

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19

This document presents a framework for WASH programs to use in responding to COVID-19 at preventive and active stages of virus transmission.

Goal: The overall goal of WASH responses is to contribute to a reduction in mortality rate and limiting the transmission of COVID-19 virus, especially among vulnerable populations.

Key objectives:

1. Support communities to adopt COVID-19 specific preventative behaviours
2. Ensure continued equitable access to basic WASH services for vulnerable populations whilst mitigating transmission risks
3. Strengthen infection prevention and control measures at the household and community levels, in health facilities and other public buildings / spaces

Levels of Response

To enable lifesaving activities to continue and knowing that different contexts are at different stages in the outbreak, the framework is presented by a series of levels:¹

- Level 1: Countries with no cases
- Level 2: Countries with one or more cases, imported or locally detected, without cases in Oxfam's area of work
- Level 3: Countries with clusters of cases, with cases in Oxfam's area of work
- Level 4: Countries experiencing large outbreaks, and community transmission

This document details the additional measures that need to take place at each level in each context. This advice builds upon the Minimum Requirements for WASH programmes (MR WASH) and Sphere Minimum Standards in Humanitarian Response which should also be adhered to for WASH programmes in any context.

Notes on the guidance:

Essential activities are considered those that would be necessary to support a wider Covid-19 response, particularly information gathering, service mapping etc that can take place prior to movement restrictions being enforced, and that would contribute to the continuity of the programme and support a more comprehensive programme in later stages of the outbreak. Essential activities can take place at levels 1 and 2.

¹ These levels have been developed taking into consideration actions for reducing spread of the disease per WHO phase of response and using guidance from other NGOs. https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actions.pdf

Lifesaving activities are considered those necessary for meeting minimum emergency requirements, at levels 3 and 4.

Framework Overview

Outcomes	Outputs
Outcome 1: Communities are engaged to slow the transmission of COVID-19	Key and influential community stakeholders, individuals and structures are mapped and engaged in prevention activities
	Communities have access to information on COVID-19 adapted to their needs
	Volunteers are aware of medical and other referral pathways
	Community feedback is acted upon and communities are satisfied with Oxfam's response
Outcome 1: Covid-19 related hygiene practices are improved, especially critical handwashing behaviours	Key actors are provided training to support public health promotion
	Public health risk assessments are conducted in collaboration with communities and action plans developed and implemented
	Households have continued access to hygiene items and access to additional items related to minimising Covid-19 transmission and Contingency items are prepositioned in areas of high risk
	Handwashing facilities are functional and additional facilities are installed in public places
Outcome 2: Communities Vulnerable people have access to improved sources for water for drinking, domestic use, and domestic hygiene	Daily quantity supplied is increased
	Testing confirms x number/% of samples from distribution and household levels are within accepted quality parameters
Outcome 3: Communities have access to improved and safely managed sanitation	Numbers of latrines are increased for contexts with communal or shared family latrines
	Latrines cleanliness is improved and maintained
	Faecal sludge is safely managed
Outcome 4: WASH facilities and services contribute to IPC in institutions, facilities, and public places	WASH IPC is supported in health care facilities and isolation
	WASH IPC is supported in schools

The Framework

Outcome 1: Communities are engaged to slow the transmission of COVID-19				
Outputs – Remember, make it Good Enough and build upon it!	Activities			
	Level 1	Level 2	Level 3	Level 4
Key and influential community stakeholders, individuals and structures are mapped and engaged in prevention activities	<p>Undertake or adapt existing stakeholder mapping</p> <p>Identify community structures who will need to be engaged during preparedness and response and organise initial discussions for community action planning, including community surveillance and action</p> <p>Involve Community Based Volunteers (CBVs) in these meetings and allocate different groups for them to work with</p> <p>Procure or organise any resources each group may need to support community action plans</p> <p>Organise any training such groups may require</p> <p>Identify communication focal points and provide them with phones and credits</p>	<p>Support CBVs and community groups to put Community Action Plans into action</p> <p>Regularly communicate with stakeholders to her their views, perceptions and feedback</p> <p>Undertake short surveys to understand key barriers to preventative actions</p> <p>Preposition resources (e.g. hygiene kits) within the community and discuss mechanisms for accessing these</p> <p>Undertake refresher trainings with small groups of CBVs and stakeholders</p>	<p>Support CBVs and community groups to adapt community action plans where needed based on their feedback and progress</p> <p>Regularly communicate with stakeholders to her their views, perceptions and feedback</p> <p>Monitor the use of any contingency stocks</p> <p>Undertake daily briefings with the WASH team to analyse epidemiological trends and community perceptions</p>	<p>Support CBVs and community groups to adapt community action plans where needed based on their feedback and progress</p> <p>Regularly communicate with stakeholders to her their views, perceptions and feedback</p> <p>Monitor the use of any contingency stocks</p> <p>Undertake daily briefings with the WASH team to analyse epidemiological trends and community perceptions</p>

