



EMERGING PRACTICES:
WASH and COVID 19 field practices

SUDAN | UNHCR staff roll out COVID-19 prevention efforts in South Darfur. South Sudanese refugees wash their hands as a preventive measure to stop the spread of COVID-19, before their biometric registration at Bileil camp, South Darfur.
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1. Increased importance and added complexity of WASH in COVID-19

The COVID-19 pandemic continues to test our collective limits and individual resources, even in the wealthiest and most developed countries. The seemingly simple act of washing one's hands, however, is considered one of the most effective acts to stop the spread of the virus. In reality, three billion people lack soap and water at home to practice good hand hygiene and some 40 percent of healthcare facilities are not equipped with handwashing stations at points of care. For many of UNHCR's 86.5 million people of concern, including refugees and internally displaced persons, these dire conditions represent their daily lives and make responding to COVID-19 extremely challenging. The COVID-19 pandemic is creating health emergencies inside forcibly displaced emergencies and requires a new way of thinking and operating.

In 2020, UNHCR is supporting the highest number of forcibly displaced populations in recorded history. Many UNHCR field operations are located in deeply remote areas where UNHCR is often the sole service provider for refugees. UNHCR works with refugees in extraordinarily difficult conditions that are already impacted by conflict, climate change, and extremely limited resources. To respond to new challenges caused by COVID-19, UNHCR and the water, sanitation and hygiene (WASH) partners are exploring emerging practices by:

- ▶ redesigning and installing additional WASH facilities to decrease COVID-19 transmission rates;
- ▶ leveraging refugee voices to communicate risks about COVID-19 transmission;
- ▶ expanding cash-based interventions when COVID-19 related economic losses endanger hygiene practices.

The following document details specific, innovative WASH programmes in UNHCR field operations in Bangladesh, Democratic Republic of Congo, Ethiopia, Iraq, Rwanda, South Sudan, Sudan, and Zimbabwe.



SOUTH SUDAN | COVID-19
precautions during food and soap
distribution. Sudanese refugees
practice social distancing as they wait
to wash their hands and collect a food
distribution at Pamir camp in Jamjang,
north-east South Sudan.
© UNHCR/Bith Bol Ayuel Dau

2. Unique considerations and actions for WASH in COVID-19

The emergence of COVID-19, its related risks, and the high impact of WASH measures to mitigate those risks propelled UNHCR to work quickly on preparedness and prevention projects. The pandemic has shed light on existing service gaps that had not yet been prioritized. UNHCR recognizes that by addressing these gaps, field offices would be contributing to lower COVID-19 transmission rates in the short-term while improving overall WASH services for refugees in the long-term (post-pandemic).

WASH programming and projects are fundamentally multisectoral. All sectors and areas of life experience the impact of adequate or – importantly – inadequate access to WASH. UNHCR's COVID-19 WASH preparedness and response is comprehensive and far-reaching taking into consideration how needs and gaps present themselves specifically to forcibly displaced populations. Ranging from increasing handwashing facilities in high risk public places and communicating culturally appropriate messages to foster behavior changes to cash-based interventions and in-kind distribution of hygiene supplies, UNHCR is strengthening and adapting WASH services in camps and urban settings, healthcare facilities, and schools.

At the very beginning of the pandemic, UNHCR drew from its extensive experience in WASH emergencies to design COVID-19 preparedness guidance to meet the unique constraints of operating with an unknown illness during unprecedented times: [Technical WASH Guidance for COVID](#) and a [COVID-19 WASH Rapid Checklist](#).

Key priority areas for COVID-19 WASH and sample activities

WASH Business Continuity - are we prepared for lockdowns and subsequent impacts?

- ▶ Identify and make plans with staff in critical roles (ex: water pump operators) to manage basic services in case of movement/camp access restrictions,
- ▶ Make sufficient essential WASH supplies (ex: fuel for pumps, spare parts) available for the next three months in case of supply chain shocks

WASH Infection Prevention and Control in communities - do refugees and others have the facilities to wash their hands as we ask them to?

- ▶ Make adequate handwashing stations with soap and water available in critical public sites like reception centers, markets, distribution sites and others

Social Distancing - how can we minimize risks related to accessing WASH services?

