WASH Cluster
State of Palestine

WASH COVID-19 Response guidance

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Contents:

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WASH COVID 19 Response Task Force

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WASH COVID-19 Response Plan:

1.1 Background:

Since March 2020, the humanitarian actors in Palestine considered the COVID-19 outbreak in their programs. Many national and international agencies have developed their programming and emergency response modalities to be able to respond against this outbreak. On the 20th of March 2020, the humanitarian coordinator launched the 90 days inter-agency COVID 19 response plan, and different cluster partners from local NGOs, International NGOs and UN agencies contributed to the development of this response plan. Recently, and due to the changing situations regarding the COVID-19 outbreak, the inter-agency response plan has been revised, and 24 WASH cluster partners have contributed to this revision and proposed the following priorities:

- Support public facilities (healthcare facilities, and quarantine centers mainly) by ensuring availability and proper access to WASH services, IPC supplies, cleaning materials and waste management.
- Support vulnerable families and communities by providing hygiene items, carrying out communication awareness campaigns and promoting adequate personal hygiene and cleaning practices at the household level.
- Support WASH service providers, municipalities, and local councils to maintain their services through the provision of critical O&M fittings, cleaning materials and equipment.

WASH partners have proposed specific types of interventions summarized as following:

- Develop and disseminate information, education, and communication materials on COVID-19.
- Provision of hygiene, sanitizing and environmental cleaning materials and tools on different household, community, and institutional levels.
- Provision of water for households, health care facilities and quarantine centers.
- The installation and rehabilitation of simple WASH facilities at household, health care facilities and quarantine centers.
- Support health care facilities, quarantine centers and communities for waste management.
- Supporting PWA and the most vulnerable WASH service providers in ensuring adequate WASH services during the COVID 19 outbreak.

Such activities are supposed to be implemented in a limited duration (90 days, starts from March 2020), what needs high level of coordination, collaboration and integration from all cluster partners. Therefore, in coordination with Palestinian Water Authority, the WASH cluster decided to establish the WASH Emergency task force. This task force is composed from active WASH cluster organizations' members, who have been selected

based on detailed criteria like partner experience, partners' technical capacities, and partners' ability to allocate the required time to perform the task force duties.

The task force members shared the responsibility of developing technical standards, implementation methodology, stakeholder analysis and technical support reference for the WASH COVID 19 response plan activities. Therefore, each partner was responsible about one of the response plan component, and collected all the related data that will facilitate and guide the WASH partners in developing, design and implementing their COVID 19 response activities.

1.2 Objective/s:

The main objective of the WASH COVID 19 response guidance is to enhance coordination and integration amongst WASH actors during the implementation of the WASH cluster COVID-19 response plan, and to harmonize partners intervention through developing common standards, and a way of working, to ensure that all the activities being implemented under the WASH COVID 19 Response Plan will achieve high level of efficacy, and effectiveness toward its target groups.

1.3 Methodology:

To develop a useful and efficient guidance to facilitate WASH COVID 19 Response Plan interventions, the task force members developed a comprehensive methodology that considers the following:

Therefore, the task force agreed about the following steps to develop the intervention guidance:

- Identify the main component for guidance, and it has been agreed that members present their plans regarding a) the technical standards, b) implementation methodologies, c) Stakeholder mapping, and d) the technical support each member can deliver to other WASH cluster partners.
- Collecting, analyzing and summarizing the data reflecting the partners' experiences, good practices, implementation mechanisms and coordination efforts, during the implementation of the WASH COVID 19 response activities.
- Develop separate guidance for each component that includes all the main standards and tools, and WASH cluster revised guidance notes and ensure its alignment with the Response Plan, global COVID 19 guidance and context application.
- The WASH cluster team compiled all the members' outputs and developed the guidance document, which has been reviewed and adjusted by the task force members.

2. Risk Communication and Community Engagement RCCE

2.1 Background:

Risk Communication and Community Engagement (RCCE) is an essential component of health emergency preparedness and response action planning.
This tool is designed to support risk communication, community engagement, for staff and responders. It will enhance the work done with national health authorities, and other WASH partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

2.2 Technical guideline:

2.2.1 The Process:

This exercise can be completed remotely by any INGO at HQ or regional office through the following steps:

Step 1. Assess and collect; With your team, analyses and assess the situation and collect existing information and conduct rapid qualitative and/or quantitative related WASH assessments to learn about the communities (knowledge, attitudes and perceptions about COVID-19, most at-risk populations, communication patterns and channels, language, religion, influencers, health services and local situation)..

Step 2. Coordinate; Use existing coordination mechanisms or create new ones to engage with RCCE counterparts of WASH partner' organizations at all levels of the response: local, regional and national. These include health authorities, ministries and agencies of other government sectors, international organizations (WHO, UNICEF, IFRC, MSF, etc.) NGOs, academia, etc. Develop and maintain an up-to-date contact list of all partners and their focal points. Regular contact with all partners will help avoid duplication and identify potential gaps in the RCCE response.

Step 3. Define; Define and prioritize your key RCCE objectives with your WASH team and partners. Review them regularly to ensure they are responding to your priorities as COVID-19 evolves.

Step 4. Identify key audiences and influencers; Identify target audiences including beneficiaries, and key influencers. These include policy-makers, influential bloggers or other social media leaders, local leaders, women and youth groups, religious and elders' groups, local and international NGOs health experts and practitioners, volunteers, and people who have real-life experience with COVID-19 (those who have had COVID-19 or their family members have contracted the virus). Match audiences and influencers with channels and partners that reach them.

Step 5. Develop RCCE strategy; Based on the qualitative analysis' results, define key objectives and audiences, and develop a RCCE strategy that fits the country's comprehensive COVID-19 response strategy. Adapt the strategy to the local context: focus on WASH messages that are tailored to the relevant national and local context, reflecting key audience questions, perceptions, beliefs and practices.

Define and describe actions/activities that will contribute to achieving the RCCE objectives. Develop messages, and materials to transmit health protection steps and situation updates in line with World Health Organization's message. Messages and materials should be WASH-related and tailored to reflect audience perceptions and knowledge at the level to which the RCCE products are targeted, whether national, regional, or local (see assessment process in Step 1).

While defining the list of activities tailored to your country, simultaneously disseminate recommendations from the World Health Organization and your Ministry of Health. These sources provide accurate information that can mitigate concerns and promote preventive actions, even though they are not tailored to local communities.

Create or use the support provided by UNICEF/WHO on a weekly basis, with all relevant information, education and communication (IEC) materials tailored for and pre-tested with representatives of audiences for whom they are intended. Pre-testing messages and materials with target audiences ensures that messages are context specific and increase ownership by communities and at-risk populations and other stakeholders. As much as possible IEC materials should contain actions that people can take, like:

- An instruction to follow,
- A behavior to adopt,
- Information that can be shared with friends and family,

Step 6. Implement; Develop and implement the endorsed RCCE plan with relevant partners who engage with identified audiences and community. This should include capacity building and integration of RCCE counterparts from international, national, regional, local groups, and ensuring participation and accountability mechanisms are co-defined. Make sure to identify human, material, and financial resource needs. Define staff and partners who can implement the activities (number of people required in the team/organizations) and prepare a budget according to the available or proposed resources. Ensure strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential which includes tracking procedures or activities and materials, and a mechanism should be defined before starting implementation.

Set up and implement a rumor tracking system to closely watch misinformation, and report to relevant technical partners/sectors. Make sure to respond to rumors and misinformation with evidence-based guidance so that all rumors can be effectively

refuted. Adapt materials, messages and methodologies accordingly with help of relevant technical groups/teams.

Step 7. Monitor; Develop a monitoring plan to evaluate how well the objectives of the WASH RCCE plan are being fulfilled. Identify the activities the RCCE team will perform and the outcomes they are designed to achieve in reaching their audiences (communities, at-risk populations, stakeholders, etc.). Establish a baseline based an agreed indicators, before the activities start (for example, note the level of awareness or knowledge of a community at the time before the RCCE plan is implemented). Identify a way to measure the impact of the RCCE strategy, and monitor the changesbased on the selected indicators, in comparison with the baseline data during and after RCCE strategy activities are implemented.

If minimal or no positive changes are achieved, try to identify why this is: check if the activities are fit for purpose, check the content of the narratives, the methodologies, the quality of work conducted by the teams (it is very important to supervise the way team members conduct the activities) and also check the indicators chosen as they might not measure the activities/impact as required.

