1. Introduction

In late 2019, an acute respiratory disease emerged, known as novel coronavirus disease 2019 (COVID-19). On the 30th January 2020, the World Health Organization’s (WHO) Emergency Committee declared the illness known as Coronavirus Disease 2019 (COVID-19) a Public Health Emergency of International Concern (PHEIC), and on 11th March declared it a pandemic¹. The pathogen responsible for COVID-19 is severe acute respiratory syndrome coronavirus (SARS-CoV-2, also referred to as the COVID-19 virus), member of the coronavirus family².

The first confirmed case in Bangladesh was reported on 8th of March 2020. The Government of Bangladesh is taking initiative to limit spread of the disease (i.e. self-quarantine for people coming in the country with travel history from COVID-19 affected countries) and closure of all schools, including learning centers in Rohingya camps, from 17th March until 31st March 2020. A National Preparedness and Response Plan for COVID-19 has been consolidated (Version n. 5, dated 17th March 2020).

2. COVID-19 and WASH

There are two main routes of transmission of COVID-19: respiratory droplets and direct contact. Respiratory droplets are generated when an infected person coughs or sneezes. Droplets may also land on surfaces where the virus could remain viable and thus the immediate environment of an infected individual can serve as a source of transmission (contact transmission).

The provision of safe water, sanitation, hygienic living and environmental conditions are essential to protect human health during all infectious disease outbreaks, including the COVID-19 outbreak. Hand hygiene, personal and social hygiene are key elements in preventing this disease to spread.

As of today, a lot of aspects of COVID-19 prevention and control are still unclear, including implications related to WASH interventions (like virus persistence on surfaces or sewage). While

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COVID-19 virus persistence in untreated drinking-water is possible, it has not been detected in drinking water supplies. Other coronaviruses have not been found in surface or groundwater sources so the risk of coronaviruses to water supplies is low.

There are no reports of faecal-oral transmission of the COVID-19, however this should not be excluded and could explain the quick spread of the diseases, as viral RNA fragments of the virus have been found in feces of infected people, also after their recovery.

There is a low risk (not proven for Covid-19 but observed for other types of coronavirus) that the virus could survive up to 2 days in non-chlorinated water so chlorination/water treatment should be particularly encouraged.

It is not certain how long the COVID-19 virus 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. The survival time depends on a number of factors, including the type of surface, temperature, relative humidity and specific strain of the virus. The same review also found that effective inactivation could be achieved within 1 minute exposure time using common disinfectants, such as 70% ethanol or 0.1% sodium hypochlorite.

4 The COVID-19 virus is an enveloped virus, with a fragile outer membrane. Generally, enveloped viruses are less stable in the environment and are more susceptible to oxidants, such as chlorine. While there is no evidence to date about survival of the COVID-19 virus in water or sewage, the virus is likely to become inactivated significantly faster than non-enveloped human enteric viruses with known waterborne transmission (such as adenoviruses, norovirus, rotavirus and hepatitis A). For example, one study found that a surrogate human coronavirus survived only 2 days in dechlorinated tap water and in hospital wastewater at 20° C, from: WHO, UNICEF, Water, sanitation, hygiene and waste management for the COVID-19 virus, Updated technical note, 2nd edition, 6 April 2020.

3. Multisectoral Response Modalities

Health Sector and ISCG have defined two (2) scenarios for the response, which are defined as "essential" and "critical" and are described below according to the guidance received.

"Essential" and “critical” are different phases based on declaration or activation by authorities (RRRC) but, operationally, the boundaries are fluid.

WASH Sector is supporting the multisectoral response via contribution to definition of relevant guidelines, contribution to the Risk Communication TwiG (Technical Working Group) and via provision of support to specific Sectors requests via WASH partners engagement (i.e. provision of hand washing stations).

1. Essential

From the 23rd March to the 7th of April: as of 23rd of March, humanitarian operations have been officially moved from "normal" towards essential services and assistance, to minimize the risk within camps settings, as per RRRC communication. General recommendations for all sectors incuded ensuring handwashing and disinfections during services provision, minimization of group gatherings and maintenance of social distance as much as possible."\(^6\)

WASH essential activities are considered as follows:

- Hygiene promotion and hygiene kits distribution
- Water and sanitation activities (safe water supply, desludging, disinfection, maintenance of handwashing points, SWM, FSM, latrines)
- Preparation of Rohingya volunteers by Health, WASH and Site Management sectors for essential services during critical phase.

