

# WASH Activities

## Covid-19 response

22/04/2020

CONCERN  
worldwide

ENDING  
EXTREME POVERTY  
WHATEVER  
IT TAKES

## Background

This guidance note aims to give rapid and basic technical recommendations regarding the adaptation of current WASH activities and creation of new WASH activities for the Covid-19 response.

Note that each recommended activity will need to be adapted to take into account the local context, and specific local and national regulations. WASH Clusters and national water ministries/agencies should be considered in the response – remember that local government guidance / regulation takes priority.

## Transmission Pathways of Covid-19



The above diagram shows a derivation of the F-diagram, used to convey barriers to faecal-oral transmission. The above so-called “Cough Diagram” conveys the two main transmission routes for the Covid-19 virus:

1. Direct Transmission: through someone infected close-by coughing or sneezing near an uninfected person
2. Contact Transmission: through someone touching a surface where the virus is still active (this can range from 2 hours through to several days), or having on their hands, droplets of the virus, and passing it through touching their eyes, nose or mouth

The barriers, seen on the diagram as “H”, are principally hygiene-related. As such, the key behaviours to ensure good hygiene are:

- Covering sneezes and coughs
- Handwashing with soap and water
- Social distancing (i.e. keeping at least 1-2m away from other people)
- Cleaning / disinfecting high-risk surfaces

There is a small amount of limited evidence showing that Covid-19 virus is detected in faeces, and thus in faecal-contaminated water – but this is not substantial. However, activities to provide water and sanitation services to populations should continue as much as possible, given the continued risk of other water-borne diseases such as typhoid and cholera.

## Recommended Activities

### Community Level including Households and Camp Settings:

1. Design and Implement **specific handwashing with soap campaigns**.
  - a. As much as possible, our campaigns should not be limited to disseminating support material from others (national authorities, UNICEF, WHO), We should also design and implement our own support material/campaigns. See [here](#) for examples.
  - b. All Campaign campaigns should be based on the following principles:
    - i. Messages, script, visual supports should be based on existing barriers/motivators identified in the specific context of intervention (for instance, fake news/rumours about Covid 19)
    - ii. Include striking messages/pictures: see figure 1 for an example using eyes in Syria.



- iii. Be associated with construction of handwashing facilities / promotion of tippy taps (to create an enabling environment)
- iv. all visual material should be displayed in strategic locations where a maximum number of people can see them and as close as possible to handwashing stations. See at the bottom of this section for examples of activities.
- c. Social distancing should be guaranteed during any campaigns: so no dramas should take place as people may congregate, and smaller focus group discussions could take place ensuring that people maintain a distance away from each other, etc. Any (small) community gatherings should include handwashing facilities with water and soap, and visible markers to show distances that people should keep. The same approach should be applied for any distributions that take place.
- d. Emphasise in messaging that handwashing should take place at the five critical moments, as well as after blowing your nose, coughing or sneezing; after visiting a public place, such as a market or place of worship, or using public transport; after touching surfaces outside of the home (including money); and before, during and after caring for a sick person.
- e. Remind people about the power of soap and its effectiveness in killing viruses, bacteria and other germs.
- f. Consider mass media for all messaging (radio, television, SMS, TV spots, etc.) depending on local context; avoid mass gatherings. Convey messaging in all local languages and dialects.
- g. Use the [WASH'em tools](#) to develop specific and innovative messages and activities. Webinars in how to adapt these can be found here: [English](#), [French](#), [Arabic](#)
- h. Ensure that messaging is developed in conjunction with women and girls, men and boys, female community health workers, people living with a disability and other vulnerable groups
- i. Factor in gender-based differences, including literacy levels and access to information tools such as mobile phones and ensure communication channels reach the most vulnerable groups
- j. Ensure all images, messages and communications recognise the existing household responsibilities assigned to women and girls. Do not reinforce or perpetuate harmful gender norms and inequalities. Encourage male

