

# Lebanon WASH response to COVID-19

Lebanon  
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## Table of Contents

|       |  |    |
|-------|--|----|
| 1     | Introduction .....   | 5  |
| 1.1   | Main facts on COVID-19 related to WASH.....  | 5  |
| 1.2   | WASH role in the response .....  | 6  |
| 2     | WASH response per gateway.....   | 7  |
| 2.1   | Informal Settlements (IS).....   | 7  |
| 2.1.1 | Level.0 No suspected case .....  | 8  |
| 2.1.2 | Level.1 self-isolation at home (Household Level) .....                               | 11 |
| 2.1.3 | Level.2 Community Isolation or isolation within the community (Community Level)..... | 12 |
| 2.1.4 | Level.3 Local Isolation: (local Level) .....   | 13 |
| 2.1.5 | Level.4 IS full quarantine .....   | 13 |
| 2.2   | Collective shelters.....   | 14 |
| 2.2.1 | Level.0 No suspected case .....  | 14 |
| 2.2.2 | Level.1 self-isolation at home (Household Level) .....                               | 14 |
| 2.3   | Palestinian refugee camps.....   | 14 |
| 2.4   | Communities.....   | 14 |
| 2.4.1 | Phase 3: Clusters of cases (clusters in time or geographic location).....            | 16 |
| 2.4.2 | Phase 4: Community transmission (larger outbreaks of local transmission) .....       | 16 |
| 2.5   | PHCs and hospitals .....   | 17 |
| 2.6   | Schools.....   | 18 |
| 3     | Planning, Coordination and Logistics.....  | 18 |
| 4     | Monitoring and Evaluation .....  | 18 |

## List of Annexes

Annex1: Case Definitions

Annex2: Household IPC kit

Annex 3a: ITS Self - isolation cleaning and disinfection protocol

Annex 3b: Cleaning and disinfection for Isolation step 1 to 4

Annex 4: PPE kit

Annex 5: IPC kit in PHC

Annex 6: WASH IPC Protocol in Health care facilities

Annex 7: Cleaning and Disinfection Protocol for schools/public places

Annex 8: HH disinfection kit

Annex 9: Desludging of holding tank- isolation

DRAFT

## List of abbreviations

|          |   |
|----------|---|
| COVID-19 | Corona Virus Disease 2019                     |
| CS       | Collective shelter                            |
| C4D      | Communication for Development                 |
| GoL      | Government of Lebanon                         |
| HH       | Household                                     |
| IEC      | Information, Education and Communication      |
| IS       | Informal Settlement                           |
| LCRP     | Lebanon Crisis Response Plan                  |
| MoPH     | Ministry of Public Health                     |
| MOSA     | Ministry of Social Affairs                    |
| NGO      | Non-Governmental Organization                 |
| OV       | Outreach Volunteer                            |
| PPE      | Personal Protective Equipment                 |
| PHC      | Primary Health Care                           |
| PHCC     | Primary Health Care Centres                   |
| PHU      | Public Health Unit                            |
| PWD      | People with Disability                        |
| PWSN     | People with Special Needs                     |
| RNA      | Ribonucleic Acid                              |
| SDCs     | Social Development Centres                    |
| SOP      | Standard Operating Procedure                  |
| UNHCR    | United Nations High Commissioner for Refugees |
| UNICEF   | United Nations Children's Funds               |

# 1 Introduction

On 30 January, the World Health Organization declared the 2019 coronavirus disease (COVID-19) outbreak a public health emergency of international concern (PHEIC)[1]. In Lebanon, on 21 February 2020, the first case of COVID-19 was confirmed involving a 41-years-old female, which had a travel history to Iran.

WHO has defined four transmission phases for COVID-19:

1. Countries with no cases;
2. Countries with 01 or more cases, imported or locally detected (sporadic cases);
3. Countries experiencing cases clustered in time, geographical location and/or common exposure (clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (community transmission).

It is at the 4th stage where countries move from containment to mitigation. As of March 22, 2020, the case of Lebanon falls under the third scenario: cluster of cases. The country is still in the containment phase; the cases confirmed so far have been imported by exposure from a country with local transmission or through contact with infected positive case.

## 1.1 Main facts on COVID-19 related to WASH<sup>1</sup>

COVID-19 is a new disease different from influenza with respect to community spread and severity, but with similar route of transmission<sup>2</sup>. Much has to be discovered about the disease and its impact, but there is no evidence that the COVID-19 virus is found or transmitted in drinking water, even if it can survive on dechlorinated water. COVID-19 virus Ribonucleic Acid (RNA) fragments have been detected in reasonably high concentrations in stools of patients, but only one study has cultured COVID-19 virus from the stool of one patient. It should also be noticed that few patients (2-10%) develop diarrhea and there has been no report so far on the fecal-oral route transmission of COVID-19.