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19



<p>Communities have access to information on COVID-19 adapted to their needs</p>	<p>Use stakeholder and community mapping to identify different groups in the community</p> <p>Review and update information on available and trusted communication channels and access levels to each</p> <p>Contact trusted individuals and representatives to start working with them in communicating</p> <p>Check preferred languages and seek support for translation of materials</p> <p>Compile IECs and start translation/adaptation to Covid-19</p> <p>Start compiling a rumour log/FAQs to track information needs</p>	<p>Train CBVs and stakeholders in the use of new IECs</p> <p>Distribute resources (such as radios, mobile phones) that may enable communication with less accessible groups (e.g. elderly or disabled)</p> <p>Begin producing content and translating for different communication channels based on updated rumour logs</p> <p>Continue compiling rumours/FAQs. Share with other NGOs/CWC/WASH Cluster for a broader picture and to ensure consistency</p>	<p>Monitor the effectiveness of communications on different channels; ensure information is adapted based on this feedback</p> <p>Where individuals/communities are shielding, check the unique information needs of these</p> <p>Continue compiling rumours/FAQs and adapt communication based on analysis of these</p> <p>Undertake daily briefings with volunteers to understand information needs in communities and adapt to these</p>	<p>Monitor the effectiveness of communications on different channels; ensure information is adapted based on this feedback</p> <p>Where individuals/communities are shielding, check the unique information needs of these</p> <p>Continue compiling rumours/FAQs and adapt communication based on analysis of these</p> <p>Undertake daily briefings with volunteers to understand information needs in communities and adapt to these</p>
<p>Volunteers, Stakeholders and staff are aware of medical and other referral pathways</p>	<p>Consult with Protection and Gender colleagues to determine any changes being made to referral pathways</p> <p>Coordinate with medical actors to determine planned changes</p>	<p>Continue coordination with Protection and Gender colleagues, medical actors and Clusters to determine any changes in referral pathways</p> <p>Work with community groups during community action</p>	<p>Continue coordination with Protection and Gender colleagues, medical actors and Clusters to determine any changes in referral pathways</p>	<p>Continue coordination with Protection and Gender colleagues, medical actors and Clusters to determine any changes in referral pathways</p>

	<p>for medical provision and the impact on referral pathways</p> <p>Consult communities on planned changes to medical provision and provide feedback to MoH, Health Cluster, WASH Cluster and medical actors where necessary</p> <p>Undertake training with staff, stakeholders and CBVs on referral pathways</p> <p>Produce documentation in the correct language as an aide memoire for staff, stakeholders and CBVs</p>	<p>planning to highlight referral pathways</p> <p>Refresher training</p> <p>Set plans with communities regarding how family members may be kept informed if their loved ones must leave for treatment or to be placed in medical isolation</p>	<p>Work with community stakeholders to highlight referral pathways</p> <p>Undertake regular briefings with CBVs to understand any issues around medical treatment or health seeking behaviour</p> <p>Coordinate with medical actors to share this feedback and adapt programming</p>	<p>Work with community stakeholders to highlight referral pathways</p> <p>Undertake regular briefings with CBVs to understand any issues around medical treatment or health seeking behaviour</p> <p>Coordinate with medical actors to share this feedback and adapt programming</p>
<p>Community feedback is acted upon and communities are satisfied with Oxfam's response</p>	<p>Work with MEAL to check existing feedback systems are functional and well used. Make changes where required</p> <p>Plan for any adaptations to be made to feedback systems in case access is restricted</p> <p>Undertake a rapid measure of satisfaction with different community groups, perhaps through a spider gram</p>	<p>As for level 1</p>	<p>Undertake discussions with community groups to discuss changes in feedback systems to more remote systems and through CBVs</p> <p>Utilise alternative communication channels to address common feedback (e.g. through radio shows)</p> <p>Undertake another rapid measure of satisfaction with different community groups and work on the priority areas for improvement</p>	<p>As for level 2</p>