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- members of households and communities to engage in recommended practices. Examples of gender transformative messaging can be found in the Equality Programming Covid 19 guidance document [here](#).
- k. Include child friendly messages – e.g. the [Corona comic](#) for children between 10 and 14 years old; or the story book developed by IASC Group on Mental Health and Psychosocial Support – [“My Hero is You – How Kids can fight COVID-19”](#) . Examples of psychosocial support and life skills messages for children, including hygiene and handwashing messages; and with tips on developing child friendly messages can be found [here](#).
  - l. Examples of campaign activities can be found [here](#) and [here](#) and additionally include:
    - i. Dissemination of IEC Materials at strategic community points: in collaboration with relevant authorities, this can be done at strategic community points, including locations where people normally congregate such as markets, at key institutions such as health centres and places and workshop, and at the household level. Easy-to-read infographics on tippy tap construction could be included. Ensure that the messages use appropriate languages and accessible formats, such as large print or pictures.
    - ii. Community Sensitisation: Use existing structures such as Care Groups and Village Savings and Loans Groups to promote key messages on handwashing, the simple construction of household tippy taps, access to soap, advice on cleaning products, and discussions on social distancing and shielding for vulnerable populations, including the elderly.
    - iii. Digital Media Campaigns: where possible and appropriate, use Facebook, Twitter, Instagram, Whatsapp, Youtube and other online media. Ensure that the communication is inclusive.
    - iv. Mass Media: Organise discussions on local radio and/or social media which start with the existing rumours around Covid 19 and lead to the main behaviour change messages (handwashing with soap, as well as sneezing/coughing etiquette, social distancing, etc.)
    - v. Competitions: organise competitions with rewards on radio and/or social media to identify the best slogans for Covid 19 prevention messages (this ensure tailored messages by local community people in their vernacular languages).
  - m. Note that grey water (water which has been already been used for cleaning dishes, for example) can be used for handwashing, as long as soap is also used. However, this may not be culturally acceptable.
  - n. Also note that ash, while sometimes used in place of soap where the latter is not easily available, has not been proven to have the same effect at cleaning hands to get rid of the Covid 19 virus. It could also still contain some soil-transmitted pathogens and lead to exposure to heavy metals. As such, handwashing with ash and water should not be promoted.

2. **Construction of handwashing points / stations**, to be placed at appropriate intervals apart to ensure that people are social distancing. Methods to ensure social distancing can be sticks or stones on the ground, or using a material such as chalk to draw on the ground. Ensure that handwashing facilities are suitable for use by men, women, children, the elderly, people living with disabilities and all vulnerable members of society. Including a mirror helps to encourage use by adolescents. They should also be [attractive for use](#). The handwashing stations should be:
- At household level: encourage construction of simple tippy taps. See [here](#) for an example of how to make them.
  - At institutional level: see later section; tippy taps or larger facilities, potentially with taps operated by foot levers (see figure 2 for an example from Chad using foot pedals: and [here](#) for more examples and handwashing station designs)
  - At key locations where people would normally congregate (i.e. markets, bus stops, etc.) – ensuring consistent availability of soap and water
  - At any distribution point.
  - Within 5m of any latrine / toilet
  - In busy locations in camp settings – e.g. entrances and exits to the camps and other centralised locations within the camp.



As mentioned above, consider handwashing facilities with foot levers, or a design where the tap can easily be closed by the elbow – e.g. using a lever.