- ▶ Mark 2-meter social distancing intervals at communal WASH infrastructure (water collection points, toilets)
- ▶ Adapt/increase water distribution times to decrease queuing time and social contact

Hygiene items - have we anticipated increased household hygiene needs and found appropriate modalities of safe distribution (e.g. cash or in-kind)

- ▶ Ensure households have access to soap, water and containers for the next 3 months through either increase of cash allowance or in kind distribution, ensuring physical distancing.

Risk Communication and Community Engagement - how can we safely and adequately inform populations?

- ▶ Prepare low interpersonal risk methods of communication (radio, social media, loudspeakers)
- ▶ Work with communities to protect the most vulnerable, especially the elderly

Supporting Infection Prevention Control in Healthcare Facilities - how can we support our health colleagues and partners?

- ▶ Coordinate with public health colleagues to implement IPC in healthcare facilities by ensuring adequate water, excreta management, environmental cleaning and medical waste management

3. Emerging practices in UNHCR field operations

Despite the extra layer of insecurity and danger that the pandemic brings to UNHCR people of concern and staff, the ingenuity of UNHCR field operations is growing exponentially. The following examples from the field describe emerging practices spurred on by the COVID-19 pandemic and how individual UNHCR operations are responding in alignment with the unique conditions inside each country.

Redesigning and installing WASH facilities to decrease COVID-19 transmission rate

Gambella, Ethiopia – Ethiopia is one of the largest refugee-hosting countries in Africa, sheltering some 763,000 registered refugees and asylum seekers. The country also has an internally displaced population of around three million. UNHCR is collaborating closely with partners to continue all efforts to mitigate COVID-19 transmission in the country's 26 refugee camps and surrounding host community locations.

In Gambella camps during the COVID-19 preparedness phase, UNHCR identified a major obstacle: traditional designs for handwashing stations required users to turn off the water tap with their hands after washing their hands. The handwashing station's initial structure had a blind spot that created a fresh potential contamination point immediately after users had washed their hands. The situation was even more concerning considering that refugees were lining up and crowds were forming to access WASH.

In response, UNHCR developed a handsfree handwashing mechanism along with partners Oxfam, NCA, and ARRA. Using one's foot on two different pedals, the user now can turn on and off the water supply and access liquid soap. Two distinct buckets separate clean from dirty water. This innovation reduces the risk of recontamination after handwashing.

Cox's Bazaar, Bangladesh – Over 850,000 Rohingya refugees currently reside in 34 extremely congested camps in Cox's Bazar District. Many households are multigenerational as the population is 51 percent children (< 18 years) and 4 percent elderly (> 60 years). The COVID-19 pandemic has exacerbated the vulnerabilities of elderly Rohingya refugees due to their living conditions. The need to access WASH within the household is critical to stop or delay the spread of the virus amongst the elderly.

UNHCR and partners have engaged in a massive project to ensure handwashing devices are installed in every household with an elderly resident. "Tippy-Taps," makeshift devices tipped to release water, are cheap, made of local materials, and easily maintained by households. When installing the Tippy-Taps, UNHCR reinforces the key COVID-19 transmission prevention messaging.



DEMOCRATIC REPUBLIC OF CONGO | COVID-19 preparedness, prevention and response. An internally displaced woman washes her hands before receiving her cash assistance at Kigonze site, Ituri province, Democratic Republic of the Congo.
© UNHCR/Leha Ellen Becker

Countrywide, Democratic Republic of Congo – The Democratic Republic of Congo (DRC) is one of the most complex and long-standing humanitarian crises in Africa. The country hosts some 523,000 refugees and there are over 5 million internally displaced persons (IDPs). The COVID-19 pandemic comes on the heels of recent Ebola and measles epidemics that together have claimed more than 4,700 lives. A resurgence in Ebola cases happened in April, concurrent with COVID-19 planning. Despite the extremely challenging environment, UNHCR has prioritized adequate access to WASH and community engagement on risk communication in camps and surrounding host communities.

To delay or prevent the spread of COVID-19, UNHCR has installed 2,122 handwashing stations (including 61 donated to authorities and 288 to health structures), distributed over 65,000 bars of soap, and disinfected 1,599 community infrastructures (dormitories, community structures, etc.). In the Meri site and at household level, UNHCR has distributed soap for personal hygiene (over 65,000 persons covered) and promotion of “Tippy Taps” – hygienic handwashing stations made by refugees themselves using recycled materials. Specific trainings have been conducted including which type of materials used, where to find it and how to build them.

