WASH Cluster
Water Sanitation Hygiene

Background and objectives

On 30 January 2020, the Director-General of WHO declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005), following advice from the IHR Emergency Committee. On 4 February 2020, the Director-General of WHO briefed the Secretary-General of the United Nations and requested the activation of the United Nations crisis management policy to establish a Crisis Management Team (CMT) to coordinate the UN system-wide scale up to assist countries prepare for and respond to COVID-19.

The objectives of this guidance are to clarify the developing coordination structure and roles and responsibilities of the WASH Cluster Coordination platform in the COVID-19 response On the Global Refugee Response Plan (GHRP) and secondly to provide some guidance on Strategic Preparedness and Response Plan (SPRP). The document does not provide technical guidance but links you to the technical resources already developed. A caveat to note is that coordination in each country will be contextualised therefore there is likely to be variations from this guidance.

The impacts of the COVID 19 pandemic will extend further than that on human health as it will also impact on existing services to an extent dependant on the strength of a country's economy and social services. Greater risks will appear for countries which are the most vulnerable to economic and social shocks and facing on-going humanitarian crisis. Existing social divides might worsen reducing access to basic services for the most vulnerable groups which, in addition to the overburdening of Health Care Facilities (HCF), the potential disruption of markets and WASH services would increase the risk for water borne diseases.

Operational coordination for the COVID 19 response

The COVID 19 response is guided by two key documents, the Global Humanitarian Response Plan (GHRP) and the Strategic Preparedness and Response Plan (SPRP). The GHRP is an overarching document prepared as a joint effort led by IASC and focussed mainly on countries with **ongoing humanitarian response plans** (including HRP, JRP, RRP, 3RP etc). By contrast the SPRP outlines the public health measures that the international community stand ready to provide to support **all countries** to prepare for and respond to the COVID 19 pandemic. Geographically the GHRP is mainly focused on the 30 countries with the largest number of vulnerable populations and weakest systems, including health and WASH services. Additional countries may justify re-activating cluster coordination mechanisms as COVID unfolds. The SPRP by contrast is a global response as the pandemic continues to spread.

Global and Country Coordination for the GHRP
At the global level the GHRP is led by IASC / EDG with the Emergency Relief Coordinator oversight. Country level coordination is through the usual Inter-Sectoral Coordination Group and led by the Humanitarian Country Team. Globally WHO provides technical leadership to the GHRP and continues to coordinate with partners through the Incident Management Support Team (at regional level), Global Outbreaks Alert and Response Network and at country level through the Humanitarian Country Team and implements through Health Cluster Partners. In non-GHRP locations the SPRP will also be government led with WHO providing technical support and engagement through existing coordination structures.
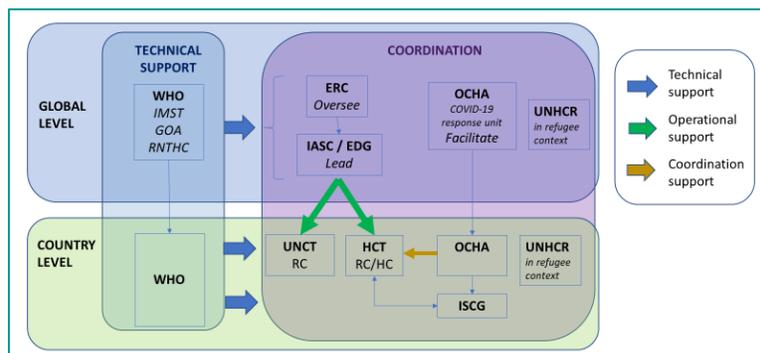
COVID 19 – GHRP Coordination model structure at global and country level

The WASH sector has roles and responsibilities in both the GHRP and SPRP, it is therefore important to understand how the 2 plans are related (see table below for an overview). The GHRP is based on 3 Strategic Priorities: 1 Contain the spread of the COVID 19 pandemic, 2 Decrease the deterioration in human assets, rights and social cohesion, food security and livelihoods and 3 Protect assist and advocate for the most vulnerable populations. In effect the SPRP is contained within the GHRP strategic priority 1.

GHRP Strategic Priorities	SPRP Response Pillars	WASH
1 Contain the spread of the virus	1, 2, 3, 4, 5, 6 ,7, 8	Coordinate effectively with the country response plan – led by Government Ministry of Health / WHO
2 Decrease the deterioration		Coordinate effectively with clusters and ISCG to priorities communities Adapt existing response activities
3 Protect assist and advocate for the most vulnerable populations		Coordinate effectively with UNHCR/IOM on assessing the most vulnerable population groups Developing mitigation measures for ensuring WASH service delivery continues in the event of partial or complete loss of access to POC and/or markets

The following pages of the guidance provide tables for each GHRP strategic priority, the relationship to the SPRP and recommended or practical WASH coordination roles and responsibilities, where possible with a link to known resources. Coordination teams can take note that most resources are available at the following two locations:

Global WASH Cluster Coordination Tool kit (CTK), the *GWC Cluster Tool Kit* provides a wide range of guidance, resources, tools and country examples for coordination.

