

# COVID-19 information and guidance for programmes

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The COVID-19 pandemic (also referred to as novel coronavirus or SARS-CoV-2) has affected all countries where WSSCC has ongoing GSF-supported programmes and National Coordinators. Programming has been directed to national prevention efforts. This brief is intended to inform programmes of the latest information on COVID-19 and offer practical guidance.

Note that evidence and guidance for best practices are continually emerging, and that countries differ in the extent and nature of their COVID-19 responses. The guidance contained in this briefing note is not exhaustive but will be updated to reflect the latest information available. Always consult with your national health authorities for the latest guidance in your area.

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## What is COVID-19 and how is it spread?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. Corona viruses are a large family of diseases. In humans, some are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

The evidence so far indicates the virus is transmitted through small droplets from the nose or mouth of an infected person. These droplets are spread when the person exhales, coughs, or sneezes. Other people then catch COVID-19 by inhaling these droplets, or by touching surfaces or objects with infectious droplets and then touching their eyes, nose or mouth.

There is still a lot we don't know about COVID-19, such as how long the virus remains infectious on different surfaces or if it can be spread through airborne microdroplets. New studies are continuously being discussed, and experts can interpret emerging evidence differently. Be cautious when reading news articles and content on social media on COVID-19 which attempt to interpret this evidence, and always consult trusted health authorities for the latest information.

## COVID-19 and water, sanitation, and hygiene

**Water:** The COVID-19 virus has not been detected in drinking-water supplies, and based on current evidence, the risk to water supplies is low – although it is acknowledged that persistence in drinking water may be possible. Several measures can be taken to improve water safety, starting with protecting the source water; treating water at the point of distribution, collection, or consumption; and ensuring that treated water is safely stored at home in regularly cleaned and covered containers.

**Sanitation:** evidence indicates that the risk of catching COVID-19 from the faeces of an infected person appears to be low. While initial investigations suggest the virus may be present in faeces in some cases, spread through the faecal-oral route does not seem a main feature of the outbreak. However, because this is still a transmission risk, ensuring that excreta is safely contained, emptied, transported, and disposed or treated in line with the WHO's [Guidelines on Sanitation and Health](#) is an important precaution. Further research on oral-faecal transmission of COVID-19 is ongoing. Special measures should also be taken when cleaning latrines used by somebody infected with COVID-19 (below).

**Hygiene:** Handwashing with soap is identified as one of the most critical actions for preventing the spread of COVID-19. This is because infected people can spread the virus onto surfaces or when touching other people after coughing or sneezing into their hands, and uninfected people can contract the virus if they touch contaminated surfaces and then touch their mouth, nose, or eyes. Proper handwashing is **not a guarantee** to always protect against COVID-19, but it is an immediately available and affordable method to help protect yourself and others and reduce its spread.

## Guidance for handwashing

When should people wash their hands?

In the context of COVID-19 prevention, handwashing should be done at the following times:

- After blowing your nose, coughing or sneezing
- After visiting a public space, including public transportation, markets and places of worship
- After touching surfaces outside of the home, including money or packages
- Before, during and after caring for a sick person
- Before and after eating

In general, remember that everyone should wash your hands at the following times:

- After using the toilet
- Before and after eating
- After handling garbage
- After touching animals and pets
- After changing babies' diapers or helping children use the toilet
- Before breastfeeding
- When your hands are visibly dirty

Additional guidance for healthcare workers (or people caring for people with COVID-19) is described in further detail below.

What is effective to wash your hands with?

- **Regular soap** is recommended for handwashing. This is because soap destroys the COVID-19 virus at the molecular level. Soap does not need to be liquid or anti-bacterial; any regular bar of soap is effective. Contrary to popular belief, regular soap is just as effective as alcohol-based hand sanitizer.
- **Alcohol-based hand sanitizer** should contain at least 60 per cent alcohol. The advantage of hand sanitizer is that it can be used without water, making it useful when traveling. However, because it is generally less prevalent and more expensive than regular soap, it should not be promoted instead of regular soap. If hands are visibly dirty, always wash hands with soap and water.
- **Soapy water** made from soap powder or detergent can be used as an alternative if bars of soap are scarce.
- **Ash** should be the last-resort alternative for handwashing. Ash can help kill viruses because it forms an alkaline solution when mixed with water. Ash can also be mixed with sodium bicarbonate (baking soda), which raises the level of alkalinity, to make a bar of homemade soap alternative.

What kind of water quality is needed for effective handwashing?

Effective handwashing can be done with both potable and non-potable water (ie. water not suitable for drinking). Ideally, hands should be washed with the same water that is used for drinking and cooking at home. [One study](#) examining water quality on infection risks from handwashing found that unless hands are washed with grossly contaminated water, handwashing with non-potable water will provide net benefits for most households.

## How to wash your hands

Note that the above diagram from WHO involves a faucet with piped water, which may not be available in many settings. Foot operated facilities can instead help conserve water and avoid hand recontamination.

Viruses such as COVID-19 are much smaller than bacteria and are typically harder to remove from hands. This means it's important to lather and scrub your hands thoroughly (for about 20 seconds).

When using alcohol-based hand sanitizer, ensure coverage on all parts of the hands and rub hands together for 20-30 seconds until hands feel dry. If hands are visibly dirty, always wash hands with soap and water.