2. Critical

In this modality, staff presence is massively reduced, with many or most essential services to provided by volunteers on the ground, or potentially by the Military (however not yet confirmed). Adequate measures and guidance must be given to volunteers delivering critical services and assistance, according to business continuity plans. Modalities for ensuring the most vulnerable have their needs

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\(^6\) 24 March 2020, RRRC, *Rohingya refugee camp operations: Essential Programs in light of COVID-19*

\(^7\) 8 April 2020, RRRC communication on *critical activities*
attended to in critical mode, still to be clarified. Critical facilities and services requiring humanitarian staffing:

**WASH critical facilities and services** requiring humanitarian staffing (full staff) are considered as follows:

- Critical water supply management

**WASH critical distributions and services to operate through alternate modalities** (reduced humanitarian staffing):

- Hygiene (including soap) and MHM kit distribution
- Critical WASH maintenance (desludging, disinfection, maintenance of hand-washing points)
- Hygiene promotion, health awareness

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8 22<sup>nd</sup> March 2020, RRRC, *Rohingya refugee camp operations: essential and critical programmes in light of COVID-19*
4. WASH Sector priority response activities according to scenario

COVID-19 has to be considered a health sector driven response, where WASH Sector has a supporting role in coordination, preparedness and prevention, mitigation and response.

Objective of the WASH response: to limit the possibilities of Covid-19 to reach vulnerable population via implementation of WASH preventive initiatives like disinfection, distribution of hygiene items and awareness raising.

The WASH response targets the 1.12 millions beneficiaries as per 2020 JRP (Joint Response Plan).

Area Focal Agencies, at this stage, are recommended to assess the capacities or respective implementing agencies, including scale-up and gap filling possibilities: additional human resources recruitment might be necessary, procurement of additional soap to cover estimated 6 months of scale up distribution is recommended, procurement of additional HTH (calcium hypochlorite), sprayers and protective gears also recommended, forecasting worst-case scenario of outbreak.

1. Essential (incorporating preparedness for critical phase)

This phase was concluded on the 7th of April, despite no confirmed cases have been detected in camps or neighbouring host communities.

Hygiene Promotion and WASH NFIs

- Ensure regular soap distribution according to the "normal" schedule of each agency; some agencies are providing soap on a monthly bases, others on 3-month bases: if possible, instead of distributing 3-months supplies in once, 3 distributions of 1 month supply should be preferred. No scale-up of distribution is recommended at this stage.

- Hygiene items distribution (MHM kits, Hygiene kits) to continue as per agencies' schedule. All distributions to follow newly developed distribution multisectoral guidelines.

- In Host's Communities, blanket distribution of soap as prevention method in villages where partners currently work around the camps (Whykong and Nhilla unions).

- Update the stock records (soap, chlorine-based products...) and report the information to the WASH Sector.

- Basic training on COVID-19 messages from AFAs (Area Focal Agency) and their partners to their field staff. Key messages developed by Risk Communication TWiG can be found here. Posters developed by UNICEF and WHO can be found here.

- Ramp-up HP (Hygiene Promotion) and community engagement towards behaviour change, focusing on: changing sneezing, spitting and coughing behaviours, enhancing systematic hand washing practices with soap, beyond the known "5 critical times" but strengthening COVID-19 related handwashing messages; changing social attitudes like hand shaking or spitting. Focusing on barriers
to behaviour change, that can be originated by gaps on infrastructure but also on social norms/beliefs. Messages tailored also to reduce stigma related to COVID-19 and to encourage communities to seek medical attention without creating shame or panic. Strong focus on children: learning centers and schools are closed so children have to be targeted at home (child to child approach to be continued). Increase the number of community volunteers, also in prevision of additional responsibilities to take over in case of lockdown.

- Hygiene promotion should avoid mass-gathering and focus on house to house visits mainly (targeting max. 5 persons per time for house to house sessions; max. 10 persons per any other awareness raising session, keeping in mind social distancing recommendations). Explore the possibility to use available audio or video messages to reach communities, also liaising with CWC/camp-base info hubs\(^9\). Remote hygiene promotion through mass media campaigns, use of megaphones, messaging via imams to be explored.

