I

COVID-19
WASH programme guidance for response

Q & A relating to Tearfund's webinars on WASH & Covid-19 response

Webinar, 25 March 2020

1. Is cleaning hands with sanitiser a good recommendation? Should we distribute sanitiser? What about the use of cooking ash and other non-soap alternatives?

Experts are clear that washing hands properly with soap is more effective than using sanitiser and other alternatives to soap, such as ash. However,

- **An alcohol-based sanitiser, containing at least 60% alcohol can be used if water and soap are not available**. Alcohol-based sanitisers can effectively inactivate many types of microbes, including coronavirus when used correctly. When using an alcohol-based handrub, apply the product to the palm of one hand (read the label to learn the correct amount) and rub the product all over your hand surface until your hands are dry (Global Handwashing Partnership, 09/03/2020);
- The Centers for Disease Control (CDC) recommends washing hands with soap and water whenever possible because it reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitiser with at least 60% alcohol can help you avoid getting sick and spreading germs to others. The guidance for effective handwashing and use of hand sanitiser in community settings was developed based on data from a number of studies.
- Alcohol-based hand sanitisers can quickly reduce the number of microbes on hands in some situations, but sanitisers do *not* eliminate all types of germs. Soap and water are more effective than hand sanitisers at removing certain kinds of germ. Although alcohol-based hand sanitisers can inactivate many types of microbes very effectively when used correctly, people may not use a large enough volume of the sanitisers or may wipe it off before it has dried (CDC, 03/03/2020)
- Many people in low-income communities cannot afford soap and use ash or soil instead. Ash or soil may be more effective than water alone, but may be less effective than soap. One concern is that if the soil or ash is contaminated with microorganisms it may increase the spread of disease rather than decrease it. Like soap, ash is also a disinfecting agent because in contact with water, it forms an alkaline solution. WHO recommended ash or sand as an alternative to soap when soap is not available (WHO, 2014)

Therefore, the WASH Unit recommends that the use of soap in handwashing is the key, single most effective action to protect against infection with the coronavirus. Distribution of sanitiser is more applicable for institutions (health centres, schools, places of worship, places of work), to be used by people visiting (and leaving) those centres (with clear instructions of use available, and monitored by a trained volunteer (if available).

2. We have seen crowding and pushing as people queue to use community water points. How can we respond to this, and help prevent infection as well as reduce the risk of conflict?

This question was asked by our Team in Nepal, where lock-down is in force, and even our partners and team cannot visit their beneficiary communities.

The risk of Covid-19 infection at shared water points is possible through not maintaining sufficient social distancing, and by handling of surfaces at the water point (pump handles, taps and valves, buckets, ropes, etc.). In both cases, we recommend that wherever possible well-protected staff (wearing Personal Protective Equipment, PPE) oversee the fetching of water, by maintaining minimal social distancing rules at the water point, and by using a disinfectant spray on surfaces evidenced to be handled by users. Maintaining social distancing (2m apart minimum), and an orderliness in access (e.g. one person at a time, filling one vessel of no more than 20 litres), will go some way to maintaining calm and reducing conflict at the water site.

Of course, if Tearfund or partner staff cannot access the community due to lock-down restrictions, this poses a problem. Ideally, the Water Management Structure of the community should be conducting these tasks (and be suitably provided with PPE before doing so), but the very fact that overcrowding is happening suggests that their governance is no longer respected or is ineffective.

In this case we suggest immediate and urgent advocacy to the local / District Health / WASH Ministry, suggesting that either well-protected team or partner staff, and ideally working (rotating with) government staff too, can be present at these shared water points during normal times of daily operation. If necessary, ask contact persons within the community to (surreptitiously) take photos of the overcrowding, and to send them to the team, who can then use these images to portray the urgency of intervention.

Other (or additional) approaches to this problem may be to extend the opening hours of the water point. (However, please check this with the team who installed the project, since some groundwater sources may require a minimum recovery time so as not to become depleted.)

Ideally, the community would be best to come up with their own ideas as to how to handle this issue if they're aware of the risks – for example, they might introduce fines. Another idea is for the Water Management Structure to issue people with specific time slots for when they can come to collect their water.

