Covid-19 WASH response: a framework for programming

Since the outbreak of Covid-19, significant learning on essential components of WASH-focused response has been amassed. Consequently, this document is an updated version of 'Covid-19: WASH programme guidance', dated 24 March 2020. Its purpose is to offer WASH-focused programming guidance, not only in the initial emergency phase of a Covid outbreak, but across key phases of Covid-19 prevalence, including consideration of Covid-19 as part of the 'New normal' of WASH programming.

The document is aimed at a broad audience of those involved in WASH-focused responses to Covid-19, including grant officers, programme coordinators, response managers, as well as WASH advisers, programme managers and members of implementing teams.

After outlining core principles in our WASH Covid-19 programming, along with a brief explanation of the different phases of response, the guidance document presents a table of key activities for each specific phase. Some of those activities – particularly those unique to responding to Covid-19 – are elaborated upon below the table for each phase.

It is important to clarify that the four phases are not definitive, and that progression through the phases cannot always be expected to be linear.

Principles governing our Covid-19 WASH response

The following principles should apply to all contexts, and to all phases, of Covid-19 WASH response:

- All response design will prioritise protection of children and vulnerable groups, addressing the risk of sexual and gender-based violence (SGBV), and ensuring it does no harm.
- All messaging and physical response will be done in collaboration with local health authorities. Ensuring adequate access to water and sanitation services for a community's health care facility (HCF) should be incorporated in a community response where funds permit.
- WASH facilities installed to reduce transmission risk (such as handwashing stations at water points, additional water points, additional shared latrines) will not be curtailed or dismantled until there is evidence of zero virus transmission.
- Where appropriate, cash and voucher assistance (CVA) should be considered as an alternative to distributing hygiene materials since it will help ensure that priority is given to each household securing the materials they lack.

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- Design of WASH response actions will meet at least the required minimum standards determined by national government and/or SPHERE for quality assurance.
- WASH response actions must be fully adaptable to the local contexts. Response approaches must be able to evolve alongside the progression of the Covid-19 outbreak, taking on board feedback and learnings.
- Robust systems for monitoring project outputs and outcomes must be in place at the start, and active throughout all phases, involving community members, and actioned in conjunction with health authorities.

A note on advocacy

As with all WASH programming, we should ensure that service authorities and governments are accountable in providing essential services. This is particularly critical in meeting the needs of the poorest, the vulnerable and the marginalised in society. This is never more crucial than at the time of a pandemic or epidemic, when access to basic WASH services, along with advice on essential hygiene practices, communication channels and issues of protection will save lives.

Each phase activity table therefore incorporates an example of advocacy-related activities pertinent to that phase. Most advocacy involving policy, restructuring and realignment of priorities and resources should, however, be pursued during phases of non-emergency (ie 'Preparedness' and 'New normal').

During these phases, teams and partner agencies should collaborate with national and sub-national governments, and their WASH- and health-focused authorities, holding them to account on strengthening capacity to deliver safe and sustainable WASH services, including hand hygiene capacity. Particularly relevant to reducing risk of Covid-19 transmission, our networks should pursue increased commitment by donor governments for hand hygiene as a share of WASH and health budgets. This should include specific outputs and indicators for hand hygiene in agreements to monitor and learn from investments.

The range of advocacy activities that can influence commitment to achieving adequate WASH services is huge. It covers not only policy initiatives, but also actions involving public–private partnerships to enhance service delivery chains, as well as supporting essential monitoring, learning and adaptation processes. The primary call in all this should be that they listen particularly to the voice of the vulnerable and marginalised, ensuring that they can access the WASH services they need to come through the Covid-19 crisis.

Phases of response: the structure of this guidance

The guidance for WASH programme response is set out under each of the four phases of Covid-19 prevalence. The table below outlines the four phases, and the corresponding key WASH objectives for each phase.

	PHASE			
	Preparedness	Initial emergency response	Recovery	New normal
Context of Covid-19	No/few confirmed cases in country; minimal disruptions; rumours surfacing; some movement restrictions; limited/no testing available	Outbreak is endemic: confirmed and rising cases of local transmission and case fatality rates; secondary impacts reaching crisis (eg food insecurity); closure of schools/markets/shops; heightened anxiety and rumours; severe movement restrictions	Sustained decrease in transmission and case fatality rates; spare capacity in local health systems; movement restrictions partially lifted; secondary impacts recovering: opening up of schools/markets/shops	No new cases of Covid-19; movement restrictions fully lifted; full economic activity permitted
Response objectives	Create community awareness in early warning systems, signs and symptoms; enhance community capacity for early detection of and response to early onset of new pandemic; establish information management systems for effective communication	Reduce or delay transmission of Covid-19; scale up Covid-19 WASH response programming for life-saving and life-sustaining measures; reduce morbidity and mortality	Communities internalise and comply with WASH response systems; people consistently comply and practise best hygiene protocols; WASH response supports other sectoral responses (eg food security, livelihoods, nutrition and key cross-cutting issues (environmental sensitivity, conflict/peacebuilding)	Reduce potential risk and impact of Covid-19 and WASH-related diseases among poor communities by helping them to gain sustainable and equitable access to safe water supplies, safe and appropriate sanitation, and to realise the benefits of good hygiene practice; facilitate a WASH strategy that enables resources and capacity to be diverted to Covid-focused response

Phase 1: Preparedness

Since Covid-19 is a new disease, we have only limited experience of beginning our response strategy at Phase 1. Rather, we engaged at Phase 2 in the initial emergency response. Hence it is only in retrospect that we now have insight as to what should be involved in our 'Preparedness' phase.

