



Nepal: Prevention and Control of COVID-19 through WASH and Health initiatives in Secondary and Small Towns

Project Name	Prevention and Control of COVID-19 through WASH and Health initiatives in Secondary and Small Towns
Project Number	55060-001
Country	Nepal
Project Status	Proposed
Project Type / Modality of Assistance	Grant
Source of Funding / Amount	
Strategic Agendas	Inclusive economic growth
Drivers of Change	Governance and capacity development Knowledge solutions Partnerships
Sector / Subsector	Health - Disease control of communicable disease Water and other urban infrastructure and services - Urban policy, institutional and capacity development - Urban sanitation
Gender Equity and Mainstreaming	Effective gender mainstreaming
Description	The proposed grant aims to support the Government of Nepal (the government) to improve selected local governments' capacity to better response to coronavirus diseases (COVID-19) pandemic through community-level interventions. The grant supports the provision of essential public services and Water Sanitation and Hygiene (WASH) supplies to block interpersonal transmission of COVID-19 in public spaces, behavior-centered community mitigation measures to contain the pandemic and manage panic and misinformation, and the strengthening of Department of Water Supply and Sewage Management (DWSSM), 5 municipalities, and 10 small towns' capacity to timely respond to COVID-19 and other public health emergencies. The grant project area will be linked to ADB's ongoing small towns projects and pipeline project on Integrated Water Supply and Sewerage Management.

Project Rationale and Linkage to Country/Regional Strategy	<p>The first COVID-19 case in Nepal was confirmed on 23 January 2020 which is a 31-year student returned to Kathmandu from Wuhan. As of 30 January 2021, Nepal had 270,854 COVID-19 confirmed cases with 2,017 deaths. In April 2020, with technical support from the World Health Organization (WHO), the government promulgated Nepal Preparedness and Response Plan (NPRP) that lays out the preparedness actions and key response activities to be undertaken in Nepal to address COVID-19 pandemic. Although the government launched several interventions that attempt to stop or at least lower down the local transmission of COVID-19, the urgency is still exists due to growing uncertainty and new virus variant.</p> <p>Nepal, as most of countries, is following a combination of a range of non-pharmaceutical interventions that fall into various categories of behavior change which include self-isolation for symptomatic individuals; increased hand hygiene; social distancing; working from home where possible; and school closure. As local governments are mandated to manage and provide health services by mobilizing their resources, their capacity to design and implement appropriate community-level intervention is the key to successfully contain COVID-19 pandemic.</p> <p>In order to better identify gaps of COVID-19 pandemic response capacity of local governments, two secondary towns and 5 small towns were sampled by project unit to understand their health support system and management capacity to deal with outbreak of COVID-19 and other infectious diseases. Major challenges that local governments are unable to respond the transmission in communities in an appropriate and timely manner are: (i) insufficient disinfection and medical services to block interpersonal transmission of COVID-19 in public spaces; (ii) weak community engagement and risk communication capacity to strengthen citizens' health literacy and good hygiene practices; and (iii) inadequate institutional capacity to design, implement and adjust community-level interventions in accordance with the dynamic of the pandemic.</p> <p>Insufficient disinfection and medical services to block interpersonal transmission of COVID-19 in public spaces. Unavailability of water and soap is making it difficult for poor communities to adopt good hygiene practices including hand hygiene. Local governments have limited critical WASH supplies, quality protective gears (PPEs, face shield, soaps, and sanitizers) and COVID-19 consultation services in public spaces and isolation centers due to budget constraint. Knowledge on washing hands with soap and water to prevent transmission of COVID-19 is also comparatively low in the entire Nepal (38% of respondents believing that they should wash their hands with soap after coming into physical contact with a person, followed by after touching a surface touched by another person (23%), after sneezing or coughing (14%) and before/after looking after someone who is ill (8%)). There are no shelter and designated places for isolation in poor communities. As COVID-19 is mainly transmitted through inhalation and respiratory droplets, and direct and indirect person-to-person contact (e.g. droplet-hand-face or droplets-surfaces-hands-face), practicing good personal hygiene is one of effective measures to prevent interpersonal transmission of COVID-19, especially in densely populated communities. Good personal hygiene practice requires not only easily accessed washing facilities, disinfection supplies and hygiene products, but also requires strong government leadership and community engagement in adopting appropriate personal hygiene and health seeking behaviors.</p> <p>Weak community engagement and risk communication capacity to strengthen citizens health literacy, good hygiene practice and social capital. Lack of information and inadequate communication can pose an additional threat, social stigma, and induce anxiety of people who already fear COVID-19. Ensuring that the general public is well informed (and not misinformed) of (i) causes and ways of transmission of COVID-19, (ii) symptoms of the disease, (iii) nearest health contact points in the municipality if people have symptoms, (iv) how to avoid getting or spreading COVID-19, (v) good hygiene practices, (vi) myths vs reality about COVID-19, and (vii) Do and Don'ts, among other issues, is critical to a well-designed pandemic response at the community level. In addition, social stigma and discrimination associated with COVID-19 are being observed in cities of Nepal. If social stigma and inequality associated with infectious diseases are not addressed in time, it can breed a sense of insecurity and tensions in communities. As Nepal is entering into the new normal, community awareness, education and civil society involvement are very critical to develop a sense of shared responsibility and togetherness. For this, strengthening the social development sections of municipalities is required to bolster social mobility, and develop many pathways so that communities and individuals create a sense of social cohesion and positive societal behaviors to promote preventative services and care for those who fall ill.</p> <p>Inadequate institutional capacity to design, implement and adjust community-level interventions. The COVID-19 outbreak has put to the test governance capabilities at all levels of government, especially municipal governments that are mandated to take non-pharmaceutical interventions and mobilize communities to not only manage the pandemic but also combat the pandemic and misinformation in densely populated urban areas. Local governments have no adequate capacity to design policy guidelines, protocols, and implementation measures to manage and contain the pandemic and adjust interventions in accordance with the dynamic of the pandemic. Specific gaps include: (i) vague knowledge about COVID-19 prevention and cure, (ii) absence of standard operating procedures to manage contaminated municipal solid waste, (ii) weak disease surveillance capacity and lack of efficient mechanism to share information between government authorities, health facilities and laboratory to timely monitor and contain the transmission in communities, and (iii) absent of standard operation procedure, protocols and implementation guidelines for concerned government authorities to implement community-level interventions. Capacity of concerned government authorities at central and local level to enable efficient information sharing, conduct disease surveillance and contact tracing, manage medical and solid waste contamination should therefore also be addressed.</p>
Impact	Healthy, alert, and conscious citizens oriented to happy life achieved
Outcome	Local government and community capacity to mitigate and contain the COVID-19 pandemic and similar future health emergencies in 5 secondary and 10 small towns strengthened.
Outputs	<p>Essential public facilities and services to block interpersonal transmission in public spaces provided</p> <p>Behavior-centered community mitigation measures strengthened</p> <p>Institutional capacity of selected local governments to contain the COVID-19 pandemic strengthened</p>
Geographical Location	
Safeguard Categories	
Environment	B
Involuntary Resettlement	B
Indigenous Peoples	B
Summary of Environmental and Social Aspects	
Environmental Aspects	<p>Project Output which involves small scale construction will have limited environmental impacts that are site-specific and temporary during civil works. Similarly, only limited impacts are expected during facility operation. An environmental assessment and review framework has been prepared and includes environmental selection criteria for subprojects, a framework environmental management plan, and a code of construction practice. It will be the basis for environmental safeguard assessment including conduct of meaningful consultation and the preparation of planning documents for subprojects to be prepared after project approval. Initial environmental examinations or a due diligence report will be prepared based on the result of screening using the ADB Rapid Environmental Assessment Checklist, and in accordance with requirement of the ADB Safeguard Policy Statement (2009, as amended from time to time).</p>
Involuntary Resettlement	<p>The project outputs that require land are multipurpose shelters and public toilets. Government lands are being identified for proposed components in project towns. Impacts are expected to be limited. No components involving significant involuntary resettlement will be taken up by the project. The resettlement framework agreed with the executing agency will be the basis for preparing resettlement planning documents for outputs prepared after project approval. Resettlement plans or due diligence reports will be submitted to ADB for clearance prior to start of construction and will be disclosed on ADB, executing agency, and project towns' websites, as well as to affected persons, if any.</p>
Indigenous Peoples	<p>No adverse impacts to indigenous peoples, as defined by the ADB Safeguard Policy Statement, have been identified, and no components involving adverse impacts to indigenous peoples will be selected for implementation. Only positive impacts to indigenous people are anticipated, which will be enhanced by awareness of project benefits to indigenous peoples and vulnerable households in project areas. An indigenous peoples planning framework has been prepared to guide the preparation, implementation, and monitoring of an indigenous peoples plan, as required. Meaningful widespread consultations are proposed with indigenous communities in the project area. Indigenous peoples' participation will be ensured during project design and implementation.</p>
Stakeholder Communication, Participation, and Consultation	

