COVID-19: WASH programme guidance for response

Introduction: The most important information concerning WASH and the COVID-19 outbreak can be summarized as follows:

- Frequent hand washing is the most important action to prevent the spread of the COVID-19 virus.
- Handwashing areas should be available to everyone to make sure hands are washed often.
- There should be access to safe and reliable water supplies. Access to disinfectant will help stop the spread of the COVID-19 virus.

Summary of WASH response activities

- Emphasis on handwashing with soap
- Mass media SMS texts and / or radio messages
- Facilitate handwashing activities through out-of-school clubs and chill-out zones, seeking to involve youth in on-going outreach and monitoring thereafter
- Providing additional water supply in Tearfund / Partner beneficiary communities where current quantities do not allow for the additional handwashing needs
- Chlorination of all community project sources to achieve a Free Residual Chlorine concentration of 0.5ppm (or support home-based chlorination)
- Amplifying the need for cleansing of existing sanitation facilities (and providing NFIs via cash vouchers)
- Involvement of faith actors in clear and consistent messaging and addressing stigma and potential intra-community conflict

Strategy

Tearfund and Partner WASH programmes should support health authorities in tackling the outbreak by:

1. **Why it is Important for hygiene and handwashing;**
2. Access to safe water for domestic use;
3. Safe sanitation access for all groups (At home and Away from Home facilities), and emphasising frequent disinfection and cleansing of toilets used by people displaying symptoms of the Coronavirus;
4. Work with healthcare facilities to prevent them from becoming sources of viral transmission;
5. Work with church leaders and faith leaders generally in raising awareness of the virus, encouraging adoption of safe hygiene practices, and in addressing stigma of community members who become infected / symptomatic.

This strategy would apply to all current Tearfund / Tearfund Partner-supported WASH programmes. It will be crucial to identify vulnerable groups who would require priority attention right across this strategy.
Part 1 - Why it is Important for Hygiene and Handwashing

HWWS - Handwashing with Soap

We need to bring focus to Handwashing with Soap (HWWS). We would not suggest change of processes / approaches / tools already in use for promoting HWWS if the outcomes are effective. However we need to prioritise the way we communicate ways of handwashing based on social and behavioural changes (ie identifying factors which cause our target population to adopt and practise HWWS).

Handwashing needs to be done at these 5 critical times.

1. After using the toilet (Functioning handwashing facilities with water and soap should be available within 5m of toilets);
2. After changing a child’s diaper;
3. Before preparing food;
4. Before and after eating:
5. After returning from work in the fields/working with animals.

Because of the Coronavirus, two additional critical times for handwashing are:

6. After touching the nose, mouth, eyes or any part of the face;
7. After touching areas exposed to potential infection.

It is important to wash hands when entering places of work, education, markets, other crowded public spaces, places of worship, and when returning to our homes. Hands must also be washed after traveling by trains, buses, and taxis, etc.

Regarding behavioural change approaches, we would support either of the following processes depending on the incidence of the virus in the target area:

Where cases of COVID-19 are high or unknown
Use existing survey-based (HH-level and Key data), results which identify key points for handwashing amongst the target population. [The WASH Matrix team are drafting formative research activities, such as KAP surveys and barrier analysis. This will be done in parallel to WASH scale-up actions as listed below].

Where cases of COVID-19 is low, or the virus is contained
Consider using the “Wash’Em” tool, designed by London School of Hygiene and Tropical Medicine (LSHTM). Wash’Em provides ways of designing rapid hygiene programmes. The process is based on the use of five rapid assessment tools to identify key points for regular handwashing with soap. Completed data is added to an analysis tool which will suggest design criteria for a handwashing project.

The Wash’Em staff at LSHTM have advised that due to the way that the Coronavirus is easily spread and passed on, the rapid assessment activities may not be suitable for groups of more than 6 participants, as the activities need social interaction. So we are suggesting that these rapid assessment exercises should only be used in areas where cases of the virus are very low, and where there is less risk of cross infection.

The Handwashing with soap – our best defence against coronavirus, information sheet from the Wash ‘Em tool includes valuable ideas to improve handwashing ways and should be read by all implementing teams.
Whilst restrictions are in place Tearfund/Partner supported schools will be closed, and many pupils may not be attending school, either to reduce the risk of infection, or to look after a family member who are sick. This information can be shared with older children and teenagers, who are able to attend out-of-school clubs or other outreach projects.

Part 2: Access to safe water for domestic use

Tippy Tap

As handwashing is critical, and water must be used sparingly, we would strongly advise in the building of low-cost, water-saving hand-washing stations, such as the “Tippy-Tap”.

