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Covid-19: WASH programme guidance (24th March 2020)

Introduction

The most important information concerning WASH and the Covid-19 outbreak can be summarised as follows:

- Frequent handwashing is a key defence to prevent the spread of the virus.
- Handwashing areas should be available to everyone to make sure hands are washed often, with soap and water
- People should have access to sufficient safe and reliable water supplies. Access to disinfectant will also help stop the spread of Covid-19.

Summary of recommended WASH response activities

- Emphasise handwashing with soap.
- Distribute mass media messages through SMS texts, radio, tannoy, billboards, WhatsApp groups
- Provide additional water in Tearfund/partner beneficiary communities where the current supply does not cater for the additional handwashing needs
- Chlorinate all community project water sources to achieve a free residual chlorine concentration of 0.5ppm (or support home-based chlorination)
- Cleanse existing sanitation facilities (and provide non-food items via cash vouchers)
- Involve faith actors in clear and consistent messaging and in addressing misinformation, as well as stigma and potential intra-community conflict
- Ensure all vulnerable groups are fully included in response activities, and that their needs are relayed back to implementing teams
- Ensuring our essential frontline teams who still are able to work in the community are fully kitted with Personal Emergency Equipment (PPE)

Summary of our recommended Strategy

Tearfund and partner WASH programmes **should support health authorities** in tackling the outbreak, in the following ways:

1. **Promoting hygiene and handwashing**
2. Improving access to sufficient water for personal hygiene and domestic use
3. Improving access to safe sanitation access for all groups (at home and in facilities outside the home), and emphasising frequent disinfection and cleaning of toilets
4. Working with healthcare facilities to prevent viral transmission
5. Working with church leaders and faith leaders generally in raising awareness of Covid 19, encouraging safe hygiene practices, countering misinformation and addressing stigma

This strategy applies to **all** current Tearfund/partner-supported WASH programmes. It will be crucial to identify vulnerable groups who require priority attention.



Part 1: Promoting hygiene and handwashing

We need to emphasise the importance of handwashing with soap (HWWS). We would not suggest any change to processes or tools already in use for promoting HWWS if their outcomes are effective. However, we need to prioritise the way we communicate the importance of effective handwashing based on social and behavioural changes (i.e. identifying factors which cause our target population to adopt and practise HWWS).

Handwashing needs to be done at these **five critical times**:

1. after using the toilet (**functioning handwashing facilities with water and soap should be available within five metres of toilets**)
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

Because 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 wash hands when entering or leaving public spaces, such as places of work and education, markets, and places of worship. In these cases, having access to hand sanitizer may be more practical.

We recommend using the [Wash'Em](#) tool, designed by the London School of Hygiene and Tropical Medicine (LSHTM). Wash'Em offers help in 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 five rapid assessment tools involve a level of social interaction which is unlikely to be possible whilst observing social distancing. Consequently, the Wash'Em staff have advised that assessment information should be obtained from both existing information on hand-washing practices and preferences. In addition, and where possible, assessment activities might be adapted through the use of social media, text messaging, WhatsApp, and other remote means.

The [Handwashing with soap – our best defence against coronavirus](#) information sheet from the Wash'Em tool includes valuable ideas to improve handwashing **and should be read by all implementing teams**.



Part 2: Improving access to water for personal hygiene and domestic use

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, or washing laundry 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*)

No-touch handwashing devices

As handwashing is critical, and water must be used sparingly, we would strongly advise building 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 also created a no-touch handwashing station that is also appropriate for public use: See [Video clip: Tearfund DRC hands-free handwashing station](#) (Click on this link, then the video clip downloads as an MOV file which you click on to open). Also see [Bill of Quantities for the DRC hands-free handwashing station](#), and the [Design drawing for the DRC hands-free handwashing station](#)

Water treatment

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 (*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 (FRC) level of 0.5ppm, and offer various simple guidance sheets 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.

Monitoring the sufficiency of water supplies and soap

If water supplies and soap are limiting, people are less likely to wash hands when they need to. Hence, it is important for teams to monitor and respond to gaps in water supplies. At a time of lockdown and social distancing, monitoring will need to be conducted by remote means such as text messaging, WhatsApp groups, or flyers with return portions which can be dropped off in public collections spots). The assessments should focus on:

- water supply needs per household;
- water supply needs at health centre facilities;
- water storage facilities at home and at health centre facilities
- the practise of using grey water / water reuse for handwashing, including how much water is reused
- access to soap at household level and at health centre facilities

Part 3: Improve access to safe sanitation for all groups (at home and in facilities outside the home)

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

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 virus. It is spread by surface transmissions and close contact, especially with those who have the virus, whether they are displaying symptoms or not.

The World Health Organization's advice in [Water, sanitation, hygiene and waste management for the Covid-19 virus](#) recommends using separate toilets for people who have contracted the 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): gown, gloves, boots, mask and a face shield or goggles.