## What features should be considered in handwashing facilities?

- Turning the tap on/off: either a foot pump or large handle so the tap can be turned off with the arm or elbow
- Soap dispenser: for a bar of soap, the soap holder should be protected from the rain and allow draining so the soap doesn't get soggy. For liquid soap either sensor-controlled or large enough to operate with the lower arm;
- Grey water: if possible, ensure grey water is directed to, and collected in, a covered container or drain. If this is not possible, collect grey water from taps into a bucket, or add rocks below the tap to prevent pooling and dig a small shallow ditch for drainage.
- Drying hands: if available, use paper towels and provide a bin; otherwise encourage air drying for several seconds
- Materials: generally, the materials should be easily cleanable and repair/replacement parts should be sourced locally
- Accessible: should be accessible to all users, including children and those with limited mobility.

For examples of low-cost handwashing facilities, see [https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing\\_Compedium\\_for\\_Low\\_Cost\\_Settings\\_Edition\\_1.pdf](https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing_Compedium_for_Low_Cost_Settings_Edition_1.pdf).

## Guidance for cleaning sanitation facilities

Extra precautions should be taken when cleaning sanitation facilities when there are suspected or confirmed cases of COVID-19. Toilets should be cleaned and disinfected daily (twice in healthcare settings), using soap or household detergent to clean first. After rinsing, standard household cleaning products (0.1% sodium hypochlorite, equivalent to 1 part household bleach with 5% sodium hypochlorite to 50 parts water) should be applied. If available, a mask, goggles, a fluid-resistant apron and gloves should be worn while cleaning. When finished cleaning and removing personal protection equipment (PPE), wash hands with soap and water. Nose, mouth, eye and anal cleaning residue should be disposed in a closed bin or bag.

Note that the risks of transmission may be higher in households with toilets using water-flush systems (including pour-flush latrines) as droplets and spray clouds can be dispersed onto nearby surfaces. If a western style toilet is used, the lid should be down when flushing. Dry-pit latrines are likely to pose less risks, although it is still recommended to clean latrines used by somebody with COVID-19 once a day, thoroughly washing hands afterwards with soap and water.

## Guidance on other preventative measures

### Avoid face touching

General hygiene advice has typically included reminders to avoid face touching as much as possible to avoid contracting COVID-19 or spreading the virus to others. This includes directing coughs and sneezes into elbows rather than into hands. Considering that people habitually touch their face an estimated 23 times a day, this may be a difficult behaviour to engrain. This underscores the importance of emphasizing frequent and proper handwashing with soap.

### Social distancing

Also called “physical distancing,” social distancing means keeping space between other people outside of your home to reduce the chances the virus will spread. Advice and rules on social distancing differ from country to country, but in general, social distancing means:

- Staying 2 meters from other people (and avoiding shaking hands!)<sup>1</sup>
- Not gathering in groups
- Staying out of crowded places and avoiding mass gatherings

The extent to which social distancing should be applied in everyday situations depends on the guidance provided by national health authorities. In all cases, people should stay at least 2 meters away from somebody who is coughing or sneezing.

In general, it is advised that WSSCC-supported activities adopt social distancing measures for meetings, workshops, and household visits. This is intended to both help protect those involved in the programme, as well as practically demonstrate the importance of social distancing to households, communities, and other stakeholders. Large community meetings should be postponed.

### Cleaning surfaces

Clean surfaces that might have come in touch with the virus, and generally increase cleaning frequency of surfaces, particularly in public places. First clean it with soap or detergent and water. Then use a disinfectant product containing alcohol (of around 70 per cent) or bleach. Vinegar and other natural products are not recommended. Areas which should be cleaned include: tables and other (bedroom) furniture; dishes, cups, and utensils not shared with others and washed and dried after each use. Bathrooms should be cleaned and disinfected at least once a day.

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<sup>1</sup> WHO currently recommends 1 meter of physical distance, but many countries have recommended 2 meters

## Face masks

There is a lot of conflicting guidance on the use of masks to protect against the contraction of COVID-19 and its spread. The evidence on the effectiveness of masks in non-medical settings is inconclusive, and official rules and public consensus surrounding mask use vary widely between countries. Guidance for face masks are currently being reviewed by the WHO. In the meantime, WSSCC follows current WHO guidance:

- People should only wear masks if they are ill with COVID-19 symptoms (especially coughing) or looking after someone who may have COVID-19. WHO does not advise that people without COVID-19 symptoms wear masks, although those involved in response activities should follow guidance and rules on wearing face masks in public.
- **Medical-grade masks should be reserved for healthcare workers.** Due to global mask shortages which are putting thousands of healthcare workers at risk, disposable medical-grade N95 masks and surgeon masks should not be used for regular outreach activities, nor distributed to the general public by programmes. Those with large quantities of N95 or surgeon/medical masks should be encouraged to donate them to local health facilities or hospitals.

