

**WASH COVID 19 Response in displaced and refugee camps**

**10 top activities that need to be carried out**

1. **Start now:** the pandemic is spreading fast and the window of opportunity is short to work with communities and service providers on response plans with clear roles and responsibilities and solutions in case access to the camps is limited or not possible at all. This means to:
2. Engage with different and varied groups in communities to understand their perceptions, coping mechanisms, current behaviour, options for health seeking, rumours and misinformation;
3. Work with these groups to explore community-led solutions and make sure that community focal points, committees and groups are trained to make the following points below more effective.
4. Increase the access to soap and handwashing stations, especially in places where people gather throughout the camp
	1. These handwashing stations should be provided with soap and be easy and attractive for people to use, including those with more limited mobility.
	2. Nudges and prompts to encourage handwashing behaviour – such as stickers and footprints – should be used to increase handwashing practice.
	3. Ensure that there is a community-based mechanism in place which allows people to keep the physical distance needed
5. Undertake public health promotion campaigns using varied communication channels, and ensuring space for two way discussion, to increase knowledge of the risks and preventative measures, and dispel unhelpful rumours and myths
6. 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)
	1. Work with households that have high-risk individuals to discuss options, and ensure that the individuals and their caretakers understand and are able to practice preventive actions against Covid-19
	2. Ensure these household are provided with the basic necessities of food and water and they have a dedicated latrine which is cleaned after each use. If this is not possible, ensure access to a containerised toilet that would need to be frequently emptied
	3. Ensure that this approach is informed by a risk analysis avoiding the stigmatisation of vulnerable population groups and seeking by all means to reduce the infection risks for care takers, especially women and girls
7. Increase the cleaning regime at all toilets especially communal and shared family latrines. Toilets should be cleaned with chlorine solution (1%) after each use.
	1. Extra toilet cleaning materials need to be provided for families
	2. Engagement with latrine user groups, or WASH Committees to increase monitoring and encourage a ‘clean after each use’ policy
	3. If required, pay for cleaners to work at communal or multi-family use toilets
	4. Where possible increase the number of latrines to limit queuing to a minimum

All surfaces that hands frequently come in contact with such as taps at water points, frequently used door knobs, hand rails to be cleaned with chlorine solution at regular intervals throughout the day. Attendants either voluntary should be available at each tap stand to ensure people queue 2m apart from each other

1. Where possible extend the hours water is provided at tapstands to limit queuing to a minimum
2. Closely monitor epidemiological data from health care facilities, and analyse to determine:
	1. Whether particular groups in the community, or particular areas have higher case numbers than others; adapt programming to respond to those people or geographic areas more at risk
	2. Ensure sufficient quantities of water are provided and numbers of latrines and handwashing facilities continue to meet SPHERE standards
	3. Ensure adequate stocks of HTH and hydrated lime are maintained at health facilities for disinfection procedures (accounting for potential influx of patients)
3. No 10 is the priority from your local situation validated with feedback from the affected population

This note does not include protection issues for Oxfam Staff – these are dealt with in another brief

In addition Oxfam will need to increase the number hygiene promotors on the camps and given them all the necessary protective clothing