Nevertheless, the table below outlines the core activities recommended for ensuring communities are prepared for any new wave of Covid-19 or any new epidemic:

PHASE 1: Preparedness	
Key objective	
Build community capacity to respond to early onset of any new epidemic (or subsequent further waves of Covid-19)	
Activities	
Assessment	• Carry out WASH needs assessment to identify gaps and needs (particularly among vulnerable groups) in WASH-related access. • Consider where existing WASH projects may need pivoting (adjusting, emphasising). • Undertake basic formative research on key WASH behaviours in order to identify barriers or motivators affecting the adoption of safe WASH behaviours. • Conduct market analysis of WASH non-food items (NFIs), and support supply chain by identifying retailers, identifying key transport routes and potential access issues, mediating on pricing policy.
Planning	• Tearfund/partner staff develop contingency plans with community water management and health care facility staff. Ensure liaison with water service provider where applicable.
Monitoring	• Enhance community capacity for early detection of new pandemic. • Establish an approach for monitoring rumours and misinformation. • Develop monitoring systems for updating knowledge of WASH access.
Communication	• Create community awareness in early warning systems, signs and symptoms. • Establish information management systems for effective communication. • Work with each target community to draft a risk communication and community engagement (RCCE) plan. • Identify preferred communication channels and approaches, and provide additional equipment/data credit (ie mobile phones, tablets, data credit slips, megaphone).

	• Train faith leaders on messaging and community outreach, including tracking and countering misinformation, and addressing stigma, should Covid become a risk to the community.
Ensuring access to WASH	• Continue to build/repair community WASH infrastructure, ensuring health care facilities and schools are served. • Ensure local supply chains for replacement infrastructure parts, as well as hygiene consumables, are in place. • Adapt water and handwashing infrastructure to reduce the amount of physical contact required to operate it. • Install or upgrade waste management systems to ensure safe disposal of material contaminated with coronavirus.
Training	• Train people in water conservation, and in multiple and efficient use of water. Promotion and in situ demonstration of grey water for handwashing.

Advocacy messaging

- Registered Tearfund teams and partner agencies should work together to provide evidence of WASH service levels, and to hold their national government to account for putting in place national hand hygiene policies and plans, strengthen legal and regulatory frameworks, and assess gaps in hand hygiene policies, capacities and monitoring.
- Fill data gaps on hand hygiene in health care facilities, schools and other public settings.
- Collaborate with government departments to champion hand hygiene as a key part of any response, due to its proven significance in reducing transmission rates of Covid-19 and other diseases.
- Advocate to ensure governments include specific budget lines for regular hand hygiene expenditures, and has mechanisms in place to track expenditure and needs for hand hygiene improvements at national level.
- Identify and prioritise vulnerable populations who still lack hand hygiene at home.
- Prioritise schools that lack hand hygiene facilities for upgrading prior to reopening.
- Build on the momentum to get hand hygiene included in upcoming surveys of households, schools and health care facilities.
- Work with education authorities on integrating hand hygiene into the formal school curriculum, so that hand hygiene becomes normalised and habitual.
- Work with stakeholders across water, sanitation and hygiene service chains; support entrepreneurship, reliable supply chains and livelihoods opportunities.
- Encourage businesses to offer a range of affordable, durable and high-quality hand hygiene products.
- Promote the core message that WASH is essential to prevent an outbreak escalating, and continue to develop WASH services, achieving at least SPHERE standard of coverage.

Assessment: Understanding capacity and preferences for handwashing

Frequent handwashing is a key defence to prevent the spread of the Covid-19. The simple act of handwashing with soap remains our best defence against coronavirus transmission, as well as other outbreak pathogens and common global killers such as diarrhoeal diseases and respiratory infections. Globally, most people know the benefits of handwashing. Despite this, people forget or don't practise handwashing because it is inconvenient or because they have other priorities. So to change handwashing behaviour, we need to do more than just provide hygiene education: we need to create an enabling environment, establish positive social norms and make handwashing a desirable thing to do.

An understanding of the behaviours and motivators which enable people to practise safe hygiene is essential to avoid blind assumptions that populations have both the means and the will to practise safe hygiene in the context of a pandemic such as Covid-19. However, where such behavioural change processes are not already embedded, Tearfund recommends using the Wash'Em process, designed by the London School of Hygiene and Tropical Medicine (LSHTM), to identify key behavioural determinants which influence handwashing. The process is based on the use of five rapid assessment tools to identify key behaviours for regular handwashing with soap. Completed data is added to an analysis tool which will suggest design criteria for a handwashing project.

The five rapid assessment tools involve social interaction with community members, and it may not be appropriate to carry out these assessments during lockdown or where strict physical distancing measures are in place. However, as the basis of a behavioural change assessment during the 'Preparedness' phase, they can be facilitated effectively.