Outcome 1: Covid-19 related hygiene practices are improved, especially critical handwashing				
Outputs	Activities			
	Level 1	Level 2	Level 3	Level 4
Public health risk assessments are conducted in collaboration with communities and action plans developed and implemented	<p>Undertake a rapid assessment or update existing information of public health risks associated with covid-19</p> <p>Work with community groups to determine priority risks and actions to address them</p> <p>Support schools, health institutions, and institutional groups to undertake risk assessments for Covid-19, determine priority risks and actions to address them</p>	<p>Monitor the implementation of actions against the perceived level of illness in the community/reported in health centres. Adjust based on feedback</p> <p>Monitor the implementation of activities in institutions – adjust based on feedback</p> <p>Start to scale up wider dissemination of information regarding Covid-19 risks and key preventative actions</p>	<p>Continue to monitor implementation of actions, scale up any actions designed for areas of high risk (for example at markets, gathering places)</p> <p>Continue to monitor in institutions, scale up actions as medical facilities may expand, and scale down in institutions that may close (e.g. schools)</p>	As for level 3
Key actors are provided training to support public health promotion activities	<p>Undertake initial training for CBVs and community stakeholders covering Covid-19 basics and beginning to plan activities</p> <p>Coordinate with partners, other NGOs, WASH Cluster and Health Cluster to harmonise training materials and plan trainings together</p> <p>Determine the need for IPC trainings in medical facilities or other public institutions and</p>	<p>Ensure all staff have participated in staff briefing sessions</p> <p>Roll out trainings to all CBVs and stakeholders</p> <p>Shadow and coach staff and CBVs to implement learning from trainings</p> <p>Coordinate with others to roll out harmonised training</p>	<p>Monitor activities to determine gaps in understanding and capacity and run mini-refresher trainings for CBVs and stakeholders based on these</p> <p>Monitor feedback from institutions to determine skills gaps and run mini-refresher trainings on these</p> <p>Monitor feedback and coordination at WASH and Health Cluster level (particularly for CHWs) and</p>	<p>As for level 3 and consider:</p> <p>Provide learning updates using mobile platforms where available</p>

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19



	prepare materials for these related to Covid-19	Roll out IPC trainings for institutions Determine opportunities for online or mobile learning	support the design of mini-refresher trainings based on these	
Households have continued access to hygiene items and access to additional items related to minimising Covid-19 transmission and contingency items are prepositioned in areas of high risk	<p>Assess the suitability of cash/vouchers, including remote transfers, based on access to local markets, stock availability, prices</p> <p>Develop a framework agreement with suppliers, particularly for soap.</p> <p>Identify people who face barriers accessing markets and consider in-kind alternatives (e.g. for people in isolation at home)</p> <p>Procure and warehouse contingency stock items.</p> <p>Ensure separate program stock in the budget including soap, hand sanitizers, printing materials for Oxfam staff, partner staff, volunteers and vehicles etc.</p> <p>Adapt hygiene kits for those providing care at home, who are in isolation, or are at higher risk (e.g. providing basic</p>	<p>Increase quantities of soap included in distributions (via vouchers/cash/in kind)</p> <p>Prioritise distribution for high risk contexts, for vulnerable groups, those in camp/informal settlement settings</p> <p>Move contingency stock to locations that will allow easy access in case of reduced access. Train volunteers on how to manage pre-positioned stock.</p>	<p>Suspend large-scale distributions where possible. Undertake house-to-house distributions only. See Guidance for Community Facing Staff for details on how to run distributions safely</p> <p>Ensure households that are shielding, or self-isolating are prioritised for distribution of additional items</p> <p>Monitor access to required materials and adapt programming where required</p>	As for level 3