Until NFI vouchers are available, the Tippy-Tap is a very useful short-term solution.
Water Treatment

Water treatment methods which use filtration and disinfection, such as those in most public drinking water systems, should kill the virus that causes COVID-19. We recommend chlorination of all Tearfund-supported water supply projects. This includes point-source projects (e.g. wells and boreholes with hand-pumps, spring protection points, where users draw water at the protected source outlet), or via piped supply schemes. We recommend maintaining a free residual chlorine level (FRC) of 0.5ppm, and will offer various simple guidance sheets to apply and monitor that. This means that for point sources, chlorination should be carried out by volunteer staff who are trained to correctly dose fill containers at the well/borehole/spring). Implementing teams, working with local health and WASH authorities, should make sure water sources are tested for FRC on a regular basis. Regular sampling basis across HHs must also be carried out.

Water for hand-washing:

Clear messaging should be given to water supplies which are prioritised for handwashing. This will include HH-water with less than the agreed minimum standard of 151cd [SPHERE]. Safe water storage points, such as pre-fab or “onion” tanks should be used where surface water is stored, clarified and disinfected in situ. Bladder tanks can also be used where safe water is trucked in.

The amount of water used for handwashing should be agreed at a local level with the government WASH / Health Authorities.

Monitoring

Staff, whether paid or voluntary, should be given access to monitor HH water supplies in their community when required. The assessments should focus on:
- Water supply needs per HH;
- The presence and use of handwashing stations (with soap)

If possible, mobile phone apps such as Akvo should be used to record finding. If it is not possible to use a mobile phone app, a simple tick sheet should be used.

Working Jointly with beneficiaries

We aim to work with a cross section of the community which includes volunteers as well as Water Management staff in areas around:
- Raising awareness of the risk of Coronavirus infection including prevention, symptoms, and acknowledged action by those who contract the virus
- updates on case numbers
- advice to carers;
- Notification of assessment surveys and community sessions
- aWash’Em campaign results for the hygiene messaging;
- Notification of local policy and changes regarding access to health centres, schools, markets, churches and faith centres, places of work.

Volunteers should work closely with Health Centre staff and Tearfund / Partner staff. Communication with the stakeholders would be through text messaging. Key training and demonstration sessions would need to be carried out in small sessions.
1. **Safe sanitation access for all groups (At Home and Away from Home facilities)**

   It is important that frequent disinfection and cleansing of toilets used by people displaying symptoms of the Coronavirus is carried out.

   There is no firm evidence that the COVID-19 virus is present in human waste. However, the virus could be spread from germs or parasites in faecal matter. Respiratory droplets are the main known factor in the spread of the disease. The virus is spread by surface transmissions and close contact; especially when in contact with someone who unknowingly has, or is displaying symptoms.

   The WHO's advice given in [“Water, sanitation, hygiene and waste management for the COVID-19 virus” (Technical brief, 3rd March 2020)](https://www.who.int) recommends using separate toilets for people who have contracted the COVID-19 virus. If it is not possible to provide separate toilets, the toilet should be cleaned and disinfected at least twice a day by a trained cleaner wearing Personal Protective Equipment (PPE) which is, gown, gloves, boots, mask, and a face shield or goggles.

   Therefore it is very very important that regular cleansing of toilets (at home and at Health Centres) is carried out; especially when the toilet is shared with those who have symptoms of the Coronavirus. Regular cleaning of toilets will reduce the need for people to have their own toilet where they are showing symptoms of having COVID-19. This can make use of “grey” water (eg water that has already been used for bathing (BY NON-SYMPTOMATIC PEOPLE), or from rinsing of vegetables).

   If extra latrine pits are needed at health centres, and there is a high groundwater table or a lack of space to dig pits, WHO advises that excreta should be kept in waterproof storage containers and left for as long as possible to allow for a reduction in possible virus levels before moving it off-site for additional treatment, safe disposal, or both. A two-tank system would help maximise storage times. One tank can be used until it is full, then allowed to sit while the next tank is being filled. Care should be taken to avoid splashing and the release of droplets while cleaning or emptying tanks.

   The following Non-Food Items (NFIs) should be available in every beneficiary HH, project schools and health centres we work with. Care should be taken as large quantities sourced by NGOs will have a negative impact on markets. Therefore, we encourage self-purchasing of items at local markets where possible. Local vendors should be encouraged to accept c voucher-based transfers and to supply the items needed. Vendors can be paid electronically without need of physical cash distribution.

   Items HH’s will need are:
   - Bleach
   - Chlorine Water Treatment tablets or drops (water must be boiled if this water treatment is not available)
   - Brushes for surface washing
   - Buckets
   - Mops
   - Cleaning fluid
   - Alcohol Gel above 60% dilution
   - Soap for hand washing
   - Laundry Soap for machine and hand-washing of clothes
2. **Work with healthcare facilities to prevent them from becoming sources of viral transmission.**

In many countries, when the first cases of COVID-19 have been reported, the government takes full control of the situation. A person will be tested if they are suspected of having the COVID-19 virus. If the result is positive for COVID-19, that person will be quarantined and treated. This is followed by contact tracing, follow-up testing of the contacts as well as disinfection of premises.

