



National WASH Cluster Iraq COVID-19 Response Guidance Note – 23 March 2020

Conflict affected populations in Iraq, particularly IDPs in and out of camps and recent returnees, are already faced with public health risks associated with diseases outbreaks. The situation is currently exacerbated by specific vulnerabilities and challenges related to COVID-19, putting more strains on the IDPs and services provided to support them. Conflict affected populations lack access and ability to purchase key hygiene materials that are otherwise available for the general population. WASH Cluster Iraq has developed this COVID-19 preventive and response technical guidance note to facilitate effective and timely response to COVID-19 in Iraq. This is a living document, which may be updated on a regular basis as the situation continues to evolve.

This guidance note primarily focuses on response to camp populations. In the event that COVID-19 enters a camps, given the concentration of the people at household levels and proximity of tents, social distancing and isolation of suspected and confirmed cases will be difficult to maintain, and the virus is likely to quickly spread throughout the population. Health facilities in camps are also stretched with only basic equipment and with intensive care units are often a significant distance away, heightening the risk for those experiencing severe symptoms. The limitations of movement for camp populations can also lead to difficulties in health seeking behaviors for people experiencing symptoms.

Water Provision

WASH partners should continue providing water in camps in line with WASH Cluster Technical Standards, which can be found [here](#). Specifically, the following quantity, quality, and storage standards should be ensured:

Quantity associated with Purpose of Use		
	Summers (specified months)	Winters
Household	80 L/P/D + 10 L/P/D for additional use when applicable for specified camps Consumption (Drinking and Cooking): 10 L/P/D Domestic: 70 L/P/D	50L/P/D Consumption (Drinking and Cooking): 7 L/P/D Domestic: 43 L/P/D
Health Centers	15 L/day per outpatient 60 L/day per inpatient/bed	10 L/day per outpatient 40 L/day per inpatient/bed
Water Quality		
As a standard protocol, water has to be tested at the source, storage, collection point and point of use (consumer). For water trucking water has to be additionally tested for turbidity, pH, TDS and FRC at the point of entry to the camp. Additional parameters to be followed based on the need at the source level one time and if needed on periodic basis.		
Quality of water used for domestic use is not required to comply with the stated standards. However, the following minimum standards should still be applicable:		
<ul style="list-style-type: none"> • Color (TCU): ≤10 TCU • Odor: Non objectionable • Taste: Non objectionable • Coliform: 0 CFU/100ml at point of delivery (unchlorinated water) • Free Residual Chlorine: ≥0.2–2mg/l at point of delivery (chlorinated water) • Turbidity: ≤5 NTU • pH: 6.5-8.5 		
Water Storage		
Households should have storage capacity for at least 50% of daily water requirement per person, based on an average family size of 6 members.		
Winters: 150L household storage in total		
Summers: 240L household storage in total		



If any camps are not currently meeting these standards, measures should be put in place immediately to reach the required standards. Surveys should be conducted on current water storage capacity, and communities that have not receive recent distribution of water storage containers should receive containers as per the prescribed distribution schedule.

Service management in camps

In camps, continuation of services, such as desludging, water trucking, and garbage collection, is essential and must continue whether the is an active outbreak or not. Partners should continue advocacy with local authorities and camp management to prevent disruptions of services, which could lead to an increase in disease spread, including but not limited to COVID-19. Any disruptions of services should be reported immediately to the WASH cluster to support resolving the problem.

COVID-19 Prevention Kits

WASH Cluster COVID-19 Prevention Kit are designed as a preventive measure for COVID-19. These kits are designed as a “top up” kit on top of regular hygiene kit distributions from previous or in upcoming months. The WASH COVID-19 Kit should be distributed before and during a COVID-19 outbreak on a monthly basis until the outbreak has been contained. Blanket distribution of the COVID-19 kits is suggested in camp settings given the close proximity of households and difficulties in conducting targeted distributions. In out of camp settings, vulnerable households should be identified using criteria such as age, pre-existing conditions, and risks of exposure. The WASH Cluster COVID-19 Kit should contain:

Item	Unit	Number	Description
Soap	Bars	10	Soap for personal hygiene. Wrapped bar. Non-perfumed, for normal skin. Hypoallergenic, wrapped bar, 250 g per person. Long durability.
Laundry detergent	Pack	1	1kg laundry detergent
Sanitary pads	Pack	4	Sanitary towels, disposable, pack of 10. Ultra-Thin; Material: Cotton; Shape: Winged; Feature: Super Absorbent; Size: Large or 350mm

Note: While sanitary pads are not directly related to COVID-19 transmission, in case of camp lockdown, women and girls would be highly affected. Many women and girls have to leave camps to purchase these items and this could be a risk for vector transmission. Laundry soap is included as households are advised to sneeze into their elbow, and the virus may live on fabric for some period of time.