2.3 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Develop social media information, education, and communication materials for COVID-19 via social media, SMS, WhatsApp messages and mass media.	Identify the required message	WASH cluster coordinators	To validate the message and its relevance.
	Identify the audience (groups, communities…etc.)	WASH cluster coordinators	To validate the targeted audience and communities.
	Identify the dissemination tool	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Cross check the availability of previous materials	WASH COVID 19 response task force	Cross check the availability of predesigned materials.
	design the tools (poster, radio spot, brochure. etc...)	WASH COVID 19 response task force	Provide technical support.
	Procurement of RCCE materials	According to organization procedures	Conduct the related procurement procedure
	distribute the prepared materials and conduct the related campaigns.	According to organization procedures	Conduct the related procurement procedure
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Develop and disseminate information, education and communication printed materials for COVID-19	Identify the required message	WASH cluster coordinators	To validate the message and its relevance.
	Identify the audience (groups, communities…etc.)	WASH cluster coordinators	To validate the targeted audience and communities
	Identify the dissemination tool	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Cross check the availability of previous materials	WASH COVID 19 response task force	Cross check the availability of predesigned materials.
	design the tools (poster, brochure. etc...)	WASH COVID 19 response task force	Provide technical support.
	Procurement of RCCE materials	According to organization procedures	Conduct the related procurement procedure
	distribute the prepared materials and conduct the related campaigns.	According to organization procedures	Conduct the related procurement procedure
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

2.4 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
Develop social media information, education and communication materials for COVID-19 via social media, SMS, WhatsApp messages and mass media.	UNICEF/WHO RCCE team	X	X			X
	MOH	X			X	X
	local councils		X	X	X	
	Community representatives				X	
	PWA	X		X		X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Develop and disseminate information, education and communication printed materials for COVID-19	Unicef	X	X			
	MOH	X			X	X
	local councils	X	X	X	X	
	Community representatives	X	X		X	
	PWA	X		X		X
	WASH cluster	X	X	X	X	X
	WASH partners	X	X	X	X	

3. WASH in Health Care facilities

3.1 Background:

Adequate Infection Prevention and Control (IPC) cannot be met without WASH services . (water, sanitation and hygiene services). IPC occupies a unique position in the field of patient safety and quality as part of universal health coverage since it is relevant to health workers and patients at every single health-care encounter. It is important to note that with a potential increased patient influx, the demand for water and sanitation services might be higher than those available and that it will be essential to address this gap to avoid health service to be disrupted. Therefore, the below guidance for IPC-WASH services shall be put in place or strenghtenedeven when setting-up temporary screening facilities, inside or nearby existing HCFs, or in other buildings requisitioned for this purpose, where . Technical guideline:

3.1.1 Access to Water and Sanitation

3.1.1.1 Water

Water is pivotal in supporting personal hygiene, facilitating hand washing with soap as key preventive measure. Moreover, water must be safe and available for regular cleaning and disinfection purposes, disinfection laundry and other activities, as well as sufficient drinking water for patients and Health workers remains crucial. Water for drinking, cooking, personal hygiene, medical activities, cleaning and laundry is safe[1] for the purpose intended.

Key actions:

- **Ensure that safe and adequate running water is available in HCFs** especially at points of care (screening rooms, examination rooms, injection rooms, wards, treatment rooms, labour rooms, delivery rooms and postnatal care rooms as well as mortuaries), and for environmental cleaning, laundry activities, personal hygiene and decontamination of equipment and surfaces.
- **In case of unavailability of running water**, the continuous availability of water for HCF uses is vital, whether by transporting water or by increasing on-site water storage capacity. Ensure at least a 48-hour supply (and storage) per each facility. In case of outbreaks, please ensure at least 72 hours' water supply and storage capacity.

[1] Safely managed drinking water: Drinking water from an improved water source which is located on premises, available when needed and free of faecal and priority contamination.

Minimum water quantities: survival figures and quantifying water needs:

Surviving needs: water intake (drinking and food)	2.5 – 3 liters per person per day (depends on climate and individual physiology)
Basic hygiene practices	2 – 6 liters per person per day (depends on social and cultural norms)
Health centers and hospitals	5 liters per outpatient 40 – 60 liters per in-patient per day 100 liters per surgical intervention and delivery 100 liters /patient per day for sever acute respiratory disease isolation centers Additional quantities may be needed for laundry equipment, flushing toilets and so on
Mobile clinic with infrequent visits	1 liter per patient per day
Mobile clinic with frequent visits	5 liters per patient per day
Reception/transit centers	15 liters per person per day (if stay is more than one day) 3 liters per person per day if stay is limited to day-time
All flushing toilets	20 – 40 liters per user per day for conventional flushing toilets connected to a sewer 3–5 liters per user per day for pour-flush toilets (including mobile toilets)

- **In areas where trucking water is opted for**:
  a. Each truck load should be checked for free residual chlorine (>0.5 mg/l) to ensure water safety.
  b. Allow water to settle in the tank before releasing for use to sediment any suspended particles.
  c. Ensure regular cleaning of storage tanks.

- **Ensure the water is safely treated**, including the collection and safe storage of treated water in regularly cleaned and covered containers. Furthermore, conventional, centralized water treatment methods which utilize common filtration system and disinfection inactivate COVID-19. For effective centralized disinfection, there should be a residual concentration of free chlorine of ≥0.5 mg/L after at least 30 minutes of contact time at pH < 8.0. A chlorine residual should be maintained throughout the distribution systems.

Other preventive measures that should be implemented to maintain water safety are:

a. Ensuring adequate stocks of chemical additives and consumable reagents for water-quality testing,
b. Ensuring that critical spare parts, fuel and contractors can be easily accessed as well as well-trained staff to maintain the required supply of safe drinking water.
c. In places where centralized water treatment and safe piped water supplies are not available, a number of household water treatment technologies are effective in removing or destroying viruses, including boiling systems or high performing ultrafiltration or nanomembrane filters, solar irradiation and, in non-turbid waters, UV irradiation and appropriately dosed free chlorine

- **Provide reliable drinking water stations with pedal-operated taps and devices or water dispensers with sensors if possible, to limit the hand contact and reduce the risk of infection**.

  Avoid installation of metal taps and use elbow operated taps (as in surgical rooms) where feasible; in most cases though, where standard taps are in use, ensure taps are regularly disinfected together with regular handwashing or provide paper towels to use when opening and closing taps and facilities for disposing of towels safely. Providing drinking water bottles is an alternative where water safety cannot be met.

3.2.1.2 Sanitation

COVID-19 is less likely to be transmitted through fecal-oral routes, since the respiratory route remains the major vehicle of transmission. However, precautionary principles shall be applied and all fecal sludge generated from HCFs must be properly disposed of. The COVID-19 emergency response efforts demand the availability of safely managed sanitation systems such as improved latrines or toilets connected to a septic tank or sewer lines to safely confine and treat feces.

Key actions:

- Adequate cleaning of toilets or latrines, dedicated for suspected and confirmed cases of COVID- 19 avoiding sharing them with non Covid 19 patients, installing a door separating it from the patients' rooms, operate properly and have functioning drain traps.
- If it is not possible to provide separate toilets for COVID-19 patients, then the toilets shared with non-COVID-19 patients should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (impermeable gown, of if not available, an apron, heavy-duty gloves, boots, mask and googles or a face shield).

- Ensure the availability of adequate different toilets for Health Care staff/workers, separated from those used by patients clearly and clearly divided between women and men (by signage), with at least one toilet adapted for PWDs in each ward. (one toilet per 20 users in inpatient departments, 4 toilets for outpatient departments, one toilet for PWDs, one toilet for children).
- Ensure the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized fecal matter from entering the plumbing or ventilation system, together with standard wastewater treatment.
- If health-care facilities are connected to sewers, a risk assessment should be conducted to confirm whether wastewater is contained and does not leak from the system before it reaches a functioning treatment and/or disposal site.
- In all health-care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard. If the patient is unable to use a toilet, and if diapers are used, they should be disposed of as infectious waste.
- If health-care facility toilets are not connected to sewers, hygienic on-site treatment systems should be ensured such as pit latrines and septic tanks, or excreta should be safely stored and transported for off-site treatment.
- Use chlorine solution to pre-treat wastewater from washing hands, cleaning, laundry, bathing and teeth brushing activities.
- Whereas the disinfection power of chlorine kills viruses in wastewater, inactivating viruses in faecal materials shall be performed by raising the pH of the faecal materials by lime to higher levels (>12) for 30 minutes.
- Ensure availability of disinfection supplies (chlorine, lime, detergents) and cleaning equipment (backpack and hand sprayers, mops and buckets), as well as protective equipment for workers.
- Liaise with Health teams to ensure that Sanitation staff are trained on the WHO recommended procedures for donning/doffing PPEs (heavy-duty gloves, boots, masks, and goggles or a face shield, a that is, a long-sleeved impermeable gown or if not available, an apron, is needed)
- Assess the availability of desludging trucks, sewage holding tanks and locations of desludging to ensure they are safely managed and do not represent a risk for the nearby communities.

3.1.2 Environmental cleaning materials

Environmental cleaning is a key IPC measure for preventing the transmission of COVID-19. Existing recommended cleaning and disinfection procedures in HCF should be followed consistently and correctly. Laundry and surfaces in all medical environments should be regularly (at least once a day and when a patient is discharged) cleaned. There are many disinfectants, that are active against COVID-19. Currently, WHO recommends the use of:

- ✓ 70% Ethyl alcohol to disinfect small areas e.g. reusable dedicated equipment (e.g., thermometers) between uses.
- ✓ Sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of surfaces.

Key actions:

- ➢ Ensure availability of detergents, soap powder or liquid soap, disinfectant (HTH 65-70%, NaDCC tablets, commercial chlorine bleach, Surfanios, Hexanios, Quaternary Ammonium Chloride) and cleaning materials (wipes, mopes, buckets etc.) in targeted HCFs.
- ➢ Ensure adequate and frequent environmental cleaning of facility floors with warm water and detergent or soapy water, followed by proper disinfection.
- ➢ It is essential to clean surfaces with a detergent and water before applying a disinfectant.
- ➢ The concentration and exposure time of any disinfectant are critical parameters for its efficacy. After applying disinfectant to a surface, it is necessary to wait for the required exposure time and drying to ensure that surface microorganisms are killed.
- ➢ Clean and disinfect frequently touched objects using a regular household cleaning spray or wipe such as door and window nobs, doors handles, handrails, chairs, elevator buttons, to remove dirt, followed by thorough disinfection with using preferably hand sprayers.
- ➢ Cleaning staff (hygienist) should be trained on the WHO recommended procedures for donning/doffing PPEs and on decontamination practices.
- ➢ All individuals in charge of environmental cleaning, laundry and dealing with soiled bedding, towels and clothes from patients with COVID-19 infection should wear appropriate PPE, including heavy-duty gloves, a mask, eye protection (goggles or a face shield), a long-sleeved gown, and boots or closed shoes.