It is important that Tearfund and their partners can play a big role in making sure that correct information about COVID-19 and how to prevent it spreading further is published as much as possible. Patients that have overcome the virus would be the best to do this.

*Staff stories which are shared by survivors and other community members involved in working on reducing the spread of the virus must be checked and affirmed by our WASH staff and the collaborating WASH / Health government agency. This is to make sure that messages and recommendations which are shared support good practice.*

Each country is at different stages in relation to the COVID-19 virus. Therefore, the ways of sending out information will be different. *Only if it is still safe to do so* house-to-house visits and community meetings is one way of making sure information is passed on.

We are working on safe ways to carry out HH visits during the Coronavirus outbreak. It is essential to continue with all current rules and advice on social distancing:

- not entering the house
- keeping maintaining a 2m distance with everyone
- not shaking hands
- other physical contact greetings
- etc.

However, once a country has confirmation that there are cases of COVID-19, then meetings and gatherings should be stopped and avoided as directed by the government.

WASH country project teams usually have strong links of engagement with the Ministry of Water. However, there may or may not be strong relationships with the Health Ministry. Key areas to help Tearfund and its partners to engage well with the Health Ministry are:

1. Recognise that it is the government’s duty to protect its citizens. Normally, the Ministry of Health in the individual country, with support from WHO, who will give advice on the pandemic response.
2. Tearfund and partners should engage with the relevant health authority. This could be at the national, provincial or local level depending on current relationships and project reach. The easiest way would be to use the Ministry of Water contacts the WASH project works with. Community leaders could also have contact with the Ministry of Health representatives.
3. Acknowledge the plans and priority messages the Ministry of Health has in place. However, you should also be ready to listen and ‘quietly influence’ the priority messages in case there are major differences which may need correcting.). It is at this point that we show how we can add value and support to the response.
4. Be ready to fill in the gaps. Plans will be done well but finance will be required to start them eg procurement of soap, hand sanitizers, payment for community health workers, payment for mass awareness (eg radio shows) etc.
Part 3: Working with Church Leaders
Awareness Raising, Safe Hygiene Practices and Addressing Stigma within the community

People do not practice handwashing because it is inconvenient or because they have other priorities. To change handwashing behaviours we need to create an environment where it is easy to access handwashing facilities. By doing this it will make handwashing a desirable thing to do. In an outbreak people normally start to wash their hands more frequently and more thoroughly. This is because they see themselves to be more vulnerable to the disease. We should support and encourage this change in behaviour without creating unnecessary fear, and in such a way that handwashing becomes a habit which continues even after the outbreak.

It is important for leaders of all faiths to help with sending out correct messages and showing support to the community. It is also important for faith leaders to correctly address situations of stigma or hostility shown towards people where it is believed that they may bring additional risk to the area, show symptoms of or have the COVID-19 virus. It is not assumed that every faith leader has this capacity and therefore training on messaging and community outreach is an important part of the COVID-19 communication strategy. Providing it is safe to do so we recommend that leaders of all faiths and denominations meet regularly to agree on the messages they are sending. It is important that everyone receives the same messages that have the correct updates of information and advice.

Please refer to Mitigating COVID19 for church groups and religious gatherings for additional guidance on engaging with church and faith leaders.
Protection of Tearfund staff and partner staff involved in WASH programmes

Personal hygiene:

1. Regular handwashing with soap

2. Respiratory hygiene - When coughing and sneezing, cover mouth with tissue or flexed elbow, put used tissues into a closed bin and clean hands

3. Face touching – Avoid touching your eyes, nose or mouth.

1. Handwashing with soap (hand hygiene)
   - Frequent and proper hand washing is the **single most effective way** to prevent spreading the COVID-19 virus.
   - Hands should be washed with soap and water for 20-30 seconds using the appropriate technique:
1. **Sanitisers (hand hygiene)** – If hands are not visibly dirty, an alcohol-based sanitiser can be used for 20-30 seconds using the appropriate technique.

![Hand Hygiene Technique with Alcohol-Based Formulation](image)
Public/Office hygiene:

1. **Social distancing** – Keep at least 2metres (6 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever

2. **Congregation** – Avoid crowds. Events with large gatherings should be cancelled to stop the spread of the COVID-19 virus.

3. **Waste disposal** – It is important there are dedicated bins with lids placed in shared spaces, for the disposal of tissues

4. **Clean surfaces regularly** – Shared spaces should be cleaned regularly, bathrooms in particular should be cleaned and disinfected daily. If disinfectant products are not available, disinfectant can be made from household bleach (containing 5% sodium hypochlorite). Use 1 part household bleach to 9 parts water.

5. **Install hand washing stations with soap**, and identify a focal person who can monitor the availability of soap, water and paper towels at the stations. They should also remind people to wash their hands regularly.
   Hand-sanitizer stations should be available and must be used whenever staff members enter the office.

RESOURCES:

A comprehensive WASH resources site to inform our response to COVID-19 is given on: Global WASH Cluster COVID-19 Resources

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