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19



	cleaning materials, PPE, specific IEC materials)			
Handwashing facilities are functional and additional facilities are installed in public places	<p>Ensure existing handwashing facilities are functional and have a supply of soap.</p> <p>Ensure enough hand washing facilities to limit queuing</p> <p>Work with communities and households to ensure there is a way to keep handwashing facilities supplied with enough soap and water</p>	<p>Install handwashing facilities with sufficient supplies of water and soap at the entrance to any public building or gathering space, at public water points, registration and distribution spaces, helpdesks and information points.</p> <p>Provide pedal operated or one touch action tap handwashing stations if possible</p> <p>Options for handwashing stations can be found here</p>	Monitor handwashing practice and functionality of handwashing devices; consider the use of supervisors for handwashing devices in public places to encourage behaviour	As for level 3
Outcome 2: Communities Vulnerable people have access to improved sources for water for drinking, domestic use, and domestic hygiene				
Outputs	Activities			
	Level 1	Level 2	Level 3	Level 4
Daily quantity supplied is increased and maintained	<p>Undertake a rapid water user assessment to determine access to water at household levels</p> <p>Ensure pending repairs are completed in areas of high risk</p> <p>Review opportunities to increase water supply (e.g. quantity, operating times)</p>	<p>Increase water quantity delivered to allow frequent handwashing practices as well as regular cleaning and disinfection</p> <p>Increase water storage capacity at household levels to limit water collection requirements</p> <p>Ensure access to water to the most vulnerable groups, option for short term subsidies</p>	<p>Ensure ongoing monitoring using water user assessments to ensure access at household levels</p> <p>Work with communities to develop systems for maintaining water access for those in-home isolation</p>	As for level 3

	<p>Review contingency measures for provision of additional water in high risk areas (e.g. through trucking or supply to additional storage facilities)</p> <p>Check contingency stocks for repair materials and tools, reorder where necessary</p> <p>Ensure systems for reporting breakages in supply systems are strengthened</p>	<p>through cash or voucher modalities</p> <p>Installation of additional water points to increase water supply and as per contingency plans; Prioritise installation where public health risk is highest.</p> <p>Work with communities to develop water collection schedules and safe procedures for water collection to promote physical distancing</p> <p>Monitor ongoing repairs; prioritise repairs in areas of high density/high public health risk</p>		
<p>Testing confirms x number/% of samples from distribution and household levels are within accepted quality parameters</p>	<p>Ensure monitoring continues on distribution points and household level. Discuss results between PHE and PHP to determine key points of contamination and measures to address these.</p> <p>Ensure provision of safe water with a residual concentration of free chlorine of ≥ 0.5 mg/l after at least 30 min contact time.</p>	<p>As for level 1</p> <p>Work with communities to create remote systems for monitoring household water quality by giving key focal persons equipment and training, plus communication material to report</p>	<p>Launch the remote household water monitoring. Homes should not be entered to check water quality.</p>	<p>As for level 3</p>
<p>Outcome 3: Vulnerable people have improved access to safely managed sanitation</p>				
<p>Outputs</p>	<p>Activities</p>			