Assessment: Market analysis for WASH items

At the time of an outbreak, each household needs to secure various hygiene and general WASH-related NFIs (such as hygiene kits comprising soap, cloths, menstrual hygiene materials, cleaning materials and disinfectant, as well as safe storage containers/jerry cans, bowls, laundry soap, drying lines). Instead of distributing them directly, a more community-empowering method is a cash or voucher mechanism whereby households can purchase what they need most. For this purpose, during the 'Preparedness' phase, it is important to conduct a pre-crisis market assessment (PCMA). Practical steps towards this are detailed in the EMMA Toolkit.

See also Save the Children's Guidance on market-based programming for humanitarian WASH practitioners, Version 1, April 2019.

Planning: Developing community-level contingency plans

A key activity for the 'Preparedness' phase of future epidemic events is helping the community to draw up a contingency plan: an action plan relating to tasks that will be prioritised at the start of an outbreak. This will be done in conjunction with key stakeholders who serve the community, such as government health workers, water service providers and sanitation service providers (if applicable). The contingency plan should be affirmed by the community leadership, and it should be established in

conjunction with community members and key service providers. Crucially, vulnerable groups should contribute to the plan, ensuring essential needs and services are met for the whole community.

The contingency plan should therefore denote key tasks, including processes to follow, available resources, and the community members responsible for ensuring each task is completed. Typical actions will include:

- securing additional water supplies for the extra hygiene and cleansing needs that will arise. This will include additional water for handwashing, possibly as well as additional supplies of safe, potable water. These two supplies need not necessarily be of the same quality, since water for handwashing can be sourced from grey water (eg water already used for showering, laundry or rinsing vegetables).
- securing, distributing and ensuring knowledge of home-based treatment of water for consumption, if necessary
- availability and distribution of soap
- siting of public handwashing stations, including at water points
- extending and monitoring opening times of water points
- ensuring vulnerable groups are identified, and that all their basic needs are met
- drafting a risk communication and community engagement (RCCE) plan, ensuring all vulnerable groups are represented in the plan (see below)

Communication: Risk communication and community engagement (RCCE) plan

Experience in other epidemics, such as the Ebola responses in West Africa and DRC, highlight the importance of Risk Communication and Community Engagement (RCCE) as an essential component of emergency preparedness and response action planning. For public health emergencies such as the Covid-19 pandemic, risk communication includes the range of communication actions required through the preparedness, response and recovery phases, in order to encourage informed decision-making and positive behaviour change, and to maintain trust.

Community engagement is something we tend to do all the time without really thinking what it is. It is a process of working collaboratively with groups of people with respect to issues affecting their well-being. Communities must be at the heart of any public health intervention. We need to proactively promote a two-way dialogue with communities in order to understand risk perceptions, behaviours and existing barriers to practising safe hygiene, as well as gaps in knowledge around transmission of coronavirus. Only when we have this information can we provide communities with messaging and guidance tailored to their circumstances.

Examples of RCCE objectives

1. To ensure that people have the life-saving information they need to protect themselves and others from the virus and to reduce its impact on health, social life and the economy
2. To ensure that all community members have adequate access to essential WASH services – clean water supplies, water and soap for handwashing, adequate safe sanitation
3. To ensure that all community members are informed of the importance of regular handwashing, particularly at critical times, and that they are able to wash hands with soap whenever there is a need
4. To ensure effective feedback mechanisms are in place and are being used, evidencing two-way communication between health/response authorities and communities
5. To ensure consistency in information and language from all partners and avoid misinformation
6. To inform the public on how the public health response to Covid-19 is being conducted in monitoring, detecting and preventing its spread
7. To ensure participation of and engagement with relevant communities to increase uptake of public health measures and address barriers to their implementation

Adapted from Covid-19 Risk Communication & Community Engagement: a planning template (PAHO, WHO)

It is essential that in this 'Preparedness' phase, implementing partners work together with communities to draw up an inclusive RCCE plan. Various frameworks for doing this exist, such as the PAHO framework cited in the box above. Tearfund has drawn up its own RCCE guidance note, as well as a webinar slide presentation on the subject.

Communication: Training faith leaders on messaging and community outreach

Experience of working with faith leaders throughout the Ebola crisis in both Sierra Leone and the DRC[1] has demonstrated the critical role they play in RCCE. It is therefore vital that our implementing teams work closely with faith leaders, training them in areas of effective communication about the risks of Covid-19, countering misinformation, ensuring inclusion of vulnerable groups, and combating stigma.

See the following short guidance notes on: Guidance for the local church, How to protect yourself and others, and Addressing rumours and misinformation

[1] See Faith response to Covid-19: Taking lessons from the Ebola response into Covid-19

Phase 2: Initial emergency response

Tearfund's main experience to date in addressing the Covid-19 outbreak has been in this phase of initial emergency response. Our response is designed to contribute to reducing and delaying virus transmission, which will in turn reduce morbidity and mortality and ease the burden on health care facilities. Consequently, it is advantageous, wherever possible, that our own staff/partner staff and community members work closely with health care facility (HCF) staff.

In addition to collaboration with HCF staff around issues of messaging and community-level actions, our recommendation is that, where budgets permit, our response work should seek to ensure that HCFs have reliable access to sustainable and safe water supplies and sanitation facilities. People who become sick with Covid-19 will be encouraged to visit HCFs. Therefore, our teams and partners should be able to contribute to the provision of WASH at these facilities, and ensure that they do not become centres of viral transmission.

