

UPDATED MARCH 24, 2020

1

Will the webinars be available afterwards?

Yes. We will make sure that the webinars in all three languages are available on our website.

2

Where can we find the documents you mentioned?

We will share a list of resources and links to information hubs. This will be available via our website.

3

You have talked about a lot of activities. Are there guides or videos for these?

Yes. If you download the Wash'Em coronavirus brief (now available in three languages) you will find links to videos and detailed guides for the activities we discussed.

4

Will your materials be updated?

Yes. The situation and the information regarding the novel coronavirus are changing quickly. Some of the recommendations in our coronavirus guide or in this webinar may become unfeasible or inappropriate quite quickly. For this reason, we recommend that you sign up to our mailing list and follow us on either Twitter or Facebook where we will share the latest updates.

5

Where is the research to back up the ideas you suggested?

On our website. We will add a range of handwashing research links to our website so that you can read more about the evidence behind the ideas we suggest.

6

Is it worth doing any assessments on behavioural determinants at this stage?

Normally we would recommend that if you are doing hygiene promotion you should always take time to assess behavioural determinants in your context. This is why we designed the Wash'Em Rapid Assessment process. You can learn about the Rapid Assessments [here](#). However, the COVID-19 pandemic is different to outbreaks that humanitarians normally respond to (such as cholera and Ebola) in two important ways.

The first key way is that COVID-19 is thought to spread mainly from person-to-person: Between people who are in close contact with one another (within about 6 feet), through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs). This means that staff and community members would be more at risk if we did in-person data collection about behavioural determinants.

The other factor that makes the coronavirus somewhat unique is the speed of transmission.

Therefore, we feel it's important to act immediately by using simple, evidence-based interventions. As time goes on we would suggest that you re-evaluate the risk and consider adapting your programme using the Rapid Assessments.

7

What do I do if I am working in an area with real water scarcity?

When water is scarce people typically prioritise water for tasks other than handwashing – things like drinking, bathing, laundry, and dishes. In such settings we also see people just rinsing their hands with water rather than using soap because using soap is perceived to increase the amount of water required. It is possible to wash hands with relatively little water. Wet hands and switch off the tap (if you are using one), lather up with soap and then rinse again. As you will see further on, it's also possible to use grey water for handwashing. **A key behavioural task in areas that are water scarce will be to reposition handwashing with soap as more important than other household tasks at this time.**

8

Can ash be used for handwashing?

Ash can be used effectively for hand cleaning in general. However, soap and water in combination are particularly effective against coronavirus. This is because the coronavirus is an encapsulated virus; this allows soap to destroy its outer case and therefore kill it. Ash is thought to remove germs from hands in a different way to soap; primarily through friction. It is unclear if ash would have the same effect as soap on the coronavirus as no studies have been done on this. We would recommend that if you are providing handwashing facilities in public places you always provide soap and water. If you are working in an area where soap is unaffordable for people, then using ash may be better than handwashing alone. However, the Wash'Em team has worked on handwashing all over the globe. It is rare that people have no soap at all, rather the soap that they do have is prioritized for other tasks. Remind people in your local area that it's ok to use cheaper soap for handwashing (for example cheap laundry soap) and encourage them to prioritise soap for handwashing during this time.

Read more about the use of ash for handwashing [here](#).

9

Are there any recommendations on how people should dry hands?

Hand drying plays an important role in getting clean hands. If germs are left on your hands after handwashing with soap, drying them can remove 99% of these remaining germs. In high income settings paper towels or electric air dryers can be used to effectively dry hands. However, these are not feasible in many low- and middle- income settings so often people recommend just shaking hands dry. However, if people go straight back to their day-to-day activities after handwashing, this can be problematic because wet hands tend to pick up more pathogens from the surfaces they touch. The good news is that a study in [Zimbabwe](#) found that even drying hands on dirty clothes can have a positive effect.

10

Should we be promoting handwashing with chlorinated water?

It is not necessary to use chlorinated water for handwashing during this coronavirus outbreak. Using chlorinated water will kill the virus but handwashing with soap and water will do the same. Handwashing with soap is preferable over chlorinated water, because chlorine is a potentially dangerous chemical and handwashing with chlorinated water dries out your hands and can cause irritation if used regularly. In some settings, such as those recently affected by Ebola outbreaks there is a precedent for handwashing with chlorine to combat the spread of disease. In these settings it might be more accepted by the public to use chlorinated water at public handwashing facilities.

11 Several of your ideas involved the use of social media but social media is not widely used in my area. How else can I reach people?