3. What measures can we employ to help reduce the risk of Violence Against Women & Girls (VAWG) by those using WASH facilities?

There is an increased risk of VAWG during pandemics like this one in which women and girls bear an exaggerated burden of exploitation, abuse and violence. They also carry the bulk of care while being left without choice to exercise self-care (e.g. they may want to self-isolate if they perceive

themselves having symptoms of the virus, but are not able to avoid continuing to make journeys to shared water points since their family looks to them to bring home the water they need).

In reducing the risk of VAWG, our core WASH practices around WASH & Gender sensitivity most certainly still apply[1]. For example,

- Ensuring the location of any shared WASH facilities are considered and planned with full consultation of women and girls in the community.
- Ensuring women are fully and equally represented on all WASH Management Structures within the community.
- Ensure access to and provision for menstrual hygiene and sanitary materials for women and girls. See the following core MHM programming considerations for MHM in emergency response:

Basic Components of a Menstrual Hygiene Management (MHM) response:

MHM MATERIALS & SUPPLIES

- Appropriate menstrual materials (pads, cloths, underwear)#
- Additional supportive materials (e.g. soap, bucket) for storage, washing and drying
- Demonstration on how to use MHM materials.

MHM SUPPORTIVE FACILITIES

- Safe and private toilet and bathing facilities with water for changing, washing and drying menstrual materials.
- Convenient and private disposal options for menstrual waste.
- Waste management systems in place for menstrual waste.

MHM INFORMATION

- Basic menstrual hygiene promotion and education.
- Basic menstrual health education (especially for pubescent girls).
- Address harmful cultural or social norms related to menstruation.

Taken from "A TOOLKIT FOR INTEGRATING MENSTRUAL HYGIENE MANAGEMENT (MHM) INTO HUMANITARIAN RESPONSE: The mini guide", (2017, Columbia University and International Rescue Committee)

However, key areas within gender-sensitive WASH programming need amplification and adaptation. For example,

- **Ensure vigilance in safety mechanisms for the movement of women.** If the community / country is in a lock-down situation, then there will be fewer people out-and-about their daily business. With fewer people around generally, women and girls are likely to feel more isolated and more vulnerable as they go to fetch water, particularly from distant water

[1] See Tearfund's own WASH & Gender Guidance Notes

points. (Of course, the same is true for women and girls walking some distance to reach toilets.) In this case, one idea to offer more protection is to place community monitors on a volunteer rota duty near to water points, or on key vantage points over water point access. Options around appropriately timed regimes which can ideally be monitored, would be good to encourage the community to consider

- **Establish feedback mechanisms to detect new, Covid-19-related risks for women and girls or children when using WASH facilities.**

It is crucial that we encourage the community members themselves to discuss and agree on ways forward to protect women & girls, particularly at this time of the Covid-19 outbreak.

Webinar, 2nd April 2020

Answers to the questions below will be provided by 17.00 on Monday 6th April. Until then, please do not consider the questions as being complete.

WASH Webinar for Covid-19 response: Achieving engagement and cooperation with our target communities

1. Is frequent handwashing required for those who are quarantined or having to stay indoors?

The answer to this is yes - hand hygiene is crucial for those who are quarantined, in order to reduce the risk of infection. If a household is quarantined, this either signifies that:

i) it is possible that a member of the household has contracted Covid-19, but no-one is currently showing symptoms, or
ii) someone in the household is showing symptoms of Covid-19

The coronavirus can be passed on either through respiratory droplets (e.g. sneezing, coughing), or through touching a surface on which the virus is present, such as door knobs, kitchenware, arms of chairs, or any surface in the house). The latter is often termed 'contact transmission', because when people touch their faces they can transfer the virus to a point where it can enter the body through the nose, mouth, and even the eyes. Hence all household members must rigorously practice frequent handwashing with soap (or using a sanitiser if soap is not available).

Practising frequent handwashing with soap is is the single most impacting activity we can do to stop the spread of the virus, but it is crucial **if a vulnerable person** (e.g. an elderly person, or a person with an underlying health issue) **is living within the household:**

The following guidelines support this:

GUIDELINES FOR HOME QUARANTINE, WHO, Sri Lanka: 'Frequent hand washing with soap and water for at least 20 seconds at a time, and maintaining alcohol-based hand hygiene in instances where handwashing facilities are inadequate.'

