

Dear ICRC colleagues,

Following the broader operational framework shared by Operations on 18.03.2020, the WatHab Unit has established the following guidance to be followed within the ongoing COVID-19 operational response by the WatHab teams in the field. This being said, we understand that there are many restrictions, including on movement, logistics capacity, local authorities' and partner's limitations, etc. and hence limitations in terms of the operational response have to be considered.

Reference doc: [WHO "Water, sanitation, hygiene and waste management for the COVID-19 virus"](#):

"The provision of safe water, sanitation and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces and health care facilities will further help to prevent human-to-human transmission of the COVID-19 virus.

The most important information concerning WASH and the COVID-19 virus is summarized here.

- 1. **Frequent and proper hand hygiene is one of the most important measures** that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behavior change techniques.*
- 2. WHO guidance on the safe management of drinking-water and sanitation services applies to the COVID-19 outbreak. Extra measures are not needed. In particular, **disinfection will facilitate more rapid die-off of the COVID-19 virus.***
- 3. Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices. **Such efforts will prevent many other infectious diseases, which cause millions of deaths each year.**"*

It is most likely that in your respective delegations, you are currently in the phase of setting up specific preparedness measures to mitigate the COVID-19 impact on your operations. Those responses will vary according to the needs and the resources available at delegation level. However, we can be certain that initiating such measures will in most cases build upon ongoing assistance in the form of the provision of safe water, supply of consumables, proactive messaging on preventive measures, as part of our direct dialogue with authorities, service providers and national societies. Hence, we recommend that in all delegations, while putting in place the necessary preparedness plans and as part of all relevant interventions that priority – to the extent possible – be given to the guidance offered below.

1. Ensure the **mandatory chlorination of the water distributed** in any health facilities and places of detention that we work in and also in other relevant settings where we are in charge of or supporting local authorities in ensuring the delivery of safe water (e.g. IDP/refugee camps, IDP community centers, informal settlements, migration centers, places of worship, and or any other location where we are providing support and people interact in close proximity.
2. Reinforce the ongoing support to Water Supply and Sanitation (WSS) service providers (utilities) on the provision of the necessary **hardware and consumables for water disinfection**. This should include a component of monitoring to ensure the desired objective is achieved.
3. Ensure that the appropriate **water quality control and storage management measures** in ICRC premises are in place (chlorination, tank cleaning, pipe disinfection, filter control, etc.).
4. Promote and organize the **training of staff responsible for the cleaning** of facilities, offices and premise so that they can carry out on a daily basis routine disinfection measures. Sufficient materials necessary for carrying out this task on a daily basis should be provided.

5. Consider **large-scale environmental cleaning and disinfection** of facilities affected by overcrowding or other situations where there is little to no space for social distancing and hence the risk of transmission is high (including but not limited to places of detention, health facilities, community centers, and other public facilities). Ensure that cleaning agents are handled responsibly when being used, while in storage, and during disposal.
6. Consider measures, including advocacy and persuasion, that facilitate and ensure that **essential service provider personnel**, in particular those in charge of water supply and sanitation, **can fulfil the most critical of duties** (e.g. personal protection against the virus, transport, and staff remain motivated with salaries continuing to be paid, etc.).
7. Organize **hygiene promotion campaigns** with proactive and reactive messaging related to preventive measures specific to COVID-19 and advocate for not only behavioral measures, but that adequate access to water and soap are provided as needed.
8. Support and advise on the **design and set-up of triage and isolation areas** dedicated to the management of COVID-19 cases with a view to ensuring that essential services are properly put in place. This should be done as per health or other standards applicable in any specific context. A particular focus should be given to space, access to handwashing facilities, proper ventilation and provision of chlorinated water.

NOTE – All measures mentioned above, when implemented, should be accompanied by: (1) a monitoring program to ensure that they are properly carried out during the entire duration of the crisis; (2) consider consequences upstream and downstream (e.g. need for an increase in water supply, need for soap,); and (3) that the population targeted, reached, and covered is inclusive.

All preventative measures must be discussed with health colleagues when related to health facilities, with protection colleagues when related to places of detention, and with Admin/FAD for Premises when related to ICRC offices and residents. A collaborative effort is absolutely required if we want to make sure that these measures are effective in practice.

Putting in place some of or all of these measures requires proper contextual design and logistic preparation. Stocks of chlorine, testing and dosing devices, protective equipment and other material such as sprayers are likely to be in short supply in the coming weeks, if not already. Therefore, forecasting potential supplies is crucial. We therefore encourage you to initiate this preparatory process as soon as possible.

The WatHab unit in Geneva remains ready to provide the technical support needed to support the field as well as instructive materials¹ when required. Don't forget the WatHab JIVE Community can be used to remain informed and be used to exchange between colleagues and contexts on critical issues like the preventative measures taken in relation to COVID-19. WatHab in GVA is also in parallel working with Logistics and others at HQ to ensure a global level of support is provided. For instance the supply of chlorine production units such as [WATA](#) (the Swiss Development Cooperation has released funds to increase the production of these units), which could be of great use in the production of chlorine solutions in remote locations.

Should you require further information, find a few authoritative sources below:

[WHO - Water, sanitation, hygiene and waste management for the COVID-19 virus](#)

[WHO - Responding to community spread of COVID-19](#)

[Global WASH Cluster Covid-19 Resources](#)

¹ A [poster](#) on disinfection has been created and can be used both internally and shared with others outside. It recommends at this stage to use a 0.5% solution when cleaning surfaces as WHO recommends, especially in areas that are likely to be contaminated (in health facilities or places of detentions where there are COVID-19 cases). Depending where you currently are operating, you might have to ask translation of such documents.