



## Background and objectives

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The objective of this guidance is to give to WASH cluster coordinators and partners basic technical recommendations on risk mitigation measures at institutional, community and household level. Recommendations should be applied to contribute to:

- Adapt on-going WASH response in COVID 19 context
- Guide activities for specific COVID 19 containment and mitigation responses.

This document will highlight existing technical recommendations from agencies, organisations and examples from several countries.

The proposed technical recommendations will have to be adapted depending on context and specific Government regulations.

WASH clusters and partners should advocate that WASH response set up in the pre-COVID 19 period, should not be overlooked as WASH interventions also contribute to avoid comorbidity. WASH staff should therefore be considered as essential.

## COVID 19 information

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The Cough Diagram is a derivation of the well-known F-diagram, that can be a useful tool in communicating the transmission routes for COVID and the barriers. There are two primary routes of transmission for COVID 19 virus:

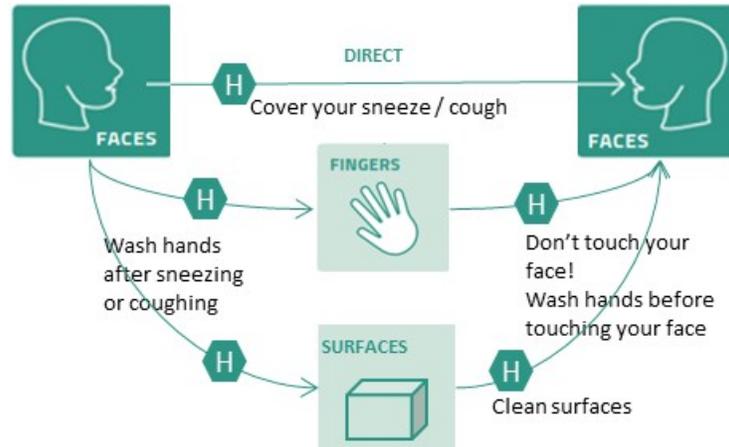
1. Direct transmission: The face to face respiratory transmission line (the top line) is the direct transmission by droplets emitted when an infected person coughs, sneezes or exhales to another person's nose or mouth (breathing).
2. Contact transmission: the virus passes via surfaces or hands when those droplets have land on objects and surfaces and people are touching those objects and surfaces, then touching their eyes, nose or mouth
  - The survival time of the virus on different surfaces varies. Preliminary information on the COVID-19 virus suggest that the virus may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment)
  - The primary barriers are hygiene related – covering your sneezes and coughs, good handwashing practices, and cleaning/disinfecting high risk surfaces

*NB: Despite some report of COVID 19 RNA detected in COVID 19 patients' faecal matters, there is no evidence of faecal-oral transmission of the virus.*

**All WASH activities aim at reducing virus transmission. WASH on-going programs should be maintained and adapted to the COVID 19 context, with additional activities to be implemented to respond to specific needs** such as in Health Care Facilities (HCF).

The below diagram highlights the two transmission lines; direct and contact as well as what barriers (H) that can be put in place to interrupt transmission. While the primary barriers mentioned are hygiene related (hand washing, cleaning surfaces, personal hygiene actions) they are strongly linked to other actions promoted through WASH programming, as for example:

- Encourage frequent handwashing and cleaning by increasing water quantity delivered
- Encourage physical distancing by increasing the number water points or operating hours to limit queue at the water point and by increasing water storage capacity to ensure more flexibility for the household on when to fetch water



COVID 19 Specific – Cough Diagram (NCA – Sphere)

The response standards are the ones promoted in the SPHERE Guidelines and should be adapted according to country specific Government and Cluster requirements:

- [Water supply, sanitation and hygiene promotion](#)
- [WASH in disease outbreak and health care settings](#)

## Technical recommendations for the COVID 19 response

Several examples of technical recommendations from countries can be found on the [GWC COVID 19 webpage](#)

### Risk mitigation measures at institutional level

#### IPC WASH in Health Care Facilities (HCF)

Identify jointly with MoH/WHO which HCF are supporting screening and treatment of COVID 19 with gaps for water and sanitation services. At a minimum support with following activities:

- Ensure **water provision** for drinking, hand washing, cleaning and disinfection
- Ensure functional **sanitation and handwashing facilities** availability
- Position handwashing facilities with soap and set up **mandatory handwashing** for anyone entering and exiting the HCF
- Support provision of soap, disinfectant, chlorine, mops, buckets for cleaning and disinfection
- Support provision of **PPE for non-medical staff** (gown, mask\*, goggles, boots, gloves)
- Support **training** of non-medical staff on IPC and personal hygiene in coordination with health workers
- Ensure **waste management** systems are established including for hazardous waste

In treatment centres and upon request from MoH/WHO, WASH partners may support management to:

- Ensure that **sanitation facilities dimensioning** should allow separation between COVID 19 patients and other patients and medical staff
- Manage waste management systems including for hazardous waste (including PPE through adequate disposal of disinfection)
- **Environmental cleaning and disinfection** processes and schedules for health facilities – disinfection of soils, surfaces and PPE to be done with a **0.5% chlorine solution** and staff equipped with adapted PPE
- Support **dead body management** applying standard precautions and body wrapped in cloth and fabric and transferred as soon as possible to the mortuary area

\*WASH partners will NOT be engaged in medical equipment disinfection and sterilisation

\*Wearing mask is necessary to support IPC in HCF for health and non-health workers, the latest recommendation is highlighting the option for community to wear mask to prevent the spread of the epidemics but several risks need to be taken into consideration (more inf on the [WHO Interim Guidance](#))

WHO – Water, sanitation and waste management for COVID 19 – [Technical brief in English](#) with more details on disinfection and dead body management

UNICEF – WASH and IPC in Health Care Facilities – [Guidance in French, English and Spanish](#)

### IPC WASH in schools

Where schools are still operating and in coordination with MoE and education actors in priority areas:

- Ensure **sufficient water quantity** to allow drinking and frequent handwashing as well as cleaning and disinfection of the facilities
- Increase **age adapted handwashing facilities**, one for each classroom with provision of soap
- **Inform and train** teachers and students on COVID 19 and prevention measures
- **Provision of cleaning/disinfection** equipment for school premises and sanitation facilities (gloves, boots, mops, basin or bucket, detergent, soaps) to ensure disinfection with a **0.1% chlorine solution**

UNICEF – WASH and IPC measures in schools – [Guidance in English, French Spanish](#)

IFRC, UNICEF and WHO – Key WASH messages and actions for COVID 19 prevention and control in schools - [Guidance](#)

### WASH in confined spaces (quarantine & isolation centres, prisons) if requested by Government

- Ensure **provisions of WASH services** (water and sanitation facilities construction)
- Installation of **handwashing facilities** and provision of soap and water
- Support material provision for **cleaning and disinfection** of facilities with 0.1% chlorine solution
- **Distribution** of hygiene items including MHM
- Coordinate with other sectors to ensure provision of basic services (food, health) and mainstream protection

\*Similar recommendations are to be implemented in nutrition centres

## Risk mitigation measures at community level

### Risk Communication Community Engagement (RCCE)

In coordination with MoH/WHO/ Health/ C4D

- Train **outreach workers** on RCCE messages and build capacity to answer to key questions from the community
- Communication should include **risk mitigation measures** for accessing public spaces including WASH facilities (communities might fear to access water points with the risk of virus transmission therefore needs to mitigate fears by explaining what is being implemented)
- Referral pathways information in coordination with MoH/WHO/ Health actors for suspected cases but also for other type of patient – **health seeking behaviours**
- **Avoid stigmatisation** of household with suspected cases by raising awareness about COVID 19 without increasing fear, spreading facts, engaging social influencers, correct misconceptions, etc.
- Strengthen community feedback mechanisms and information sharing to avoid 'infodemics'

WHO – RCCE action plan COVID 19 preparedness and response - [Guidance](#)

IFRC – UNICEF – WHO – Social Stigma associated with COVID 19 - [Guidance and quick tips](#)