In several countries, official rules and public consensus have led to increasing numbers of people wearing face masks – including home-made masks or face coverings made of cotton and other materials, although evidence on their effectiveness (or whether they cause greater risks) is still emerging. If people choose to wear face masks, the following messaging should be used to improve mask hygiene:

- **Masks in non-medical settings should be considered only as a complementary measure and not as a replacement for handwashing with soap**, physical distancing, coughing and sneezing into elbows, and avoiding touching the face, nose, eyes and mouth. One of the major concerns about widespread face mask use is that people will believe that they offer more protection than they actually do and will disregard critical prevention measures such as handwashing with soap. Messaging on hand hygiene should always accompany guidance on the use of masks.
- Immediately before touching masks and putting them on, wash hands with soap and water.
- Once the mask is on, leave it on. Pulling the mask down to your chin to speak and putting it back on can contaminate both the mask and your face – thereby defeating its purpose.
- After use, take off the mask by keeping it away from your face and clothes.
- Disposable masks should be discarded in a closed bin immediately after use. For reusable cloth masks, wash the mask immediately after use with soap or detergent and water (do not use bleach or other cleaning chemicals as this can degrade the fibers). Ensure that reusable cloth masks are fully dry before reuse.
- Wash your hands with soap and water immediately after removing and disposing the mask.

## Guidance for prevention outreach

The following section offers general programming advice drawing on the most recent prevention guidance, identified good practices, and ongoing activities by GSF-supported programmes and National Coordinators. This guidance is not exhaustive; we encourage programme partners and National Coordinators to share their experiences of what works and what doesn't to help us better inform our response.

### General good programming practices

- **Focus on sustainable WASH:** safely managed sanitation services and good hygiene practices are not just for preventing the spread of COVID-19, but for preventing the prevalence of dozens of other common (yet deadly) diseases and ensuring dignity for all. Programmes should seize this opportunity to ensure sustainable WASH beyond the current pandemic across all activity areas.
- **Designate a COVID-19 focal point:** Executing Agencies should appoint one member of staff to serve as the main focal point for compiling and disseminating updates on COVID-19 in your countries, and for rapidly answering questions or coordinating support, for implementing partners.
- **Maintain periodic communication with implementing partners:** it is recommended that programmes hold weekly calls with implementing partners to keep them updated on the current situation, address their questions and concerns, and to help share innovations and good practices.
- **Remote monitoring:** where staff are not able to visit the field, programmes could consider introducing mobile-based data collection tools such as [Kobo Toolbox](#). This should include data being requested by WSSCC, along with other critical information to help inform your response in real time (for example: whether someone in the household is vulnerable, knowledge, attitudes, and behaviours on handwashing, access to menstrual hygiene materials, etc)
- **Don't leave documentation behind:** because this is a new and challenging way of programming for everyone, it is important that good practices, challenges, and lessons learned are documented and fed-back into programming. It is strongly encouraged that documentation of your COVID-19 response is shared with both your implementing partners and with the WSSCC secretariat.

## Handwashing behaviour change campaigns

Programmes should find creative behaviour change approaches to instill good sanitation and hygiene habits both during and after the pandemic. New behaviour change approaches should be developed and tested because: 1) large community meetings may not be possible, 2) the focus is no longer only on blocking the oral-faecal route, and 3) additional times for handwashing are recommended (see above).

### Designing a handwashing campaign

1. **Identify desired handwashing outcomes:** Clearly identify the specific handwashing outcomes your campaign is aiming to achieve – both for preventing COVID-19 and the other critical handwashing moments (eg. after using the toilet, before eating). Remember, there is likely more than one behaviour that will lead to desired outcomes. Rank them in order of which behaviour is most likely to be performed by your target population.
2. **Evaluate existing evidence and approaches:** Review any existing studies and reports on handwashing behaviour change approaches in your context. Look out for formative studies on behavioural drivers for handwashing and independent evaluations of handwashing campaigns.
3. **Mapping current campaigns:** map out what other hygiene promotion activities are being conducted by other organizations and/or government agencies. Note what areas they are targeting, what messages are being promoted, the approaches and channels used, how it is being coordinated with others, and any lessons learned.
4. **Assess existing attitudes:** If possible, programmes should conduct rapid assessments to learn about the prevailing attitudes/perceptions about handwashing with soap and COVID-19 (including any misconceptions and myths). As it is likely not possible to conduct this activity in a timely manner, it is recommended that rapid assessments are conducted alongside behaviour change activities to make continuous adaptations.
5. **Identify communication channels:** to keep handwashing messaging surprising and to accommodate for the different ways information is consumed, handwashing messaging should utilize a wide variety of formats as possible. This includes posters (especially those which serve as behavioural prompts), radio, television, Facebook and WhatsApp groups, and the word of mouth of community leaders. Consult with local leaders on what information sources people trust in their area, and how messaging can reach communities quickly.
6. **Develop a monitoring plan:** clearly articulate how your programme will measure whether your campaign is working or not. This should include output indicators (number of people reached, handwashing facilities built), and some measurement of whether the campaign is reaching the right people and if it is achieving its desired outcome. Using mobile-based data collection tools and documenting feedback from the target population (eg. by phone) can be used to monitor impact.

### General do's and don'ts for developing behaviour change approaches

The following list of do's and don'ts can be applied for households, communities, healthcare facilities, and schools.