Minimum requirements for cleaning: Detergents and cleaning equipment and materials (for one HCF with average 120 people, up to 21 days)

#	Item	Unit	Estimated Price/Unit (NIS)	Quantity	Total Estimated Price (NIS)
1	Service tray or cart for cleaning materials, brooms, mops and brushes as well as consumables	Piece	300	1	300
2	Premixed glass cleaner (with 750 ml spray bottle), for windows.	Bottle	10	2	20
3	Plastic Toilet bowl brush with strong plastic handle	Piece	10	6	60
4	Toilet Plastic Trash Can with swing Lid (20L)	Piece	20	6	120
5	Trash bags for the toilet Trash Can (20L)	Kilo	10	6	60
6	Soft Broom with strong woody base, dimensions: 30 * 6 * 3 cm, bristles (length: 7cm, thickness: 20 bristles / cm2 at least). The broom should be supplied with strong woody handle (length: 1.5m, thickness: ¾ ”). The handle should be fixed with the broom by painted steel piece and 3 wide screws.	Piece	10	5	50
7	Hard Broom with strong woody base, dimensions: 30 * 6 * 3 cm, bristles (length: 7cm, thickness: 20 bristles / cm2 at least). The broom should be supplied with strong woody handle (length: 1.5m, thickness: ¾ ”). The handle should be fixed with the broom by painted steel piece and 3 wide screws.	Piece	10	5	50
8	Floor mop should be supplied with strong woody handle (length: 1.5m at least and it should be fixed strongly.	Piece	10	5	50
9	Foldable plastic warning signs such as 'wet floor' and 'closed for cleaning”	Piece	10	3	30
10	Plastic Buckets for water collection for cleaning, capacity 20 L	Piece	15	5	75
11	Clean cloth for floor drying (40*60 cm)	Piece	3	20	60
12	Clean cloth for surfaces and items cleaning (30*30 cm)	Piece	1	50	50
13	Sponges to clean surfaces and items	Piece	1	50	50

#	Item	Unit	Estimated Price/Unit (NIS)	Quantity	Total Estimated Price (NIS)
14	Gloves, heavy-duty rubber work glove, rubber cover, cotton woven lining, length 30 cm	Pair	8	10	80
15	(PVC/Polyester) coverall suit with boots, waterproof, elastic, pants waist, size 42 to 46	Piece	100	6	600
16	Floor and surfaces cleaning detergents, capacity 4L	Bottle	20	7	140
17	Toilets cleaning detergent, 1 liter	Bottle	7	21	147
18	Laundry clothes cleaning solution, 3 L	Bottle	25	10	250
19	Disposable Waste bags 50 L	Kilo	10	10	100
20	Alcohol Disinfectant: 70% ethyl alcohol, 1L	Bottle	50	10	500
21	Desinfection solution, (sodium hypochlorite 12% concentration)	Litter	100	3	300

3.2.3 Medical Waste management

Solid waste management including HCFs infectious waste volumes will increase because of higher generation of Personal Protective Equipment (PPE) such as gloves, face and nose masks, waterproof protective gowns, rubber boots, rubber apron, and other contaminated materials including paper tissues. To reduce waste volumes, it is advisable to use reusable plastic PPEs that can be cleaned and disinfected with 0.5% chlorine solution (not for the masks, waiting for WHO instructions).

Key actions:

- All health-care waste produced during patient care, including those with confirmed COVID-19 infection, is considered to be infectious (infectious, sharps and pathological waste) and should be collected safely in clearly marked lined containers and sharp safe boxes.
- Waste generated in waiting areas of health-care facilities can be classified as non-hazardous and should be disposed in strong black bags and closed completely before collection and disposal by municipal waste services.
- Color-coded waste segregation bins according to the 3-bin system: infectious waste (Yellow bags), general waste (black bags) sharps (resistant reinforced cardboard, plastic leak-proof box) in addition to red for highly infectious waste, brown for pharmaceutical and chemical waste and blue for chemotherapy waste.
- it is recommended that waste containers are a maximum of 5 meters from the point of waste generation, in two sets for each location, for a minimum of three types of waste. At least one set of waste containers should be provided per 20 beds in a ward.

- Waste bin coding/labelling is key to identify infectious healthcare waste and home-based materials to prevent infection. Waste bin liners should also be procured. Posters explaining the right method of Medical waste classification should be placed near each set of waste bins.

3.2 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Supply HCFs with adequate soaps for handwashing and cleaning materials/ detergents for environmental cleanliness	Identify targeting approach and targeted HCFs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted HCFs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Confirm kits contents	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of hygiene mand cleaning materials	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	MOH, WASH cluster coordinators	Validate the IEC materials messages
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	local councils and MOH	Ensure the organization accessibility of the targeted communities
	Distribute the hygiene kits and IEC materials	local councils and MOH	Monitoring the distribution process
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Maintain and install proper handwashing stations, sanitation items, and safe discharge of wastewater at HCFs	Identify targeting approach and targeted HCFs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted HCFs
	Cross check targeted HCFs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Develop BOQs and technical specifications	MOH, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of rehabilitation works	According to organization procedures	Conduct the related procurement procedure
	Agreement with MOH	According to organization procedures	Ensure intervention sustainability.

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
	Rehabilitating the WASH facilities	MOH	Ensure the organization accessibility of the targeted HCFs
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Provision of adequate and safe water for drinking, personal hygiene and cleaning.	Identify targeting approach and targeted HCFs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted HCFs
	Cross check targeted HCFs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Develop BOQs and technical specifications	MOH, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Agreement with MOH	MOH	Ensure the accessibility to the targeted HCFs
	Procurement of water trucking or materials	According to organization procedures	Conduct the related procurement procedure
	Distribution of water and materials	local councils	Ensure and facilitate water supply on the identified supply points.
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

3.3 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
Supply HCFs with adequate soaps for handwashing and cleaning materials/ detergents for environmental cleanliness	MOH	X	X	X	X	X
	local councils		X	X	X	X
	PWA					X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Maintain and install proper handwashing stations, sanitation items, and safe discharge of wastewater at HCFs	local councils	X	X	X	X	X
	MOH	X	X	X	X	X
	PWA					
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
	Community representatives		X		X	X
Ensure adequate water supply and discharge for medical equipment processing	local councils				X	X
	MOH	X	X			X
	PWA	X	X	X	X	X
	WASH cluster	X	X	X		X
	WASH partners		X	X	X	
	Community representatives				X	

4. WASH support at Community level

4.1 Background:

Support community committees and volunteers by provision of hygiene materials and tools for the disinfection of most touched surfaces in community's public facilities

At the community level, poor hygiene is an important factor in the spread of infectious diseases. The Coronavirus is spread by droplets through the air and on surfaces; therefore, hand hygiene can prevent its spread. Hygiene promotion with a focus on handwashing is therefore critical but can only work if all people, the local population, service providers and health personell and others are fully engaged. This involves building trust and mutual understanding by engaging communities in communication and decision-making.

Hygiene promotion must include a strong focus on regular handwashing and any other safety measures and specific to this particular COVID19 response, for example keeping your distance (at least 1,5 meter) from other people.

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. Spraying disinfectants, even outdoors, can be noxious for people's health and cause eye, respiratory or skin irritation or damage.

4.2 Technical guideline:

4.2.1 Hygiene promotion

4.2.1.1 General measures

- Hygiene promotion is a high Priority activity but should be prioritized only for the most crucial Hygiene Promotion (HP) campaigns and material distribution in case these activities cannot be done in the future due to restriction of movements.
- If the outbreak is ongoing, it is mandatory to avoid gathering people. If cases are declared and where possible/relevant use alternative communication channels such as radio messaging, use of megaphones, WhatsApp messaging. Avoid large gatherings during messaging.
- Encourage small groups with adequate spacing, Plan for more frequent sessions to facilitate reduction of group size, or conduct HH sessions with cleaning between visits.
- Conduct semi-guided focus group interviews to gather communities' feedback so as to tailor messaging to existing conditions and identify barriers to safe hygiene practices and adequate measures to implement.

- Inform the community ASAP with specific HP session, to start adopting good hygiene practices, particularly handwashing, safe water chain, safe sanitation. It is important to explain how contamination works, without limiting the message to a list of things to do.
- If necessary, to provide live sessions during the outbreak, limit the number of HH (max 3 HH) respecting social distancing.
- Bring masks for providing to people with respiratory problems (coughing, sneezing), to protect the team and other people.
- Take as an alternative to hand sanitizers 1.5L sprayer with 0.05% chlorine solution for all mobile teams and in all cars for hand disinfection and high touch surfaces (e.g. car door handles etc.).
- Hygiene Promoters must commit with the following measures:
  - ✓ Wash hands immediately before to get the location for the session and immediately after leaving.
  - ✓ Must avoid any contact with people and keeping the distance (>1m)
  - ✓ Must avoid exchanging objects
  - ✓ Must limit the time for each session
- Engage each community key leader to manage or cancel "special" gathering (prayer, funerals, weddings, engagements, etc.) to ensure they can guarantee and spread the hygiene rules.
- Main messages:
  - Explain the route of contamination
  - Wash your hand frequently and thoroughly with soap or 0.05% chlorine solution
  - Don't touch your face (especially eyes, nose and mouth)
  - Avoid handshaking
  - Reduce touching surfaces, object, and tools
  - Avoid close contact with other people (distance > 1m – 3 feet)
  - Avoid social gathering

4.2.1.2 Cleaning and disinfection of public places/spaces:

- local efforts of environmental-cleaning in non-health care setting is very required, with a special focus on high-touch surfaces;
- A risk assessment of all the community spaces should prioritly identify the high-touch surfaces; these include but not limited to door and window handles, kitchen and food preparation areas, counter tops, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards and printer,AC and TV remote control, light switches, and work surfaces.

