

UNICEF WASH Programme contribution to COVID- 19 prevention and response

Background information on COVID- 19

COVID -19 is a viral infection caused by a coronavirus that has not been previously identified in humans. It is a novel (new) coronavirus first identified in Wuhan, China. Since its discovery, its geographic distribution continues to evolve. Provision of safe water, sanitation and hygienic conditions play an essential role in protecting human health during all infectious disease outbreaks, including the current COVID-19 outbreak. According to the technical brief on Water, sanitation, hygiene (WASH) and waste management for COVID-19:

- **There have not been reports of fecal-oral transmission of COVID-19 to date.** The two main routes of transmission of COVID-19 are respiratory and contact¹.
- **While there is no evidence, to date, on the SARS-CoV-2 survival in water or sewage,** the virus is likely to become inactivated significantly faster than non-enveloped human enteric viruses with known waterborne transmission (e.g., adenovirus, norovirus, rotavirus and Hepatitis A). For example, one study found that human coronavirus survived only 2 days in dechlorinated tap water and hospital wastewater at 20°C. Other studies concur; noting that human coronavirus demonstrated a 99.9% die-off from 2 days to 2 weeks at 23°C and 25°C, respectively. Heat, high or low pH, sunlight and common disinfectants (e.g. chlorine) all facilitate die-off.
- **It is not certain how long the virus that causes COVID-19 survives on surfaces,** but it seems likely to behave like other coronaviruses. A recent review of the survival of human coronaviruses on surfaces found large variability, ranging from 2 hours to 9 days. Survival time depends on a number of factors including the type of surface, temperature, relative humidity, and specific virus strain. This review also found effective inactivation (within 1 min) using common disinfectants such as 70% ethanol and sodium hypochlorite (see Section 2.5 cleaning practices, for details).
- **The risk of catching COVID-19 from the faeces of an infected person appears to be low.** There is some evidence to indicate that COVID-19 may lead to intestinal infection and be present in faeces. Approximately 2-10% of cases with confirmed COVID-19 presented with diarrhea, and two studies reported detection of COVID-19 viral RNA fragments in faecal matter of COVID-19 patients. However, to date, only one study has cultured the SARS-CoV-2 from a single stool specimen.
- Update 12th March: Last epidemiological investigations (WHO) suggest a high level of **intra-familial infection** and the use of **home-care strategies** as an alternative to health care facilities when health systems are saturated.

¹ Refer to the WASH Technical Brief UNICEF-WHO [Water, sanitation, hygiene and waste management for COVID-19](#)

COVID-19 outbreak: a multisectoral response

The response to the COVID-19 outbreak is a multisectoral response. It is led by WHO at global level and under the leadership of Ministries of Health (MoH) in countries. UNICEF WASH interventions contribute to the government strategies defined to control and cut the transmission of the disease.

WHO has defined a standard Strategic Preparedness and Response Plan to be used at country level. *“The SPRP outlines the public health measures that need to be taken to support countries to prepare for and respond to COVID-19.”*

https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4

Additional WHO online short course on Operational Planning Guidelines:

<https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN>

Reminder of the Eight COVID-19 strategic plan and response pillars:

1. Country-level coordination, planning and monitoring
2. Risk Communication and Community Engagement
3. Surveillance, rapid response teams and case investigation
4. Point of entry
5. National laboratories
6. Infection Prevention and Control
7. Case management
8. Operational support and logistics

UNICEF’s WASH scope of action to contribute to COVID-19 strategic response plan pillars

Objective: Support affected, at-risk, low-capacity and fragile countries to secure WASH services and IPC in Health facilities and sustain availability and access to WASH services in schools, households and community settings.

Key expected outcomes:

- COs WASH programming is fully coordinated with MoH/WHO/Health actors as part of the national COVID-19 coordination mechanism set-up, enabling COs WASH section to prioritize and integrate WASH interventions
- In coordination with Health Sector, capacities are increased to assure continuity of WASH services and improve IPC measures in Health care facilities (HCFs) to reduce nosocomial transmission and contamination from health facilities to communities, as well as respond to the water and sanitation service demand resulting from increased number of patients
- Hygiene promotion activities targeting households, collective vulnerable sites and public spaces are well aligned with RCCE/C4D strategies, are specific to the disease known transmission route and aim to reduce the exposure to the disease at home and in communities
- Water, sanitation and hygiene services and products are made available for confined households or areas of high incidence with vulnerable groups, exposed collective sites and public spaces
- WASH in Schools recommended measures are coordinated with Education Sector to ensure that they are integrated into safe school protocols, particularly for schools reopening
- Key essential IPC-WASH supplies requirements are identified at RO and CO level, and made available for immediate use