3. Consider supporting local **soap production**. Information can be found [here](#).
4. Consider the need to **distribute WASH NFI kits** – either in-kind or through mobile money solutions, where appropriate (i.e. which will allow people to buy kits on the local market). Contents will vary, depending on contexts and discussions with those affected, as well as local guidelines. Ensure discussions take place with women, children, the elderly and those living with disabilities, around their contents. They could/should include:
- Jerrycans / water containers – try to provide more than normal so that people can choose where and when they go, to avoid crowds. Ensure they are appropriate for the ages and type of person carrying them
  - Handwashing buckets with taps or small jerry cans which can be used as tippy taps for households
  - Soap – as per local standards. SPHERE recommends 250g for bathing per person per month, and 200g for laundry per person per month. Remember that more may be needed as people wash their hands more frequently. Any type of soap works, but studies have shown that better quality soap, that maybe smells nicer or is kinder to the skin, may lead to more uptake by communities.
  - Floor / surface disinfectant, such as bleach (ensure instructions are included that are clear to the user, who may be illiterate, how to use it; make sure these messages are at minimum gender sensitive – preferably gender transformative)
  - Cleaning materials – e.g. mops and buckets
  - Water treatment (aquatabs or other products, with clear instructions about how to use it)
  - Any menstrual hygiene management material for women and girls of menstruating age; and incontinence materials for males and females, where necessary



5. **Increase water supply** where possible to take into account frequent handwashing practices as well as regular cleaning and disinfection. Ideally water should be available continuously, where possible. Take into account the following:
- Ensure households have sufficient numbers of water collection/storage vessels – ensure that these are cleaned regularly
  - Ensure larger storage mediums (e.g. tanks/reservoirs) are available – and increase number / capacity where possible.
  - Encourage water management committees / water point operators to adapt the water point's operation schedule to ensure fewer people at a time are collecting water – so increased amounts of water are available, and more time for collection. However, ensure that this is sustainable as per suitable pumping rates that will not, for example, over pump from an aquifer. Encourage the committees to ensure that the voices of women and other vulnerable groups are heard in the planning of this operation.
  - Encourage the involvement of a dedicated operator/caretaker who is the only person to touch the water point
  - Install handwashing facilities at water points with dedicated operators to ensure availability of soap and water at all times
  - Disinfect the pump handle / water taps, ideally after every use, with disinfectant or 0.1% chlorine solution.
  - Where possible, especially in high-risk areas/camps, ensure water is treated to WHO standards of 0.5mg/l of Free Residual Chlorine after 30 minutes contact time
  - Support methods to increase social distancing around water points, through methods such as sticks, stones, or chalk on the ground like in figure 3 (image courtesy WaterAid India).
  - Support further training of water management committees / operators to take into account increased usage – ensure that women's voices are heard in this training and planning; and support supply chains with spare parts stock due to more potential breakdowns and markets disruption.
  - Consider alternatives for water supply – such as rainwater harvesting where roofs are suitable.
  - Encourage male members of households and communities to engage in recommended practices, such as water collection.
6. Studies so far have not shown a link between faeces from Covid 19 cases being able to infect another host through water or other faecal-oral contamination. However, **usual sanitation activities should be followed**, including CLTS where appropriate, ensuring that social distancing is maintained during community mobilisation, which should include fewer people. Where communal sanitation facilities exist:
- Consider social distancing if people have to queue for use of latrines / showers
  - Ensure facilities are cleaned more regularly – if necessary, provide the caretakers with more cleaning materials (i.e. bleach, mops, buckets) and PPE (normally gloves and boots) to enable them to be cleaned.
  - Ensure handles, locks, etc. are also cleaned regularly
7. Design and Implement **behaviour change campaigns** related to the other three behaviours:
- Covering sneezes and coughs
  - Social distancing (i.e. keeping at least 1-2m away from other people)
  - Cleaning / disinfecting high-risk surfaces – using, where possible, a 0.1% chlorine solution



## Health Care Facilities (HCF):

1. Ensure an **adequate water supply is available all the time and on site** – either from an on-site source, or, if necessary, through water trucking. This would be for drinking, handwashing, cleaning and disinfection:
  - a. Running water is necessary – so this should come from a tap direct from the source; or from a bucket with a tap.
  - b. This water should be treated – so contain 0.5mg/l of free residual chlorine after 30 minutes contact time, or be treated some other way
  - c. It should be available throughout the HCF – at all points of care, within 5m of every latrine/toilet, in waiting areas, and at entrances/exits to the HCF.
  - d. If there is inadequate water supply capacity, consider increasing the water storage capacity of the facility, such as by adding a 10,000 litre plastic storage tank.