<table>
<tr><th colspan="2">PHASE 2: Initial emergency response</th></tr>
<tr><td colspan="2">Key objectives</td></tr>
<tr><td colspan="2">Activate contingency plans.

Reduce or delay transmission of Covid-19:
Scale up Covid-19 WASH response programming for life-saving and life-sustaining measures.
Reduce morbidity and mortality.
Prevent regression in WASH services/systems.
Work with HCFs to prevent them from becoming sources of viral transmission.</td></tr>
<tr><td colspan="2">Activities</td></tr>
<tr><td>Communication</td><td>Mobilise church/faith leaders to raise awareness of the virus, and track and counter rumours and misinformation.
Encourage adoption of safe hygiene practices, ensuring messaging and access reaches and includes those identified as vulnerable, addressing stigma and discrimination. In collaboration with health workers, community health volunteers and local partners, develop and disseminate a portfolio of messages based on formative research findings and using a range of communication approaches, including mass media platforms (local radio messages and call-in programmes, community Tannoy runs, messaging through SMS, WhatsApp group and social media platforms).
Work with communities to ensure community-based WASH infrastructure adheres to physical distancing guidance.</td></tr>
<tr><td>Infrastructure & operational -isation</td><td>Work with the community WASH management structure, Tearfund/partner and health care staff on:
Setting up and maintaining communal handwashing in key public places
Promoting/monitoring physical distancing at water points</td></tr>
</table>

	• Distributing PPE among staff, partner staff and community monitors • Cleaning/disinfecting surfaces at water points (pump handles, taps/tapstands, valves, gate handles) • Ensuring sufficient water is available for additional handwashing, for example by extending the daily operating times of water points where groundwater recharge rates allow • Chlorinating all community water sources to achieve 0.5ppm free residual chlorine • Promoting cleaning/disinfecting of common surfaces in houses and community-based facilities, such as handpumps and taps • Upgrade or install additional emergency communal latrines and ablution blocks (especially in camps) to reduce overcrowding and lengthy queuing times • Work with HCFs to prevent them from becoming sources of viral transmission: install handwashing facilities, upgrade or install reliable water supply, upgrade or install latrines, provide IEC materials designed in collaboration with health workers, community health volunteers, local partners • Continue to build new/repair WASH infrastructure
Additional water	• Upgrade or install a reliable water supply. • Promote means for households to obtain and store additional water for handwashing (eg rainwater-harvesting, extending distribution pipelines, distributing household water-storage tanks, include safe storage containers in WASH NFI kits). • Support partners to provide additional temporary water supplies to HCFs, eg in the form of tanks topped up by water tankers, as well as supplies of soap and sanitiser.
Distributions	• Cash and voucher assistance (CVA)/in kind distribution of WASH and hygiene NFIs)
Advocacy messaging	
Community and implementing agencies keep up advocacy to government/water service authorities on the following key messages: • WASH is essential to prevent the outbreak escalating. • Maintain funding towards improving water services to prevent the outbreak escalating. • Advocate to establish an 'agency of last resort' to maintain basic WASH services, and to intervene at all costs to avoid cutting off water to those that cannot pay. • Utilities and water service providers are key workers exempt from lockdown (but requiring adequate PPE and maintaining physical distancing). <u>Advocacy actions related to the local community</u>: • Work with the community WASH Management Structure (WMS, eg Water Users Committee) to identify households and groups of vulnerable inhabitants who may require	

financial help (eg relinquishing water service subscriptions). Seek agreement on any revision for water user fees.
- Work with WMS on advocating to water service provider to continue with maintaining and repairing water infrastructure whilst at the same time recognising that some users may be unable to continue to pay for water services, or sanitation services (if applicable, eg in urban contexts).

Tearfund and partner WASH programmes should support communities in tackling the outbreak, in the following ways:

Communication: Identifying and supporting vulnerable groups in their need for protection

Our principle in programme support is that we will 'leave no-one behind'. This means that groups who are both at greater risk of either contracting Covid-19, and those for whom the impact of Covid-19 would be most devastating vulnerable groups, including the elderly, people living with disabilities (PLWD) and their carers, single parent families, pregnant women, and children generally, will be identified and assisted to access all protection and safeguarding advice, WASH services, and hygiene items. In addition, in the outworking of a contextualised RCCE plan the preferred means of communication to and feedback from vulnerable groups will be identified, monitored and adapted.

Communication: Promoting hygiene and handwashing

We need to emphasise the importance of handwashing **with soap** (HWWS): WHO have produced a helpful guide including diagrams showing correct use of soap and water, and alcohol-based rubs: We would not suggest any change to processes or tools already in use for promoting HWWS if their outcomes are known to be effective. However, we recognise that adoption of safe hand hygiene practice is most sustainable when the messages and activities are based on a firm understanding of the factors which cause our target population to adopt and practise HWWS. To recognise these factors involves formative research activities which will need to be adapted during times of restrictions on gatherings and limited mobility . This is why we strongly recommend carrying out formative research in the Preparedness phase (For example, by using the Wash'Em process).