Additionally, cleaning kits for households and communal facilities should also be distributed. For camps with communal WASH facilities such as communal latrines/showers, each WASH facility should receive a kit as a preventative measure. These kits are currently recommended as a one-time distribution – however, if the situation continues to deteriorate, the suggested distribution schedule may be changed. For camps with household level WASH facilities, cleaning kit distribution is a response measure following confirmation of a positive COVID-19 case. The affected household receive a kit, as well as a ring of nearby tents to prevent spread of infection. In case that COVID19 become widely spread in the camp this may be reassessed. Each household that receives the cleaning kit must be properly sensitized on proper and effective use of the kits, including frequency of cleaning and locations to disinfect (door handles, kitchen surfaces, etc.). For out of camp populations (Out-of-camp IDPs, refugees, and vulnerable host community members), targeted distributions should occur to households with pre-existing conditions or with household members over the age of 60 based on specific vulnerability to COVID-19. The contents of the cleaning kit are as follows:

Item	Unit	Number	Description
Soft Broom	Piece	1	Soft broom with handle and dust pan
Mop	Piece	1	
Bucket	Piece	1	20 liter HDPE bucket (high Density Poly Ethylene), UV resistant and safe for food and water storage. Tight fitting lid
Jerry Can	Piece	1	20 liter made of food grade PVC coated polyester fabric, polyethylene, or equivalent material
Gloves	Pair	5	Reusable rubber gloves designed for cleaning
Toilet Bowl Brush	Piece	1	
Disinfectant soap	Bottle	10	Disinfectant soap of Bleach 3-6%
Small Shovel	Piece	1	Or a pooper scoop or dust pan
Dust mask	Box	1	Packs of 100 pc.



COVID-19 Kit Distribution Strategy

To minimize close contacts among the population, large gatherings of people are not recommended for distribution of hygiene kits. WASH Cluster instead recommends that the kits be distributed directly to households through door to door distributions. However, if this is not feasible in a specific setting, alternative means of distribution, such as block distributions or distributions through vouchers could potentially be used if approved and implemented in close coordination with CCCM and local authorities. Distributions, both communal and household level, should be accompanied by sufficient handwashing stations and/or hand sanitizer for regular use by recipients and distribution staff.

The WASH Cluster recommends that agencies and donors consider alternatives to collecting fingerprints or signatures from household members for receiving distributions. Given that the virus is known to survive on surfaces for some time, the use of communal ink pads or pens should be discouraged. Collecting signatures requires additional time of close contact which could also pose as a risk for recipients and distribution staff. While some partners are considering disinfecting pens after every use, this is time consuming and risky, as pens have many surfaces and may still carry the virus if not disinfected properly. Picture verification is also largely unfeasible, given the large number of houses, sensitivity of camp populations, and cultural concerns. The WASH Cluster suggests that distributions be conducted with CCCM partner verification, rather than through individual household verification. However, this should be coordinated between donors and WASH partners to ensure that organizational and donor requirements are met for accountability purposes.

Hygiene promotion

WASH Cluster recommends house to house hygiene promotion approach as opposed to mass hygiene promotion based on the modality of transmission of COVID-19. Hygiene promotion should be conducted by trained staff, community/block level volunteers, and in collaboration with CCCM/Health partners in camps. PPE is not currently advised for hygiene promoters. Instead, the cluster is recommending that social distancing be practiced, with hygiene promoters remaining at least one (1) meter distance from the household members, washing hands before and after each household visit, avoiding shaking hands, and holding sessions outside of the tent/building whenever possible.

It is recommended to avoid misinformation, that WASH partners exclusively use the WHO and Health Cluster developed COVID-19 messages and information resources, available in English, Arabic and Kurdish [here](#). Key messages include:

- Background and symptoms of COVID-19 (cough, fever, breathing difficulties)
- Mode of transmission of COVID-19 (person-to-person contact)
- Prevention of COVID-19 (handwashing, not touching face, food hygiene)
- Importance of early identification and treatment (who to contact if suspected case)

For partners planning to implement mass media campaigns, such as radio, social media, television or text messages, all campaigns should be coordinated through the Health, WASH, and CCCM clusters to prevent spreading of misinformation or duplication, ensure synchronization of messages, and facilitate coordination with government messaging.

Partners are advised to provide staff, volunteers, and service providers with training on approved guidance and ensure they are conforming to these standards. Given the risk of outside staff and contractors bringing the virus into camps, they should adhere to the same guidelines that are provided to camp residents. Messaging should be provided in collaboration with other camp actors (CCCM, Health, Protection, etc.) to provide standardized guidance to staff and contractors accessing the camps.

Other resources

- 1- Key Message and Action for COVID-19 Prevention and Control in Camps and Camp Like Settings (jointly developed by IFRC, UNICEF, and WHO): <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>
- 2- Global WASH Cluster COVID-19 Resources: <https://docs.google.com/document/d/1YXrH8kQn8NGJOXOkpdxW-stsTsxM9L0PSRyMPkhNnOc/edit>
- 3- Water, Sanitation, Hygiene and Waste Management for COVID-19 (WHO and UNICEF guidance): <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>