Therefore, it is very important that regular cleaning of toilets (at home and at health centres) is carried out, especially when the toilet is shared with those who have symptoms of the virus. Regular cleaning of toilets will reduce the need for people with symptoms to have their own toilet. Cleaning can make use of 'grey' water (i.e. water that has already been used for bathing [BY NON-SYMPTOMATIC PEOPLE], or from rinsing vegetables, or laundry purposes).

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 its contents 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 NFIs should be available in every beneficiary household, project school and health centre we work with. Care should be taken as NGOs sourcing large quantities of these items will have a negative impact on markets. Therefore, we encourage purchasing items in person at local markets 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.

Items household's will need are:

- bleach
- chlorine water treatment tablets or drops (water must be boiled if this treatment is not available)
- brushes for washing surfaces
- buckets
- mops
- alcohol gel with at least 60% alcohol content
- soap for handwashing
- laundry soap for machine- and hand-washing of clothes

Part 4: Work with healthcare facilities to prevent viral transmission

Collaborating with beneficiaries

We should aim to work with a cross-section of the community, including volunteers as well as water management staff, as well as the staff of the health care facility, on the following:

- 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 health centres, schools, markets, churches and faith centres, places of work

Our own staff / partner staff and community members should work closely with health centre staff. Communication with the community members would be through text messaging, tannoy messaging, WhatsApp groups, social media. Key training and demonstration sessions would need to be carried out for these volunteers using webinar sessions.

In addition to collaboration with health centre staff around issues of messaging and community-level actions, our recommendation is that our response work should also contribute to the provision of the health care facilities (HCFs) themselves having reliable access to sustainable, safe water supplies and sanitation facilities. People who become sick with Covid 19 will visit health centres for health care. Therefore, our teams and partners should be able to contribute to the provision of WASH facilities at these centres, and ensure that they do not become centres of viral transmission.

Using testimonies of community members who have experienced Covid 19.

It is important that Tearfund and its partners can play a significant role in making sure that correct information about Covid-19, and how to prevent it spreading further, is circulated as widely as possible. Patients who have overcome the virus are well placed to dispel misinformation, and to bring influence to the importance of safe hygiene practices and social distancing.

Stories (testimonies) which are shared by survivors and other community members involved in working on reducing the spread of the virus must be checked and approved by our WASH staff and the collaborating

WASH/government health agency. This is to make sure that messages and recommendations which are shared support good practice.

It is essential to support current rules and advice on physical distancing:

- not entering the house
- maintaining a two-metre distance with everyone
- not shaking hands
- avoiding other greetings involving physical contact

Testimonies highlighting the impact of people helping vulnerable groups to access basic services should also be supported:

- offering help to vulnerable people or households to secure medical help, help in obtaining food, fuel for cooking, sufficient water (where there is a dependency to access communal water sources), soap, and other non-food items
- setting up a handwashing station in the home

Working with WASH and Health ministries

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

1. Recognise that it is the government's duty to protect its citizens. Normally, the Ministry of Health in each country, with support from the WHO, will give advice on the pandemic response.
2. 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 whom 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 if there are major differences between government and WHO advice). 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 in specific funding needs . It is one thing to have a plan but finance will also be needed e.g. procuring soap and hand sanitisers, paying for community health workers, funding mass awareness campaigns (eg radio shows) etc.

Part 5: Working with faith leaders on raising awareness of Covid 19, encouraging safe hygiene practices, countering misinformation and addressing stigma

It is important for leaders of all faiths to help with sending out correct messages and showing support for the community. It is also important for faith leaders to correctly address situations of stigma or hostility shown towards people who are thought to pose additional risks to the community, such as those who show symptoms of the 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 reflect correct updates of information and advice.

Please refer to our Covid 19 guidance documents: [Guidance for the local church](#) and [Addressing rumours and misinformation](#)

Protection of Tearfund staff and partners involved in WASH programmes

Personal hygiene:

1. Wash hands regularly with soap, for 20–30 seconds, using the technique demonstrated in the box below. Frequent and proper handwashing is **effective in helping to** prevent the spreading of the Covid-19 virus. If hands are not visibly dirty, an alcohol-based hand sanitiser can be used for 20–30 seconds (see below for the appropriate technique).
2. When coughing and sneezing, cover mouth with tissue or a flexed elbow, put the used tissues into a closed bin and clean hands.
3. Avoid touching your eyes, nose or mouth



Hand Hygiene Technique with Alcohol-Based Formulation

⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Public/office hygiene:

1. **Physical distancing** – Keep at least two metres (six feet) between yourself and other people, particularly those who are coughing or sneezing or have a fever
 2. **Gatherings** – Avoid crowds. 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. **Cleaning** – 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 one part household bleach to nine parts water.
 5. **Instal handwashing 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-sanitiser stations should be available and must be used whenever staff members enter the office.
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Useful resources:

A comprehensive WASH resources site to inform our response to Covid-19 is provided here:

[Global WASH Cluster Covid-19 resources](#)

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