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19



	Level 1	Level 2	Level 3	Level 4
Numbers of latrines are increased for contexts with communal or shared family latrines	<p>Review contingency measures for provision of additional latrines in high risk areas (e.g. areas of high density or communal/shared family latrines)</p> <p>Check contingency stocks for repair materials and tools, reorder where necessary</p> <p>Work with communities to determine possible sanitation options in case of at-home isolation (e.g. container-based solutions)</p>	<p>Develop framework agreements with suppliers and construction groups for provision of additional latrines if required.</p> <p>Ensure latrines in high density areas/areas of high public health risk are in functional order</p>	<p>Construct emergency latrines in areas of high risk or provide alternative solutions for households who are isolating</p> <p>Employ and train latrine cleaners for communal latrines and ensure they are thoroughly cleaned a minimum of twice daily</p>	As per level 3
Latrine cleanliness is improved and maintained	<p>Assess the suitability of cash/vouchers, including remote transfers, based on access to local markets, stock availability, prices for providing cleaning materials for households</p> <p>Develop a framework agreement with suppliers, particularly for cleaning products</p> <p>Procure and warehouse contingency stock items.</p>	<p>Distribute additional latrine cleaning materials, particularly to households with members who are at higher risk</p> <p>Undertake regular monitoring; discuss barriers and enablers for maintaining cleanliness with households</p>	As per level 2	As per previous levels

<p>Faecal sludge is safely managed</p>	<p>Establish reporting and incident management systems for any spilled waste</p> <p>Ensure adequate stocks of HTH and hydrated lime are maintained for disinfection procedures</p>	<p>Train pit emptying workers on physical distancing, handwashing, use of PPE, and engagement with community</p> <p>Continue wastewater and faecal sludge treatment services</p> <p>Continue pit emptying activities for the safe disposal of faecal sludge, however pits should only be emptied when full to avoid unnecessary risk of contact with contaminated wastewater</p> <p>Mark out donning and doffing areas for workers to allow for physical distancing and space to disinfect equipment and wash hands</p>	<p>Ensure workers use the donning and doffing areas, and thoroughly disinfect equipment and wash hands at the end of each shift</p>	<p>As per level 3</p>
<p>Outcome 4: WASH facilities and services contribute to IPC in institutions, facilities, and public places</p>				
<p>Outputs</p>	<p>Activities</p>			
<p>WASH IPC is supported in health care facilities and quarantine facilities</p>	<p>Level 1</p> <p>Undertake a rapid assessment of health care facilities, or structures proposed for quarantine centres, to determine current gaps in IPC measures</p>	<p>Level 2</p> <p>Support the healthcare facility in the IPC preparation for zoned wards for Covid-19 patients</p>	<p>Level 3</p> <p>Provide ongoing support in terms of training, water supply and material/resource supply as per agreement with the medical facility</p> <p>Where other public buildings have been repurposed for quarantine centres or medical facilities, support with disinfection when use of the facility comes to an end</p>	<p>Level 4</p>

	<p>Undertake planning with the healthcare facility/site planners to address these gaps</p> <p>Review stocks of essential items such as handwashing devices, water storage, water treatment chemicals, cleaning materials, construction and repair materials etc and restock were necessary in accordance with the assessment findings</p>	<p>Undertake training of cleaning staff, waste management staff and water supply staff</p> <p>Monitor the implementation of the action plan formed from the assessment</p>	
<p>WASH IPC is supported in schools</p>	<p>Undertake assessments with school representatives regarding the public health risks in each setting</p> <p>Develop a plan based on the assessment for reducing public health risks</p> <p>Assess the suitability of cash/vouchers, including remote transfers, based on access to local markets, stock availability, prices for providing cleaning materials for schools</p> <p>Develop a framework agreement with suppliers, particularly for cleaning</p>	<p>Monitor the actions planned because of the assessment</p> <p>Provision of cleaning/disinfection equipment for school premises and sanitation facilities (gloves, boots, mops, basin or bucket, detergent, soaps)</p> <p>Work with teachers to develop sessions for school children on Covid-19 risks and prevention measures</p> <p>Ensure sufficient water quantity to allow drinking and frequent handwashing as well as cleaning and disinfection of the facilities</p>	<p>Same as Level 1 and 2 if schools are still in session. If school is suspended, consider engaging teachers and school staff for hygiene promotion. See Guidance for Community Facing Staff</p> <p>If schools are repurposed, consider disinfection procedures following closures of alternative use</p>

	<p>products and handwashing items</p> <p>Procure and warehouse contingency stock items.</p> <p>Undertake training with teachers, caretakers and peer educators in schools on Covid-19 health risks and IPC measures</p>	<p>Increase age adapted handwashing facilities, one for each classroom with provision of soap</p>	
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Methods