COVID-19 is an enveloped virus surrounded by a weak lipid membrane, which makes it relatively fragile in the environment compared to non-enveloped viruses. For this reason, heat, high and low pH, sunlight, common disinfectants, or alcohol will facilitate its die-off. On surfaces, an

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<sup>1</sup> [WHO/2019-NCoV/IPC\\_WASH/2020.1](#)

<sup>2</sup> Modes of transmission: droplets sprayed by affected individuals, contact with patient respiratory secretions, contaminated surfaces and equipment.

effective inactivation can be achieved quickly using 65% ethanol or 0.5% sodium hypochlorite, and handwashing with soap is proven effective to removing the virus from hands.

## 1.2 WASH role in the response

One of the key aspects to successfully mitigate any Public Health Emergency like this COVID-19 outbreak is to adopt a multi-sectorial approach <sup>3</sup>where the WASH Sector can contribute through significant previous experiences in mitigating contagious diseases (cholera, Ebola, Zika, etc.). In Lebanon specifically, the WASH Sector has already a long experience in preventing Public Health hazards in Informal Settlements since 2013 through an emergency WASH response that covers high number of Syrian refugees with a full package of water and wastewater services as well as Hygiene Promotion and community mobilization activities.

Therefore, the WASH Sector in Lebanon has a key role in the response through a strong contribution to the achievement of four main objectives:

- (i) The exposure to the disease is prevented and controlled at community level.
- (ii) The transmission of the disease is controlled in safe confined rooms and community settings with priority support to marginalized populations, specifically people with special needs, people with disability and elderly.
- (iii) Schools stay as a safe environment for children, free from risks of contamination and with reduced risks of contamination from child to child.
- (iv) Secondary contaminations in PHCs are prevented and thus particularly Health care staff are protected.

The role of the WASH Sector in response to the ongoing COVID-19 epidemics will significantly differ according to its evolution in Lebanon and the Government capacity to cover the needs. The Government has created an Inter-Ministerial COVID19 Committee that ensure the overall leadership and coordination of the response. International Organizations present in the country are coordinating through a National Task Force Lead by the Regional Coordinator and following the COVID-19 Strategic Preparedness and Response Plan. This plan is organized around eight pillars:

- Pillar 1: Country-level coordination, planning, and monitoring
- Pillar 2: Risk communication and community engagement
- Pillar 3: Surveillance, rapid response teams, and case investigation
- Pillar 4: Points of entry
- Pillar 5: National laboratories
- Pillar 6: Infection prevention and control

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<sup>3</sup> shelter, protection including GBV, CP, Health, social stability, MHPSS.

- Pillar 7: Case management
- Pillar 8: Operational support and logistics

The WASH sector is involved in the pillar 2,4 and 6:

|  |  |
|--|--|
| <b>Pillar 2: Risk Communication and Community Engagement</b> | Hygiene Promotion  |
| <b>Pillar 4: Entry Point</b>                                 | Hygiene Promotion<br>WASH in Entry Points  |
| <b>Pillar 6: Infection Prevention and Control</b>            | WASH in ISs and CS<br>WASH in Palestinian camps<br>WASH in Communities and Households.<br>WASH in Healthcare facilities<br>WASH in Schools and social institutions |

## 2 WASH response per gateway

### 2.1 Informal Settlements (IS)

Informal Settlements are characterized by being overcrowded, with small space available and challenging hygienic environment due to reduced shared space, temporary living conditions and existing stress on WASH facilities.

In preparedness of potential development of the COVID-19 in ISs, it was suggested to consider five levels of responses:

- Level.0 No suspected case
- Level.1 Self-Isolation at Home (Household Level)
- Level.2 Community Isolation or isolation within the community (Community Level)
- Level.3 Municipal or Area Level Isolation
- Level.4 IS full quarantine

These levels guided by the National SOPs only refer to suspected cases, and not probable or confirmed cases as per definition in annex 1. Nonetheless the following WASH response remain the same if suspected cases become probable or confirmed.

Suspected cases will be identified based on the most updated MoPH case definition and they will follow the national referral pathway for case identification.