A dedicated webpage has been created on the GWC website for WASH related COVID resources including guidance, webinar, country and agency documents: *http://washcluster.net/covid-19-resources*

Mainstreaming and overarching approaches

In addition to specific WASH related approaches, it is important to strengthen and engage further into the +1 function of the cluster on **Accountability to Affected Population (AAP) and mainstreaming of cross-cutting issues**. The below documents provide guidance on the overarching principles to guide WASH response in COVID 19 pandemic context.

AAP
Accountability to Affected Population in COVID-19 Response – UNICEF – 30/03/2020

Inclusion of vulnerable groups
People with disabilities: COVID-19 response: Considerations for Children and Adults with Disabilities – UNICEF – 19/03/20
Elderly: Protecting older people during the coronavirus (COVID19) pandemic – HelpAge International -27/03/2020
Marginalised groups: COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement - Inter-Agency -13/03/2020

Gender
COVID 19: A gender Lens – UNFPA – March 2020

SP 1: Containing the spread of COVID 19 - WASH roles and responsibilities in SPRP

In the table below, the link between GHRP and SPRP is highlighted as they relate to WASH.

SP 1	Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality	SPRP	WASH Roles & Responsibilities	Resources
SO 1.1	Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.	1- Country-level coordination, planning and monitoring	- Connect with COVID 19 coordination mechanism, particularly with RCCE and IPC - Include COVID 19 as standing item on NWC meetings - Identify WASH focal points for attending COVID 19 coordination meetings - **Coordinate with MoH/ Health Cluster** to define joint response strategy to identified risks and prioritise intervention (population most at risk, low level of services, specific response to 'cluster') - Map capacity of WASH partners, identify geographic and capacity gaps - Ensure link between WASH response framework, GHRP and country HRP - Prepare preparedness and response plan, technical documents and SOPs - Identify critical WASH stocks (Water treatment chemicals, fuel, soap, disinfectant, PPE) - Harmonise inter-sector assessment and WASH specific assessment taking into consideration COVID 19 specificities - Adapt if necessary, response monitoring document (4W, 5W) or create a specific response monitoring document	Link to CTK not COVID 19 specific WASH operational response plan Mapping capacity Response Monitoring
		2 - Risk Communication and Community Engagement	- Create WASH working groups for RCCE (with C4D and MoH) - Coordinate with MoH, C4D and AAP TWIG for the definition of key behaviour messages and IEC materials on prevention measures and ensure IEC materials are adapted to the audience (translation, use of images) - Support the definition of a common communication strategy: messages & means of communication (radio, SMS, TV, digital, community leaders, religious leaders, etc.) - Ensure feedback and complaint mechanisms are in place and include information collection and information sharing on COVID 19	WHO - Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) Link to CTK: AAP and Complaint & Feedback mechanism
		3 - Surveillance, rapid response teams and case investigation	- Set up coordination system with health Actors at health facility to reinforce WASH activities in virus affected areas/ neighbourhoods linked to case mapping (hygiene promotion, soap & disinfectant distribution, water provision) - Coordinate with MoH/ health actors for health centres mapping identified for screening or screening and treatment and referral pathways to be shared through RCCE and outreach workers	
		4 - Point of entry	- Coordinate with Government/WHO on WASH needs at PoE	

			- Identify WASH partners capacity to support WASH needs at PoE if needs highlighted by Government * Could also include isolation and quarantine centres	
		5 - National laboratories	N/A	
		6 - Infection Prevention and Control	- Coordinate with MoH/WHO on identifying priority HCF to strengthen WASH intervention - Create WASH working groups for IPC - Assessment of HCF and WASH status and priority WASH needs (including water and sanitation services, IPC equipment – PPE, disinfectant, training on IPC for non-health staff)	
		7 - Case management	N/A	
		8 - Operational support and logistics	- Identify critical WASH stocks (water treatment chemicals, fuel, soap, disinfectant, PPE)	
SO 1.2	Detect and test all suspect cases: detect through surveillance and laboratory testing and improve the understanding of COVID-19 epidemiology.	3 - Surveillance, rapid response teams and case investigation	- Coordinate with MoH/ Health cluster to establish a case identification and management strategy in line with community outreach workers' activity (isolation of cases/ quarantine, access to basic services, link with other sectors) - Ensure referral pathways are known by staff and outreach workers linked to the HCF mapping	WHO - Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) UNICEF guidance – COVID 19 WASH and IPC measures in households and public spaces
SO 1.3	Prevent, suppress and interrupt transmission: slow, suppress and stop virus transmission to reduce the burden on health-care facilities, including isolation of cases, close contacts quarantine and self-monitoring, community-level social distancing, and the suspension of mass gatherings and international travel.	2 - Risk Communication and Community Engagement	In coordination with MoH/ C4D: - Monitor of RCCE implementation - Adapt if necessary, messages and ways of communicating	WHO - Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) UNICEF – Hygiene programming guidance note
		4 - Point of entry	If request from Government: - Ensure provision of IEC materials and handwashing facilities with soap and water and disinfection capacity at points of entry - Support provision of full WASH package (water provision, latrine, shower, waste management, desludging, hygiene promotion) if overnight stay and quarantine/ isolation centres	WHO - Management of ill travellers at Points of Entry in the context of Covid 19
		6 - Infection Prevention and Control	IPC to be implemented at community, public places and school level (if still open) as a means to prevent the transmission and spread of the virus **Coordination with MoE/ Education sector for WASH-IPC in schools**	UNICEF guidance – COVID 19 WASH and IPC in schools