- Hygiene promotion during distributions.

- Engagement with key-stakeholders like Imams/Maji, other community leaders, Upazilla chairmen, CiC (Camp in Charge), including orientation on COVID-19 disease, is considered a fundamental part of the community engagement approach. A lot of misconceptions and rumors about COVID-19 has been reported already\(^10\), so discussions with leaders and authorities should target as well those aspects.

- Setting-up of a "business continuity" plan with field staff, to make sure hygiene awareness activities can continue also in case of lock-down, also through reinforcing engagement with WASH committee/latrines users groups and orientation on key-hygiene promotion activities.

**Water and sanitation**

- Make handwashing easier by increasing the availability of handwashing facilities, soap and water quantity, in camps and host communities. Hand-Washing (HW) should have appropriate drainage system to avoid accumulation of waste water. Handwashing facilities to be installed also in public spaces like market areas, CiC offices, camps gates, parkings religious areas and so on. To ensure sustainability, HW stations should be installed in the proximity of functional water sources and maintained by community structures like WASH committees. Food vendors to be encouraged to install handwashing facilities at their stalls. HH level

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\(^9\) Advocacy on-going at the moment by humanitarian community to grant access to internet to Rohingya camps; if restriction will be lifted, social media communication can become an option for messaging.

\(^10\) At this regard see: "What Matters?" humanitarian feedback bulletin on Rohingya response, 24 March 2020, and IOM, Flying news about Corona Virus.
handwashing stands realisation to be scaled up through distribution and promotion of facilities such as tippy-tap or through regular bucket + tap + stand installation. Use of chlorinated water for handwashing is not recommended as it is difficult to implement at large scale and requires special care in solution preparation and HTH handling. Moreover, correct handwashing with soap is considered sufficient to ensure clean hands and to prevent the spread of germs. However, on specific cases like installation of handwashing station at distribution points or at NGOs field offices, agencies may use chlorinated water for handwashing (0.05%).

- **Prepositioning of emergency water treatment supplies** (i.e. HTH, Aquatabs, Aluminium Sulphate) and disinfection supplies (i.e. HTH, sprayers, protective gears) in camps/field offices.
- **Preparedness for water scarcity**: planning for water trucking, SWAT and additional storage capacities where needed/relevant.
- **Prepositioning of spare parts, fuel** (if safety conditions are met), lime for desludging and any other equipment and tool, to ensure business continuity in case of lock down or reduced presence of staff in the "critical" phase and orientation of field staff regarding critical O&M activities.
- **Support scaling up of WASH services in isolation facilities** (especially those identified for Covid-19 response) upon request by the GoB/Health Sector (expected for host communities mainly). This may also apply in schools and learning institutions in host communities and camps if the schools are reopened.
- **Contribute to a safe, clean, healthy environment through reinforcing and scaling up critical O&M in camps and host community**, to prevent and/or mitigate the insurgence of other outbreaks (i.e. cholera/AWD), also in provision of possible services disruptions in case of lock down.
- **Support other Sectors** when needed with provision of handwashing stations, soap, IEC materials (IEC: Information, Education and Communication) and training of trainers.
- **Setting-up of a "business continuity" plan with field staff**, to make sure critical water and sanitation activities can continue in case of lock-down, including monitoring and reporting. Ensure a second line of workforce as backup, in case of volunteers might fell sick or be in need to time off because of other HH member health conditions.
- **Training of field staff on disinfection procedures** (latrines, bathing cubicles, water points)
- **Disinfection** (via spraying of HTH solution) of latrines, bathing shelters and tap stands in areas or sub-block where the COVID-19 case has been detected, including affected shelter and targeted hygiene promotion in affected neighbourhood.
- **Continue regular bacteriological, physical/chemical water testing at source and HH level. Sanitary inspection as triangulation measure can be implemented.**
2. Critical

Started officially on the 8th April 2020.

If a confirmed COVID-19 case is reported by GoB/Health Sector, the response will prioritize WASH interventions in the area where the COVID-19 case has been confirmed: cluster-oriented rapid response team engaged in hygiene promotion awareness to affected Households (HH) and neighboring HH, soap distribution and surroundings’ WASH facilities disinfection. Response to be carried-out considering reduction of staff.