- The surfaces should always be cleaned with soap and water or a detergent to remove organic matter first; followed by disinfection.
- All cleaning workers should be supplied with protective materials PPE and appropriate disinfection equipment and materials.
- In non-health care settings where disinfectants are being prepared and used, the minimum recommended PPE is rubber gloves, impermeable aprons and closed shoes. Eye protection and medical masks or face shiled may also be needed to protect against chemical in use or if there is a risk of splash;
- In indoor spaces, routine application of disinfectants to surfaces via spraying is not recommended for COVID-19. If disinfectants are to be applied, these should be via a cloth or wipe which is soaked in the disinfectant.
- Cleaners should be trained about the safe cleaning practices and using of chemicals
- Cleaners should be well educated about the personal hygiene practices and effective hand hygiene before and after each cleaning process.
- Surfaces of public areas where the asymptomatic individual has passed through and spent minimal time must be cleaned and disinfected.
- Spraying of individuals with disinfectants, such as in a tunnel, cabinet, or chamber, is not recommended under any circumstances.
- Please, refeer to "3.1.2 *Environmental cleaning materials"* and consider for general environmental disinfection to use hypochlorite solution – 0.1% (1000 ppm) with contact time of a minimum of 1 minute.

4.2.2 General measures for WASH Construction activities

Construction activities are important to ensure access to WASH services, during a COVID19 epidemic but with the following protection measures:

- All teams involved in construction/rehab/maintenance activities must be trained in basic aspects of COVID19, hand washing, tool disinfection, and equipped with masks and work gloves.
- It is recommended to implement temperature checks for staff with a thermometer gun. Staff above 37.5°c should not board vehicles or come to work
- It is forbidden for construction teams to interact with communities to minimize contacts. If needed, only one designated person can interact with one representative from the community, keeping the distance >2m.
- A supervisor from the community must ensure community members keep distance from construction works (> 5m, no children around).
- Every day, all disposable PPE (masks, gloves, etc.) must be appropriately disposed through chlorine solution soaking (0.5%) and placed in proper waste disposal containers in plastic bags.

Minimum requirements for disinfection: Detergents and cleaning equipment and materials (for one community locality with average 5000 individuals, up to 21 days):

No.	Item	Description	Unit	Quantity
1	Electronic thermometer	Infrared Thermometer Temperature display resolution: ±0.1°C (0.1°F) Memories: 32 Measuring range: 34°C ~ 43°C Response Time: 1 sec Measuring Distance: 3~5CM Audible alarm if temperature is more than 38°C It can be displayed in either Celsius or Fahrenheit Longevity use 100,000 readings Accuracy: ± 0.3°C (0.6°F) Automatic power-off: <30 secs Eliminates cross contamination Hygienic and easy to use	unit	1
2	Face mask	surgical Face mask	unit	100
3	Face mask KN 95	surgical Face mask KN 95	unit	50
4	Hazmat suit	Protective clothing disposable isolation gown different sizes: Usage/Application: Complete Virus Protection Material: PPE Disposable Color: Blue and white Pattern: Plain Protection Area: Full Body	unit	5
5	Impermeable apron	Impermeable apron	Unit	10
6	Disinfection materials-solution	Composition of Benzalkonium chloride 5% sterile and antiseptic, works to kill bacteria, viruses, fungi resolves 1 liter in 100 liters of water	litter	40
7	Gloves	Gloves: disposable, powdered, latex gloves, each box contain 100 gloves. Different sizes (large /Xlarge), white or blue	box	20
8	Rubber glvoes	Rubber glvoes	Unit	10
9	Bleach	Concentration of the active ingredient 4.5%, chlorine only, volume of 4 liters	unit	20
10	Hand sanitizer	400 ml	unit	10
11	Broom	Soft Broom with strong woody base, dimensions: 30 * 6 * 3 cm, bristles (length: 7cm, thickness: 20 bristles / cm2 at least). The broom should be supplied with strong woody handle (length: 1.5m, thickness: ¾ ”). The handle should be fixed with the broom by painted steel piece and 3 wide screws.	unit	3

No.	Item	Description	Unit	Quantity
12	Broom	Hard Broom with strong woody base, dimensions: 30 * 6 * 3 cm, bristles (length: 7cm, thickness: 20 bristles / cm2 at least). The broom should be supplied with strong woody handle (length: 1.5m, thickness: ¾ ”). The handle should be fixed with the broom by painted steel piece and 3 wide screws.	unit	3
13	Mop	Floor mop should be supplied with strong woody handle (length: 1.5m at least and it should be fixed strongly.	unit	3
14	Sign	Foldable plastic warning signs such as 'wet floor' and 'closed for cleaning”	unit	3
15	Bucket	Plastic Buckets for water collection for cleaning, capacity 20 L	unit	3
16	Cloth	Clean cloth for floor drying (40*60 cm)	unit	15
17	Cloth	Clean cloth for surfaces and items cleaning (30*30 cm)	unit	15
18	Sponge	Sponges to clean surfaces and items	unit	10

4.2.3 Support Communities in managing solid waste (collection, transportation, treatment, disposal)

4.2.3.1 The action is the provision of garbage containers, cleaning tools and plastic garbage bags. As the solid waste management in the West Bank and in Gaza Strip is not consistent, there is more than one system and approach in place.

Depending on the area, either the member municipalities or the UNRWA ensure primary collection of waste (from houses to containers) or people throw the waste into fixed - locationcontainers. The LGU/JSC/UNRWA’s vehicles collect the containers waste and disposes them in the available landfills (secondary collection).

Before every intervention, the parts of the system in place should be carefully assessed and the gaps identified. In the following paragraphs, some these parts at household levels will be analyzed.

At community level, the producers of waste are households and commercial activities, and specific waste storage could be provided, according to the collection system.

Type of waste storage	Collection System	
No storage; waste is disposed in enclosed bags or loos on the street.	No collection or Sanitation labors collect the waste using manual pushcart or dedicated vehicle.	Primary Collection
Household plastic bins: 120-240-360 liters	Sanitation labors could manually empty the bins in manual push-cart or collecting using a vehicle with or without a lifting system	

Type of waste storage	Collection System	
Community bins: 660-1000-1100 liters	Sanitation labors should use a compactor with appropriate lifting system	Secondary Collection
Community bins: 3.5 or 7 m^3	Sanitation labors should use a compactor with appropriate lifting system (that is different from the previous)	

4.2.3.2 How to define the needed number of bins or containers?

- It is important to know the number of inhabitants, the waste generation rate and the frequency of collection.
- A general estimation of total solid waste generated in Palestine is challenging, due to lack of available and consistent data. A rough estimation for the year 2019 is the follow:

	Urban area	Rural area
West Bank	1-2 kg/day/capita	0.75 kg/day/capita
Gaza Strip	1 kg/day/capita	0.5 kg/capita

- Consider the value of 250 kg/m^3 as per uncompacted waste density estimation.

4.3 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Supply community committees and volunteers with hygiene and protection materials	Identify targeting approach and targeted communities	Local councils, WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted communities with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Confirm needed materials and tools.	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of materials and tools.	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	MOH, WASH cluster coordinators	Validate the IEC materials messages
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	local councils and Governorate offices (WB)	Ensure the organization accessibility of the targeted communities

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
	Distribute the hygiene kits and IEC materials	local councils and Governorate offices (WB)	Monitoring the distribution process
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Provide community public organizations (PWD centers, Women centers, etc..) with disinfection materials and tools	Identify targeting approach and targeted CBOs	WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted CBOs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Confirm needed materials and tools.	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of materials and tools.	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	local councils, WASH cluster coordinators	Validate the IEC materials messages
	Agreement with CBOs	CBOs	ensure the use and operation of the provided tools and materials
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	local councils and Governorate offices	Ensure the organization accessibility of the targeted communities
	Distribute the hygiene kits and IEC materials	local councils and Governorate offices	Monitoring the distribution process
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Support Communities in managing solid waste (collection, transportation,	Identify targeting approach and targeted communities	WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted communities with the cluster	WASH cluster IM officer	Ensure no duplication will take place

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
treatment, disposal).	Develop implementation methodology	local councils/municipality/JSCs/ MoLG	Ensure the local councils' capacities to run the system.
	Develop BOQs and technical specifications	local council, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Agreement with local council	local councils/municipality/JSCs/ MoLG	Ensure the application of the proposed system.
	Procurement of tools and materials	According to organization procedures	Conduct the related procurement procedure
	Provide tools and materials	local council/municipality/JSCs	Receive the materials and facilitate their operation.
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

4.4 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
Supply community committees and volunteers with hygiene and protection materials	MOH	X				X
	Governorate offices		X	X	X	
	local councils		X	X	X	X
	Community representatives			X	X	
	PWA					X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Provide community public organizations (PWD centers, Women centers, etc..) with disinfection materials and tools	local councils	X	X		X	
	Governorate offices		X		X	X
	MOH	X				X
	PWA					
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Support Communities in managing solid waste (collection, transportation, treatment, disposal)g	local councils	X	X	X	X	
	MOH, MoLG	X	X	X		X
	PWA					X
	WASH cluster	X	X	X		X
	WASH partners		X	X	X	

5. WASH support at Household level

5.1 Background:

People who are already extremely vulnerable and have limited access to basic services are highly susceptible to COVID19, thus working with these communities is considered indispensable in order to prevent COVID19 and provide a response. Additionally, understanding a communities' perspective and sharing information, are the most effective approaches to respond to a COVID19 epidemic, based on the humanitarian sector experience in previous outbreaks.

Accordingly, this guidance note is developed in accordance with the WHO strategy to support WASH partners working with households and community settings to ensure their consistent and integrated WASH measures for COVID-19 outbreak prevention and response. Preventionof the spreading of this disease is done by creating and maintaining accessibility to water and hand washing facilities for all hygiene and cleaning practices in all settings. To reduce transmission of COVID 19 in the public spaces, WASH partners must consider the promotion of personal and interpersonal hygiene, as well as cleaning and disinfection practices in WASH programming.