Do's	Don'ts
<p><b>Behaviour change campaigns should address handwashing at <i>all critical times</i></b>, including after using the toilet and before eating (see above). Programmes should take advantage of the current attention on handwashing to instil good hygiene habits after the COVID-19 pandemic.</p>	<p><b>Behaviour change messaging should not give the impression that handwashing with soap is only important for COVID-19.</b></p>
<p><b>Messaging should target core emotional drivers.</b> People often change their behaviour not to improve their health, but for other emotional reasons. A familiar example is 'disgust', which effective CLTS facilitators use to end open defecation. Other behavioural drives should also be explored, such as 'nurture' (the instinct of mothers and fathers to protect and care for their children), 'affiliation' (the instinct to feel accepted and respected by community members), and 'status' (the instinct to enhance one's position in a group, such as by drawing attention to one's contributions, abilities, and tastes).</p>	<p><b>Don't rely on 'health education' alone.</b> Repeated studies show that sensitizing or awareness raising about disease transmission alone is not effective for changing behaviour.</p>
<p><b>Be conscious of the behaviour environment.</b> The surroundings where handwashing take place is like a performance stage where the different actors are expected to play different roles, follow rehearsed scripts, and are supported by props. Changing the handwashing stage can therefore be powerful in changing behaviour.</p> <p>Its also useful to <b>consider how 'nudging' can be used.</b> Nudges are physical cues that influence individuals to behave in a certain way, without particular messaging or promotion of any behaviour. A common example is the irritating noise vehicles make when someone is not wearing a seatbelt, which encourages people to buckle up.</p> <p>Some examples:</p> <ul style="list-style-type: none"> <li>• Strategically placing facilities in areas where handwashing should take place</li> <li>• Placing facilities in public view so people wash their hands to avoid negative judgements</li> <li>• Placing different 'props' at facilities to make it easier to use, or to 'piggy-back' on people's existing routines (eg. mirrors, soap holders)</li> <li>• Using distinct pathways and colours that lead to or are associated with handwashing facilities in critical areas</li> </ul>	<p><b>Don't install handwashing facilities without considering the surrounding environment.</b> Always combine facility installation with messaging and adaptations to the surroundings to encourage its use.</p>
<p><b>Link handwashing with common events to form unconscious associations.</b> For example, posters that link handwashing with routine activities such as getting home, blowing nose, eating/handling food, or placing coloured stickers on objects/areas associated with handwashing, and using the same colour for nearby handwashing facilities.</p>	
<p><b>Link messages to small immediate do-able actions</b> that the audience feels they can take. Recognize that COVID-19 has caused a lot of stress and uncertainty, and that people may be feeling helpless. Acknowledge peoples questions and emphasize there are easy steps everyone can take to help protect themselves.</p>	<p><b>Don't use fear-based messaging.</b> Messaging that attempts to shock and frighten people won't usually work. This is because if an individual perceives a high threat, but that they don't have the</p>

	confidence, skills, social support, or supplies to address it, then they will 'manage the fear' instead (such as by ignoring the message) rather than take the desired action.
<b>Keep messaging simple.</b> For example, simple handwashing instructions are more effective than detailed, complex ones.	<b>Don't make the messaging complex,</b> or else the central message may be lost.
<b>Make handwashing messages surprising</b> by frequently changing them. This will help keep people's attention.	<b>Don't keep your messaging boring and unchanging.</b> This will likely lead to them being unnoticed.
<b>Use trusted local leaders and influencers to spread handwashing messaging,</b> such as religious leaders, traditional authorities, media figures, and political leaders. They can help identify effective local messaging channels, are likely to be more persuasive, and can help correct misconceptions and myths.	<b>Don't rely only on programme staff to develop and deliver messaging.</b> Communities should be directly involved in all prevention outreach activities.
<b>Celebrate handwashing champions,</b> for example, through recognition walls, social media recognition, and public acknowledgements by local leaders	<b>Lecture or scold</b> individuals and communities about their handwashing practices.
<b>Correct misconceptions.</b> Acknowledge people's concerns, clearly explain correct prevention measures, and emphasize the small immediate and do-able actions people can take	<b>Don't leave potentially harmful myths to go unaddressed.</b>
<b>Share real experiences of COVID-19.</b> Partner with health authorities to interview people who have been exposed to the virus and who have recovered. Sharing their experience (with their permission) will help others build an accurate understanding of COVID-19. Getting these individuals to speak out about the importance of handwashing with soap is also likely to be much more believable and persuasive.	<b>Avoid amplifying messages that places blame on individuals and stokes fear and suspicion.</b> For example, speculations on the source of COVID-19 or 'patient zero' identification.

### In communities

- **Mass community meetings should be postponed:** to help stop the spread of infections, programmes should postpone CLTS related activities that involve large groups of people. Physical distancing of 2 meters in meetings of smaller groups is advised.
- **Look outside the home:** expand access to handwashing facilities in areas people will continue to visit in full or partial lockdown situations, or that are particularly high risk for spreading infections. For example, markets, pharmacies, places of worship, transport hubs, and in the workplaces of essential services. Schools and health facilities are discussed separately below. Adding more handwashing facilities should also accompany behaviour change interventions discussed above.
- **Leverage existing community networks:** tapping into existing networks of community WASH or health committees and natural leaders/volunteers means that handwashing messages can get out faster, reach more people, and will likely be more persuasive. This is especially important if programme staff are working from home. Remind those conducting outreach activities at the community level to practice social distancing and to regularly wash their hands with soap and water. Extra precaution should be taken when interacting with a household with a suspected or confirmed COVID-19 case.