Adapted from **Public Health England:**

If you have a vulnerable person living with you:

Minimise as much as possible the time any vulnerable family members spend in shared spaces in the home, and keep shared spaces well ventilated.

Aim to keep 2 metres (3 steps) away from vulnerable people you live with and encourage them to sleep in a different bed where possible. If they can, they should use a separate toilet from the rest of the household. Make sure they use separate towels from the other people in your house, both for drying themselves after bathing or showering and for hand-hygiene purposes.

If you do share a toilet and bathroom with a vulnerable person, it is important that you clean them every time you use them (for example, wiping surfaces you have come into contact with). Another tip is to consider drawing up a rota for bathing, with the vulnerable person using the facilities first.

Wash crockery and cutlery using your usual washing up liquid and warm water and dry them thoroughly. If the vulnerable person is using their own utensils, remember to use a separate tea towel for drying these.

We understand that it will be difficult for some people to separate themselves from others at home. You should do your very best to follow this guidance and everyone in your household should regularly wash their hands, avoid touching their face, and clean frequently touched surfaces.

Perhaps most of us are now in some form of isolation, even lockdown. We may rarely be seeing anyone outside of our homes. So, it may seem odd to have to wash hands frequently. However, the coronavirus may be present on surfaces that were infected before the isolation began, or we may be picking up the virus from such places as food or other items brought into the home, or from touching surfaces as we move outside for essential reasons, such as to buy food, or to collect medicine. We must be particularly careful to wash our hands when returning from outside. Remember also that we are generally unsure if someone in our household is a carrier of the coronavirus, even though they are not displaying symptoms. The incubation period for Covid-19 can be up to 14 days (current estimates), so it is vital that we maintain a cautious approach even within the home.

2. Almost all of our communities are rural-based and surrounded with dirt and garbage. What is the best way to sanitise a rural home?

Understandably, it is relatively difficult to keep a house in a rural community clean if the village has no adequate services to manage solid waste, waste water, and drainage issues. In fact, even cleaning materials and disinfectant may be difficult to obtain.

It is important to keep in mind that personal (especially hand-hygiene) is the single most impacting defence to reducing the risk of infection with Covid 19 - that and maintaining social distancing (which, for many of us, now means staying at home).

Cleaning surfaces around the home with soap, water (or soapy water) and a clean hand towel is an effective way of removing contaminants from surfaces. The coronavirus can remain up to 24 hours on cardboard, and 2 - 3 days on stainless steel surfaces.

After this wipe-down, we should be aiming to disinfect surfaces, and especially toilets/latrines, bathing rooms, and kitchens. **This is crucial if there is someone living in the household who is vulnerable, or who may be ill with the virus**. Whilst disinfecting sprays or wipes will do this job well, these may not be available (or affordable) for most people in the context you describe. The Centres for Disease Control (CDC) in the US has a recommended recipe for a homemade cleaning solution using household bleach.

How to Make Homemade Bleach Disinfectant Spray:

- 4 teaspoons household bleach
- 0.95 litres water
- Pour both into a spray bottle, shake vigorously

Please be aware that household bleach is potentially a dangerous substance. The user must wear gloves, and when preparing or applying the spray, keep the home ventilated.

DO NOT USE HOUSEHOLD BLEACH TO TREAT DRINKING WATER SUPPLIES

Finally, key additional points to maintaining a clean home in this context also include:

i) Digging an on-site pit for solid waste disposal;
ii) Sweeping the rooms of the house, and the yard;
iii) Having a safe excreta disposal system (a latrine);
iv) Using a raised surface (dish-rack) on which to sun dry utensils and crockery. This will help to keep the utensils away from dust and animals.