SO 1.4	Provide safe and effective clinical care: treat and care for individuals who are at the highest risk for poor outcomes and ensure that older patients, patients with comorbid conditions and other vulnerable people are prioritized, where possible.	6 - Infection Prevention and Control	IPC implementation in HCF by WASH actors **in coordination with MoH/ WHO/ Health actors** Full WASH package if HCF screening and treating: - Water in sufficient quantity and quality for different use (cleaning, hand washing, drinking, laundry) - Personal hygiene – ensure availability of IEC, hand washing facilities, consumables – soap, alcohol-based hand rub, chlorinated water 0.05%) - Environmental cleaning (cleaning and disinfecting) - Sanitation - sanitation facilities (separation for suspected/ confirmed cases to other patients and health care workers), management of excreta - Waste management including hazardous waste (e.g. PPE) - Supply of IPC equipment/consumables (PPE, disinfectant, cleaning materials) - Training of care workers and non-medical staff on IPC in coordination with health colleagues if needed *WASH actors will not be involved into cleaning or disinfecting medical equipment *WASH – IPC will be adapted in HCF doing only screening (focus on personal hygiene, hand washing facilities and consumables availability and environmental cleaning)	UNICEF guidance – COVID 19 WASH and IPC in health care facilities WHO- Water, sanitation, hygiene and waste management for the COVID 19
SO 1.5	Learn, innovate and improve: gain and share new knowledge about COVID-19 and develop and distribute new diagnostics, drugs and vaccines, learn from other countries, integrate new global knowledge to increase response effectiveness, and develop new diagnostics, drugs and vaccines to improve patient outcomes and survival.	3 - Surveillance, rapid response teams and case investigation	- Encourage sharing of learning amongst WASH partners - Follow up on risk transmission (COVID 19 survival in WASH environment e.g. faeces, water, etc.) - Create specific folder on website for guidance, regular updates to be accessible by partners	
SO 1.6	Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services.	6 - Infection Prevention and Control 8 - Operational support and logistics	- Map existing stock capacity and priority response items to mitigate supply chain issues e.g. access to water treatment chemicals, fuel, soap, disinfectants, PPE	

SP 2: Decreasing the deterioration of assets – Adapting existing WASH responses

This section focuses on operational adaptation that should be done to maintain and adapt on-going WASH response in order to mitigate the transmission and spread of the virus. Those actions indirectly contribute to some of the SPRP pillars.

SP2	Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods.	SPRP	WASH Roles & Responsibilities	Resources
SO 2.1	Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social safety nets and humanitarian assistance.	N/A	Develop adaptive programming with SOPs and technical guidance: - Social distancing at distributions or hygiene promotion events, trainings) - Increase availability of handwashing facilities, quantity and quality of water delivered, number of water points - Ensure that most vulnerable are targeted with basic WASH NFI	
SO 2.2	Ensure the continuity and safety from risks of infection of essential services including health (immunisation, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.	2 - Risk Communication and Community Engagement	- RCCE response implementation and hygiene promotion focusing on awareness raising on hygiene practices - Strategically pre-position critical stocks (Chemicals, fuel, soap, disinfectants) - Train operators for business continuity in case of organisation lockdown - Water collection scheduling (critical for C19 at home users) disinfection of water points. Be ready for longer hours at water point by operator - Advocate to ensure "freedom" of movement for water personal	
SO 2.3	Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items.	8 - Operational support and logistics	- Ensure supply chain for hygiene items and critical stocks for operation of WASH services (spares, WT chemicals, fuel)	

SP 3: Protect, assist and advocate – adapting existing WASH responses

This section is a continuity of SP 2, with a focus on joint intervention with other sectors and advocacy effort to ensure vulnerable population have access to WASH services.

SP 3	Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.	SRPR	WASH Roles & Responsibilities	Resources
SP 3.1	Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.	N/A	- Coordinate with UNHCR/IOM on most vulnerable communities - Coordinate with CCPM/Shelter on site planning activities including integration of WASH facilities to community - Build specific C19 advocacy (continuity of WASH services, prioritisation of on-going response) - Develop the evidence/document issue around supply of WASH services which include secondary impact and monitoring of the health situation	
SP 3.2	Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.	N/A	- Coordination with protection cluster for mainstreaming of protection in COVID 19 response - Work with C4D. hygiene promotion campaign to be reviewed to ensure clear messages	