<p>Targeting (who)</p>	<p>Re-assess who is most in need of assistance in terms of their vulnerability to Covid-19 and what challenges people face accessing services. Ensure programmes continue to prioritise those who are most vulnerable and address barriers to ensure equitable access.</p> <p>Consider different types of barriers, for example: Physical (e.g. people who are in isolation or are too unwell to leave their home); Social (e.g. stigmatisation of survivors or those who care for the sick); Financial (e.g. people who have lost income or who can't afford to pay inflated prices).</p>
<p>Targeting (where)</p>	<p>Consider whether to change the scope of the response based on where Density or public health risks may increase transmission rates of Covid-19 (e.g. informal settlements, areas with poor water supply, lower income areas)</p> <p>Work with health actors and coordination platforms to identify high risk locations and to avoid duplication.</p>
<p>Preparedness</p>	<p>Prepare for travel and supply chain disruption:</p> <p>Ensure adequate stocks of key items (water treatment chemicals, fuel, hygiene kit consumables)</p> <p>Plan with field-based staff how to continue providing services, operation and maintenance in case of access restrictions</p> <p>Plan with suppliers (e.g. water trucking, market vendors) and partners how to ensure continuity of service (enhanced hygiene practices, increased stock levels, negotiated access permits...)</p>

FRAMEWORK FOR ADAPTING WASH PROGRAMMING FOR COVID-19



Remote management	Supporting local actors to utilise remote tools for communication between staff, the delivery of programmes and management activities to better monitor and learn from activities through better quality data and stronger analysis
Staff safety, training and risk mitigation	Training to focus on physical distancing, handwashing, use of PPE, and engagement with community Training of builders, contractors Training of O&M staff
Safe Programming	Undertake new risk assessments or build on existing assessment for all WASH activities considering COVID-19 and update regularly
WASH Market Support	Carry out market assessments and price monitoring of WASH goods and labour, considering price fluctuations resulting from COVID-19 economic effects Work with supply chains to ensure continuous availability of WASH materials, especially soap and chlorine Explore private sector partnerships to provide Covid-19 and hygiene appropriate messaging Programme focal points and Logistics teams to work together to establish a robust understanding of material available, access to communities and overall supply chain – to be updated on a regular basis; Where is does exist, coordinate with the Logistics cluster to map and continuously update supply issues and identify solutions.
Gender	Carry out analysis of all interventions on the needs and impacts on men, women, boys, and girls

Coordination

Coordinate WASH needs for refugee/displaced person settlements	Coordinate with health care providers, camp management and other humanitarian actors to support households that are symptomatic, or high risk (such as the elderly or the immunocompromised) to modify their living arrangements to minimise contact with neighbouring households (commonly referred to as shielding or self-isolation) In areas where people have been displaced due to COVID-19 economic effects, ensure provision of new WASH facilities, materials, and public health promotion Advocate for best practices in the response by all WASH actors based on experience and results
Use of health data	Monitor health trends through data collected at community level, health care facilities, national data and coordination platforms.

	<p>Work with epidemiologists and other specialists to identify ‘hotspots’ and at-risk groups ensure programming is adapted to address these.</p> <p>Check HDX for available health data https://data.humdata.org/event/covid-19</p>
Sharing information	Where appropriate, share information and lessons learned with other WASH actors through the WASH sector

Guidelines, References, and Resources:

- Oxfam Program Guidance: <https://compass.oxfam.org/communities/global-oxfam-covid-19-information-center/wiki/programme-guidance>
 - See: Community Engagement Guidance, Gender Guidance, Guidance for Programs, Technical Briefing Notes
- Global WASH Cluster Guidance: <https://washcluster.net/Covid-19-resources>
 - See: GWC Technical Guidance for COVID-19
- WHO-UNICEF Joint Technical Brief: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>
- UNICEF WASH and IPC in Households and Communities: <https://www.unicef.org/media/66371/file/WASH-COVID-19-infection-prevention-and-control-in-households-and-communities-2020.pdf>