Our recommendation is to minimise in-person contact with your community when doing hygiene promotion. It is your job to assess which delivery channels are still viable and likely to be effective in your context. In deciding this, think about how effectively mass media like television or radio reaches your population. If, for example, you identify that radio may be effective in your area then you can still do several of the activities that we mentioned in the webinar and guide. In that case, rather than sharing the experiences of people with the coronavirus via social media, it could be very effective to have your local radio station call and interview these people. Another option to consider is bulk text messaging. You could work with a local mobile provider to do this. Similarly, you could make the most of spaces where people gather (e.g. markets, water points or bus stations). Follow our guide to create a local recognition wall featuring handwashing champions.

12 Can I use grey water for handwashing?

Yes, water for handwashing does not have to be as clean as for drinking. **Studies** have shown that if you wash your hands with soap and relatively highly contaminated water, your hands will still be left clean. This again shows just how effective soap is. So if water is scarce where you work, you may be able to convince people to keep the water they use for laundry, for example, and store this for handwashing use. However it's important to note that in many places re-using water like this is not considered to be culturally acceptable.

13 You mentioned the use of laundry detergent to create soapy water, are there other ways to do this?

In the webinar we described how to use soapy water dispensers. **This article** provides a pictorial example of how to mix the soapy water (using laundry detergent powder) and how to create dispensers from plastic bottles. Soapy water can be created by diluting liquid soap too. However we caution that diluting any soap too much will make it less effective. If you choose to dilute soap make sure that it is still soapy enough that it is able to create a good lather within seconds.

14 Can people share handwashing water?

As mentioned, it is generally fine for people to use grey water or used water for handwashing. However at the moment people may be carrying the coronavirus on their hands so sharing handwashing water may pose more of a risk. There are no studies to suggest this, but we would prefer that you act with caution; therefore at this time we recommend not sharing handwashing water.

15 Is the coronavirus present in human faeces?

Yes. A recent study from China found that coronavirus was present in human faecal matter. This means that there is a chance that the coronavirus may also transmit through a fecal-oral route. However there have not been confirmed cases from faecal-oral transmission (this does not necessarily mean it has not happened). This poses a challenge for those working in settings with poor sanitation. The **WHO WASH Guide** makes some recommendations for handling faecal matter during this time.

16 We are doing ongoing hygiene kit distribution. Should we change what we are including in the kits?

We would recommend adding more soap than you might usually supply. If there is a higher availability of soap, people are less likely to use it sparingly. If alcohol-based hand rub is available in your country, you could consider distributing it, however it is important that people realise that soap and water is just as effective. Alcohol-based hand rub must contain at least 60% alcohol in order to be effective. It is recommended that alcohol-based hand rub be a back-up solution, for when handwashing with soap is difficult or impractical (such as when a person is outside their home).

17 What should people be using to clean surfaces?

Surfaces should be cleaned regularly during the outbreak. You do not need any special equipment to remove the coronavirus from surfaces. Soap and water or normal household disinfectants should work fine. Surfaces should be cleaned more thoroughly if someone in the household becomes sick. The CDC provides some [guidance on this](#).

18 How can we make sure our hygiene promoters maintain good hygiene and social distancing if they are doing house-to-house visits?

As mentioned in the webinar, it is important that your staff are not at risk if doing household visits. The easiest way to do this is to make sure that they carry hand sanitiser with them and that they avoid shaking hands or any contact. In some countries the supply of hand sanitiser is minimal. If this is the case where you are working and you are unable to safely produce your own alcohol-based hand rub, then you may have to consider not doing household visits. An alternative to this may be to position your staff near a public handwashing facility and do your hygiene promotion work from there. This will allow them to regularly practice handwashing.

Hygiene promoters can still practice social distancing even when working in communities. They can do this by avoiding physical contact of any kind and by standing 2 metres away from the people with whom they are working. It is possible to do these things without seeming rude or culturally offensive. In fact, many countries around the globe are starting to adopt the tradition of saying 'Namaste' since this is a polite but touch-free greeting. If hygiene promoters explain why they are standing far away or changing greetings, populations are likely to be understanding and follow their example.

19 What should I do if I am working with displaced people in a camp or informal settlement?

There is no doubt that these settings are particularly challenging to work in at the moment. [This document](#) from the inter-agency standing committee provides some guidance for working in these settings. Many of the activities outlined in the webinar are still appropriate for these settings. However one additional challenge of working with displaced groups is that they may not be a political priority. In such a situation it is important that organisations lobby for their rights. Not only are displaced populations particularly vulnerable to contracting the coronavirus, but should people in these settings get the virus it is more likely to spread rapidly, in turn causing an additional risk to the broader population. Your organisations may need to play a role in advocating this to politicians to ensure that basic supplies of soap and water

are available and that other needs continue to be met during this time. If you are working with populations who are on the move due to displacement this may also make them vulnerable and create risks for the broader population. Work with government and international agencies to identify temporary safe accommodation for them. In some countries we have seen hotels, which are now empty of tourists, opening up their doors to keep people safe at this time.

