WASH and COVID-19 in Humanitarian Settings: How can we improve hygiene behaviors?

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WASH & COVID 19

- Handwashing infrastructure
- Handwashing products
- Handwashing behaviour
- Cleaning more often
- Disinfecting frequently touched surfaces
- Maintaining 2m distancing
- Reducing unnecessary travel
- Protecting vulnerable individuals
What makes COVID-19 response programmes in crises so important?

Crisis-affected populations may have

- Greater difficulties accessing health, social and economic services
- Limited access to water, sanitation, and hygiene infrastructure
- Limited engagement with mass or social media
- Greater likelihood of living in crowded environments
- More likely to be marginalised and stigmatised

Photo: Tom Heath, ACF
Learning from previous outbreaks

- Increased exposure and messaging
- Perceptions of risks change
- New norms emerge
- Preventative hygiene behaviours increase
Enabling behaviour in difficult circumstances:
Clearly define behaviours
Enabling behaviour in difficult circumstances:

Make guidance relevant to the context & population

To protect yourself and your family from the Coronavirus, keep a distance of 2 metres from others.

2 metres = 200 cm = 6 feet 7 inches

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Fully stretch out your arm. When you are about 2 meters away from someone, their face fits into your hand roughly like this.**

**Based on adult averages.

[Images of people and distances]
Enabling behaviour in difficult circumstances:

Address all barriers to behaviour

In outbreaks we tend to rely on knowledge and fear to drive behaviour - overlooking many other key determinants.
Enabling behaviour in difficult circumstances:
Make it easy and desirable to do
Enabling behaviour in difficult circumstances:

Get people’s attention

Crisis populations may be hard to reach, this means you need to be more creative.
Other general principles for hygiene promotion during COVID-19 response

- Plan for a range of circumstances and continue to assess risks
- Make the most of ‘windows of opportunities’
- Coordinate with others (including non-traditional actors)
- Engage with communities throughout the response
- Acknowledge and address other needs
- Encourage community level action and a sense of community spirit
Case study 1: Democratic Republic of Congo

- **Number of cases:** 1,102 (94% in Kinshasa - 1,032)
- **Number of deaths:** 44
- **Access to basic handwashing facilities:** 4%
- **Literacy:** 77%
- **Number of people in need:** 13.1 million
- **Number of displaced people:** 3.8 million
- **Context:** Ongoing Ebola response + COVID-19 preparedness in North Kivu (8 cases, 0 in Butembo & Mangina)
Community perceptions

- Confusion on symptoms, transmission and severity between Ebola and COVID-19
- COVID-19 perceived as a disease of the rich
- COVID-19 seen as something to keep politicians and humanitarians in business following the reduction in Ebola cases
- Perception that there is a COVID-19 vaccine but that this is being withheld from the community
- COVID-19 is associated with witchcraft
What is being done by our organisation?

- Capacity building of staff and community groups on COVID-19
- Regular dialogues with targeted community groups on COVID-19 related risks and prevention behaviours
- Installation of hand-washing stations in public places
- Increasing soap distribution
- Community perception tracking using a tool on mobile phones
What else is being done?

- Increasing access to information on COVID-19 using culturally appropriate channels such as local radio stations
- And preferred languages French, Lingala and Swahili (orientation of journalists)
- Working with local artists and religious leaders to develop songs and key information on COVID-19 in other local languages such as Kinande
- Plans to do interactive shows through local television stations
What had to be considered for COVID-19 programmes given the fragile context?

- Community-centred approach is critical
- Regular risk analysis by the team & community groups
- Integration of the hardware and software in the hotspots or high-risk areas
- Focus of WASH activities in Health Care Facilities
- Greater engagement with women because they are primary caregivers
What is working well?

INCREASED COMMUNITY TRUST:
- A well-established community network comprising of the CACs (Cellule d'Animation Communautaire), women groups and religious leaders
- Oxfam’s community engagement strategy: advocacy done at MOH led Ebola/ COVID-19 taskforce level to adapt response activities by different pillars based on the community feedback
- Oxfam's presence in the province for several years has availed the ‘time’ to build trust with the communities
What are key challenges?

- Lack of an enabling environment to support handwashing behavior - water scarcity & inadequate handwashing devices
- Poor enforcement of guidelines - business as usual with continued mass gatherings makes it hard to encourage physical distancing
- Misconceptions about the similarity and differences between Ebola & COVID-19
- Variations in implementation packages due to attempts to adapt the current Ebola response in line with the COVID-19 reality
- Lack of knowledge transfer between staff involved in Ebola (in Nord Kivu) and those implementing COVID-19 response in Kinshasa
Case study 2: North West Syria

- **Number of cases:** 0 cases in NWS (47 in other parts)
- **Number of deaths:** 0 deaths in NWS (3 in other parts)
- **Access to basic handwashing facilities:** 71%
- **Literacy:** 81%
- **Number of people in acute need:** 1.1 million out of 4.1 (27%)
- **Number of displaced people:** 2.7 million out of 4.1 (66%)
Community perceptions

● Not dangerous according to 10% of community v.s 20% of leaders.
● No COVID-19 cases yet in NWS, no need to take precautions.
● First time we have skies with no warplanes and bombs, we can’t stay home now!
● We suffered death since 2011 because of war, why bother if few more die?
● Authorities and international community do not care, why should we?
What is being done by our organisation?

The Corona Awareness Team with WHO and UNICEF support is:

- Dispatching awareness teams
- Organizing public campaigns
- Utilizing existing aid networks
- Training aid workers
- Increasing water and soap access
- Improving communication with religious leaders and de facto authorities
What else is being done?

- Disinfection of public facilities
- Change in aid distribution mechanisms
- Pilot distant learning
- Recreational activities for children
- Enhancing use of social media
What had to be considered for COVID-19 programmes given the fragile context?

- **Weak/destroyed health infrastructure:** A plan to enhance hospital capacity and add community isolation centers
- **Lack of community knowledge:** Enhanced RCCE activities
- **Beaten economics:** A plan to scale up aid in non-health sectors
- **Ideas to improve social distancing.**
What is working well?

- Border crossing restriction both within and outside Syria: main reason for 0 cases in NWS, although Syrian government-controlled area and other parts has 48 cases, and Turkey has about 140,000
What are key challenges?

- Fragmented authorities and different reactions to COVID-19 threat, more is required from UN negotiators.
- Weak infrastructure.
- Lack of proper housing.
- Lack of prevention material and financial resources.
- No cases of COVID-19 in the area despite testing by EWARN.
- Insufficient community knowledge.
Want more information about hygiene programming as part of COVID-19 response?

COVID-19

HygieneHub

Connect with experts who can answer questions and provide advice in real time

Search resources which summarise evidence and make recommendations appropriate for low-resource settings

Share what is working with other organisations and governments

hygienehub.info
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