## In healthcare facilities

In general, best WASH practices should be followed in healthcare facilities. More information can be found here: <https://www.washinhc.org/wp-content/uploads/2019/04/9789241511698-eng.pdf>. Additional guidance is presented here:

- **Sanitation facility and excreta management:** At least basic sanitation services should be available in all healthcare facilities, meaning facilities “are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.” Sanitation facilities should aim for 20 outpatients per toilet/latrine and 10 inpatients per toilet/latrine.

Where possible, people with suspected or confirmed COVID-19 disease should use a dedicated toilet that is not used by other patients, staff, or the public. The toilet should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (impermeable gown, or if not available, an apron, heavy duty gloves, boots, mask and goggles or a face shield). If the patient is unable to use a latrine, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by suspected or confirmed cases of COVID-19. Standard WHO protocols should otherwise be used when handling excreta in healthcare facilities.

If facilities are not present, UNHCR guidelines for constructing emergency [institutional desludgable pit latrines](#) or [institutional pour-flush latrines with septic tanks/drain field](#) should be followed. Handwashing facilities with soap should be placed immediately next to toilets.

- **Increase handwashing facility availability:** Ensuring proper hand hygiene is especially critical; one study found that in 54 countries, only 35% offered soap and water for handwashing, and two in three health workers do not observe best handwashing practices.

Simple handwashing facilities, such as a bucket with a tap with soap, should be installed throughout the facility. Prioritize the facility entrance, points of care, toilets, areas where PPE is taken on/off, as well as patient waiting areas (and other places where patients congregate). If the facility is piped, repair any broken taps, sinks or pipes. When installing or upgrading handwashing facilities, consider if the surroundings will encourage or discourage use (see below).

For ideas on handwashing facilities in low-income settings, see here:

[https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing\\_Compedium\\_for\\_Low\\_Cost\\_Settings\\_Edition\\_1.pdf](https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing_Compedium_for_Low_Cost_Settings_Edition_1.pdf).

Handwashing facilities should be accessible to all users, including children and those with limited mobility.

- **Handwashing promotion:** For healthcare workers or anyone else caring for infected people, handwashing should be done at the ‘five moments’:

1. Before touching a patient
2. Before clean/aseptic procedures,
3. After body fluid exposure/risk,
4. After touching a patient, and
5. After touching patient surroundings.

*Two additional moments are also important in the context of COVID-19:*

6. *Before putting on PPE*
7. *After removing PPE*

If hands are not visibly dirty, the preferred method is to perform hand hygiene with an alcohol-based hand rub for 20–30 seconds. When hands are visibly dirty, they should be washed with soap and water for 40–60 seconds using the appropriate technique. An effective alcohol-based hand rub product should contain between 60% and 80% of alcohol.

Much of the same advice that applies to good behaviour change approaches in communities also applies in healthcare facilities. Go beyond standard health education messages, and consider:

- How messaging can trigger emotive drivers for handwashing for different healthcare facility users. For example, messaging surrounding affiliation and status targeting healthcare workers may touch on their desire to be seen as responsible professionals.
- How the area surrounding handwashing facilities can influence behaviour. For example, situating handwashing facilities in areas where people know they are being watched, adding convenient soap holders or dispensers, or adding handwashing messaging leading up to and next to facility.
- How nudges' can also be used. For example: adding the same distinctive, bright colour around handwashing facilities and areas associated with the '5 moments' (above) can help remind healthcare workers to wash their hands. See [this example](#) from Denmark on how a combination of nudging and emotive messaging can increase handwashing in healthcare settings.
- How healthcare workers and other facility users can monitor each other's good hygiene behaviour, where good performance is rewarded and recognized. This can draw on emotions linked to affiliation and status among healthcare workers, add an immediate incentive for good hygiene, and create a feeling that their peers are always watching and judging their hygiene behaviour.

Understanding authority structures in healthcare settings can help effectively roll-out behaviour change interventions. Using senior staff to set examples of good handwashing practices can influence their juniors to adopt good hygiene habits.

- **Create a hygiene culture:** Encourage a culture of hygiene at the facility. Emphasize that all staff members, including cleaners and maintenance staff, are part of a team working to prevent the spread of infection. This can include:
  - Training for all staff on WASH as it relates to their role at the facility, including a specific training for cleaners. Periodic refreshers are also recommended
  - Encourage healthcare facility staff – including cleaners, maintenance staff, and clinicians – to appoint a WASH focal point, whose job it is to oversee WASH at the facility, including: refilling handwashing stations, auditing availability of supplies in wards, reporting on WASH maintenance issues, monitoring cleaning and handwashing behaviours of staff, and communicating updates to the director daily.
  - Encourage facility staff to review WASH protocols and issue handwashing reminders during morning meetings.
  - Recognize individual hygiene champions in the healthcare facility

## In schools

In many countries, schools have been closed indefinitely to prevent the spread of COVID-19 amongst pupils, teachers, non-teaching staff, and parents. However, as discussions turn towards re-opening schools soon, programmes should begin to look at how they can support schools and education authorities improve their WASH services – for both during and after the current pandemic.