Normally we promote personal handwashing with soap at these five critical times:

1. after using the toilet
2. after changing a child's nappy
3. before preparing food
4. before and after eating
5. after returning from work in the fields/working with animals

However, in order to prevent the transmission of Covid-19, additional critical times for handwashing are:

6. after coughing or sneezing
7. after touching another person
8. after touching areas exposed to potential infection. This means that hands must also be washed after travelling by train, bus or taxi.

It is important to champion hand hygiene not just as a key part of a response to Covid-19, but to frame it within the broader context of health, well being and aspiration to mitigate the risk that momentum for hand hygiene is lost once the immediate threat from Covid-19 is perceived to be over.

It is also important to ensure people have the means to wash their hands when entering or leaving public spaces, such as markets and places of worship, work and education. In these cases, having access to hand sanitiser (or an alcohol-based rub, ABHR) may be more practical.

This information sheet from the Wash'Em tool includes valuable practical ideas to improve HWWS ***and should be read by all implementing teams***.

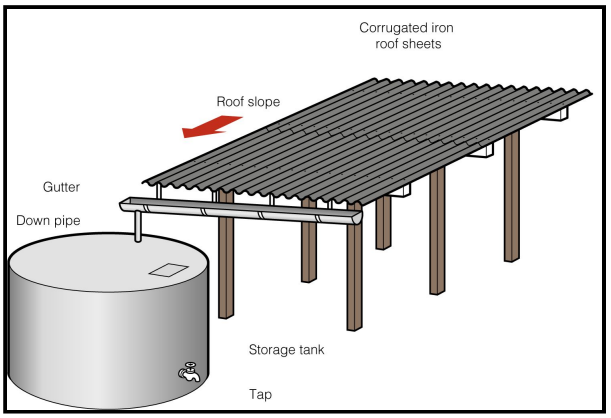
Additional water: Improving access to sufficient water for personal hygiene and domestic use

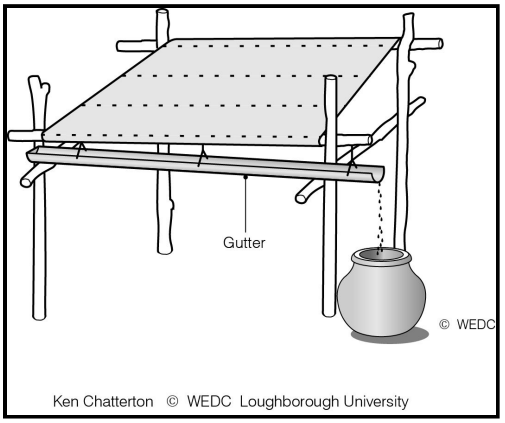
Even if a community has previously been provided with a safe and reliable water supply, the additional water needs for hand hygiene may mean that there is insufficient water available for households to wash their hands regularly whenever required. For this reason a vital response action is to ensure that communities have sufficient water for all hygiene and domestic purposes during this critical phase of Covid-19 outbreak. For some technical suggestions of how to achieve additional water for hygiene purposes, please see the slide deck from Tearfund's webinar in May 2020.

If supplies of soap are also limited, people are less likely to use it when washing hands. Hence, it is important to assess, monitor and respond to emerging shortages of both water and soap. At a time of lockdown and physical distancing, monitoring may need to be conducted by remote means such as phone calls, text messaging, WhatsApp, or information flyers with feedback slips which can be dropped off in public collection spots), and projects may need to be adapted to meet the gaps encountered. The assessments and ongoing monitoring should focus on:

- water supply needs per household
- water supply needs at HCFs
- water storage facilities at home and at HCFs
- noting any use of grey water/water reuse for handwashing
- access to soap at household level and at HCFs

One of the key ways to provide additional water is to use rainwater. If most homes or public buildings in the community do not have solid roofs, rainwater catchments can still be constructed, as illustrated in the diagrams below:





Further key ways of providing additional water for personal and domestic hygiene are:

- **To extend the opening times of water points**

  where recharge rates for wells and boreholes are not a limiting factor, ie the static water levels in wells and boreholes can still recover sufficiently within a 24-hour period (and typically overnight). To be sure that recovery time is sufficient, the community will need to liaise with the agency who installed the water point to begin with, or enlist an agency with groundwater experience to assess the possibility of extending opening times.

  One significant advantage of this approach is that by lengthening the opening time of a water point, there is less likelihood for crowds to build up, which severely compromises physical distancing and transmission risk.