3. Most of our Governments are investing in providing hand sanitisers to its citizens rather than heavily channelling the funds into provision of water and soap to vulnerable communities.
Sarah Onduko

Of course, providing hand sanitiser requires no real infrastructure, and it is a quick and appropriate response activity at this stage. However, many sources are affirming that soap and water is the most effective means of eliminating the virus from our hands (and so reducing transmission through contact). If hands are physically dirty (e.g. after working in the fields, becoming soiled from using the toilet, or changing a baby's diaper), then soap and water, and the action of lathering, rubbing, rinsing, and wiping, is the ONLY way to

properly clean hands: hand sanitiser is good for entering or leaving premises and the home, when hands are not necessarily physically dirty.

We should also question the issue that providing soap, and possibly additional water supplies, is expensive. In a water-stressed area, where people have only a limited amount of water for domestic purposes, and where additional supplies may, in some cases, involve water trucking, this will indeed be relatively expensive and logistically demanding. However, additional water for hand-washing can otherwise be obtained from rainwater, or by using grey water (i.e. water that has been used for washing and showering), or by extending a distribution pipeline from an existing community water supply scheme (even if this means also providing extra home storage capacity). Much of this work can be done at reasonable cost (we will discuss this in a webinar after Easter), and it is ultimately more sustainable than arranging regular, on-going distributions of sanitiser. Of course, washing hands with soap should also be done using water-saving devices and procedures.

WHO maintains that WASH is the first line of defence to combat the spread of Covid-19, and it should be clear in our COVID-19: WASH programme guidance for response that, wherever possible, we should be continuing to develop our holistic WASH programming.

4. I would like to know effective ways of water purification in rural areas. And also some people use masks prepared with clothes in Nepal – so are they effective and can they be re-used or not ?

Saika Khadka

The most effective means of water purification depends on various factors, such as the quality of the raw water (and especially how turbid it is – cloudy looking because of tiny particles), the water system itself (does the community have a centralised system with a water-storage tank, or is the main water supply taken from a free-flowing, protected spring, or do people use alternative sources, such as rainwater or surface water, which they then treat at home?) We will discuss this issue in a webinar on Thursday 16th April.

Until then, here is a very brief summary of methods:

Boiling

Heating water to boiling, and keeping it boiling (a 'rolling boil') for 5 minutes. Of course, boiling needs fuel, which can be responsibly sourced from, say, briquettes made using human or animal waste, but more often, our target communities are likely to use charcoal or wood.

SODIS manual Guidance on solar water disinfection (Use the link!)

Solar Disinfection ('SODIS') involves placing untreated (but clear) water in clean, clear plastic bottles (of 'PET' grade), and allowing the UV rays emitted by the sun to purify the water. It can work very well, and the link above is a simple, practical text to explain the procedure.

The three-pot water treatment system (Use the link!)
Most treatments are effective only if water is relatively clear. The three pot system is one way a household can settle out turbidity particles from their water supply. This is a good method to use alongside other methods, such as SODIS or home-based chlorination

Chlorination
The use of chlorine as a disinfectant is extremely common and is very effective when the raw water is not turbid or too acidic. If the community water supply incorporates a storage tank (such as, for example, in a spring-fed gravity-fed system), the place to chlorinate the supply would be at the inlet to the storage tank. This is because it is important not only to get the dosage correct, but the chlorine will require a 'contact time' to work through the water volume before it enters the distribution system (the pipes which deliver the water to the tap-stands). However, where water flows freely from a 'point source', such as a protected spring, the correct chlorine dosage will need to be applied to each water container at the point of collection (by a trained monitor), or at home, using carefully prescribed quantities of chlorine in accordance with the size of the storage container. Chlorine dosed in this way is usually in the form of tablets (e.g. Aquatabs), or chlorine droplets.

The following two simple technical briefs explain more on chlorination, and how to ensure the correct dosage is being used.
Chlorination (WEDC)
Measuring chlorine levels in water supplies

Home-based water filters
These are usually very effective at purifying water, and can last for lengthy periods if the water is not too turbid, and the filter is cleaned (or, in some cases, 'back-washed'). India produces many brands of cheap ceramic filters. However, a popular and effective filter on the market (and produced in various countries) is the Sawyer filter.

We may have conflicting answers around re-use of cloth face masks. If they can be washed in detergent, they would be free from the coronavirus. However, whilst they afford important protection for hospital staff who are in close contact with people ill with the virus, there is very little evidence of their widespread benefit for members of the public, and they may give a false sense of protection (Public Health England).