- **Sanitation facilities:** Students and teachers must have access to an adequate number of improved toilets (for girls and boys), maintained and clean at all times, ensuring frequent, at least daily, disinfection of floors and door handles. Toilets should be designed so that students and school personal with disabilities can access the facilities equally, and that doors can be locked from the inside. Facilities should aim for 30 girls per toilet, and 60 boys per toilet.

If facilities are not present, UNHCR guidelines for constructing emergency [institutional desludgable pit latrines](#) or [institutional pour-flush latrines with septic tanks/drain field](#) should be followed. Handwashing facilities with soap should be placed immediately next to toilets .

- **Handwashing facilities:** the quantity of handwashing facilities per students may vary, with the ideal being one handwashing station per classroom, near the exit of each latrine block, at the main school entrance, and in dormitories and cafeterias if they exist. For ideas on handwashing facilities in low-income settings, see here: [https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing\\_Compendum\\_for\\_Low\\_Cost\\_Settings\\_Edition\\_1.pdf](https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing_Compendum_for_Low_Cost_Settings_Edition_1.pdf). Remember that handwashing facilities should be accessible to all users, including children and those with limited mobility.
- **Handwashing promotion:** there are many detailed resources online on effective handwashing promotion in schools. A few suggestions are listed here:
  - Use nudges: use fun environmental cues to encourage pupils, staff, and visitors to wash their hands with soap before entering the school (and possibly before classrooms) and after using the toilet. By adding colourful paths from toilets to handwashing facilities, and decorating handwashing stations and soap dispensers in the same colours, [one well known study in Bangladesh](#) substantially increased handwashing outcomes among students.
  - Encourage peer support: just like in communities where Natural Leaders can be the most effective people to adopt good hygiene habits, look out for inspiring student leaders who can take the lead (with teacher support) to promote handwashing at critical times.
  - Incentivize and celebrate good hygiene: consider how students can monitor and report on each other's handwashing practices, and where the most avid handwashers are publicly recognized and celebrated each week.
  - Don't forget about staff and parents: pupils are not the only ones using schools. Consider how behaviour change campaigns can target teachers, cleaning staff, and visiting parents.
- **Cleaning, maintenance, and management of facilities**
  - Establish school WASH committees to oversee the maintenance of facilities involving, for example, teachers, head teachers, cleaning staff, senior students, local education officials, and parents. The committee should establish a simple system to monitor and report functionality of WASH services in supported schools, and establish a cleaning and disinfection schedule for each school. Senior pupils can take charge of ensuring handwashing facilities have soap and water at the beginning of each day.

- Sanitation staff must be equipped with basic PPEs (boots, gloves, masks), trained on safe toilets disinfection practices and have adequate cleaning and disinfection supplies (chlorine, detergents, mop, buckets).
- Ensure the safe on-site elimination of faecal materials and wastewater in schools or the adequate collection, transport, treatment and final disposal of faecal materials and wastewater in schools.
- School sanitation staff should be briefed on safety protocols for desludging toilets pits (where applicable). Desludging services should be made available where septic tanks and pits must be emptied.
- Clean and disinfect frequently touched objects such as bells, playing materials, learning and teaching aids, door handles, window nobs, lunch tables, railings with wet rag or a household cleaning spray with disinfectant.

## Considerations for Menstrual Health and Hygiene (MHH) programming

COVID-19 indirectly affects menstrual health and hygiene (MHH) and menstrual hygiene management (MHM) through various avenues. For instance, COVID-19 has in many countries led to restricted mobility, which in turn can lead to increased challenges in obtaining certain essential items, reduced interaction with social support networks, reduced privacy of household members who are usually out of the house but now under lockdown, and heightened stress – any or all of these dimensions may have impacts on MHM. **Overall, we must ensure that policies and procedures recognize MHH needs as basic and essential hygiene needs.**

### Healthcare workers and facilities

Healthcare workers who menstruate face unique challenges in fighting the virus. They comprise most of the healthcare workforce, but their own MHM needs are not always considered.

- Menstrual products should be included in essential healthcare equipment and material procurement.
- **Menstruating healthcare workers need enough quantities of menstrual hygiene products which are compatible with needing to wear personal protective equipment (PPE) for many hours without breaks.**
- If healthcare workers choose to take oral contraceptive pills to suppress their menstruation during the pandemic, they should have access to them. However, healthcare workers should never be coerced to take contraceptives.

Relating to healthcare facilities more widely:

- Healthcare facilities should have MHM-friendly toilet facilities, including water, soap, light, a lockable door, and a bin or other place for the disposal of non-reusable menstrual materials.

### When Disseminating Information or Hygiene Materials

During the COVID19 lockdown there are many ways in which stigma and taboos limit people who menstruate from being able to manage their menstruation hygienically, safely, in privacy and with dignity when being confined at home with all other members of their household. This may force menstruators to confront stigmas more directly than normal and may limit their usual mechanisms to manage their menstruation discreetly.

- **When WASH or other hygiene information is disseminated, it should include MHH components.**
- When sanitation and hygiene information are broadcast to the community, **ensure men/boys and women/girls receive at least basic MHH information.**
- Instructions for how to make, clean, and eventually dispose of homemade, reusable menstrual products should be distributed.

In many countries, menstruators are unable to access menstrual products, either because governments did not recognize them as essential items (and production halted) or because of panic buying limited affordable supply. Actions should be taken to improve access to menstrual materials.