2. **Construction of handwashing points / stations**, to be placed at appropriate intervals apart to ensure that people are social distancing. They should be placed at the facility entrance, points of care, toilets, patient waiting areas and other places where patients congregate. Methods to ensure social distancing can be sticks or stones on the ground, or using a material such as chalk to draw on the ground. Ensure that handwashing facilities are suitable for use by all men, women, children, the elderly, people living with disabilities and all vulnerable members of society. As such some facilities may need to be private; they should be at different heights, and accessible by people using wheelchairs. Including a mirror helps to encourage use by adolescents. They should also be [attractive for use](#):

- a. Consider tippy taps or larger facilities, potentially with taps operated by foot levers (see figure 4 for example from Haiti) – however, remember that these might not be suitable for people living with disabilities.
- b. Ensure soap is available at all handwashing points / stations at all times. Where soap is not available, alcohol-based hand rub is a second alternative, where available. 0.05% chlorine solution is to be used only as a last resort, and should be replaced every day.



3. Encourage **hygiene promotion messaging** throughout the HCF – for medical workers, other staff and patients. This can be especially important within the waiting area:
  - a. Ensure mandatory handwashing upon entering and leaving the HCF
  - b. Ensure handwashing takes place for 20-30 seconds; or 40-60 seconds where hands are visibly dirty
4. Support the **provision of soap, disinfectant, chlorine, mops and buckets for cleaning and disinfection of floors and surfaces**. Current recommendations (WHO) for disinfectant include:
  - a. 70% ethyl alcohol, to disinfect small reusable items such as reusable thermometers (soap and water is acceptable where this is not available);
  - b. chlorine (originating as HTH or in bleach) for disinfection of surfaces, diluted to a 0.5% solution (see how to dilute at the end).

Ensure supply chains for these provisions are strong to make sure of continued availability.

5. Support the provision of **personal protective equipment (PPE)** for staff (this will be context dependent but could include gown, gloves, boots, mask, face shield, goggles, etc.). Reusable PPE should be disinfected with a 0.5% chlorine solution; single use PPE should be disposed of in a specific waste bag. Ensure that handwashing facilities are available to enable staff to wash hands before putting on and after taking off PPE.

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6. Ensure **suitable sanitation facilities** are available that are gender-segregated; include at least one separated facility with menstrual hygiene facilities, and at least one facility accessible for users with limited mobility. At least one facility should also be dedicated for staff. This includes excreta disposal as well as showering facilities.
  - a. Dimensions of these facilities should ensure separation in terms of social distancing, and especially separation of confirmed Covid 19 patients and other patients/staff.
  - b. The facilities should also allow for easy desludging/removal of faecal waste by workers with sufficient PPE.
  - c. Facilities should be cleaned regularly, including locks, handles, doors and anywhere that people may touch.
  
7. Ensure that suitable **waste management** facilities are available. In all HCFs these should normally consist of a 3-bin system (1. Infectious waste, 2. sharps, 3. general waste), which is well labelled and/or colour-coded.
  - a. Pedal-operated waste collection bins with liners at point of use are the preferred choice.
  - b. Where not available, bins with swinging lids are an alternative; followed by open waste containers that do not require physical opening by hands.
  - c. Waste handlers should wear effective PPE (e.g. gloves) and wash hands after handling all waste.
  - d. Incinerators can be used to burn the waste, where suitable and safe facilities are available, including fuel. Pit burning can also be used as a next option. Where neither of these are possible, suitable solid waste management storage and transportation facilities should be sought.
  