20 **Do disposable gloves prevent coronavirus infection?**

Current guidance from the World Health Organization (WHO) is that disposable latex gloves and masks play important infection prevention roles in health care settings but that there is little evidence that they can help prevent transmission in community settings. One of the reasons is because gloves often give us a false sense of security. We feel protected but actually the gloves are still coming into contact with the same dirty surfaces as our hands would. While it is easy to regularly wash hands with soap, people are less inclined to regularly throw away gloves. Also, using disposable gloves creates a lot of waste and takes supplies away from medical professionals who need them.

21 **Is hand sanitiser any better than handwashing with soap?**

Handwashing with soap is the most commonly recommended method of preventing COVID-19. This is because soap is effective in removing and killing the virus and because soap is cheap, widely available, and affordable. It is also gentle on hands so repeated use rarely causes irritation. Alcohol-based hand rub is as effective against the virus but is less widely available and is often more expensive. Also, repeated use of alcohol-based hand rub can cause skin irritation.

22 **How do I make the activities you described inclusive with regard to gender, disability and other vulnerable groups?**

The activities we have included in the brief and in the webinar can be used with any group. If you are doing **#safehands** videos or sharing experiences of people who have had COVID-19, make sure you select people of different genders, abilities, and ages. You can also use **this document** to further guide your thinking around working with vulnerable groups. As we mentioned in the webinar, social support measures will be critical at this time too. Older people and people with existing health conditions should self-isolate because they are at greater risk but they may need young healthy family members and friends to call them regularly and to do small errands like picking up shopping. Here in the UK there have been **nice examples** of thousands of volunteers using WhatsApp and Facebook groups to support vulnerable people in their community. If similar volunteer organisations are set up in your community, you might be able to use these to share hygiene promotion information.



23 **Are public handwashing facilities potentially a contamination risk?**

Public handwashing facilities do pose a small risk of contamination. However, the absence of them would create a much greater concern for transmission. There have been some **great examples** of no-touch handwashing facilities to mitigate this issue. Even if you are using bucket-style handwashing facilities, these normally come with an on/off lever to dispense water. The good thing about this (as opposed to a tap that turns on and off) is that it can be pushed with an elbow to switch it off, thus mitigating the contamination risk. In several countries we are also seeing that individuals are setting up handwashing stations near markets as small money earners or that organisations are paying 'hygiene monitors' to ensure that soap and water are always available at the public facilities they construct. In these situations, the person monitoring the station can switch the tap on and off for each person so that it is effectively touch-free. If your organisation is planning on paying people to monitor handwashing facilities, please do consider the sustainability of this approach or how you will phase this out.

24 **Are different types of soap more or less effective against coronavirus?**

All types of soap will effectively remove and kill coronaviruses. So whether you buy expensive or cheap soap, bar soap or liquid soap, or if you use laundry powder or dishwashing liquid you will still end up with clean hands. However using nicer soap may make handwashing more desirable and therefore contribute to the development of good habits.

25 **What kind of handwashing facilities should we construct? Are tippy-taps ok?**

Follow us on social media to see examples of what others are doing to improve handwashing facilities around the world. You can also read our **Wash'Em guide** about how to design handwashing facilities that improve behaviour. Simple handwashing designs are fine at this time. Designs like the **tippy-tap** are easy to replicate quickly. However, tippy-taps are prone to breaking easily. So if you are setting up tippy-taps you should also establish mechanisms for the water and soap to be regularly replenished.

26 **How should I monitor our coronavirus response programme**

We recommend you use the **Wash'Em guide** on monitoring and evaluation for handwashing behaviour change programmes as a starting point. As a minimum, we suggest that at this time you track your inputs and activities. If you have hygiene promoters stationed at handwashing facilities, you might also like to keep track of how many people use the facility each day and see whether this changes during the course of the outbreak. Lastly, we recommend that you try to track how perceptions are changing and prevent any rumours or misinformation that may be spreading. There are a few ways that you can do this:

- Get your staff to pay attention to local media and social media groups and identify new concerns or misconceptions as they arise.
- You may be able to work with marketing companies or telephone companies to conduct phone call interviews or online surveys with people in your population to learn more about their experiences and how things are changing. This was done in the past during the H1N1 Flu ('swine flu') outbreak via both **online** and **phone platforms**.

If your hygiene promoters are stationed near handwashing facilities in public places, then they could informally interview people as they come to use the facility.

27 What about other prevention methods?

At Wash'Em we specialise in handwashing and behaviour change. Please use our list of resource hubs if you want more information on any of the following questions.

- Cleaning surfaces
- Large-scale fogging or disinfection
- Masks
- Gloves
- Measures for infection control in health centres
- Social distancing
- Vaccines
- Antivirals
- Other WASH measures

If you are still unsure, please email us your question at support@washem.info.