Webinar, 9th April 2020

WASH Webinar for Covid-19 response: Providing additional water for hygiene purposes

---

Webinar, 23rd April 2020

WASH Webinar for Covid-19 response: Risk Communication and Community Engagement (RCCE)

1) **One area we may look into at the assessment stage is the coordination mechanism and mapping other players/agencies working in the same target area. Explore the functionality of government ministries and agencies, their capacity and what they are already doing. Assess also the potential areas for support (*Munya Charuka)***

This is so important - to know who the other actors are in response to the Covid 19 crisis in our target areas, so we should immediately begin mapping out who is doing what, and where, and to forge relationships. This isn't just to avoid duplication of efforts, but to also highlight possibilities of joint working, and the synergy which that often makes possible. For example, international agencies able to support mobile, radio and social media-based messaging and community engagement initiatives, working with local partners and respected figures who are not only able to contextualise the messaging, but are best placed to gather the feedback, with appropriate interpretation.

Of course, in already on-going emergency contexts, the various sectoral Clusters will have knowledge of who is doing what and where (4Ws). But joint working is often left to individual agencies to explore, even within the same Cluster (e.g. WASH): most certainly we need to make concerted efforts to link with actors in other Clusters - in particular Health, Protection, and Food security.

Do make strong efforts to engage with local authority officials in these sectors, not just to share information, but to actively learn and train together in response, and to come together to analyse feedback and agree on actions.

2) The issue of influencers is very important, as TF and partners may not be allowed to reach out to certain communities, and influencers can come in handy to negotiate and/or ensure access (*Munya Charuka)*

Absolutely. It is so vital we know who the key influencers are in a community; for RCCE approaches we mean “who do people trust and listen to”? In many fragile contexts, people do not trust their political leaders, so we need to understand who people do respect, trust and listen to. As this helpful comment suggests, not only are key influencers vital in our RCCE approaches, but they can also help us access communities - either in person or remotely. It is therefore great to ensure we have contact information for these key influencers - consider collecting the information before any lock-down restrictions are imposed or tightened up.

Jorge Cambinda reminds us that involving people who are affected or at risk in decision-making is crucial. However inclusion of decision makers, especially traditional healers is equally important

3) **The issue of rumours is key in planning given the way politicians from both developed and developing countries have behaved regarding WHO, facemasks, lockdown (or not)** ***(Gilbert Bisimwa)***

Could you provide us with adaptation tips in contexts where misinformation is rife? ***(Earnest Maswera)***

I echo what Rachel had to say in the Webinar about using community leaders as trusted influencers to help work against the spreading of rumours in the community. I would add that in terms of WASH the key is to keep reinforcing the main messages of hand hygiene by washing with soap, along with physical distancing and staying home where possible. In order to cut overall transmission of the virus. These are core messages that need to be resaid over and over, to reinforce them over the rumours that are bound to circulate.

The WHO have termed the misinformation than has accompanied the pandemic, an infodemic. Facemasks are a matter of debate between different countries. The main efficacy is to prevent an individual spreading the disease, rather than to protect them from getting it.

Where possible, establishing two-way communication is one way of addressing misinformation - having a means for people to get in touch, have their questions answered and get issues clarified.

Following from this, it might be that sometimes the misinformation arises as a result of misinterpretation of the messaging. Two-way communication will help to reveal this. We need to liaise with the relevant persons responsible to rectify what is being misinterpreted.

As pointed out in response to a previous question, having those people that the community trusts – the influencers (e.g. religious leaders, tribal chiefs) involved in relaying the correct messaging will aid in dispelling rumours and misinformation and connect people with credible sources.

Being cognisant of the misinformation around COVID -19 is important. It is also important to continue focussing on disseminating the key facts as a means of responding to/countering misinformation.