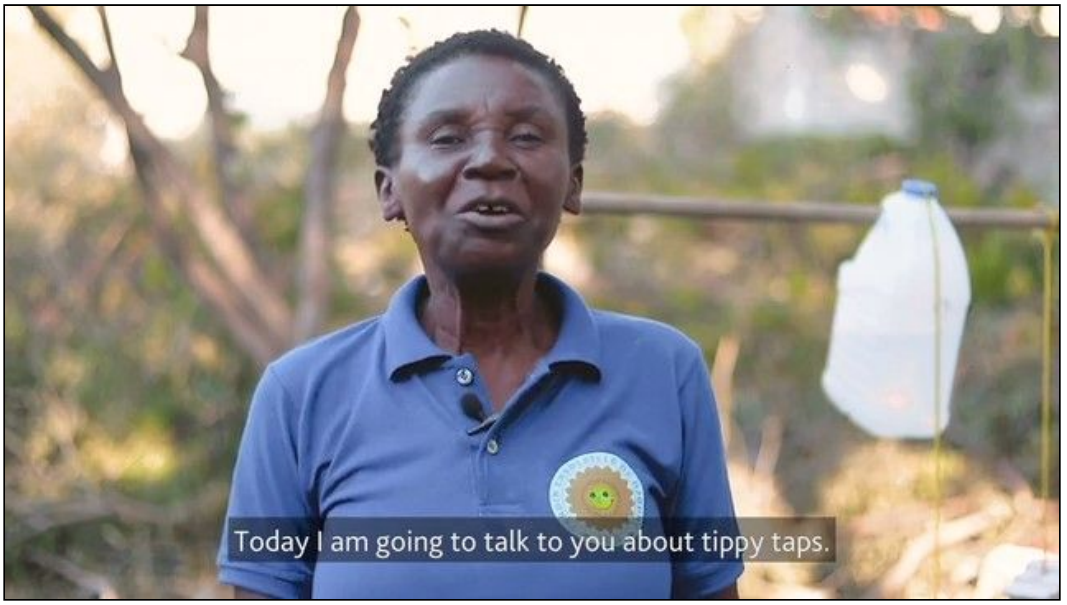
  For guidance on issues surrounding the operationalisation of managing water points, communal handwashing stations, and ensuring sufficiency of access to WASH for vulnerable groups, see slide deck from Tearfund's webinar

- **Provide additional water storage capacity**

  If households do not have recourse to ample water storage, then water which has been collected in available containers is less likely to be used for handwashing, and more likely to be saved for consumptive purposes. Therefore, providing either additional external water storage tanks (and maybe even multi-household storage tanks), or water storage containers for inside the home, will help encourage people that sufficient water is available for recommended hygiene activities.

- **Use water saving devices for handwashing**

  As handwashing is critical, and water must be used sparingly, we would strongly advise encouraging households to build low-cost, water-saving handwashing stations such as the Tippy Tap. This solution not only saves water, but is able to be used without actually touching the water-container. It is also cheap and easy to construct. See this video clip created by our team in Haiti: Tippy Tap:



Our WASH team in DRC have created a no-touch handwashing station that is also appropriate for public use. See this video clip as well as the accompanying design drawing and the Bill of quantities for the DRC hands-free handwashing station.

These devices, and numerous others, along with guidance on hand hygiene generally, can be found in the Handwashing compendium for Low Resource Settings, produced by the Sanitation Learning Hub.

Handwashing infrastructure in institutions and public places needs to be supported with financing, institutional arrangements and monitoring to ensure regular supply of consumables like soap and water, as well as arrangements with clear roles, responsibilities and accountabilities to clean, refill and maintain the hand hygiene facility.

- **Raise awareness of the ability to use grey water for handwashing**

  Water for handwashing does not have to be as clean as drinking water, but it should not be contaminated with faecal bacteria. Water that has been used for other purposes, such as showering, washing laundry, or rinsing vegetables can be reused for handwashing. Even when clean water is not available, handwashing can still be effective: research has found that washing hands **with soap** even using likely … contaminated water from the municipal water supply still delivered health benefits including diarrhoea reduction
  (The Global Handwashing Partnership)

A note on the option of using ash in handwashing

Taken from an article by Sian White, London School of Hygiene and Tropical Medicine

Can ash be used for handwashing?

In low and middle income settings ash is often promoted as an alternative to handwashing with soap. WHO guidelines currently recommend that ash can be used for hand cleaning when soap is not available. This should be considered as a secondary and inferior option as soap and water in combination are particularly effective for killing and removing SARS-CoV-2. Currently there is poor evidence on the effectiveness of ash for hand cleaning and no evidence that it can kill or remove SARS-CoV-2. It is thought that ash may work by rubbing away (through friction) or inactivating the virus or bacteria (because of its alkaline content).

However in settings where soap is really scarce handwashing with ash is likely to be more effective than hand washing with water alone. If recommending ash to households make sure that they are using the white ash from the centre of a fire once cooled. This white ash is likely to be the most sterile as it was heated at the highest temperature. It is possible that chemicals in the ash could damage the skin, depending on what materials were burned in the fire.

Be aware that handwashing with ash does not feel very nice and does not leave hands feeling and smelling nice in the way that soap does. As such promoting ash may actually discourage people from practicing handwashing. We recommend also reminding people that soap of any type can be used for handwashing. See our section on 'Are some types of soap more effective than others?' for more information.

Recommendation:

- There is no evidence on the effectiveness of ash for removing or killing SARS-CoV-2.
- Evidence on the effectiveness of ash in general is poor.
- In settings where soap is really scarce, remind people that any type of soap is effective for handwashing.
- Where there are no other options, handwashing with ash should be encouraged as it is likely to be more effective than handwashing with water alone.

For the full article by Sian White, see: Summary Report on handwashing and Covid-19

- **Treatment of water intended for consumption.** Whilst there is no current evidence of the coronavirus surviving in water distribution systems, we are aware of the effectiveness of disinfection in killing the coronavirus completely. We recommend chlorination of ***all*** Tearfund-supported water supply projects. This includes point-source projects (*eg 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 (FRC) level of 0.5ppm (See this simple guidance sheet to help you apply and monitor that). This means that for point sources, chlorination should be carried out by volunteer staff who are trained to dose containers correctly 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.