### Hygiene promotion

- **Avoid large gathering** and prioritise house to house visit with sufficient distance between the hygiene promoter and the household
- Focus on **mass media** (radio, SMS, digital, megaphone, church & mosque announcements etc.) but also use of loudspeakers in specific neighbourhood and camp settings
- If group hygiene promotion needs to be maintained, allow group not bigger than 10 person and ensure physical spacing (1m at a minimum) – *to be adapted according to government regulations*
- Emphasize **frequent handwashing**, frequency and timing of handwashing should be reinforced – including when returning home (at least 20 seconds rubbing, many bubbles – but do not insist on the steps)
- Promote the use of soapy water (water and detergent) instead of soap bar at handwashing points in public places and camps setting (will avoid stealing of soap)
- **Increase hand washing facilities** (at entrance and exit of building and sites, in public spaces – restaurants, shops, markets, places of worship, trains and bus stations, etc.) but make sure there is a focal point to ensure there is always water and soap
- Assess needs to **support households with WASH NFI** with water containers, hand washing facilities (bucket with tap), soap and detergent/ disinfectant through in-kind or cash-based approaches. Priority for vulnerable groups and in camp settings (cf. distribution operation recommendations) – Items can be distributed separately depending on availability of items

WASH'Em - Webinar (60min) – Looks at out-of-the box ideas for handwashing and promotes innovating tools: [English](#) [French](#) [Spanish](#) [Arabic](#)

### Water supply

- Increase **water quantity** delivered to allow frequent handwashing practices as well as regular cleaning and disinfection
- Increase **water storage** capacity to limit water collection requirements
- Ensure WHO standards are met for **water quality** (FRC > 0.5mg/L)
- Set up queuing system to allow **physical distancing** (>1m)
- Adapt water points **operation schedule** to allow less people at a time (e.g. increase the number of delivery points, longer opening hours of water points) – encourage the involvement of a dedicated operator to reduce handling of the water point
- Consider water collection schedule allowing separate timing for high risk, COVID 19 home-patients and general population
- Install hand washing facilities at water points with a dedicated operator to ensure water and soap availability
- **Disinfect hand pump handle/ water taps** with disinfectant or 0.1% chlorine solution in high risk areas/ camps
- **Capacity building** of water point committee/ operators and increase spare parts contingency stock availability to mitigate potential lockdown and markets disruption
- Ensure access to water to the most vulnerable groups, option for short term subsidies

### Camp and camp-like settings

While it is acknowledged that **physical distancing** is challenging at camp level, several activities can contribute to avoid large gathering and reduce transmission risks.

- Ensure **hand washing facilities availability at the entrance of the camp** and make handwashing mandatory for anyone entering
- **Increase WASH facilities:** installation of handwashing facilities/distribution of handwashing kits to households, water points and sanitation facilities to avoid cross contamination
- Focus hygiene promotion on **frequent handwashing** with water and soap. Prioritise the use of soapy water at communal handwashing stations (detergent and water).
- Set up **queuing systems** for WASH facilities (>1m) (latrines, shower, water points)
- Adapt water points **operation schedule** to allow less people at a time (e.g. increase the number of delivery points, longer opening hours of water points) – encourage the involvement of a dedicated operator to reduce handling of the water point
- **Avoid sharing facilities** (water points, latrines, shower) between households with suspected/ confirmed cases and neighbouring families
- **Daily cleaning and disinfection latrines/ toilets/ showers**, including door handle, lock and frequent touch points with detergent and then 0.1% chlorine solution
- **Disinfect hand pump handle/ water taps** with disinfectant or a minimum 0.1% chlorine solution in high risk areas/ camps
- Ensure quarantined households have **access to WASH services**
- Ensure spaces used for quarantine/ isolation have adequate with WASH facilities in coordination with CCCM
- Avoid gathering and prioritise mass communication or door-to-door
- **Strengthen communication with communities** to avoid rumours and creating panic

CCCM cluster [webpage](#) with country specific camp management guidance

IASC – Scaling-up COVID 19 outbreak readiness and response operations in humanitarian situation including camp and camp like setting – [Interim guidance](#)