See Tearfund guidelines: Addressing rumours and misinformation

4) **In many cases hunger is currently seen as a greater threat than the COVID-19 virus itself, given the restrictions put in place by Govts.** ***(Gilbert Bisimwa)***

This is indeed true, Gilbert, despite the focus of this Q & A being on issues of WASH and public health. But this realisation causes us to think carefully around WASH & public health challenges in respect to market access, and to challenges of supporting livelihoods needs. Communal water points and handwashing stations are practical outputs, but perhaps we can look at ways to engage workers dependent on daily income in initiatives which support public health and WASH response, such as promoting support of Self-help groups who can engage in activities such as fabricating

hand-washing devices, making soap, running mobile charging stations or replenishing handwashing stations, fabricating home storage tanks, or even fabricating Personal Protective equipment, such as gowns and masks.

Of course, the focus on WASH messaging to prevent the transmission/spread of COVID-19 will enable lock-down restrictions to be removed earlier to enable people to get back to their livelihoods.

6) **With the current restrictions in movements, liaising with local authorities and churches in the area is very important and helps. For example, in the DRC context, village chiefs, pastors, health department officials are influential figures in the community who are easily accepted by the community and can help reach vulnerable groups *(Rael Akakoro)***

Yes absolutely Rael - it is critical that we know and understand who the influential figures are in the locations where we are working/proposing to work. A suggested process for doing this is outlined in the **Assess Step** in the RCCE Guidance Note.

7) **How can we give vulnerable people WASH priority assistance, and engage them in decision-making processes for response, recovery, preparedness and risk reduction, considering the COVID-19 risks? (*Edgar Jones)***

It is important to understand that although COVID-19 has the potential to affect everyone, there are certain groups within a community who are going to be more at risk of becoming severely ill if they become infected with COVID-19 and there are groups who, because of what they do, may be more likely to become infected. The RCCE Guidance Note outlines who these 'at risk' groups are likely to be because of different factors, and it contains suggestions for specific actions our programming can take to address their specific and heightened needs. Often the 'at risk' groups will be the same as groups we often define as 'vulnerable'.

So firstly we need to have clear criteria for **who** we identify are most at risk, and why. Then we can discuss with them (or their carers) what particular information and/or assistance they may need and tailor our intervention to meet those needs. Remember the expression when considering how to incorporate people living with disability into our design and decision-making processes - "*nothing about us, without us"* . The same applies to the 'at risk' groups.

In regard to WASH needs, this may mean that we target other people in the community to meet those needs, such as working with church groups to allocate volunteers to assist with collecting additional water for handwashing, or considering how we can adapt water facilities to make them more accessible and less vulnerable to transmitting the virus (for example changing taps at water points to be fitted with levers, installing pedal-operated hand washing facilities); or it could be assigning volunteers to keep in touch by phone with people in the 'at risk' category and passing on messages.

Sometimes, people may not be aware of the risks they face, especially if they are not aware of how COVID-19 may impact them directly, so we need to consider ways to raise their awareness in an

accessible way. Tearfund's Guidance Note on Social and Behaviour Change Communication talks about understanding the "stages of change", people are often at different phases in changing their behaviour, so at times awareness raising about COVID-19 may be the key activity, but in other cases people may be fully aware of the virus but face other barriers that hinder them from practicing prevention behaviour.

We also need to start advocating and considering, when lockdown eases, how vulnerable group's access to WASH facilities change. How may we better enable their carers etc. to make use of this opportunity.

8) **I want to identify beneficiaries in an urban setting but do not have access to secondary data. How can I identify beneficiaries given the current restrictions to movement? (*Innocent Mumararungu)***

In the context of CAR, it's about connecting with other cluster participants, seeing what existing assessment data is available. That data may need elaborating and verifying on the ground (which is of course difficult). One example would be to put monitors at WASH stations (with PPE, physical distancing etc.) to gain more information.

The identification of beneficiary populations by traditional face-to-face methods, such as household surveys, is a challenge in countries with ongoing restrictions to movement. This is especially the case in urban contexts where secondary data is also not readily available.

We must engage in active collaboration with other local WASH cluster participants. There may be existing assessment data within the cluster, which has not been publicly shared. Existing data from the cluster may need elaborating and verifying on the ground. Careful monitoring at WASH stations, with PPE and following physical distancing, is one suggestion for elaborating and verifying existing data.

