (in collaboration with social protection services) the financial instruments needed to facilitate service payments , particularly for vulnerable households : implementing subsidy systems, social bonus, freezing bill collection, writing off debts for non-payment, exempting households from reconnection costs, postponement of tariff adjustments, etc.			X	X		X		
Evaluating the possibility of introducing a free minimum basic consumption for families anticipating an increase in consumption due to better hygiene and the confinement of many people to their homes.					X	X		
Facilitating the implementation of non-centralized basic sanitation solutions (e.g. compact toilets, latrine emptying and fecal sludge management, etc.), through unconventional technologies when needed, to all households not connected to the sewerage system , in order to prevent open defecation.								
Ensuring that public or community bathrooms are open, available and accessible free of charge to people who do not have them at home and/or are doing essential work outside. Guarantee that public toilets are properly maintained, cleaned and disinfected daily.								
Ensuring the availability of basic products for family hygiene (soap, hand sanitizing gels, menstrual hygiene products, toilet paper, etc.) and domestic water treatment (chlorine tablets, water filters, etc.), either through direct distribution, cash-based interventions or market control mechanisms (e.g., by controlling prices fluctuations for WASH commodities).				X		X	X	
Guaranteeing access to electricity and communications for users so they can communicate with service providers and authorities, receive information, make online payments, etc.	X					X		X
Establishing communication channels between utilities and users , such as dedicated webpages for COVID-19, hotlines, etc. Real-time information collection and advice (queries or concerns consumers may have about bills or service).			X					

⁷ Caribbean Disaster Emergency Management Agency (2020). COVID-19 Outbreak in CDMA Participating States. 13 May 2020. Available at: https://www.cdema.org/CDMA_Situation_Report_9_-_COVID_19_Outbreak_7May2020.pdf

⁸ Caribbean Water and Wastewater Association (2020). COVID-19 Guidance for Water Utilities. 13 May 2020. Available at: <https://cwwa.net/news/covid-19-guidance-for-water-utilities/>

⁹ An X in the blue cell is defined as: "Initiative/measure led by national/central level state institution or national emergency taskforce"; while in yellow we specify the Initiatives or measures led by sub-national/local level state institution, sub-national emergency taskforce, or non-State actor.

Measure / Initiative	CARIBBEAN COUNTRIES ⁹							
	BAH	BAR	BEL	GUY	HAI	JAM	SUR	TRI
2. Intensify behavior change population-wide initiatives and awareness-raising campaigns for handwashing with soap and other infection prevention and control measures, at the household and in institutions								
Promoting handwashing with soap and water and safe behaviors through population-wide initiatives seeking lasting results (including “nudging” techniques), using adequate communication channels and messages to reach all population segments, with a special emphasis on the most vulnerable groups.	X			X		X		
Rehabilitating or constructing new handwashing stations in exposed collective sites and public spaces, including schools, health care facilities, markets, prisons, transport locations and other public places. The quantity of hand hygiene stations should consider the number of users to better encourage use, reduce waiting time and guarantee physical distancing (1 meter between each tap).				X	X	X		
Promoting improved cleaning and disinfection in public spaces and high-risk areas (e.g., public fountains, recreational areas, schools and early child development centers, public places, institutions offices, etc.)					X			
Promote other Infectious Prevention and Control (IPC) measures at the household, such as wearing masks, cleaning and disinfecting surfaces, isolating people with symptoms and people at a higher risk, and not sharing personal items such as glasses, cutlery, towels, etc. Take special attention to confined households and most vulnerable groups. Make content available in different formats (radio, TV, Internet, SMS, etc.) and in the different languages used in countries, and use nudging techniques to encourage good practices.					X			
Identifying and training community leaders in prioritized rural areas to promote proper handwashing and other IPC measures in their respective communities and participation in monitoring.					X			
Fighting disinformation campaigns and fake news (e.g. about transmission mode of the virus, symptoms, treatments, etc.), ensuring people are able to access reliable information.		X			X		X	
Promoting domestic water treatment if there is no access to safe drinking water (e.g. boiling water, chlorine tablets, filters, etc.) and proper handling and safe storage of treated water in households with no piped connection.								
Introducing measures and campaigns for water-saving and efficiency .			X			X		X
3. Guarantee the continuity, affordability, and safety of water and sanitation services								
Identifying critical intervention areas (“hotspots”) in the utility’s service area to prioritize COVID-19 response interventions [3].								
Conducting regular monitoring of WASH supplies and services access and prices, and take corrective measures when needed.					X			
Conducting rapid assessments [4] of the WASH situation in health care facilities , securing the continuity and quality of water and sanitation services (24*7) in health care facilities, including engaging in frequent hand hygiene using appropriate techniques, implementing regular cleaning and disinfection practices with chlorine-based products, and safely managing health care waste. Adopt alternative and decentralized mechanisms, if needed.				X				
Securing the continuity and quality of water and sanitation services in isolation centers and in social care institutions (for elderlies, disabled, homeless, childcare centers, centers for women victim of violence, etc.), including engaging in frequent hand hygiene using appropriate techniques and implementing regular cleaning and disinfection practices.								
Ensuring proper operation of drinking water systems at all stages (protection from source to consumer). Planning preventive maintenance tasks at all critical points of the system (e.g. at the intake, pipelines, in the treatment plant and in the distribution network). Monitoring residual chlorine at specific key points and for strategic users (e.g., health care facilities, nursing homes and schools and Early Child Development Centers, etc.).	X							X
Ensuring proper operation of the sewerage system and non-centralized sanitation solutions at every point of the sanitation chain: emptying of latrines and septic tanks and transport, treatment and final disposal of fecal sludge.					X			
Expanding infrastructure and extending coverage of water and sanitation services to unconnected areas .	X			X	X			
Securing access to energy / electricity for utilities , to ensure the operation of water and sanitation services.								