Infrastructure: Improving access to safe sanitation for all groups

It is important that toilets used by people displaying symptoms of Covid-19 are frequently cleaned and disinfected

Current evidence suggests that infectious coronavirus may be excreted in faeces, regardless of diarrhoea or signs of intestinal infection. However, there have been no reports of faecal-oral transmission of coronavirus and therefore the risk of transmission of the coronavirus from the faeces of an infected person appears to be low.

A guidance note from the WHO recommends using separate toilets for people who have contracted the virus (or are suspected of having contracted it). 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): gown, gloves, boots, mask and a face shield or goggles.

Distributions: Ensuring availability of WASH NFIs

The following NFIs should be available in every beneficiary household. Care should be taken as NGOs sourcing large quantities of these items will have a negative impact on markets. Therefore, we encourage the use of CVA in projects to allow for the purchase of items in person at local markets/shops where possible. Local vendors should be encouraged to accept voucher-based transfers and to supply the items needed. Vendors can be paid electronically without the need for physical cash distribution.

National WASH clusters are likely to have their own list of items to be provided which should be adhered to. In the absence of such lists, the following are Items which households are likely to need:

- bleach
- chlorine water treatment tablets or drops, or a form of home-based water filtration (IF point-chlorination at the water source is not practised)
- brushes for sweeping surfaces
- buckets
- mops
- soap for handwashing
- laundry soap

Communication: Working with wider community to prevent viral transmission

We should aim to work with a cross-section of the community, including volunteers as well as water management staff, and particularly with the staff of the community's HCF. This collaboration will involve:

- raising awareness of the risk of Covid-19 infection, including: prevention; symptoms, and the steps to be taken by those who contract the virus; updates on case numbers; advice to carers
- sharing information about local policy and changing guidance on: access to HCFs, schools, markets, places of worship and work

During restrictions in mobility, communication with the community members could be through a variety of remote communication methods such as text messaging, phone calls, tannoy messaging, WhatsApp, social media, radio programmes and announcements
The need to help ensure that the HCFs themselves have reliable access to sustainable, safe water supplies and sanitation facilities, has already been stipulated.

Phase 3: Recovery

Around the world we see every country grappling with the challenge of the need to re-start their economies and enabling people to resume their livelihoods, whilst at the same time being anxious to maintain measures of preventing (repeated) transmission of coronavirus. This challenge is heightened in the poor communities we work with, where most people depend on subsistence livelihoods, and on daily income for their basic needs.

Therefore, the WASH guidance given in the table below is fundamentally based on monitoring and adapting hygiene behaviours and WASH practices according to the evidenced status of transmission risk and community health. The starting point is that activities and facilities established in Phase 2 are maintained and not summarily dismantled or curtailed.

More focus on intersectoral programming is required in this phase, eg WASH and Livelihoods, WASH and Food security, and WASH and Nutrition, as well as ensuring functional and safe WASH services in HCFs, schools and places of work and education.

PHASE 3: Recovery
Key objectives
• Continue Covid-19 WASH response programming for life-saving and life sustaining measures. • Evidence sustainable safe hygiene behaviours being practised and embedded throughout the community, including by vulnerable groups. • Reduce morbidity and mortality due to both Covid- and faecal-oral related WASH incidence. • Scale up response to secondary impact crises where WASH supports other sectoral responses (eg food security, livelihoods, nutrition).

Activities	
Communication; infrastructure & operational -isation.	**Maintain activities and facilities of Phase 2** Plus: ● Undertake formative research to review and adapt hygiene and sanitation activities to focus more on habit-forming, sustained behaviour change. ● Strengthen WASH management systems in communities, schools, HCFs. ● Promotion and in situ demonstration of water reuse projects, eg. vegetable gardens. ● Work with water service providers to re-establish water tariff collection
Assessment and monitoring	● Monitor availability and use of water for non-consumptive purposes, particularly non-rainfed agriculture.
Distributions	● Transfer all distribution modalities to Cash Voucher Assistance (CVA)
Advocacy messaging	
● WASH is essential to prevent outbreak escalating and/or repeating ● Funding towards improving water services to prevent outbreak escalation ● Utilities and water service providers are key workers exempt from lockdown (but requiring adequate PPE, maintaining physical distancing). ● Local service authority and service providers help support repair and extension of municipal distribution networks to enable people to access sufficient water for their domestic and personal hygiene needs. ● Core message to water service providers and authorities: 'Don't cut off water to those who cannot pay.' ● Engage with government partners to fill the gaps in the legal and regulatory frameworks, policies, capacities, resourcing and monitoring to ensure supply and demand for hand hygiene at scale and for all when 'building back better'.	

Phase 4: New normal

What comprises the 'New normal' in WASH? It would be wrong to try and define this at the time of writing, given that many countries we support have yet to reach their peak of the pandemic. A key principle in our planning and guidance is to maintain a core flexibility in WASH programming, retaining the ability to revert to respond to further outbreaks of Covid-19 or of similar viral diseases. But we need to retain flexibility and adaptive capacity for other issues too, particularly in terms of climate change consequences on WASH, including global water shortages, as well as issues of conflict or global economic collapse. The current Covid-19 pandemic has underlined the need to be ready to face these transforming challenges to our lives and well-being.