Distributions will not stop during the "critical" phase; however recommendations from GoB and RRRRC might lead to the indication of having HtoH distributions. Community volunteer will probably be tasked by a full range of HH level interventions like awareness raising, HtoH distribution, free residual chlorine (FRC) check, disinfection and others. HH level distribution is an option to be considered to avoid gatherings.  

At this phase, recruitment of additional national and international human resources (WASH and/or public health profiles) to support the response and the following recovery phase might be needed.

Apart from the activities mentioned for the "essential" scenario, other recommended activities are:

**Hygiene Promotion**\(^{11}\) and WASH NFIs

- Scaling-up soap distribution in camps and host communities where COVID-19 cases are detected and spread (more than 10 cases). Possibility of “blanket soap distribution”, to be coordinated with Camp Management, CiCs, GoB and Health Sector. Timely coordination with local authorities (at host and camp level) is fundamental.
- **Aquatabs distribution** targeting only the 40% of the camps not yet covered by chlorinated water or in cases of piped water breakdowns. Aquatabs distribution to be implemented in affected host communities.
- **Distribution of hygiene kits** in camps and host communities where COVID-19 cases are detected and spread (more than 10 cases), to simplify HH water chlorination for families targeted by Aquatabs distribution and, in general, to increase water storage capacities and quality of jerrycan and, as such, reduce the frequency of water point frequentation and contamination.

\(^{11}\) On longer term, development/adaptation of supportive hygiene promotion and comprehensive behaviour change programs will be evaluated by the Sector: these might include production of documentaries on role models or guidances from behaviour change methodologies (i.e. RANAS approach, WASH'Em resources, Clown Without Borders methodology adaptation etc.).
Water and sanitation

- Provision of extra disinfection devices (i.e. in-line chlorine dosers) to piped networks if and where needed or other on-site chlorination initiatives.
- Widespread disinfection of WASH facilities (latrines, bathing cubicles, tertiary drainages)
- Continue regular bacteriological, physical/chemical water testing at source and network level. FRC checks can replace bacteriological analysis at HH level due to reduction of staff.

5. Disinfection guidelines
Can be found [here](#).

6. Coordination
WASH sector will regularly update partners about COVID-19 response via emails or meetings. WASH Sector will continue coordinating with Health Sectors and partners, Risk Communication TWiG, other Sectors and ISCG. Ad hoc Health-WASH meeting will be organised upon needs or on regular bases.

WASH Sector will make sure partners have access to relevant and updated and endorsed documents regarding COVID-19, including global publications, crosscutting reports, IEC materials and scientific evidences.

A folder with relevant documents has been created within the HP TWiG Google Drive and can be found [here](#).

7. Mainstreaming and overarching approaches

In addition to specific WASH related approaches, it is important to strengthen and engage further into the 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.

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

The development of [Call for Gender Actions for COVID-19 Preparedness and Response](#) was led by Cox's Bazar UN Women and the ISCG Gender Hub with inputs and endorsement by the GIHA WG Co-Chair, UNHCR, and GIHA WG members. The purpose of the call for action is to make the gender concerns

12 From GWC response to COVID-19
explicit and provide recommendations to Sectors and their partners. These recall the SEG endorsed Key Action for Gender Equality and Empowerment of Women and Girls in Humanitarian Action in line with IASC Gender Policy, and further reflect evidence from the field, as well as lessons learned from other countries dealing with Covid-19 and previous epidemics.
8. Communication chain Health/ WASH Sector

Confirm/ Suspected COVID-19 case by GoB Health Department/ Health Sector (camp and host) – no WASH involvement in the assessment

EWARS protocol will be followed

Info to the WASH Sector
- Quick via phone/WhatsApp to HP TWiG lead
- (later) More consolidated/formal: email to WASH Sector

Info to be shared

**Essential scenario:**
Camp number, GPS point of the case, Anagrafic, date of test

**Critical scenario:**
Camp number, GPS point of the case, anagrafic, date of test, until the moment is relevant (if outbreak spreaded all over the camps, no more tests will be carried out and localisation of case has no more interest)

WASH Sector (HP TWiG) to call AFA and WASH CFP for info

WASH actor in the block/camp starts emergency response

WASH actors in the affected camp to share gaps of HR or assets to the Sector in order to activate request for other agencies to step in, if needed

Update: end of the day (phone/email) + formal report

Report to WASH Sector members, Health Sector and ISCG

WASH Sector response to COVID-19
Cox's Bazar WASH Sector - April 2020
9. WASH Sector Covid-19 monitoring and reporting

WASH Sector is requesting to AFAs to report key-COVID-19 related activities on a weekly bases. At the moment, the Sector is requested to report, with the same frequency, to ISCG.