Measure / Initiative	CARIBBEAN COUNTRIES ⁹							
	BAH	BAR	BEL	GUY	HAI	JAM	SUR	TRI
Advocating for reliable regional and national WASH supply chains , while sustaining, strengthening and diversifying the supply chains of all products and materials needed to operate water and sanitation services (chlorine-based products and disinfectants, chemicals, spare parts, etc.), ranging from rural small-scale systems to urban, large-scale systems. This might include from support to local production to exemptions for sanctions or special clearances for materials and equipment based on humanitarian need.					X			
Ensuring proper solid waste management, at all stages : collection, separation, transportation, processing and treatment, and final disposal. Promote good practices for quarantined households (separate collection in bio-medical waste collection units, etc.)					X			
Ensuring the availability, quality and continuity of water, sanitation and handwashing services in schools and early child development centers , using unconventional mechanisms if necessary, in preparation of schools' reopening.					X			
Ensuring availability and access to appropriate personal protective equipment (PPE) for workers of water, sanitation and/or solid waste collection companies that need it during operation and maintenance tasks, for sanitation workers with risk of exposure to excreta and for cleaning agents in health care facilities. Adoption of other protection measures, including remote working and duty roster, body temperature measurements, reduction of visits to consumers, etc. Developing protocols in cases of contagion among operational personnel.	X	X						X
Distributing personal protective equipment (PPE) to informal sanitation workers (including wastewater and fecal waste management as well as solid waste management workers).								
Introducing online payment services if they do not already exist.			X				X	X
4. Provide technical and financial support to water, sanitation and solid waste service providers/utilities								
Providing technical assistance to utilities for management, financing, planning, operation and maintenance, etc. Supporting the creation/updating and implementation of emergency response plans or contingency plans.					X			
Activating special funds to guarantee the operation of services , and to improve, upgrade and expand water and sanitation infrastructure to meet the specific needs caused by the pandemic.		X						
Ensuring urban utilities receive the necessary financial support and supplies (including personal protective equipment) to guarantee the proper operation of services.								
Ensuring rural and community operators (both formal and informal) receive the necessary financial support and supplies (including personal protective equipment) and technical assistance to ensure continuity of service.								
Promoting correct monitoring of utilities and middle to small-scale operators. Developing a simple monitoring system to facilitate early detection of service delivery failures and promote corrective actions.								
Establishing a coordination platform and/or communication channels between government and utilities/operators and their associations for the exchange of experiences, good practices, crossover learning processes, etc. Real-time information collection and advice (queries, concerns about technical, financial, legal, and administrative issues).					X			
Developing business plans for service providers to analyze economic viability of the utility in the short and mid-term.								
Establishing multi-actor emergency coordination mechanisms , including international and multilateral organizations and other actors.	X	X	X	X	X	X	X	X
[1] Mapping vulnerability based on 1) multiple risk factors for maintaining basic preventive hygiene and physical distancing (population density, average age, percentage living in the informal economy and day-to-day income, etc.); and 2) multiple risk factors in the context of partial/total confinement and current and potential outbreaks of COVID-19 and other diseases. Areas of high population density and low coverage of WASH services must be especially considered, both at the household (shared toilets) and at the community level (few public toilets, etc.), with cases of COVID-19. The presence of health care facilities, markets, nursing homes, prisons, juvenile detention facilities and centers of agglomeration of people with special needs in relation to water and sanitation should also be considered [2] Homeless people, people in shelters, nursing homes, migrants/refugee/returnee centers, juvenile detention facilities, detention centers, confidential centers for women victim of violence and their children, etc. [3] Criteria for identifying these areas include (but are not limited to) areas of high population density with low coverage of WASH services at both the individual and community levels (few public toilets, etc.) with cases of COVID-19. The presence of health care facilities, markets, collective centers (see details in footnote [2]) and other places where there are many people living together should be taken into account. [4] One particular methodology proposed for this purpose is the Water, Sanitation and Hygiene for Health Care Facilities Improvement Tool (WASH FIT): www.washfit.org also available in Excel for use in KOBO App.								