5.2 Technical guideline:

5.2.1 Access to proper hand washing facilities, toilets and safe wastewater discharge

5.2.1.1 Access to drinking water - quality

- **Drinking water of filling points**
  - Drinking water must contain a Free Residual Chlorine (FRC) of at least between 0.5-1.0 mg/L after at least 30 minutes of contact time at pH < 8.0. At consumption points it should be between 0.2-0.5 mg/l.
  - Drinking water public filling Points should have mechanism to reduce transmission such as appoint one person from the community committee to open / close taps or install reduced contact tap (i.e. Pedal/large handle).
  - Improve the design of Water Distribution Points, increasing the number of taps and distance between them (> 1m).
  - Install handwashing at Water Points with soap / 0.05% chlorine solution and water refill mechanisms.
  - Disinfect regularly taps (and surfaces in contact with users) with chlorine 0.5%. by trained caretaker who must equipped with PPE.

- People should keep at least > 1m distance between each other during filling drinking water.
- People should clean and disinfect their water containers before filling.
- People should wash their hands with clean water and soap or rub by Alcohol based sanitizer after filling and when arriving their homes.
- All these measures recommended for water distribution require trained "supervisors" from the community who should be supported with PPE and free residual chlorine tester.

➢ **Distribution of drinking water by truck**

- The water trucking supervisor must keep people away from the truck.
- The driver must disinfect hands before starting, after completing, after exiting the cabin, and before re-entering.
- Before delivering water, the truck supervisor must check FRC in the water to ensure it meets requirements. If not, asking for further delivery, or to add chlorine product to meet the requirements (supervisors needs to be trained on chlorination).
- Increase or provide domestic and drinking water storage tanks at the household level to meet standard storage needs (15L /person/day) see table below, at least **90 L capacity per household** with an **average household size of 5.2**

Need	Quantity Need (litres /capita/ day)	Dependence
Survival needs: water intake (drinking and food**)**	2.5 - 3 /person/ day	Depends on the climate and individual physiology
Basic hygiene practices	2 - 6	Depends on social and cultural norms
Basic cooking needs	3 - 6	Depends on food type and social and cultural norms
Total basic water needs	7.5 - 15	Litres per day

- Drinking water must contain a Free Residual Chlorine (FRC) of at least between 0.2-0.5 mg/L at household level.
- Households should be trained on both checking the FRC and manual chlorination if the delivered water don't meet the standards.

- Households should be aware of best water storage practices such as covering tanks and way of water tanks regularly cleaning.
- All drinking water trucks who distribute water on HH level should be equipped with PPE and be aware of COVID19 transmission prevention measures as below:
  - Only the driver is authorized to stay close to the truck, Everybody else at least > 5 m.
  - The driver must disinfect hands before starting, after completing, after exiting the cabin, and before re-entering.

5.2.1.2 Latrines and handwashing facilities

- Ensure that each household should has proper sanitation services and handwashing station close to the latrine and equipped with adequate soap and water (based on the check list below):

Household WASH facilities maintenance check list (minimum facilities)		Yes	No
Toilets	Proper access to basin		
	Proper access to shower		
	Proper access to water tab/s		
	Good condition of water and sewer pipes		
	Proper water sink inside toilet		
Kitchen	Proper access to basin		
	Proper access to water tab/s		
	Good condition of water pipes		
	Proper water sink inside kitchen		

- Train the households to clean latrines daily and frequently, disinfecting high touch surfaces (door handle, lock and other parts in contact with hands (cleaning and disinfection must be done after each use of sick people).
- Clean sanitation facilities (toilets, showers, washing area) with water and detergent. Clean and Disinfect toilets with 0.5% sodium hypochlorite solution at least one daily by a trained latrines caretakers wearing PPE (gown, gloves, boots, mask, and a face shield or goggles).

5.2.2 Hygiene promotion and IEC materials

Hygiene promotion must include a strong focus on regular handwashing and any other safety measures specific to this particular response, for example keeping your distance from other people. However, the awareness messages and appropriate IEC materials were identified based on the RCCE strategy that developed by WHO and UNICEF to organize the effective awareness campaign with other partners. The RCCE weekly plan will be shared with WASH partners for consistent awareness messages and communication channels. Additionally, the WASH cluster has already its own IEC materials (see link below) for cleaning practices and personal hygiene that are fit with COVID prevention measures at urban displacement which have been developed recently for emergency response.

- If the outbreak is ongoing it is mandatory to avoid gathering people, but using alternative communication channels such as radio messaging, social media and WhatsApp messaging will be helpful.
- In case of conducting house to house visits, the hygiene promoters and all mobile team must be provided with hand sterilizers for hand disinfection and high touch surfaces (e.g. car door handles etc.). Additionally, they must wash hands immediately before to get the location for the session and immediately after leaving, must avoid any contact with people and keeping the distance (min 1m), avoid exchanging objects and must limit the time for each session.
- Main messages:
  - Explain the route of contamination
  - Wash your hand frequently and thoroughly with soap or 0.05% chlorine solution
  - Don’t touch your face in particular when you are outside of the house. (especially eyes, nose and mouth)
  - Avoid handshaking
  - Reduce touching surfaces, object, and tools
  - Avoid close contact with other people (distance > 1m – 3 feet) and gathering
  - How to clean and disinfect HHs facilities, especially toilets and handwashing facilities.
  - Handwashing with soap for at least 40-60 seconds at critical times (after meeting people or visiting public spaces, before eating, before and after handling babies, after using a toilet or dealing with faces.
  - Practice Personal Hygiene/ bathing daily by using soap for all members of the family. Here after cleaning the shower, toilet and wash basin well.
  - Keep your house clean, such as the rooms, public spaces, outdoor area and kitchens
  - Remove and collect all waste and dispose of it in waste bins and containers.

5.2.3 Provision of HHs with hygiene and cleaning materials

As the COVID-19 outbreak is ongoing, most people movement were restricted, which resulted in many jobs were lost. Unfortunately, the vulnerable people and who are depending on their daily work and wages are the most affected population. COVID-19 complicated the economic situation more than what it was already in Gaza. Therefore, a lot of families are unable to secure their essential and appropriate hygiene and cleaning items that will protect them and surrounded people from COVID-19. Accordingly, the dignified hygiene kit should be designed to ensure families/ households have the means to ensure proper hand/personal hygiene and cleaning/disinfected more frequently surfaces considering the different needs of men, women, children, elderly and PWDs. Additionally, the hygiene materials should be regularly distributed to ensure effective hygiene practices.

The following family hygiene and cleaning kits are designed based on sphere minimum standards and WASH emergency guidelines:

Family dignified personal hygiene kit (with average size 5.2 individuals, for 21 days)

Items in the package	QTY	Estimated total price (NIS)
Hand Sanitizer (Instant hand sanitizer, approved brand by Palestinian MOH , size 400 Ml)	1	20
Disinfection solution (4.5% concentration of sodium hypochlorite)	2 gallons with 3.8 liter each	30
Soap (hypoallergenic, unperfumed, individually wrapped & with far expiry dates)	10 pieces	20
Toilet rolls (good quality with soft double-layer tissue that can be used for different purposes)	1 pack of 24 rolls each	20
Shampoo (to fit babies use - be hypoallergenic & with PH factor 5.5)	1 bottle with 750 ml capacity	15
Women hygienic-sanitary disposable pads	3 packs of 10 pads	9
Detergent for cleaning dishes	1 gallon (3.75- 4 Liter)	15
Detergent for laundry	2 bottles (min. 3 Liter)	30

- Each item inside the hygiene Kit should be provided with guidelines for appropriate and effective use.
- The inclusion of a mask in a household kit must only be for the use of a person with symptoms within the household.
- Hygiene Kit/ vouchers distribution: using the house to house distribution by trained supplier who equipped with PPE is effective way for vulnerable groups such as elderly.
- Hygiene Kit/ vouchers distribution should avoid people gathering by taking more precautions such as Increase in the number of contracted suppliers, training and equipping the supplier's staff with PPE, ensure regularly cleaning and disinfection of the distribution places, minimize number of people per each time scheduled.

5.3 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
The provision of H.H Hygiene kits (In kind)	Identify targeting approach and targeted communities	WASH cluster coordinators	To validate the targeting approach and targeted communities
	Identify implementation methodology (in-kind or e-vouchering)	WASH cluster coordinators	To validate the methodology and its application in the targeted communities.
	Cross check targeted communities with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Beneficiaries assessment and selection	local councils and MOSD	Prioritize the most vulnerable groups and families.
	Confirm kits contents	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of hygiene materials	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	WASH cluster coordinators	Validate the IEC materials messages
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	local councils and Governorates offices (WB)	Ensure the organization accessibility of the targeted communities

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
	Distribute the hygiene kits and IEC materials	local councils and Governorates offices (WB)	Monitoring the distribution process
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
The rehabilitation of H.H WASH facilities	Identify targeting approach and targeted communities	WASH cluster coordinators	To validate the targeting approach and targeted communities
	Identify implementation methodology (in-kind or CASH)	WASH cluster coordinators	To validate the methodology and its application in the targeted communities.
	Cross check targeted communities with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Beneficiaries assessment and selection	local councils and community representatives	Prioritize the most vulnerable groups and families.
	Develop BOQs and technical specifications	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of rehabilitation works	According to organization procedures	Conduct the related procurement procedure
	Beneficiaries agreements	According to organization procedures	Conduct the related procedure
	Rehabilitating the WASH facilities	local councils	Ensure the organization accessibility of the targeted communities
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Provision of adequate and safe water for drinking,	Identify targeting approach and targeted communities	PWA, WASH cluster coordinators	To validate the targeting approach and targeted communities
	Identify implementation methodology (in-kind or CASH)	PWA, WASH cluster coordinators	To validate the methodology and its application in the targeted communities.