UNHCR has also established coordination mechanisms to ensure streamlined hygiene promotion campaigns that engage community-based protection outreach workers and community health workers. UNHCR is contributing to community messaging about COVID-19 and measures to prevent infection. Information material prepared on behalf of the Ministry of Health, and translated in the languages spoken by refugees, is being distributed across the country. Awareness-raising is also being done through awareness sessions and radio broadcasts (in Kasai, Haut-Katanga, Tanganyika, Nord Ubangi, Sud Ubangi, North Kivu, South Kivu, Ituri and Haut Uele provinces), and through established community committees. Awareness-raising sessions are taking place in groups of less than 15 refugees keeping at least two meters distance from each other.

Countrywide, Sudan – Sudan has a long-standing tradition of hosting refugees. There are currently over 1 million refugees residing in Sudan, over 75 percent of whom are South Sudanese refugees. To meet their WASH needs, UNHCR has accelerated and augmented its WASH programming in field operations.

UNHCR has increased water supply by extending operating hours to mitigate potential transmission by reducing congestion and reinforcing social distancing messages, strengthening the backup arrangement for electro-mechanical equipment to ensure uninterrupted supply and ensure business continuity, and establishing emergency water supply stations for surrounding host communities to increase potable water and allow for an overall increase in hygiene-related practices.

UNHCR has also upgraded water stations in all eight health facilities, four isolation centers, and food distribution centers. The renovations allow for the installation of some 460 additional handwashing stations with dedicated water filling and soap distribution arrangements. UNHCR also distributed 2.2 million bars of soap to refugees, IDPs, and host communities, and trained outreach workers on COVID-19 prevention.

Leveraging refugee voices to mitigate misinformation about COVID-19 transmission

Countrywide, South Sudan – There are 300,000 refugees and approximately 1.7 million IDPs living in South Sudan. Most refugees live in remote locations and IDPs are scattered in hard to reach places. Only a limited number of forcibly displaced households have a television or internet access. Ensuring urgent and important messages on COVID-19 transmission reach the forcibly displaced represents a major challenge for UNHCR's operation.

Radio remains the most popular source of information in South Sudan. UNHCR is leveraging the medium to respond to questions and myths on COVID-19 through call-in radio talk shows. To amplify these messages, boda boda ("mobile radios"), where motorbikes with loudspeakers broadcast the radio shows and songs, drive through communities to reach as many people as possible.

UNHCR is also collaborating closely with refugees and IDPs to create culturally and linguistically appropriate public service announcements, radio shows, and jingles about COVID-19. Refugees have written, recorded, and performed their own COVID-19 awareness raising songs: [Song from Ajong Thok refugee camp] [Song from Pami refugee camp] [Song from DAFI scholar] In Malakal, there was a contest for the best jingle which is still being aired on the local airwaves. In Wau, IDPs also composed a song that is being aired locally. [Song from Wau]



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Tongogara, Zimbabwe – Zimbabwe is host to some 21,000 refugees, primarily from the Democratic Republic of Congo and Mozambique. The country's response to the COVID-19 pandemic is rolling out while it is still recovering from the devastating effects of 2019's Tropical Cyclone Idai. In situations where forcibly displaced people have endured multiple crises and emergencies, identifying new ways to understand community needs and present solutions is key.

For the first time, UNHCR is using an evidence-based approach known as Risks, Attitudes, Norms, Abilities and Self-regulation (RANAS) to develop a community-based behavior change campaign in Tongogara camp. RANAS is an extremely effective method to learn and change behavior practices that negatively impact WASH practices. For example, a field operation could conduct a significant handwashing outreach campaign, but if refugees do not have access to soap, they cannot follow the proposed guidelines. RANAS identifies gaps so they can be addressed. Community health workers in Tongogara have conducted over 200 surveys with refugees to pinpoint which of the five RANAS areas could have the most positive impact on slowing the spread of COVID-19. Based on findings coming from interviews with refugees, instead of making assumptions, UNHCR will be able to manage expectations, adapt outreach materials, and adjust partner capacity.