8. **Laundry facilities** may be necessary depending on the type of environment, and where support is provided to direct health service delivery. This will include clothes and linens being immersed for 30 minutes in 0.05% chlorine solution and then fully air dried.
  
9. Where necessary, include training of staff on **Infection Prevention and Control (IPC)**. Support in ensuring that daily protocols for cleaning and disinfecting are in place as per national guidelines or global recommendations.
  
10. Consider extra provision of **menstrual management items for female healthcare workers**, who may be working longer hours and so will not be able to access markets.

Where Concern will be supporting screening, triage and isolation of suspected COVID-19 patients in, please refer to locally available guidance from the Ministry of Health or World Health Organisation.

## Schools / Nurseries

All schools within Concern's countries of operations have closed. Guidance regarding WASH in Schools and decontamination / cleaning of schools before re-opening will be shared in due course. Guidance on what can be done while schools are closed is also available [here](#).

However, remember that all **Covid 19 related messaging, including handwashing with soap campaigns, should be child-friendly**. The [Corona comics](#) – currently being translated into several languages, could be a good method to use for messaging with 10 to 14 year olds. Guidance documents on psychosocial support for children, with tips for developing messages, is also available [here](#).

## Construction and/or operation and maintenance (O&M) of existing WASH facilities

Construction of new WASH facilities and/or support to operation and maintenance of existing facilities should be maintained as much as possible, to ensure continuity of services and improvement of WASH services where they do not exist. These should only continue where government / local guidelines permit this to happen. However, a number of basic elements should be taken into account:

1. All staff / personnel, including contractors should be trained on basic aspects of Covid 19

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- Staff/personnel undertaking construction and/or O&M should be equipped with at least gloves (single use to be disposed of everyday, or reusable to be disinfected every day). All tools should be disinfected. This can be undertaken by the contractor if included in new construction contracts (ensure this is included in tender documents); or materials provided by Concern where construction is ongoing.
- Likewise, a handwashing station with soap and water should be provided at all construction sites or sites where O&M is taking place. This can be undertaken by the contractor if included in new construction contracts (ensure this is included in tender documents); or materials provided by Concern where construction is ongoing.
- Ensure a safety fence is included for any construction site, and set up a handwashing station with soap and water at the entrance/exit, to be used by everyone entering and exiting the site.
- Ensure social distancing of 1-2m as much as possible of all workers at construction sites or places where O&M is taking place.
- Latrines do not need to be desludged unless the pit is full – i.e. do not undertake this activity in advance if it is not yet necessary.
- Ensure that any personnel involved in the management of faecal waste or solid waste removal have adequate PPE (gloves, goggles, boots, coverall, mask); access to a handwashing station with soap and water; and the ability to disinfect materials, especially when dealing with solid waste from households, camps, neighbourhoods, etc.

## Making disinfectant chlorine solutions

Product	0.05% solution	0.1% solution	0.5% solution
[Chlorine powder] Calcium hypochlorite (HTH) – 65-70% active chlorine	15g / 20 litres 1 level 20ml measuring spoon per 20 litres of water (90g in 120 litres of water)	30g / 20 litres 2 level 20ml measuring spoons per 20 litres of water (180g in 120 litres of water)	150g / 20 litres 10 level 20ml measuring spoons per 20 litres of water
[Chlorine powder] Sodium dichloroisocyanurate (NaDDC) granules, 55% active chlorine	18g / 20 litres 1 level 20ml measuring spoon per 20 litres of water (110g in 120 litres of water)	36g / 20 litres 2 level 20ml measuring spoons per 20 litres of water (220g in 120 litres of water)	180g / 20 litres 10 level 20ml measuring spoons per 20 litres of water
[Chlorine tablet] Sodium dichloroisocyanurate (NaDCC) tablet, 1g of active chlorine	10 tablets per 20 litres of water	20 tablets per 20 litres of water (1 tablet per litre)	100 tablets per 20 litres of water (5 tablets per litre)