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Personal hygiene and cleaning.	Cross check targeted communities with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Beneficiaries assessment and selection	local councils and community representatives	Prioritize the most vulnerable groups and families.
	Develop BOQs and technical specifications	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Agreement with local councils	local councils	Identify and operate the water supply points
	Procurement of water trucking or materials	According to organization procedures	Conduct the related procurement procedure
	Distribution of water and materials	According to organization procedures	Ensure and facilitate water supply on the identified supply points.
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

5.4 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
The provision of H.H Hygiene kits (In kind)	Governorate offices				X	
	MOSD		X			X
	MOH	X				X
	local councils		X	X	X	X
	Community representatives		X		X	X
	PWA	X		X		X

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
The rehabilitation of H.H WASH facilities	local councils	X	X	X	X	X
	PWA					
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
	Community representatives		X		X	X
Provision of adequate and safe water for drinking, personal hygiene and cleaning.	local councils	X	X	X	X	X
	PWA	X	X	X	X	X
	WASH cluster	X	X	X		X
	WASH partners		X	X	X	
	Community representatives		X	X	X	

6. WASH support to Quarantine centers

6.1 Background:

As the outbreak of the Corona virus disease (COVID-19) continues to evolve in many countries over the world. It is considered a global emerging public health risk by the WHO. Accordingly, the Palestinian National COVID-19 Response Plan was prepared in accordance with the WHO strategy, to prevent introduction of the disease to new areas or to reduce human-to-human transmission in areas where the virus that causes COVID-19 is already circulating. It is a joint strategy by the humanitarian community, including UNRWA, to respond to the public health needs and immediate humanitarian consequences of the pandemic in the West Bank, including East Jerusalem, and the Gaza Strip over the next three months.

As of 17 May, some 560 Palestinians are confirmed to have contracted COVID-19 in the oPt, including 455 recovered cases. The remaining cases are 59 in East Jerusalem, 8 in rural Jerusalem, 30 in the remainder of the West Bank (Hebron) and 4 in the Gaza Strip. People who may have been exposed to the virus are held in quarantine centers across the Opt in precarious conditions. They are held in separation from the rest of the population, wheremonitoring of their symptoms take place to ensure early detection of new cases. Three important overarching factors for the Corona virus response to protect the population of Gaza and West Bank include, hygiene and human dignity, community engagement and responding to other needs of the affected people. (OCHA, 2020)

A rapid assessment was conducted by Cluster Partners and OCHA field offices, focusing on WASH needs in quarantine centers across the West Bank, as well as water service providers in the southern West Bank and East Jerusalem. The assessment revealed that the centers are recording an increasing need for consumable materials, i.e. bottled water and hygiene kits. Furthermore, the assessment revealed that over 50 per cent of the quarantine scanning and treatment centers in the West Bank do not have regular and sufficient access to drinking water. Likewise, 20 per cent of these centers do not have sufficient stocks of hygiene and cleaning materials. Many of the water service providers in the West Bank and the Gaza Strip also noted a significant drop in fees collection rate for their services, affecting their capacity to purchase the needed cleaning and sanitizing materials. (OCHA, 2020)

The WASH sector is directly linked to the health initiatives to reduce public health risks, prevent disease transmission and control disease outbreaks in the quarantine shelter settings. Both WASH and Health are actors working together to respond to ensure nfection Prevention and Control (IPC) measures. It is critical for the patient, the healthcare worker and the community to access WASH services in quarantine shelters, but doing so often requires structured collaboration and support from WASH actors via the WASH cluster. Therefore, the WASH cluster is preparing its guidance with OXFAM technical support, to consistently inform and implement measures so that required and safe WASH practices are implemented in quarantine shelters, that will reduce transmission of infectious diseases and help control outbreaks.

6.2 Technical guideline:

- There are several measures and practices to be used to ensure a safe environment for quarantined persons, to avoid the spread of COVID-19 and to protect community members including those in the living and working in the Quarantine Centers.
- Handwashing with soap,
- Refrain from touching the eyes, nose and mouth,
- Safe distance, keep at least 2 meters when speaking or encountering others,
- Personal Hygiene, with the use of wash basins, toilets and showers,
- Hygiene of the premises (Centers, rooms, public places, outdoor, kitchens), and
- Waste Management

6.2.1 Hand washing with soap, essential hygiene practice at critical times

The Corona virus is spread by droplets; therefore, hand hygiene is the most essential behavior to prevent the spreading of COVID-19 or any other virus and bacteria. Personal hygiene with a focus on handwashing is therefore critical, and all community members need to be fully aware and practicing it. Hygiene information must include a strong focus on handwashing after sneezing or coughing, before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child's bottom). After going and meeting other people at a safe distance as well as walking and touching surfaces and items, handwashing is the first thing to do when returning to the house or room. If hands are not visibly dirty, hand still need to be washed and if no water is available then the preferred method is to perform hand hygiene with an alcohol-based hand rub for 20−30 seconds while rubbing thoroughly. When hands are visibly dirty, they should be washed with soap and water for 40−60 seconds using the appropriate technique. Otherwise, by using 0.05 percent chlorine solution in worst scenarios. Additionally, the IEC materials and awareness messages were identified based on the RCCE strategy that developed by WHO and UNICEF to organize the effective awareness campaign with other partners. Additionally, the WASH cluster has already its own IEC materials for cleaning practices and personal hygiene that are fit with COVID prevention measures at shelters and urban displacement which have been developed recently for emergency response.

6.2.2 Provide handwashing stations, preferable 1 for every 10 users

To prevent transmission of COVID19, handwashing stations should be available with regular supply of safe water and soap, and safe drainage. The hands can be air dried or dried by using personal or "once only" towels. One handwash station or basin should be available for every ten people, patients or inhabitants of a center or camps. It also needs to be available for care and service personnel and cleaners at all points of care or cleaning, where putting on or removing personal protective equipment (PPE) is done. In addition, functional hand hygiene facilities should be available within 5 m of toilets, as well as in food handling rooms/kitchens and other areas used for services or cleaning.

For more technical support about the options for handwashing stations, OXFAM developed handwashing station technical brief note as below:

6.2.3 Provide people with specific hygiene items and information

Under the COVID-19 conditions, and as people are locked away in quarantine centers for 14-21 days, essential and appropriate hygiene items need to be available inside the quarantine shelters to support hygiene, health, dignity and well-being of all inhabitants, as well as the services provides, and considering the different needs of men and women, older people, children and persons with disabilities.

Therefore, there are 5 kinds of kits required:

Kit 1: Individual Dignified Hygiene Kit for Women (up to 21 days)

Kit 2: Individual Dignified Hygiene Kit for Men (up to 21 days)

Kit 3: Individual Dignified Hygiene Kit for Babies, 0 - 2 years (up to 21 days)

Kit 4: Individual Dignified Hygiene Kit for children, 2-10 years (up to 21 days)

Kit 5: Additional items for Elderly or PWDs (up to 21 days)

These are all individual hygiene Kits and their contents should be adequate to cover the personal need during a quarantined period of between 14 to 21 days. Each item inside the hygiene Kit should be provided with guidelines for appropriate and effective use.

The contents of these Kit are in line with the minimum standards and quality under the given conditions and a flyer with its usage will be included. The contents of these 5 Kits are provided as below:

Kit 1: Individual Dignified Hygiene Kit for Women (up to 21 days)

#	Item	Unit	Estimated Price /Unit (USD$)	Quant ity	Total Estimated Price (USD$)
1	Gel alcohol, Hand Sanitizer Gel, Containing 70% ethanol, 250ml	Bottle	10.00	1	10.00
2	Hand hygiene soap 80-100 gm	Piece	1.50	3	4.50
3	Bath towel, Composition: 100% cotton Size: 80 x 40 cm, Absorbent, with knitted loops, free from defects which affect appearance.	Piece	10.00	1	10.00
4	Toilet paper, pack of 10 rolls, Composition: 100% cellulose paper, twin ply, Size: (100mm x 120 mm each sheet), Sheets: 162 per roll, with clear separation at the perforations	package	10.00	1	10.00
5	Bathing shampoo for adults 250 mL	Bottle	7.00	1	7.00

#	Item	Unit	Estimated Price /Unit (USD$)	Quant ity	Total Estimated Price (USD$)
6	Paper tissue (400 gm), each package 200 gm	Package	2.50	2	5.00
7	Skin Washing sponge/shower loaf.	Piece	5.00	1	5.00
8	Women hygienic sanitary disposable pads (16-20 Pads) each package with 8-10 bad	package	3.00	2	6.00
9	Toothbrush for adults	Piece	2.00	1	2.00
10	Toothpaste: contains an abrasive 10-40%, humectant 20-70%, water 5-30%, binder 1-2%, detergent 1-3%, flavor 1-2%, preservative 0.05-0.5%, and therapeutic agent 0.1%, fluoride 0.1% (1000ppm), tube volume 100ml or more, with 3 years shelf life.	Piece	5.00	1	5.00
11	Hairbrush	Piece	3.00	1	3.00
12	Stainless-steel nail clippers	Piece	2.00	1	2.00
13	Wipes include 80 pieces PH 5.5 with Olivera, with 3 years shelf life.	package	2.50	1	2.50
14	Trash bag (30L)	Piece	0.50	3	1.50
15	IEC materials, leaflet for awareness	Piece	5.00	1	5.00

Kit 2: Individual Dignified Hygiene Kit for Men (up to 21 days)