- **Menstrual hygiene products should be listed by government entities as essential commodities.** (Or if production restrictions are in place, they should be listed as exceptions.)
- When menstruators are quarantined in official care centres (such as in India), they should be provided menstrual hygiene products, soap, and other basic essential hygiene items. **Any distribution of food, soap or other sanitation equipment, and any other basic, essential items (to healthcare facilities or households) should include menstrual hygiene products.**

- Any distributed menstrual products should be accompanied by information about menstruation, and how to manage one's menstruation hygienically and safely (including product use, cleaning and disposal).
- Companies should be discouraged or prevented from increasing the price of menstrual hygiene products, even though supply is decreased, and demand has remained stable or even increased.
- Any barriers to manufacturing and supply of menstrual products should be removed.

Many people are experiencing high stress situations caused directly or indirectly by COVID-19, and stress can impact the menstrual cycle. Although menstruating is normally a sign of a healthy reproductive system, changes in the menstrual cycle due to increased stress is also normal and not necessarily something to be alarmed about.

- **Information should be distributed regarding the potential of increased stress caused by COVID-19 to impact the menstrual cycle**, including by menstrual bleeding starting *late or early*, changes in pain levels or changes in the flow of menstrual bleeding.

#### Special considerations for certain populations

- **When gaining understanding about vulnerable groups, including people with disabilities, remember to find out if there are unmet menstrual needs or any other challenges relating to menstruation during this time.**
- For menstruators whose facility for changing their menstrual materials and washing themselves are shared with other households: Given that they must use these facilities more frequently during menstruation, potentially increasing their exposure to COVID-19, they should have targeted information about how long the virus can survive on the surfaces that they may need to arrange their menstrual materials.
- In humanitarian settings, make provision of menstrual materials non- negotiable – however, manage distribution well to ensure physical distance is being observed

## Considerations for people who may be disadvantaged

- **Map out individuals and households who are most vulnerable:** identifying households with at-risk individuals (eg. elderly, those with underlying health conditions, or with a disability) can help local authorities prioritize where preventative and curative efforts need to be prioritized.
- **Partner with organizations working with disadvantaged groups.** Remember the motto “nothing about us, without us” when addressing the needs of those who might be left behind. Involving these individuals, or organizations who represent them, when designing campaigns or interventions can increase the effectiveness of prevention efforts.
- **Messaging should be available in a variety of formats** to accommodate the needs of different people, such as audio and braille formats for people who are blind and sign language for people who are deaf. Children and people with intellectual disabilities are also more likely to respond to messages with simple and engaging pictures.
- **Translate messaging into local languages.** Older women, for example, may be less likely to be able to understand the main language spoken nationally.
- **Consider information channels that will be accessed by persons with limited mobility.** Special measures should be taken to ensure the elderly, people with disabilities, those who are ill and other people less able to leave the home are able to receive messaging.
- **Portray different types of people in messages.** COVID-19 can be transmitted by anyone and has the potential to make anyone seriously ill. Don’t attach locations/ethnicity to the disease (e.g. Chinese virus, Wuhan virus) or stigmas associated with other groups of people.
- **Be careful how you discuss those with COVID-19 and its spread.** It’s ok to talk about people “acquiring” or “contracting” COVID-19. Avoid talking about people “transmitting” or “spreading” the virus or “infecting” others, as it implies intentional transmission and assigns blame.
- **“Do no harm”**—ensure that interventions have no unintended negative consequences. For example, large public gatherings can create risks of virus transmission
- **Develop specific messages to explain the risk for elderly and how to care for them.** Target family members, health care providers and caregivers. Ensure messaging is free of bias, avoiding the potential for stigma based on age/disability
- **Prioritize household visits or outreach to people who are most disadvantaged.** Using existing community networks and observing social distancing measures, visits/calls should be made wherever possible to households who do not have existing support networks or are particularly high-risk (eg. elderly, those with underlying health conditions, or with a disability)
- **Be transparent when distributing products:** when distributing handwashing facilities, soap, or other hygiene products, ensure that decisions on who is allocated support are clearly communicated with the community in coordination with local authorities and trusted local institutions. The distribution of materials should be monitored and documented by trusted community groups.
- **Monitor secondary impacts of COVID-19** that hinder people from adopting hygiene behaviours (e.g. increased prices of WASH products and services). See a guide [here](#).

## Further resources

### General & WASH and COVID-19

WASH and waste management for the prevention of COVID-19 (technical guidance, updated regularly):

[https://www.washinhcf.org/wp-content/uploads/2020/03/WHO\\_UNICEF\\_WASH\\_COVID19\\_EN\\_7April\\_Approved.pdf](https://www.washinhcf.org/wp-content/uploads/2020/03/WHO_UNICEF_WASH_COVID19_EN_7April_Approved.pdf)

Key recommendations for WASH in the community (learning brief):

<https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19-community>

RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE) ACTION PLAN GUIDANCE: COVID-19 preparedness & response (programme guidance):

[https://www.unicef.org/media/65936/file/Preparedness%20for%20and%20response%20to%20coronaviruses%202019%20\(COVID-19\).pdf](https://www.unicef.org/media/65936/file/Preparedness%20for%20and%20response%20to%20coronaviruses%202019%20(COVID-19).pdf)

Organization of handwashing partnerships for COVID-19 response (programme guidance):