### 2.1.1 Level.0 No suspected case

At this stage the WASH sector is key to reduce the likelihood of contamination through preventive activities. Hygiene Promotion messages are intensively addressed to the communities, following the training module specifically designed on COVID-19 and in line with the Pillar 2 guidance (Risk Communication and Community Engagement). The training is accessible on-line: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

Sensitization campaigns should be supported by the distribution of soap and flyers. GoL's approved and endorsed Information, Communication and Education (IEC) materials can be found on-line:

[https://www.dropbox.com/sh/c8prp4negm3qwlx/AAA86WCR5x04pyD6Zukwd02ua/0.%20COVID19%3A%20Risk%20Communication%20%26%20Community%20Engagement%20\(RCC%20E\)/STRATEGIC%20RCCE%20Documents%20and%20Materials?dl=0&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/c8prp4negm3qwlx/AAA86WCR5x04pyD6Zukwd02ua/0.%20COVID19%3A%20Risk%20Communication%20%26%20Community%20Engagement%20(RCC%20E)/STRATEGIC%20RCCE%20Documents%20and%20Materials?dl=0&subfolder_nav_tracking=1)

In order to contribute to promote hand washing, the quantity of water available is increased from 35 to 40 l/pers/day as a minimum. Upon funding availability, the WASH Sector will increase the quantity to 60 liters, which is the minimum quantity of water recommended to ensure increased handwashing and overall personal hygiene and environmental cleanliness as prevention measures. Guidance for frontline workers and caregivers:

- Avoid groups of people and enclosed, crowded spaces.
- Maintain distance of at least 1,5 meter from any person (physical distancing)
- Perform hand hygiene frequently, using an alcohol-based hand rub when soap and water are not available.
- If available, wear a medical mask (appropriate use and disposal are essential to ensure they are effective and to avoid any increase in transmission; avoid touching the mask while wearing it, to remove it untie it from behind, do not re-use single-use masks, perform hand hygiene before and after wearing a mask).
- Employers should provide frontline workers/ staff with training on occupational safety and health, including; refresher training on infection prevention and control (IPC), advise frontline workers on self-assessment, symptom reporting, and staying home when ill, and provide access to mental health and counselling resources.  
(see detailed guidance in annexes 3a, 3b and 3c)

At level 0, the WASH sector needs to actively prepare for level 1,2,3 and 4 through ordering and prepositioning key supplies, mainly masks, gloves, disinfectants. Disinfectant products or a disinfectant kit (see annex 8) should as possible be prepositioned at the Organization, IS or Household level according to the products' availability. If a response partner does not have the capacity to procure these items, this needs to be flagged to the Water Sector.

| Outcome  | LO | Standards before COVID-19  | New Standards level 0  |
|--|----|--|--|
| <b>At risk populations have immediate access to adequate safe water, hygiene and sanitation through life saving activities</b> |    | <ul style="list-style-type: none"> <li>- Distribution of 1m3 water storage tanks per tent</li> <li>- Provision of 35 l/pers/day water supplies via existing infrastructures or bulk tanker delivery.</li> </ul>  | <ul style="list-style-type: none"> <li>- Distribution of 1m3 water storage tanks per tent if non-existent.</li> <li>- Provision of minimum 40 l/pers/day with increase when possible to 60 L/pers/day water supplies via existing infrastructures or bulk tanker delivery.</li> </ul>  |
|  |    | <ul style="list-style-type: none"> <li>- Construction/rehabilitation of one latrines/toilets per 15 persons</li> <li>- Provide equipment and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection &amp; disposal.</li> <li>- Regular desludging</li> </ul> | <ul style="list-style-type: none"> <li>- Construction/rehabilitation/ maintenance of one latrines/toilets per family accommodating the needs of PWSN, PWD and elderly.</li> <li>- Provide equipment, products and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection &amp; disposal.</li> <li>- Regular desludging</li> </ul>        |
|  |    | <ul style="list-style-type: none"> <li>- Promote Hygienic safe spaces within all convergent environments through Public Health campaigns. .</li> </ul>   | <ul style="list-style-type: none"> <li>- Engage communities and local actors plus Outreach Volunteers (OV) in spreading awareness within all convergent environments through Public Health intensive campaigns focussed on COVID-19 mitigation specificities</li> <li>- Distribute minimum one flyer per family</li> <li>- Distribute one soap (250 gr) per person every month.</li> </ul> |

In case of availability, and out of the high priority Informal Settlements registering suspected cases of COVID-19, it is recommended that organizations / WASH partners distribute the disinfection kit based on the list of prioritized IS's.