During Project Design The Project Management Office will prepare a stakeholder communication strategy and submit to ADB for review by the end of the first quarter after grant effectiveness. The strategy will follow ADB's Public Communications Policy 2011. The stakeholder communication strategy will be based on a stakeholder analysis and will incorporate the following components: (i) Compilation of stakeholder communication activities undertaken so far, including gender-disaggregated data on participants, minutes of meetings and photographs; (ii) role of the PMO, RPMOs in coordinating and communicating with central government, local governments, and institutional stakeholders; (iii) public communication plan for disseminating project related information (a) to the general public, particularly those who may be impacted by the proposed projects; and (b) to vulnerable groups, and how to avail benefits under the project; (iv) disclosure of safeguards reports, if any in the ADB and PMO websites and to affected persons and local non-government organizations/community-based organizations, in local language; and (v) other communication arrangements at the local community level including through notice boards, newspapers, local radio stations and cable television, etc.

During Project Implementation During project implementation concerned stakeholders will be consulted as and when needed regarding the project progress, underlying issues and way forward.

Responsible ADB Officer	Sharma, Laxmi
Responsible ADB Department	South Asia Department
Responsible ADB Division	Urban Development and Water Division, SARD
Executing Agencies	Ministry of Water Supply (formerly Ministry of Water Supply and Sanitation) Singha Durbar

Timetable

Concept Clearance	-
Fact Finding	31 Jan 2021 to 26 Feb 2021
MRM	21 Apr 2021
Approval	-
Last Review Mission	-
Last PDS Update	19 Apr 2021

Project Page	https://www.adb.org/projects/55060-001/main
Request for Information	http://www.adb.org/forms/request-information-form?subject=55060-001
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