<https://globalhandwashing.org/wp-content/uploads/2020/04/GHP-National-and-Subnational-Partnerships-Brief.pdf>

### WASH in healthcare facilities

Resources for WASH in healthcare facilities (list of resources): <https://www.washinhcf.org/resources/>

Water and Sanitation Facility Improvement Tool (monitoring tool): <https://www.washinhcf.org/wp-content/uploads/2019/04/9789241511698-eng.pdf>

WASH and infection prevention and control in healthcare facilities (technical guidance):

<https://www.unicef.org/media/66386/file/WASH-COVID-19-infection-prevention-and-control-in-health-care-facilities-2020.pdf>

### Hygiene and handwashing

WASHem tips and tools for handwashing in emergencies (email sign-in required to download materials)

Rapid assessment tools for designing handwashing campaigns (programming tools):

<https://washem.info/tools>

How to change handwashing behaviour (learning brief): [https://washem-guides.s3.eu-west-2.amazonaws.com/washem\\_quicktip\\_coronavirus.pdf](https://washem-guides.s3.eu-west-2.amazonaws.com/washem_quicktip_coronavirus.pdf)

Changing messages (activity guide): [https://washem-guides.s3.eu-west-2.amazonaws.com/activities/ACT47\\_en.pdf](https://washem-guides.s3.eu-west-2.amazonaws.com/activities/ACT47_en.pdf)

Other tips and guides: <https://app.washem.info/quick-tips>

Interim recommendations on obligatory hand hygiene against transmission of COVID-19 (technical guidance): <https://www.who.int/who-documents-detail/interim-recommendations-on-obligatory-hand-hygiene-against-transmission-of-covid-19>

Emergency response, hygiene programming guidance note (technical guidance):

<https://www.unicef.org/media/66401/file/WASH-COVID-19-hygiene-programming-guidance-2020.pdf>

Hygiene promotion in emergencies (technical guidance):

[https://www.who.int/water\\_sanitation\\_health/emergencies/WHO\\_TN\\_10\\_Hygiene\\_promotion\\_in\\_emergencies.pdf?ua=1](https://www.who.int/water_sanitation_health/emergencies/WHO_TN_10_Hygiene_promotion_in_emergencies.pdf?ua=1)

Save lives: Clean your hands in the context of COVID-19 (info brief):

[https://www.ircwash.org/sites/default/files/who\\_hand\\_hygiene\\_community\\_campaign.pdf](https://www.ircwash.org/sites/default/files/who_hand_hygiene_community_campaign.pdf)

Handwashing compendium for low resource settings (learning brief): [https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing\\_Compodium\\_for\\_Low\\_Cost\\_Settings\\_Edition\\_1.pdf](https://globalhandwashing.org/wp-content/uploads/2020/04/Handwashing_Compodium_for_Low_Cost_Settings_Edition_1.pdf)

### **WASH in schools**

WASH and infection prevention and control measures in schools (technical guidance):

<https://www.unicef.org/media/66356/file/WASH-COVID-19-infection-prevention-and-control-in-schools-2020.pdf>

Guidance for COVID-19 prevention and control in schools (general guidance):

[https://www.unicef.org/media/66036/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools\\_March%202020.pdf](https://www.unicef.org/media/66036/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf)

Wash in schools and coronavirus (list of resources)

<https://www.susana.org/resources/documents/default/3-3831-7-1586849479.pdf>

### **Menstrual health and hygiene**

MHM and COVID-19 (resources): <https://docs.google.com/document/d/1qPQspbiWSWsfIITQ2j-2PvIbQuGTPLAkshRDYsCLRs/edit>

Mitigating the effects of COVID-19 on MHH (technical brief):

[https://mcusercontent.com/d12d86e5c8b981b0521d81f6d/files/894515a3-f298-4693-bfb6-fa7d5e9c3830/Brief\\_on\\_mitigating\\_the\\_impacts\\_of\\_COVID\\_19\\_on\\_menstrual\\_health\\_and\\_hygiene\\_24\\_April\\_2020.01.pdf](https://mcusercontent.com/d12d86e5c8b981b0521d81f6d/files/894515a3-f298-4693-bfb6-fa7d5e9c3830/Brief_on_mitigating_the_impacts_of_COVID_19_on_menstrual_health_and_hygiene_24_April_2020.01.pdf)

Webinar on MHM and COVID-19: <https://www.youtube.com/watch?v=nqUIbivcqjY&feature=youtu.be>

### **Equality and non-discrimination**

COVID-19 response, considerations for children and adults with disabilities (technical guidance):

[https://www.unicef.org/disabilities/files/COVID-19\\_response\\_considerations\\_for\\_people\\_with\\_disabilities\\_190320.pdf](https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf)

Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma (learning brief):

[https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20\(COVID-19\).pdf](https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf)

Monitoring and mitigating the secondary impacts of the COVID19 epidemic on WASH services availability and access (technical guidance):

<https://drive.google.com/file/d/1FdwGyHZ5SFgSwXF373dy2Ruinx5PFsBj/view>

### **Other useful links**

Database on COVID-19 and WASH resources: <https://www.sanitationandwaterforall.org/about/about-us/water-sanitation-hygiene/covid-19-and-wash>

Hygiene hub: <https://hygienehub.info/covid-19>