Monday, 23 March , 2020

**WASH Cluster Positioning on Covid 19 Preparedness and Risk Reduction**

**Considering Covid-19 Virus Disease specificities** (probably contagious dead bodies, incubation period up to 14 days [longer than cholera], main transmission modes like wipe away tears at funerals not covered by usual hygiene promotion, neither water-borne nor specifically feco-oral disease),

**Considering lessons learned from major cross-border outbreaks of EVD** (index cases after contact with traditional healers, importance of illness perception and culturally appropriate safe and dignified burials for social acceptance, communication challenge facing fears and politicization, humanitarian willingness facing field capacity reality),

**From a WASH Cluster perspective,** please find the **top recommendations** for Covid-19 preparedness and risk reduction **so far**:

* **Risk reduction by creating awareness among the population on the importance of handwashing with soap (or a 0,05% Chlorine Solution) and ‘respiratory hygiene’ at communal areas should be promoted at large scale** (health facilities, schools, markets and other gathering events by training and setting up functional hand washing devices [e.g. 20 liters’ bucket with tap and HTH] while explaining communities and people at risk about Covid-19 and its impacts);
* \*\*Provide access to critical handwashing facilities [e.g. 20 liters’ bucket with tap and HTH] including alcohol-based sanitizers(wherever possible), WASH-related hygiene kits, with a focus on household, the points of entry, including schools with a focus on pre-positioning of emergency WASH supplies in the counties priortised at risk.
* **Risk Reduction by Social Distancing (physical distancing)** will be promoted at key WASH infrastructure locations (water collection points, communal latrines, handwashing stations, markets, etc), with the minimum distance being 2 to 2.5 meters

**\*\***Recommends house to house hygiene promotion approaches opposed to mass hygiene promotion based on the modality of transmission of COVID-19. PPE is not currently advised for hygiene promoters. Instead, the cluster is recommending that social distancing be practiced, with hygiene promoters remaining at least 2-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.

* **Preparedness activities should go beyond the Health system and liaise especially with the cross-border traditional healers** (census and mapping, social mobilization under an anthropological C4D approach, review of sick care and funeral [including burial] traditional protocols);
* **WASH Cluster partners without Covid-19 field experience should not step in burials management and should not directly step in WASH services upgrades for Covid-19 case management on the ground** (like in Treatment center or Isolation wards).

**\*\* To support the Health system to reduce the risk of hospital-associated infections and enhance infection, prevention and control (IPC) through WASH related support to health care facilities**

* **EVD Response Partners and Task Forces established may be encouraged for Covid-19** response along Health Cluster and MoH to better handle the situation **as in EVD** outbreak in DRC. \*\*Strengthening effective coordination at National and sub-national level, with links to C4D TWG and Health cluster coordination arrangements on critical inter-sectoral issues.

[**WASH Cluster South Sudan Website**](http://www.humanitarianresponse.info/en/operations/south-sudan/water-sanitation-hygiene)  
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