The vulnerability map (figure 1) was prepared using WAP updated data to detect the cadasters that host the most vulnerable informal settlements with the following criteria:

- Number of Household (HH) in the site,
- Percentage of elderly in the site,
- Water Criteria: a formula combines type of water source, quantity of water and frequency/availability of water,
- Density and Distance of site,
- Existence of open defecation and the Hygienic Status of the site,
- Wastewater disposal score.

All Informal settlements are priority and the attached vulnerability mapping shows the 1st, 2nd and 3rd priority that should be used only to prioritize distribution of disinfection kits.

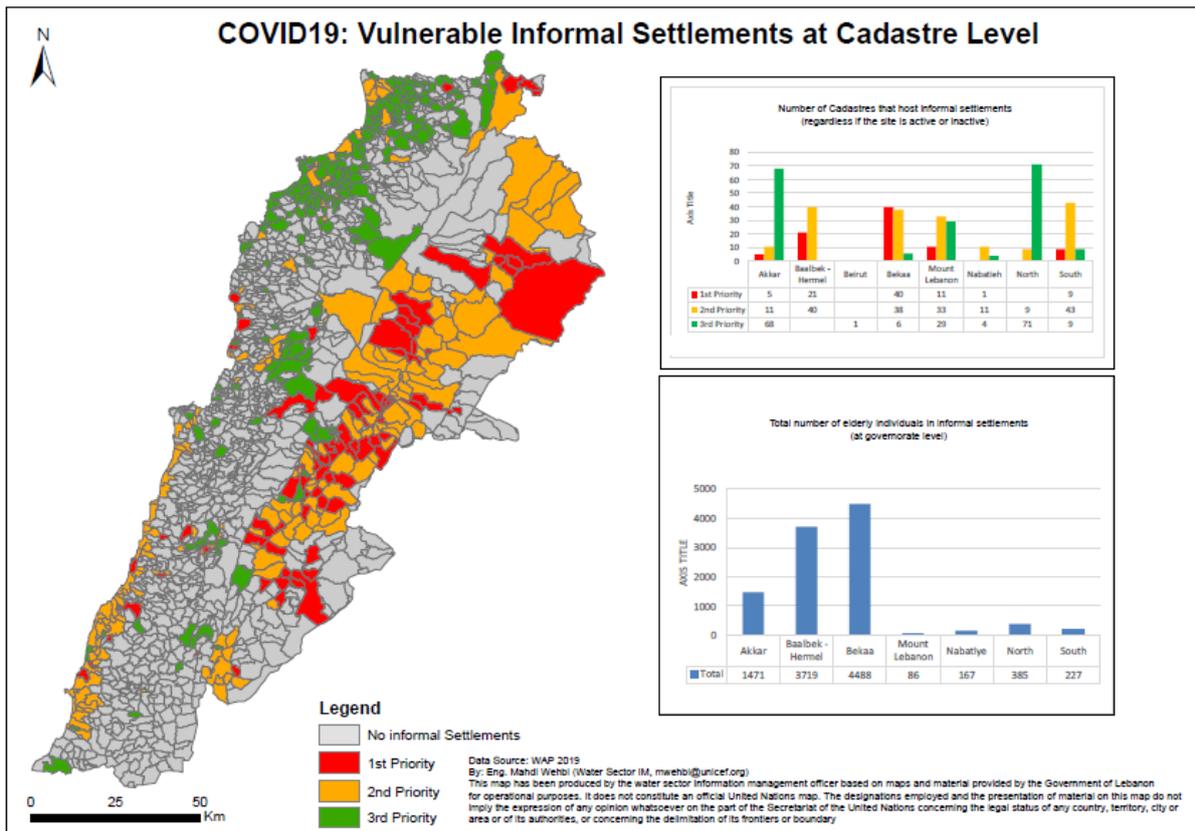


Figure 1: Vulnerable Informal settlements at cadastre level

Please refer the following google sheets (column O) to check the list of prioritized sites per governorate:

**Bekaa:**

[https://docs.google.com/spreadsheets/d/1---Njara\\_ckhpTmkSfmregfzMnpK98d42DlIUmKiBTo/edit#gid=1313409053](https://docs.google.com/spreadsheets/d/1---Njara_ckhpTmkSfmregfzMnpK98d42DlIUmKiBTo/edit#gid=1313409053)

**North:**

[https://docs.google.com/spreadsheets/d/1ceYcOJtGih6Fw8hb\\_QoaCWmI4UA5A0zm2GMGg-E-LQ/edit#gid=1493167539](https://docs.google.com/spreadsheets/d/1ceYcOJtGih6Fw8hb_QoaCWmI4UA5A0zm2GMGg-E-LQ/edit#gid=1493167539)