A monitoring template has been shared with Area Focal Agencies, for them to capture the progress of implementing partners in respective areas. Reporting template can be found here. AFAs are expected to share key updated with the Sector every Tuesday.

4W monthly report is not replaced by this specific COVID-19 template and all COVID-19 related achievements have to be reported in the 4W.

10. Rumors tracking

All Sectors/WG are asked to collect rumors/misinformations related to COVID-19 via a specific template. BBC Media Action will analyze this information and share the recommendations to the Sectors. This will be useful for reinforcing positive messaging and to dispel rumors that are circulating and to ensure accurate and timely information is shared with persons of concern.

The template can be found here, to be sent to: cxbfeedback@bd.bbcmediaaction.org.
Annex 1: WHO guided precautionary health & hygiene measures for non-health field staff and work premises

- No PPE is expected to be worn during hygiene promotion field activities, according to WHO recommendations. Staff performing tasks like desludging and camp cleaning can wear the PPE already in use before; however, the decision of providing hygiene promoters with PPE will be ultimately taken by single agency according to risk perception of field workers. In case of use of protective equipments like masks and gloves, those should be properly and safely disposed: WASH agency to liaise with Health facilities on site as masks, gloves and other protective gears must be disposed as medical waste. All the PPE that is used, has to be stored in a proper container preferably sealed (can be normal plastic bag) before they are destroyed. Use of biohazard bags is mandatory for transportation of this kind of waste from collection to disposal site. Given the circumstances, incineration is the only safe option for disposal.

- Performing hand hygiene frequently with soap and water, especially before going to the field, performing an activity (water treatment, hygiene promotion sessions…) and after coming back from the field or performing sanitation related activity (latrine rehabilitation or maintenance, desludging); increase hand washing stations presence in office spaces if needed; if alchohol-based sanitizers are provided, the percentage of alchohol should be of at least 70%.

- Avoiding touching face (eyes, nose and mouth especially);

- Practicing respiratory hygiene by coughing or sneezing into a tissue or bent elbow and then immediately washing hands with soap; dispose used tissue immediately in closed waste bin. Remind employees to avoid spitting in public

- Maintain social distance (minimum of 1 m/3 feet) from person to person. Staff to avoid hand shaking, sharing food, water bottles and other kitchen utensils.

- Ensure safety conditions are met for contractors as well (hand washing facilities, PPE, soap);

- Staff not in good health should not go the field or to any workplace, especially if having fever, cough and respiratory illness

- In office place: make sure relevant IEC materials are displayed; closed waste bins to be provided for hygienical disposal of tissues.

- Display posters demonstrating hand hygiene procedures in all places with hand hygiene facilities

- Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly. Use 0.1% chlorine solution to disinfect floors, and other surfaces
### Annex 2: WASH partners stock availability: compiled figures

Updated: 26th of March 2020

| IEC materials | Posters | Pieces | - 100, FaQ in English  
- 100 posters in English  
- 500 posters in Bangla |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HTH, 65-70% (kg)</td>
<td>Calcium hypochlorite</td>
<td>Kg.</td>
<td>12.690</td>
</tr>
<tr>
<td>Chlorine NaDCC (tablet form)</td>
<td>for water disinfection at HH level</td>
<td>Piece</td>
<td>48.312.144</td>
</tr>
<tr>
<td>Plastic Jerrycan 10 L</td>
<td>Flexible and good quality; made of plastic</td>
<td>Piece</td>
<td>322.724</td>
</tr>
<tr>
<td>Plastic Bucket 10 L with Lid</td>
<td></td>
<td>Piece</td>
<td>155.677</td>
</tr>
<tr>
<td>Soap</td>
<td>for laundry</td>
<td>Piece</td>
<td>2.789.135</td>
</tr>
<tr>
<td>Soap</td>
<td>for hand washing</td>
<td>Piece</td>
<td></td>
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