#	Item	Unit	Estimated Price /Unit (USD$)	Quantit y	Total Estimated Price (USD$)
1	Gel alcohol, Hand Sanitizer Gel, Containing 70% ethanol, 250ml	Bottle	10.00	1	10.00
2	Hand hygiene soap 80-100 gm	Piece	1.50	3	4.50
3	Bath towel, Composition: 100% cotton Size: 80 x 40 cm, Absorbent, with knitted loops, free from defects which affect appearance.	Piece	10.00	1	10.00
4	Toilet paper, pack of 10 rolls, Composition: 100% cellulose paper, twin ply, Size: (100mm x 120 mm each sheet), Sheets: 162 per roll, with clear separation at the perforations	package	10.00	1	10.00

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
5	Bathing shampoo for adults 250 mL	Bottle	7.00	1	7.00
6	Paper tissue (400 gm), each package 200 gm	Package	2.50	2	5.00
7	Skin Washing sponge/shower loaf.	Piece	5.00	1	5.00
8	Toothbrush for adults	Piece	2.00	1	2.00
9	Toothpaste: contains an abrasive 10-40%, humectant 20-70%, water 5-30%, binder 1-2%, detergent 1-3%, flavor 1-2%, preservative 0.05-0.5%, and therapeutic agent 0.1%, fluoride 0.1% (1000ppm), tube volume 100ml or more, with 3 years shelf life.	Piece	5.00	1	5.00
10	Hairbrush	Piece	3.00	1	3.00
11	Disposable plastic razor blade, Type: twin stainless-steel blade and lubricant strip, Handle length: 100 mm, Blade thickness: 0.8 mm, Color: dark blue, Packing: pack containing 8 units	package	4.00	1	4.00
12	shaving cream, 100 ml	Piece	5.00	1	5.00
15	Stainless-steel nail clippers	Piece	2.00	1	2.00
16	Wipes include 80 pieces PH 5.5 with Olivera, with 3 years shelf life.	package	2.50	1	2.50

Kit 3: Individual Dignified Hygiene Kit for Babies, 0 - 2 years (up to 21 days)

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
1	Hand hygiene soap 80-100 gm	Piece	1.50	3	4.50
2	Bath towel, Composition: 100% cotton Size: 80 x 40 cm, Absorbent, with knitted loops, free from defects which affect appearance.	Piece	10.00	1	10.00

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
3	Toilet paper, pack of 10 rolls, Composition: 100% cellulose paper, twin ply, Size: (100mm x 120 mm each sheet), Sheets: 162 per roll, with clear separation at the perforations	pack age	10.00	1	10.00
4	Bathing shampoo for children and baby use 250 ml, Johnson or equivalent	Bottl e	7.00	1	7.00
5	Paper tissue (400 gm), each package 200 gm	Pack age	2.50	2	5.00
6	Skin Washing sponge/shower loaf.	Piece	5.00	1	5.00
7	Toothbrush for babies, soft	Piece	2.00	1	2.00
8	Toothpaste for babies: tube volume 500-750 ml, with 3 years shelf life.	Piece	5.00	1	5.00
9	Hairbrush for kids	Piece	3.00	1	3.00
10	Wipes include 80 pieces PH 5.5 with Olivera, with 3 years shelf life.	pack age	2.50	1	2.50
11	Disposable diapers (Sizes: 2 - 5) for children. Package with 32-50 pieces based on the size. To be doubled if required	pack age	25.00	1	25.00
12	Potty for children (separately and based on request)	Piece	10.00	1	10.00
13	Small trash bags for diapers disposal, size: (30L), package of 500 gm	pack age	4.00	1	4.00

Kit 4: Individual Dignified Hygiene Kit for children, 2-10 years (up to 21 days)

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
1	Hand hygiene soap 80-100 gm	Piece	1.50	3	4.50
2	Bath towel, Composition: 100% cotton Size: 80 x 40 cm, Absorbent, with knitted loops, free from defects which affect appearance.	Piece	10.00	1	10.00

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
3	Toilet paper, pack of 10 rolls, Composition: 100% cellulose paper, twin ply, Size: (100mm x 120 mm each sheet), Sheets: 162 per roll, with clear separation at the perforations	package	10.00	1	10.00
4	Bathing shampoo for children use 250 ml, Johnson or equivalent	Bottle	7.00	1	7.00
5	Paper tissue (400 gm), each package 200 gm	Package	2.50	2	5.00
6	Skin Washing sponge/shower loaf.	Piece	5.00	1	5.00
7	Toothbrush for children, soft	Piece	2.00	1	2.00
8	Toothpaste for children, tube volume 500-750 ml, with 3 years shelf life.	Piece	5.00	1	5.00
9	Hairbrush for children	Piece	3.00	1	3.00
10	Wipes include 80 pieces PH 5.5 with Olivera, with 3 years shelf life.	package	2.50	1	2.50

Additional items for Elderly or PWDs for one round (up to 21 days)

#	Item	Unit	Estimated Price /Unit (USD$)	Quantity	Total Estimated Price (USD$)
1	Disposable diapers with different sizes elderly and PWDs.	Package	25.00	2	50.00
2	Bedpan for PWDs	Piece	20.00	1	20.00

6.2.4 Environmental cleaning materials

Regarding to cleaning tools and materials kit mentioned in the sector within health care facilities, use the same environmental cleaning kit for this regard.

6.2.5 Provision safe water

Safe water is to be provided based on the WASH cluster guidelines at designated shelters and urban displacement communities,

Chlorinated water sources in Gaza strip are prefered (at least biologically) for human use and hygiene practices, but not for drinking. Trusted drinking water bottles distributed by international agencies during the COVID19 response for drinking purposes are prefered in Gaza, but within the following measures:

- The packaged water should be described well on labels which are showed on the product, including and its components and quality, , as well asthe acceptable concentration of key chemicals, hygiene..
- With regard to bottle-fed infants, as bottled water is not sterile, it should be disinfected – for example, by boiling – prior to its use in the preparation of infant formula.

For minimum standards of water quantity, See the table below:

Need	Quantity Need (litres /capita/ day)	Dependence
Survival needs: water intake (drinking and food**)**	2.5 - 3 /person/ day	Depends on the climate and individual physiology
Basic hygiene practices	2 - 6	Depends on social and cultural norms
Basic cooking needs	3 - 6	Depends on food type and social and cultural norms
Total basic water needs	**7.5 - 15**	Litres per day

However, in case of outbreaks such as COID19, Sphere standards recommended to Increase water quantities and adapt chlorine solutions (≥0.5mg/l free residual chlorine after at least 30 minutes of contact time at pH<8), Store at least 72 hours' worth of safe water to ensure a constant supply.

The storage water tanks specification should be within agreed standards as below:

Storage water tank specification	Cold water storage plastic tank 1000L (1 m^3) of an approved type and quality (tested by laboratory), complete with cover, float valve, overflow pipe (3/4"diam) and drip tray, with all connections for rising main and distribution pipe work and stop valves 3/4", and painted metal foundation from welded angles 45x45x4.5mm 50cm high, 2.5 cm new hard wood on the complete area under the tanks, with all accessories.

6.2.6 Access to sanitation facilities/ toilets

Provide excreta disposal facilities in each zone of the quarantine shelter and adapt extra precautions as needed for cleaning, decommissioning and desludging excreta facilities and equipment. A maximum of 20 people can use each toilet. It is preferred that these are separated and internally lockable toilets for women and men. It is advised to equip each toilet, at least the ones used by women, with a waste bin with lid so they can remove their pads with dignity.

Clean sanitation facilities (toilets, showers, washing area) should be equipped with water and detergent. To clean and disinfect toilets a 0.5% sodium hypochlorite solution is used at least twice daily, by a trained cleaner wearing PPE (gown, gloves, boots, mask, and a face shield or goggles). It is advised to equip each wash basin with a waste bin with lid so any paper and other waste can be collected.

6.2.7 Safe management of household waste

Waste handling is essential to keep rooms and spaces clean. Waste handling needs to be done using full PPE, train and equip teams with appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and they need to perform hand hygiene after removing it. All waste produced during the quarantine period should be collected safely in designated containers and bags, treated, and then safely disposed in full cooperation with the municipalities.

During the COVID19 situation, EQA confirms to follow the procedures for the collection and storing of infectious waste inside quarantine centers, in order to ensure the safe handling. This includes the waste management by the transport agencies to bring the waste outside the centers using additional protection measures (described in Occupational Health and Safety Practices). EQA emphases the risks attached to this infectious waste, thus, well-trained staff should handle the collection and removal of waste inside and outside the centres. According to EQA, transporting the infectious waste should be according to specifications stated in the law. However, in case of lack of resources, a special vehicle should be made available which regards the minimum requirements and specifications, in consultation with authorities.