Most households have access to a mobile phone and the internet, especially in urban areas. Assessment data may be gleaned through the use of remote two-way communication. (See what some of the organisations dedicated to this capability of remote surveying can offer: Viamo, Geopoll.com are two good examples). This approach could incorporate liaising with trusted influencers (this is more challenging in rapidly changing urban contexts, where a strong community may not exist) such as religious leaders or other existing community networks.

It is important to share any assessment data back into the local WASH Cluster, maintaining an active collaboration.

See Tearfund guidelines on public health in urban, informal settlements

9) **This virus impacts everyone, in selecting our target beneficiaries, is there a way to stagger our approach? To ensure there are specific messages for some groups but also overriding messages for everyone? (*Earnest Maswera)***

Thank you, Earnest. COVID-19 has the potential to reach everyone, and everyone is affected in one way or the other. I think we would say that our outreach initially has the aim of reaching the community en masse. There are over-riding RCCE messages which everyone needs to hear - especially ensuring people are aware of any restrictions on movements and gatherings which the local/national government may have imposed, and also ensuring everyone has a basic level of awareness and knowledge about the virus, the risk of them catching it and passing it on, and the possible impact COVID-19 would have.

But, as we identify the vulnerable groups - who they are, the limitations on WASH access and safe behaviours which their vulnerabilities impose, their preferred means of communication, who they might be dependent on, and their own preferences for contributing to the response, then we can begin to tailor our RCCE to their needs. In other words, it is not a case of only disseminating specific messaging and support to specific groups. We need to bring everyone up to the same level of awareness and ability to make the changes in behaviour which protect them and their loved ones.

I think it is also important that, through appropriate channels, we make the community at large aware that we are concerned to be as inclusive as possible, realising that it is usually more difficult for vulnerable groups to realise this protection. We therefore, at the start, make it clear that we sincerely welcome suggestions/ideas of how and who we may reach those that are in danger of being left behind.

10) **How do we deal with misinformation around aid worker phobia? Rumours that are maliciously targeting aid workers, can stop them from helping beneficiaries. (*Edward Rhodes)***

This is a critical point to be addressed. In some areas COVID-19 is being spoken about as being the "white person's disease"; this is similar to messages being given in the Ebola response in DRC which resulted in physical attacks on aid workers.

Tearfund is fully supportive of the *localisation* agenda and wherever possible would involve local people and local partners in delivering any RCCE strategy. In the case of COVID-19 it is actually highly unlikely that external aid workers will be allowed into affected areas for the foreseeable future.

To deal with all aspects of misinformation and rumours would take the same approach. The first step would be to find a mechanism to actually track the misinformation/rumours and ensure you do this on a regular basis as the messages will change. This could be through looking at social media (Twitter, Facebook, Instagram), collecting feedback from community members/specific informants.

Key to countering the misinformation and rumours once you've identified them is to work with the key influencers in the community to help gain community acceptance as part of your community engagement strategy. If possible look for ways to bring representatives from different groups

together so they have an opportunity to air their views and feel they have been listened to. At the conclusion of such an event, jointly agree a statement setting out an agreed way forward.

.

11) **How can we apply the RCCE approach in a very rapid COVID-19 response? Example given was a rapid intervention involving the distribution of hand hygiene kits and cash distribution to returning migrants.(** ***Natalia Hera)***

This is an interesting challenge in RCCE. In practical terms, alongside the hygiene kit distribution, consider producing some printed material to distribute, using pictorial examples if language is an issue (several agencies have produced great resources for this), or printing stickers to place on items in the kits. Think about setting up a free-phone hotline the migrants can use to ask questions, advice etc and giving them cards with the phone number..

At the same time, could you potentially get in touch with people in the communities to which these migrant workers are going? Influential people, perhaps including faith leaders, and local government officials too. These should be people you could contact by phone or other remote means, directly if possible. Work with these key contacts on ways to convey to the home community that these returning workers do not pose a risk in themselves. It is probably wise to stipulate a quarantine period for the returnees (and have this idea ratified and supported by local health officials, and community leaders). Raise awareness that, when under quarantine (i.e. remaining at home), other members in the household will need to help provide access to basic services for the returnees (such as collecting additional water and food).

Listen out for rumours and misinformation that may result in the returnees being stigmatised, and facing discrimination. Counteract these as early as possible with accurate information.