**South:**

[https://docs.google.com/spreadsheets/d/1yEp\\_WoJZSbpF3mNKipmZHCQZ-PFIdm1K1nnKNxZG-DQ/edit#gid=1034714562](https://docs.google.com/spreadsheets/d/1yEp_WoJZSbpF3mNKipmZHCQZ-PFIdm1K1nnKNxZG-DQ/edit#gid=1034714562)

**BML:**

[https://docs.google.com/spreadsheets/d/1ZaPYB1gtALcAkL\\_iw563NrWP\\_2l3z2cjsKY6ukr9Iw8/edit#gid=1342771595](https://docs.google.com/spreadsheets/d/1ZaPYB1gtALcAkL_iw563NrWP_2l3z2cjsKY6ukr9Iw8/edit#gid=1342771595)

### 2.1.2 Level.1 self-isolation at home (Household Level)

In close coordination with the Shelter Sector, the Water sector will provide the necessary water, sanitation and hygiene support to the confined person. The proposed Level 1 support includes:

- a) Provision of a temporary toilet or advise/ guide on the allocation of an existing toilet to be used exclusively by the suspected case. Access to the toilet will be intended to be directly from the isolation room, if necessary, through a corridor of plastic sheeting. The superstructure of the toilet (being temporary in nature) will be composed of plastic sheeting and the substructure will be a holding tank;
- b) Regular desludging (annex 9). The management of sludge will follow WHO/UNICEF guidelines,
- c) Installation of a handwashing facility with designated towel nearby/inside the toilet;
- d) Provision of a Household IPC kit (see content in annex 2) to permit increase cleaning, disinfection and hygiene practices of the isolation room, the toilet, the handwashing facility and frequently touched surfaces in the tent;
- e) Connection of the isolation room directly to the existing water tank;
- f) In coordination with Social Stability sector and the Solid Waste Management Task Force, proper management of solid waste as they are treated as infectious waste;
- g) Ensure consideration for People with Special Needs, people with disabilities, in particular on the design of handwashing and toilet facilities in addition to additional protection measures to prevent risks of SGBV, child harassment and abuse;
- h) In collaboration with health partners, train the caregiver on contamination prevention measures including proper use of PPE, the cleaning and disinfection procedure, solid waste management at HH.

At the settlement level, the Water Sector will focus on promoting hygiene and disinfection through sufficient provision of safe water, as well as soap, chlorine and disinfectant products to all households through the provision of a disinfection kit (*annex 8: content of the disinfection kit*) or even bleach only as a last resort. Potential distribution of IPC kit will be based on future guidance. The distribution will be accompanied with appropriate messages on disinfection will be provided (reference to annex 3a and 3b on disinfection and cleaning) with reminder on confinement of all.

Starting at this level, alternative ways to direct communication with communities should be put in place (social media, hotline etc.) in anticipation of frontline workers' restrictions or unwillingness to face-to-face interactions.

The quantity of water provided to the IS will be increased from 40 to 60 l/pers/day to promote disinfection, washing and cleaning. Older persons and people with low immune system and with chronic diseases will be prioritized. Handwashing facilities will be installed within the IS, if possible, at the main entry, and other common places, and regularly provided with soap and chlorinated water.

In addition, caregivers, service providers and Hygiene Promoters, will have to follow a protection protocol as per annex 3a and 3b.

| Outcome  | L1 | Standards level 0   | Standards level 1  |
|--|----|---|--|
| <b>At risk populations have immediate access to adequate safe water, hygiene and sanitation through life saving activities</b> |    | <ul style="list-style-type: none"> <li>- Distribution of 1m3 water storage tanks per tent</li> <li>- Provision of 40 l/pers/day water supplies via existing infrastructures or bulk tanker delivery.</li> </ul>   | <ul style="list-style-type: none"> <li>- Distribution (if not available) of 1m3 water storage tanks per tent with potential increase if the supplier cannot deliver more frequently</li> <li>- Provision of 60 l/pers/day water supplies via existing infrastructures or bulk tanker delivery.</li> <li>- Direct connection of the isolated rooms to the water tanks</li> </ul>  |
|  |    | <ul style="list-style-type: none"> <li>- Construction/rehabilitation of one latrine/toilet per family</li> <li>- Provide equipment and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection &amp; disposal.</li> <li>- Regular desludging</li> </ul>    | <ul style="list-style-type: none"> <li>- Construction/rehabilitation/ maintenance of one latrine/toilet per affected family PWSN and PWD friendly when needed;</li> <li>- Construction or allocation of a dedicated toilet for each isolation room, with a handwashing facility, in collaboration with shelter partner</li> <li>- Provide equipment, products and tools to facilitate intensive maintenance of a hygienic environment through cleaning, disinfection, waste minimisation and proper management, collection &amp; disposal.</li> <li>- More frequent desludging due to increased delivery of water</li> </ul>   |
|  |    | <ul style="list-style-type: none"> <li>- Promote Hygienic safe spaces within all convergent environments through Public Health intensive campaigns focussed on COVID-19 specificities</li> <li>- Distribute one flyer per family</li> <li>- Distribute one soap (250 gr) per person every month.</li> </ul> | <ul style="list-style-type: none"> <li>- Promote Hygienic safe spaces within all convergent environments through Public Health intensive campaigns focussed on COVID-19 specificities, the Water sector will develop the best modalities for Hygiene promotion activities during COVID 19 outbreak;</li> <li>- Distribute one flyer per family</li> <li>- Distribute one soap (250 gr) per person every month.</li> <li>- Distribution of one IPC kit per affected family and disinfection kit/ bleach per Household with explanation on IPC and disinfection measures and their importance.</li> <li>- Rely on OV's, LRC, faith and other local organisations to spread awareness and to assist in the distribution.</li> </ul> |