Example, [MYANMAR - WASH Cluster Covid-19 Risk Mitigation and Response Guidance note](#)

### Distribution processes

- Adapt distribution sites and processes
- **Organise** groups for distribution to limit the number of people attending with 1 person per targeted household only
- Ensure **handwashing** is being done at the entrance and exit of the distribution site (with soapy water of 0.05% chlorinated water)
- **Ensure sufficient distance (>1m)** between people
- Prepare kits before the start of distribution
- **Disinfect** rooms, tables, tarpaulin used during the distribution with a 0.1% chlorine solution
- If possible, conduct house to house distribution

WFP – Recommendation for adjusting food distribution SOP in the context of COVID 19 outbreak - [Guidance](#)

MYANMAR – OXFAM and Solidarités International - [Hygiene kit distribution SOPs](#)

### WASH facilities Construction and Operation & Maintenance

- All **O&M activities should be maintained** to ensure continuity of WASH services (water points, latrines, showers, latrine desludging, waste management)
- **Train** all staff/ personnel including contractors on basic aspects of COVID 19

- Construction staff to be equipped with **gloves and mask and ensure tools disinfection**
- Latrines should not be emptied in prevention but only when the pit is full
- Ensure all personal involved into excreta and waste management have appropriate **protective equipment** (gloves, goggles, boots, coverall, mask) as well as capacity to wash hands and disinfect materials – specifically when dealing with waste from neighbourhood and household at risk
- All **protective equipment to be disposed properly or disinfected** if reusable ones in 0.5% chlorine solution

#### Kits content and distribution strategy (IPC, Hygiene, Dignity)

- **IPC kit** should contain at least:
  - Bucket with tap for handwashing
  - Soap or hand sanitizer
  - Detergent
  - Chlorine base product
  - Mop
  - Bucket or basin
- **Prioritise distribution** for household living in poor sanitary conditions and/or prioritised by MoH (e.g. affected neighbourhood)
- Similar kit can be distributed in public settings such as schools, place of work where there are suspected or confirmed cases
- Standard **hygiene kit** distribution should be maintained as per identified needs with **increased quantities of soap** (minimum of 250g/person/month as per Sphere Standards – some countries have double those standards to support increased handwashing)
- Necessary and adapted **MHM items** should be distributed to women and girls as planned in on-going program. Additional needs would have to be covered in the case of quarantined households or neighbourhoods
- **Prioritise MBA** for hygiene items where possible and when possible use cash and voucher modalities linked to market functionality and availability of specific items
- Coordinate with other sectors to explore **multi-purpose cash opportunities**

UNICEF – WASH and IPC in household and public spaces – [Guidance](#)  
Market Based Programming TWG – [Technical recommendation](#)

### Risk measures at household level

#### Risk Communication Community Engagement (RCCE)

- Ensure household **receive appropriate messaging**
- Ensure household have way to **share their concerns**

#### Hygiene promotion

- **Strengthen handwashing** when returning home in addition to the 5 key moments– (at least 20 seconds rubbing, many bubbles – but do not insist on the steps)
- **Soap and water** are to be prioritised over ash and water which is less effective
- **Ensure handwashing devices** at household level are easy to use. If possible, prioritise handwashing facilities with big water containing capacity to avoid frequent refilling

#### Water supply

- Increase **water storage** capacity to limit water collection requirements and allow frequent handwashing practices as well as regular cleaning and disinfection
- Ensure households are aware of **water collection schedule**
- Set up systems to **ensure access to water supply services** especially for affected neighbourhood and household with suspected or confirmed patient
- Ensure access to water to the most vulnerable groups, option for short term **subsidies** through cash or voucher modalities

#### Environmental cleaning and waste management

- **Promote cleaning and disinfection practices** on daily basis at household level when caring for suspected or confirmed case, using detergent for cleaning and 0.1% chlorine base product for disinfection
- **Ensure waste are disposed safely** when caring for suspected or confirmed case at home (set up system to avoid contact with potentially contaminated waste)