Finally, don't forget to fully collaborate with the migrants themselves, understanding their fears, explaining the concept of quarantine, and the fact that it is only a temporary measure. Offer to act as intermediaries in communication with their families if the migrants themselves don't have mobile phones or means to communicate.

12) **In the COVID-19 setting, where movement is restricted, how do we access the most vulnerable in remote poor communities? In these areas, access to technology including internet, radio messaging, SMS etc. is a challenge (*Peter Nqwili)***

We will all be challenged to find creative ways to reach people due to restrictions on movements making it impossible or very difficult to interact face-to-face. Do remember that people living in these locations are already used to finding ways to receive information, although we do recognise this is often done face-to face.

Tearfund's RCCE Guidance Note has a number of ideas, especially in locations where technology doesn't easily allow internet, radio or SMS messaging. The following are some examples which will involve supporting others to implement them - so you'll need to consider how you can practically facilitate the process through providing equipment or funds.

Examples include :

- Organising public service announcements using a megaphone, and ideally using the voice of someone who's known and trusted in the community
- Installing an information board in a central place in a community
- Provide remote support to the faith leader/key influencer to deliver specific messages
- Identify one person in the community to head up a "communication tree" to cascade messages down
- If there is a phone service available (landline or mobile network coverage) establish a free-phone hotline people can call into
- If a radio service is available, consider including in your budget provision of radio sets for households who may not have them - and develop radio programmes which include discussion programmes as well as information spots
- Develop posters (or use ones which have already been produced by the WASH cluster) - attractive, pictorial posters could be put up in key places in these communities.
- Support your key person in the community to install nudges to influence people to behave in a certain way

These are just some ideas we have, but we would love to hear tried and tested approaches from others please.

14) What have we learnt about RCCE from other epidemics? (*Edgar Jone)*

The other epidemic we can take learning from is the two recent ebola outbreaks; Let us first say that during the time of the more recent Ebola outbreaks (especially 2014/2015 in West Africa, 2018/2020 in DRC), we did not see the term "Risk Communication and Community Management" (RCCE). Of course, many of the components discussed in the webinar, and included in the Tearfund guidelines, were incorporated in response work by the many actors at the time, but perhaps not in the coordinated way which results from a well thought out RCCE plan.

Role of faith leaders

Faith groups worked together with NGOs to spread health messages. Both Muslims and Christians used video and radio broadcasts. Tearfund, Unicef and other organisations sent posters to churches, which they put up around their communities. Scripture Union used dramas, songs and dances about how to respond to Ebola. Members of both the church and the mosque took part.

At first, ignorance caused a lot of problems. Many churches denied that Ebola was a medical problem. They said it was a judgement from God because we were sinful. A lot of church leaders laid hands on people and got infected, and spread the virus further.

People wanted to continue with traditional burial practices. The Muslims believed that dead bodies had to be washed and prayed over in a certain way. And Christians would cry over a dead person and touch them. These things increased the number of people infected.

Crucially, faith leaders were seen as trusted leaders, striving for the true well-being of their community. They needed some training around the Ebola virus, but thereafter they were able to accurately inform and persuade people to change behaviours, particularly around burial practices.

The church provided psychosocial and spiritual support. Tearfund trained pastors and gave them phones so they could call people with Ebola. The pastors spoke to them and prayed with them over the phone. In this way they could offer support without risking infection. The pastors also provided spiritual support when somebody died.

Churches gave practical help to people in quarantine (that is, kept in isolation for a period to ensure they would not infect others). Church members provided food, water and toiletries.

A big part of Tearfund's response was tackling stigma. If people are stigmatised, they will hide themselves instead of going to hospital. Church leaders spoke in their services about not stigmatising people with Ebola. In some communities, people who recovered from Ebola were rejected when they came back from the treatment centres. The church held community meetings to help the local people to accept them again.

See:

Faith Response to Covid-19: Taking lessons from the Ebola response into Covid-19, March 2020

After the Outbreak Analysis of the post-Ebola recovery period of Sierra Leone and Liberia with lessons for future health emergencies.

Footsteps, edition 102, Health & Faith