### 2.1.3 Level.2 Community Isolation or isolation within the community (Community Level)

The Health sector considers this option applicable when the number of case(s) that are recommended to home-quarantine, is considered 'major'. The term major refers to the absorption capacity of the IS. In this level the IS no longer has the capacity to house friends/ relatives of suspected cases. As such, a dedicated temporary 'facility' is constructed within the IS (space permitting to be identified during the preparation phase) to permit self-quarantining of suspected cases.

Similar to the services provided to the person isolated in level 1, the Water sector will strongly coordinate with the Shelter Sector to ensure that the temporary confinement “facility”, taken into consideration the guidance of WaSH facilities for PwSN and PwD, is equipped with:

- a) temporary toilets (one per 15 people maximum, separated by gender) regularly cleaned and disinfected;
- b) handwashing facilities adjacent to toilets, regularly supplied with soap/chlorinated water;
- c) Water tank installation with connection to the temporary facility and handwashing facilities;
- d) Provision of sufficient and safe water and desludging services (services providers will be trained on IPC and provided with prevention equipment)
- e) Provision of a suitable amount of soap and disinfection products to permit regular cleaning and disinfection of the isolation room and other areas of the tent;

As per Level 1 and 2, the Water sector will provide soap, chlorine, disinfectant products, awareness sessions, 60 l/pers/day safe water and desludging services to all the households living in the affected ISs and at least one public handwashing facility per IS.

In addition, service providers and Hygiene Promoters, will have to follow a protection protocol as per annex 3a, 3b and 3c

#### 2.1.4 Level.3 Local Isolation: (local Level)

This option is considered applicable when the number of case(s) that are recommended to home-quarantine is both major (see level 2), and affecting clusters of informal settlements in close proximity. In this level, the MoPH will recommend the establishment of a centrally located rubble hall to which cases in need of isolation are moved.

Similar to level 2, the Water Sector will assist the Shelter and Health Sectors in the construction of the rubble hall through the provision of associated WASH facilities and deliver the same package as per level 2 to all the households living in the affected ISs. All waste that has been in contact with a suspected or confirmed COVID-19 case, including used tissues, and masks if used, should be put in a plastic garbage bag and tied. The plastic bag should then be placed in a second plastic bag and tied. Measures should be adapted to ensure that the waste is properly treated or disposed as medical waste and not disposed in an unmonitored open dump. The Social Stability Sector through the Solid Waste Task Force will work with DRM and municipalities to identify appropriate solutions.

At IS level, the Water Sector will continue providing mitigation measures as per level 2.

#### 2.1.5 Level.4 IS full quarantine

In this situation, the Water Sector will provide the same package as per level 3. In addition, service providers and Hygiene Promoters, which will have to come in and out of the quarantine area, will

have to follow a protection protocol after being trained on working in quarantine zone. They will be provided with PPE as necessary. The content of the PPE kit is provided in the annex 4.

## 2.2 Collective shelters

It is expected that suspected cases in Collective shelters will be advised to self-isolated, but no specific isolation “facilities” would be planned to be built. Collective shelters would therefore be subject to two levels of interventions: level 0 without any suspected case, and level 1 with one or several suspected case. The Water Sector has adopted a similar approach in Collective Shelters as Informal Settlements, considering the density of people and the poor hygienic conditions that prevail as well in Collective Shelters.