- Local water and sanitation authorities and utilities are supported to ensure business continuity and quality of water and sanitation services to avoid deterioration or collapse of essential public services as a secondary effect of outbreak

UNICEF WASH program at country level needs to be aligned and to contribute to the achievement of the SPRPs. The two pillars targeted are as follows:

Pillar 2: Risk Communication and Community Engagement	Hygiene Promotion Guidance HERE
Pillar 6: Infection Prevention and Control	<p>WASH in Healthcare facilities Guidance HERE</p> <p>WASH in Schools and social institutions Guidance HERE</p> <p>WASH in Communities and Households Guidance HERE</p>

Pillar No. 4 “Point of entry” may require UNICEF contribution upon the request of MoH, particularly to provide water and handwashing facilities.

All updated WASH guidance notes are posted on the EMOPS COVID-19 Sharepoint site [HERE](#)

UNICEF’s WASH scope of action according to countries context:

It is well understood that each country deals with specific context and that the level of support that UNICEF is asked to provide will differ according to local capacities and the level of COVID-19 local transmission. Based on the technical guidance produced, we propose below a summary of the type of interventions that can be done according to countries’ situation:

	Emergency and fragile contexts	Low and medium capacity countries	High capacity countries
Countries with confirmed active transmission either local or imported	<ul style="list-style-type: none"> Direct IPC-WASH implementation (all components) both in HCFs, schools and communities in affected areas and areas at risk according to MoH priorities Monitor secondary impacts on most vulnerable populations in terms of access to WASH services and 	<ul style="list-style-type: none"> Support MoH and MoWS efforts to secure safe IPC in HCFs and access to WASH services in schools/universities, social institutions and public spaces Support MoH on active immediate hygiene promotion campaigns and activities at community level 	<ul style="list-style-type: none"> Monitor secondary impacts on most vulnerable populations in terms of access to WASH services Advocate for the application of protocols that guarantee children safety in all settings Contribute to communication campaigns on hygiene measures at home

Countries with no local transmission confirmed

ensure continuity of service delivery	<ul style="list-style-type: none"> • Monitor secondary impacts on most vulnerable populations in terms of access to WASH services, ensure continuity of service delivery and plan for potential direct IPC-WASH implementation 	upon Governments request
<p>In accordance with MoH geographical prioritization and strategy:</p> <ul style="list-style-type: none"> • Strengthen direct briefing of HCFs staff on IPC-WASH and secure resources to upgrade WASH in HCFs • Map and update/upgrade existing HP tools, channels, capacities and arrange PCAs/SSAs with NGOs/CBOs/private sector for hygiene promotion 	<p>In accordance with MoH geographical prioritization and strategy:</p> <ul style="list-style-type: none"> • Support MoH actions of briefing of HCFs staff on IPC-WASH and WASH upgrade in HCFs • Support to MoH and partnering with private sector for hygiene promotion through mass media and activities in communities 	<ul style="list-style-type: none"> • Advocate for the application of protocols that guarantee children safety in all settings

Preparedness and coordination:

It is important for WASH to coordinate with line ministries in charge of Health and Education, UN agencies and key sector partners as part of Pillar 1 of the countries' SPRP. While coordination mechanisms may vary from country to country, it is critical to maintain a joined-up approach with partners in country to ensure consistency in geographical targeting, messaging and approaches to responding to COVID- 19 or preparedness.

In line with MoH priorities and strategy, whether the disease is already active or not, it is recommended to conduct a quick assessment or review your data on WASH in health care facilities, educational settings, hygiene knowledge gaps, as well as to plan for WASH services continuity worst case scenario.

As indicated in the UNICEF Program Guidance, good preparedness requires active participation in existing contingency planning and simulation exercises where they are done. Preparedness also requires a quick assessment of existing office capacity, programmes, available IEC materials and supplies. Contingency partnership can be prepared, both Government, CSOs and the private sector.

Also, it is crucial to keep in mind the key humanitarian principles and to strengthen government capacities to provide leadership and empower communities.

NB: the below COVID-19 UNICEF Programme Guidance is a key document for all personnel involved in the planning and response to the disease, particularly referring to preparedness and coordination chapters:

You can find it [HERE](#)