6.3 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Supply HCFs with adequate soaps for handwashing and cleaning materials/ detergents for environmental cleanliness	Identify targeting approach and targeted QCs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted QCs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Confirm kits contents	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of hygiene mand cleaning materials	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	MOH, WASH cluster coordinators	Validate the IEC materials messages
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	Governorate offices (WB) and MOH	Ensure the organization accessibility of the targeted communities
	Distribute the hygiene kits and IEC materials	Governorate offices (WB) and MOH	Monitoring the distribution process
	Updating the 5Ws	WASH cluster team	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster team	Validate the methodology and results.
Maintain and install proper handwashing stations, sanitation items, and safe discharge of wastewater at HCFs	Identify targeting approach and targeted QCs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted HCFs
	Cross check targeted HCFs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Develop BOQs and technical specifications	MOH, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of rehabilitation works	According to organization procedures	Conduct the related procurement procedure

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
	Agreement with MOH	According to organization procedures	Ensure intervention sustainability.
	Rehabilitating the WASH facilities	MOH	Ensure the organization accessibility of the targeted HCFs
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.
Provision of adequate and safe water for drinking, personal hygiene and cleaning.	Identify targeting approach and targeted QCs	MOH, WASH cluster coordinators	To validate the targeting approach and targeted HCFs
	Cross check targeted QCs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Develop BOQs and technical specifications	MOH, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Agreement with MOH	MOH	Ensure the accessibility to the targeted HCFs
	Procurement of water trucking or bottles	According to organization procedures	Conduct the related procurement procedure
	Distribution of water and materials	QCs administration	Receive the materials and facilitate the distribution to the beneficiaries.
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

6.4 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
	Governorate offices		X	X	X	

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
Provide quarantine centers with hygiene and Cleaning materials	MOH	X	X	X	X	X
	local councils			X	X	
	PWA					X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Ensure quarantine centers access to proper sanitation facilities and safe wastewater and solid waste discharge	local councils				X	X
	Governorate offices		X	X	X	
	MOH	X	X	X	X	X
	PWA					
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Ensure adequate water supply for drinking and basic hygiene in quarantine centers	local councils	X		X	X	
	MOH	X	X	X	X	X
	PWA	X				X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	

7. Support WASH Sector Institutions

7.1 Background:

The provision of safe water, sanitation, and hygienic conditions is essential to protect human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, and HCFs will reduce human-to-human transmission of the COVID-19 virus and help control outbreaks. Many public WASH facilities (water and wastewater) can be realized by safely managing water and sanitation services, and by applying good hygiene practices and disinfection approaches. It foresees a joint strategy of the humanitarian community, including PWA, to respond to the public water needs and immediate humanitarian consequences of the pandemic in the West Bank, including East Jerusalem, and the Gaza Strip over the remaining period of the original plan. One of the main response priorities is to support public WASH facilities (Water treatment plants, wastewater treatment plants, pumping stations, service providers institutions, … etc.) by ensuring availability of disinfection materials and tools and providing water and sanitation maintenance and operation spare parts, equipment and materials.

Support to the service providers through the provision of hygiene materials and protection materials:

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on WASH facilities and its boundaries is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. For otdoor areas, existing cleaning and hygiene practices should be maintained.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people.

7.2 Technical guideline:

Referring to the PWA service provider' assessment, and in coordination with the Cluster and PWA focal point; criteria are set as to the needs and geographical locations to be targeted.

A guideline is presented with criteria for a quick assessment to be conducted in support of the service providers for the COVID-19 ,to prioritize the activities and locations of implementation. The drafted priority criteria are:

Criteria for prioritization for assistance	
To supply kits	Service provider to meet one or several of the criteria - weighting of the below criteria should be added: • Not supported by another agency

Criteria for prioritization for assistance	
	• Absence of protection material • Absence of cleaning material and/or consumable for less than X weeks • Numbers of people in the location • Number of staff • Presence of 1 or more screening tents under their responsibility • The number of affected cases • Number of sterilize times per week
Water and sanitation maintenance and operation fittings and materials	Service provider to meet one or several of the criteria - weighting of the below criteria should be added: • Number of water pumps operated • Lack of operation fittings and material in stock • Percentage prepaid subscriptions (WB only) • lack of money for renting equipment or specialists necessary for maintenance

Minimum requirements for cleaning: Detergents and cleaning equipment and materials (for one service provider, up to one month)

No.	Item	Discribtion	Unit	Quantity
1	**Electronic thermometer**	Infrared Thermometer Temperature display resolution: ±0.1°C (0.1°F) Memories: 32 Measuring range: 34°C ~ 43°C Response Time: 1 sec Measuring Distance: 3~5CM Audible alarm if temperature is more than 38°C It can be displayed in either Celsius or Fahrenheit Longevity use 100,000 readings Accuracy: ± 0.3°C (0.6°F) Automatic power-off: <30 secs Eliminates cross contamination Hygienic and easy to use	unit	1
2	**Face mask**	Surgical Face mask	unit	100
3	**Face mask KN 95**	Surgical Face mask KN 95	unit	50
4	**Hazmat suit**	Protective clothing disposable isolation gown different sizes: Usage/Application: Complete Virus Protection Material: PPE Disposable Color: Blue and white Pattern: Plain Protection Area: Full Body	unit	5
5	**Disinfection materials- solution**	Composition of Benzalkonium chloride 5% sterile and antiseptic, works to kill	litter	40

No.	Item	Discribtion	Unit	Quantity
		bacteria, viruses, fungi resolves 1 liter in 100 liters of water		
6	**Gloves**	Gloves: disposable, powdered, latex gloves, each box contain 100 gloves. Different sizes (large /Xlarge), white or blue	box	20
7	**Bleach**	Concentration of the active ingredient 4.5%, chlorine only, volume of 4 liters	unit	20
8	**Hand sanitizer**	400 ml	unit	10

It is good to mention here the brochure which conducted by PWA and distributed among the service providers to enhance their capacity regarding to covid-19. The published brochure is here.

7.3 Implementation methodology:

Activity	Sub Activity	To be coordinated with	Roles and Responsibilities
Provide PWA, service providers and local councils with disinfection materials and tools	Identify targeting approach and targeted WSPs	PWA, WASH cluster coordinators	To validate the targeting approach and targeted communities
	Cross check targeted WSPs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Confirm list of proposed materials	WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of disinfection materials and tools	According to organization procedures	Conduct the related procurement procedure
	Identify the required IEC materials	PWA, WASH cluster coordinators	Validate the IEC materials messages
	Purchase the IEC materials	According to organization procedures	Conduct the related procurement procedure
	Develop distribution plan	PWA, local councils	Ensure the organization accessibility of the targeted communities
	Distribute the materials and tools	PWA, local councils	Monitoring the distribution process
	Updating the 5Ws	WASH cluster team	Validate the data on the 5Ws system
	Post distribution monitoring and evaluation	WASH cluster team	Validate the methodology and results.
Supply PWA, service providers and local councils with water and sanitation maintenance and operation fittings and materials	Identify targeting approach and targeted WSPs	PWA, WASH cluster coordinators	To validate the targeting approach and targeted HCFs
	Cross check targeted WSPs with the cluster	WASH cluster IM officer	Ensure no duplication will take place
	Develop BOQs and technical specifications	PWA, WASH COVID 19 response task force	Ensure the application of the harmonized tools.
	Procurement of fittings and materials	According to organization procedures	Conduct the related procurement procedure
	Agreements with WSPs	PWA, WSPs	Ensure proper installation and operation of the provided materials.
	the provision of the fittings and materials	PWA, WSPs	Receive the materials and facilitate their operation.
	Updating the 5Ws	WASH cluster IM officer	Validate the data on the 5Ws system
	Monitoring and evaluation	WASH cluster IM officer	Validate the methodology and results.

7.4 Coordination and stakeholder analysis:

Activity	Stakeholder	Areas of coordination and engagement				
		Activity Design	Targeting groups	Planning for the intervention	Activity implementation	Monitoring
Provide quarantine centers with hygiene and cleaning materials	Governorate offices		X	X	X	
	MOH	X	X	X	X	X
	local councils			X	X	
	PWA					X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Ensure quarantine centers access to proper sanitation facilities and safe wastewater and solid waste discharge	local councils				X	X
	Governorate offices		X	X	X	
	MOH	X	X	X	X	X
	PWA					
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	
Ensure adequate water supply for drinking and basic hygiene in quarantine centers	local councils	X		X	X	
	MOH	X	X	X	X	X
	PWA	X				X
	WASH cluster	X	X	X	X	X
	WASH partners		X	X	X	

8. Technical support to partners:

Technical support provided to partners by taskforce members, PWA and the Cluster team includes but is not limited to the following fields:

- Technical support in the form of RCCE and communication tools, including flyers can be provided to the partners related to issues such as:
    - Drinking Water Supply, Hygiene and Sanitation installations.
    - Renewable Energy for Public facilities like Water and Wastewater facilities.
    - WASH in Institutions, Schools and Health Centers.
    - Hygiene support for girls and women, and
    - Hygiene support for disabled and elderly.

- Technical support by facilitators for the hygiene working group and HCFs, can be supported to the partners in the form of:
    - Standardization of interventions and developing of specifications and BOQs.
    - List of vendors and Inspections of materials, and
    - Coordination with MoH for materials approval.

- Remote support to the partners with technical issues in the form of the analysis of the context for each proposed area of intervention at community level, with technical staff both in Gaza and in West Bank (for the coming 2 months).

- Review of the intervention, including its rational, BoQs, technical specifications for needed material and other resources required, and facilitation of the stakeholders in a network of s.

- If necessary, field visit / field support can be organized.

- Regarding to the HPWG, support an be provided to partners in terms of hygiene and cleaning materials specifications, IEC and PPE materials, cleaning procedures, awareness messages,pProtective measures for HH visits, public filling points or water trucking, and provision of water safety planning at HH and community levels.

- Support while preparing list of spare parts and quality inspections of materials for activities by service providers, in coordination with these service providers.

9. Contacts of National WASH task force members for technical support

Responsive Authority, Organization	Org. TF FP name (First, last)	Email Address	Mobile number	Working Sector
WASH Cluster	Mohammad Amro	mamro@unicef.org	059 5909470	National WASH Cluster Coordinator
PWA	Majeda Alawneh	malawneh@msn.com	059 9796061	Technical support
Action Against Hunger (AAH)	Dalia Sbeih	dsbeih@pt.acfspain.org	059 5 94 14 93	Water service providers
CESVI	Marco, Verber	emergency_jer@cesvioverseas.org	+970 59 285 9990 +972 52 960 0326	WASH at community level
Oxfam	Roba Daour	Roba.Daour@oxfam.org	059 8858027	WASH in quarantine centers
WeWorld-GVC	Basel Al Aila	basel.alaila@gvc.weworld.it	+970 567 785 233	WASH in health facilities
UNICEF	Pamela Elisabeth Minnigh	peminnigh@unicef.org	+970 599 674 387	RCCE