### 2.2.1 [Level.0 No suspected case](#)

As in Informal Settlements in level 0, The Water Sector will undertake key Hygiene Promotion activities focused on good behaviors to prevent from contracting COVID-19. Soap and flyers will be distributed on support to the Hygiene Promotion campaigns with same standards as for level 0 in Informal Settlements, and disinfection products prepositioned. According to Funds permitting resources capacity, the same level of WASH services applied to for ISs level 0 will have to be secured in CS.

### 2.2.2 [Level.1 self-isolation at home \(Household Level\)](#)

Following guidance from MoPH, the suspected cases will be advised to self-isolate. The Shelter sector will ensure support to confine the self-isolated room or apartment, including allocating dedicated water and wastewater facilities. The Water sector will be in charge of providing the disinfection kits to all the households living in the Collective Shelter, or bleach as last resort according to supplies availability and intensify messaging related to good hygiene behavior, cleaning, washing and disinfection. Potential distribution of IPC kit will be based on future guidance. Starting at this level, alternative ways to direct communication with communities should be put in place (social media, hotline etc.) in anticipation of frontline workers’ restrictions or unwillingness to face-to-face interactions. This will be further developed in the guidance on hygiene promotion in COVID 19 response.

## 2.3 Palestinian refugee camps

**To be filled by UNRWA**

## 2.4 Communities

The involvement of the Water sector to respond to the needs of Lebanese citizens will be guided by the capacity of the Lebanese Government to manage the response. The Water Sector should be prepared for potential request for support, especially for the most vulnerable, such as suffering from chronic disease, who cannot afford paying for the treatment or don't have a medical insurance.

The Water sector will provide support vulnerable Lebanese and to refugees living in host communities, which is estimated at 607,331 (registered with UNHCR) and an additional approximately 500,000 unregistered refugees. The prioritization of localities to be supported will be coordinated with Lebanese authorities and will consider areas with high population densities that are hosting high numbers of vulnerable Lebanese and/or refugees. The prioritization criteria are the following:

|                   |  |
|-------------------|--|
| Area              | Corona case in area  |
| Area              | No access to networked water   |
| Area              | No access to sanitation services   |
| Area              | Tension map ping   |
| Area              | Social stability - protection risks  |
| Area              | Overcrowding: Number of buildings per area/width of streets                        |
| Area              | No solid waste management services   |
| Area              | Shelter condition in area: Shelters with inadequate access to handwashing/latrines |
| Area              | Health facilities  |
| Beneficiary level | Elderly, PwD, pregnant women, chronic diseases, female headed households           |
| Beneficiary level | No HH income   |
| Beneficiary level | the number of people living in the Shelter.  |
| Beneficiary level | Families reporting non reliable water supply and having to water truck             |

The Water sector is working on the prioritization in urban areas and the results will be added at later stage.

#### 2.4.1 [Phase 3: Clusters of cases \(clusters in time or geographic location\)](#)

In the current phase, the Water sector mainly focuses on the pillar 2 of the response *Risk Communication and Community Engagement*. In support to the Government of Lebanon, Communication For Development (C4D) and Communication experts implement mass campaigns aiming at promoting good hygienic and social behaviors to mitigate the spread of the epidemic through social media. A special attention is paid to entry points (boundaries and the airport) where the Water sector is also providing soap, disinfectants and handwashing facilities.

Regarding the pillar 6 *Infection prevention and control*, and based on the local capacity to respond, the Water Sector will:

- (i) Identify the most vulnerable areas, especially the urban overcrowded ones (ideally already done at the phase 1 or 2).
- (ii) Provide soap and Hygiene Promotion as a preventive measure in these areas and through SDCs to the most vulnerable households.
- (iii) Provide disinfection products and if necessary human resources to contribute to local efforts of environmental-cleaning, such as regular cleaning of often-touched surfaces in public spaces.
- (iv) Provide bleach/disinfection kits/ IPC kits to suspected cases, with a priority to the most economically vulnerable based on the expectation that they will not be able to afford disinfection products and protection equipment.
- (v) Advocate for or provide WASH services, cleaning and disinfection in detention facilities, place of worship and other high-risk settings.
- (vi) Support the Municipalities in informing the populations and their responses.
- (vii) Train local actors; build the capacity of existing community structures and OVs.

