

Principles of WASH in response to COVID-19



Access to safe water and hygiene and sanitation facilities plays a vital role in preventing the spread of the COVID-19 pandemic, particularly for older people and people with disabilities and/or chronic illnesses who are often cited as most at risk.

COVID-19 threatens not only the health of older people and people with disabilities, but also their independence. If they are excluded from any support packages it is harder for them to take the most effective steps to protect themselves.

An inclusive approach to delivering aid is needed to ensure older people and people with disabilities are not overlooked in any humanitarian response. They should have equitable access to water and sanitation facilities, and receive tailored messages about hygiene and sanitation.

Inclusive access to Water, Sanitation and Hygiene (WASH)

This is where every person (irrespective of age, disability, gender, religion, sexual preference or nationality) who wishes to, can benefit fully and as an equal member of the community from all aspects of WASH programming and delivery of service.

Community engagement is vital in the WASH response to COVID-19

Poor hygiene is an important factor in the spread of infectious diseases. In the case of COVID-19, hygiene promotion, with a strong focus on hand washing, is crucial to halting the spread of the virus. However, to be successful, hygiene promotion must be accompanied by efforts to build trust and mutual understanding, engaging communities in communications and decision-making.

Community perceptions and beliefs can also play a role and some social norms may need to be modified to prevent disease transmission. Community engagement is vital to understanding social norms and working with the community to address them.

Principles for an inclusive WASH response to COVID-19 and post COVID-19 activities

There are four key steps to ensure WASH activities are designed to be more accessible and ensure we “Leave No-one Behind”:

1. Collection of Information:

The WASH related capacities and needs of older people and people with disabilities should be identified and monitored to identify any barriers and promote safe practices.

Collect, analyse and report information:

- Adapt WASH assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities, respecting the guidance of safe distancing and basic hygiene procedures.
- Consider the literacy levels and language preferences of older people and people with disabilities in collecting and disseminating information.
- Consider alternative ways of reaching older people and people with disabilities who are unable to leave the home or have sensory or cognitive communication challenges e.g. contact their carers, and use easy to read materials.

2. Safe and equitable access:

Older people and people with disabilities should have safe and dignified access to water supplies, sanitation facilities, and promotion activities on hygiene and COVID-19:

- Identify and engage with active older people and people with disabilities in planning WASH activities for the community.
- Identify any older people and people with disabilities who are excluded in the community and design alternative methods of sharing information and guidance to support them.
- Consider the living conditions and availability of water and storage while preparing COVID-19 information and provide practical guidance on [making low cost adaptations](#).

- Ensure WASH facilities are accessible, considering structural adjustments, with ramps and rails, elevated latrine seats, lowered water taps at water points, or support to carry water longer distances, so that they can get a reasonable amount of water for their day to day use.
- Consider the personal care needs of older people and people with disabilities in home-based settings who are likely to need more water to maintain a good level of hygiene e.g. those with incontinence, chronic health conditions, or severe disabilities.
- Use outreach strategies such as home delivery or volunteers to deliver supplies to older people and people with disabilities who may face barriers to reaching distribution points, despite efforts to make them accessible.
- Use a range of communication channels in different formats and relevant languages to provide information about hygiene promotion and WASH facilities, using simple language, large print, contrasting colours or pictures or radio messages, to make it accessible to everyone.
- Materials that enable good hygiene practices need to be tailored to the needs, capacities and practices of older people and people with disabilities e.g. provide incontinence products¹ to those who cannot access a toilet.

3. Participation and resilience:

Older people and people with disabilities - or their representatives - should take part in planning and implementing all COVID-19 related WASH services and activities with their issues addressed from the beginning:

- Ask older people and people with disabilities about their water usage and hygiene practices, and how supplies need to be adapted for them.
- Consider specific adaptations or alternatives to standard supplies, such as smaller water containers that would be easier to carry. Adapt hygiene items to include items such as catheters and incontinence pads/diapers.
- Ask the older people and people with disabilities if their access is improved by using lower water taps, adapting latrines with elevated seats, ramps and handrails.
- Identify if portable partitions are needed to allow privacy during personal care and provide protection from COVID-19 transmission.
- Pay particular attention to the needs of IDPs and refugees who live in congested settings and high-risk environments, ensuring sanitation practices are adapted to the environment, including through the distribution of handwashing materials, including sanitisers.
- Ensure the Older People's Associations (OPAs), Organisations of Persons with Disabilities (OPDs), and Community-based Organisations (CBOs) make efforts to include more marginalised members of the population, such as people with chronic illnesses, people with disabilities or those needing end of life care.
- Develop innovative ways of reaching excluded groups, who require alternative methods of communication so that they can have their voices heard e.g. easy to read materials

¹ Incontinence pads/nappies/diapers, catheters, urine bottles, shewees etc

4. Representation of older people and people with disabilities

- Develop safe and responsive feedback and complaints mechanisms for older people and people with disabilities.
- Identify and address rumours and misinformation – which can spread particularly quickly in urban centres - through effective community engagement.
- Identify and engage with community and special interest groups, like OPAs, DPO's, clubs, or women's groups. Public spaces, media and technology can help.
- Use technology to promptly provide accurate information on healthcare and services.
- Advocate for humanitarian actors to provide an inclusive response, for example by participating in national and regional WASH clusters.

These WASH inclusion principles complement existing standards and guidance on WASH. They should be read in conjunction with the [Humanitarian Inclusion Standards](#) WASH Section and the [Sphere Standards WASH Section](#) and [their COVID-19 messaging](#).

Further information:

Sphere Standards COVID-19 is here

<https://spherestandards.org/coronavirus/#Download>

Sphere Standards - WASH Chapter: Use the guidance in the Hygiene Promotion section, including Key actions, Indicators and Guidance notes.

Standard 1.1 (Hygiene promotion) requires that People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.

Standard 1.2 (Hygiene items) requires that: Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

WASH standard 6 (WASH in healthcare settings) states: All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks. This standard is directly applicable to the COVID-19 response and should be used in its entirety. It again highlights hygiene promotion and working with communities. COVID-19 specific interventions should be taken e.g. relating to hand hygiene.

<https://www.elrha.org/news/coronavirus-covid-19-resources-for-humanitarians/>

<https://www.elrha.org/project/investing-in-inclusive-wash-examining-barriers-and-values/>

<https://www.communityledtotalsanitation.org/resources/frontiers>

For related health actions, see the Communicable diseases standards 2.1.1 to 2.1.4.

For community engagement, see: Introduction to the WASH chapter and Introduction to WASH standard 6: (WASH in disease outbreaks and healthcare settings).

For urban guidance, see: What is Sphere? Section on urban settings and Introduction to the WASH chapter as well as Introduction to the Health chapter.

Find out more:

[Helpage.org/coronavirus-COVID19](https://www.helpage.org/coronavirus-COVID19)

HelpAge International
PO Box 70156, London WC1A 9GB, UK
Tel +44 (0)20 7278 7778
info@helpage.org
www.helpage.org

 @HelpAge  HelpAge International

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