One outworking of this need to retain flexibility is to put more focus on adaptive management of WASH services, and to plan for contingencies of management. Monitoring and assessment, particularly around risk mitigation approaches, will be important. To this end, we should:

- Promote water safety planning, integrated water resource management, protection of catchments, and greater emphasis on accessing water for productive use
- Focus on sustainable sanitation and water service chains, rather than just the facilities or infrastructures. This will allow us to consider numerous stakeholders who contribute to the delivery of WASH services, thereby presenting more options for filling gaps in these services at times of crisis and high usage.
- Increase our programming knowledge and capacity around hand hygiene, and our use and understanding of formative research tools that can be applied in various phases and contexts of epidemics.

An area we recommend to bolster in the 'New normal' is WASH in schools: ensuring that schools have adequate hygiene protocols which minimise the risk of transmission of infectious diseases. It also means ensuring future generations have adequate access to WASH to enable them to fulfil their educational potential. In addition, as agents of change, children have the potential to appreciate fully the importance of safe hygiene practices and encourage safe WASH practices becoming embedded in the wider community.

<table>
<tr><th colspan="2">PHASE 4: New normal</th></tr>
<tr><td colspan="2">Key objectives</td></tr>
<tr><td colspan="2">

- Reduce the potential risk and impact of Covid-19 and faecal-oral WASH-related diseases among the poor communities we work with by helping them: to gain sustainable and equitable access to safe water supplies, and safe and appropriate sanitation; and to realise the benefits of good hygiene practice.
- Develop and facilitate WASH strategy that enables resources and capacity not only to be diverted to Covid-focused response when necessary, but also to contribute to enabling communities and their WASH resources to become more resilient to future disease outbreaks.

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<tr><td colspan="2">Activities</td></tr>
<tr><td>Maintaining preparedness</td><td>

- Review and restock contingency plans.
- Disseminate key lessons to inform strategies and action plans for future responses.

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<tr><td>Management</td><td>

- Strengthen WASH management information systems (including remote monitoring of functionality of communal water points).
- Strengthen coordination with WASH authorities (service authorities and service providers).

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<tr><td>Infrastructure & operational -isation</td><td>

- Develop community-based Water Safety Plans encompassing strong components of disaster risk reduction (DRR) and of water security.

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	• Revise and re-activate communal cost-recovery tariff for water supply and any off-site sanitation services. • Emphasise the importance of WASH in schools, and in schools-based RCCE support (involving school health clubs, parent–teacher associations), and supporting school pupils to become agents of change. • All response design should take steps to ensure conflict sensitivity, identifying any tensions and conflict dynamics within the context and considering the impact of the activities on these to ensure they do no harm. Where possible, activities should seek to reduce tensions and build on sources of peace.
Assessment and monitoring	• Identify communities that may have regressed to open defecation (eg over fears of shared latrines).
Advocacy messaging	
• Advocate for the service authority to engage (or re-engage) with a trajectory towards at least 'Basic' WASH services as defined by SDG 6. (This includes vulnerable groups, ie 'Leaving no one behind'). • Recognise WASH as part of the global health security response and resilience to current and future health shocks and other infections. • Support the development and outworking of national policies, plans and targets for making hand hygiene facilities available in public spaces, institutions and households. • Advocating for government support around water conservation (community/neighbourhood/regional level), including water-saving in the home and in institutions. • Advocate for stronger engagement between WASH actors and health authorities at all government levels. • Engage with government partners to enhance the institutional, regulatory and legal foundations for hygiene, implementing inclusive hygiene programming at scale and integrated across various sectors. • Engage with government partners to monitor and enforce hygiene frameworks in public, private and commercial settings, including schools and HCFs.	

Indicators

For a comprehensive table of WASH indicators applicable to Covid-19, see:

Recommended WASH-related indicators for Tearfund Covid-19 response

Resources for further guidance in WASH Covid-19 programming

Global WASH Cluster: Covid-19 WASH resources

Institute of Development Studies: Sanitation Learning Hub

London School of Hygiene and Tropical Medicine: Hygiene Hub

London School of Hygiene and Tropical Medicine: Wash'Em

Sanitation and Water for All: Covid-19 and WASH

WHO/Unicef: Hand hygiene for all

General guidance on risk communication and community engagement (RCCE):

- Tearfund Learn: Tearfund guidance note on risk communication and community engagement, 27 April
- PAHO/Unicef: Risk communication and community engagement
- IASC: Covid-19: How to include marginalised and vulnerable people in risk communication and community engagement
- IFRC/Unicef/WHO: RCCE action plan guidance: Covid-19 preparedness and response
- Oxfam: Community engagement during Covid-19: 13 practical tips

WASH-focused RCCE:

- Unicef: Understanding hygiene promotion in the context of risk communication & community engagement (RCCE) and infection control and prevention (IPC) for the Covid-19 outbreak
- WHO/Unicef: Water, sanitation, hygiene and waste management for the Covid-19 virus
- UNHCR: Technical WASH guidance for Covid-19 preparedness and response
- Global WASH Cluster: Covid-19 response: Guidance note #02 – update 15 April 2020

RCCE Checklists

- Oxfam: Community engagement during Covid-19 checklist

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