#### 2.4.2 [Phase 4: Community transmission \(larger outbreaks of local transmission\)](#)

At this phase, it should be considered that the Government of Lebanon would ask International Organizations for strong and extended support. In addition to activities planned on phase 3, the WASH Sector should be prepared to:

- (i) Limit secondary home-based infections through the provision of bleach/ disinfection kits/ IPC kits and special messaging on self-isolation, cleaning, disinfection and hygiene to the moderate cases (especially the most vulnerable) that are not admitted at hospitals. Special care should be on older persons and people with special needs. Pending on MoPH strategy and local epidemiology, a similar response as recommended in the level 3 and 4 for Informal Settlements and Collective Shelters .could apply to the households living in highly affected clusters
- (ii) Intensify and widely broadcast messaging related to good hygienic and social behaviors to block the transmission routes of COVID-19 without discriminating or stigmatizing suspected people.

- (iii) In close collaboration with Shelter and Health Sector, provide dedicated water and wastewater facilities and services to temporary medical facilities, taking into account the prevention of sexual abuse and harassment during a chaotic response in case of outbreak. Standards are developed in the paragraph 2.5.
- (iv) In this context of the ongoing economic crisis, keep on supporting Water Establishments to ensure the continuity of water services, with a special attention on the clusters the most affected. The WASH sector should be prepared to initiate water trucking services in the areas the most marginalized and highly affected by COVID-19, especially considering the approaching dry season. The Water Sector would monitor and if necessary support the Water Establishments to maintain the chlorination at Water treatment Plants to supply safe water.
- (v) In case of collective confinement in public settings, support MoPH and MoEW to provide water and wastewater services, handwashing facilities, hygiene, cleaning and disinfection materials. Support to surface cleaning in collective settings of confinement and public spaces (especially in marginalized areas) should also be considered if requested by MoPH.

## 2.5 PHCs and hospitals

A recent survey undertaken in 2019 shows that PHCs in Lebanon are in general well-equipped in WASH facilities (to be documented and referenced). Nonetheless, MoPH may request support to limit nosocomial infections in PHCs through disinfection and cleaning materials and interventions. The WASH sector should be prepared to support MoPH through the delivery of PHC IPC kits (annex 5), which includes specific protections for health care staff that will be provided in strong coordination with the Health Sector, infectious waste management and if necessary water supply. The protocol to properly managed disinfection and cleaning of PHCs is developed in the annex 6 and the one on Infectious waste management to be completed at later stage in collaboration with Social stability.

At the phase 4, MoPH and the Health sector may decide to install temporary medical facilities to release the pressure on limited beds available in PHCs and hospitals. In that case, if the WASH Sector is solicited and in strong collaboration with the Health and Shelter sectors, temporary water, wastewater and handwashing facilities will be installed, and IPC-in-PHC kits provided.

Standards will follow those that applies to temporary Cholera Treatment Centers:

- (i) one latrine and one shower for every 20 patients in hospitalization plus two in the neutral area for the staff, separated per gender. Latrines will be equipped with holding tanks and regularly desludged.
- (ii) handwashing facilities provided with chlorinated water (more than 0,05%) at key points (entry, exit, toilets, kitchen).
- (iii) water storage facilities and chlorinated water provision through trucks or public
- (iv) network. Minimum of 60 l/patient/day of chlorinated water will be provided.

- (v) Provision of IPC-in-PHC kit and key hygienic and social behaviors to cut COVID-19 transmission routes.

## 2.6 Schools

Under the leadership of MEHE and the Education Sector, the WASH sector has to ensure that schools stay a safe environment for children, free from risks of surface contamination and with reduced risks of contamination from child to child. To achieve this objective, the WASH sector will:

- (i) Provide all public schools with disinfection materials and if necessary, service providers to clean all surfaces potentially touched by children. This activity will follow the “Safe School Protocol” develops in annex 6 and should be regularly done knowing that it looks like children usually don’t develop severe symptoms.
- (ii) Intensify training to all Public Health Educators for them to sensitize children on the best way to avoid getting COVID-19 virus. This activity would also be a good way to improve social and hygienic behaviors of their parents
- (iii) Providing public schools with flyers and soap to support Hygiene promotion session with children.

## 3 Planning, Coordination and Logistics

The implementation at field level will further be coordinated by the Rapid Response Team. The preparedness will be based on the following:

1. Geographical splitting of area of intervention: The first WaSH partner will be responsible of the WASH interventions in the different gateway in its area of intervention. In other word, one partner will be responsible of the gateways in specific geographical area, **or**
2. Geographical and gateway splitting: WaSH partner will be responsible of the WaSH intervention in **one** gateway in its area of intervention. In other word, one WaSH partner will be responsible of one gateway in specific geographical area.

This will be defined at regional level respecting the capacity of partners and its geographical presence.

## 4 Monitoring and Evaluation

The monitoring and evaluation plan will be completed later.