# Lebanon WASH response to COVID-19

Lebanon

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## List of abbreviations

| | |
|---|---|
| COVID-19 | Corona Virus Disease 2019 |
| CS | Collective shelter |
| C4D | Communication for Development |
| GoL | Government of Lebanon |
| HH | Household |
| IEC | Information, Education and Communication |
| IS | Informal Settlement |
| LCRP | Lebanon Crisis Response Plan |
| MoPH | Ministry of Public Health |
| MOSA | Ministry of Social Affairs |
| NGO | Non-Governmental Organization |
| OV | Outreach Volunteer |
| PPE | Personal Protective Equipment |
| PHC | Primary Health Care |
| PHCC | Primary Health Care Centres |
| PHU | Public Health Unit |
| PWD | People with Disability |
| PWSN | People with Special Needs |
| RNA | Ribonucleic Acid |
| SDCs | Social Development Centres |
| SOP | Standard Operating Procedure |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Funds |

# 1 Introduction

On 30 January, the World Health Organization declared the 2019 coronavirus disease (COVID-19) outbreak a public health emergency of international concern (PHEIC)[1]. In Lebanon, on 21 February 2020, the first case of COVID-19 was confirmed involving a 41-years-old female, which had a travel history to Iran.

WHO has defined four transmission phases for COVID-19:

1. Countries with no cases;
2. Countries with 01 or more cases, imported or locally detected (sporadic cases);
3. Countries experiencing cases clustered in time, geographical location and/or common exposure (clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (community transmission).

It is at the 4th stage where countries move from containment to mitigation. As of 5th of August. The case of Lebanon falls under the fourth scenario of local transmission.

As community transmission has started with the multiple clusters observed across the country at the same time, and around 30% of cases with not well-defined source of infection, WaSH sector continue to support the National COVID-19 Response with focus on mitigation and prevention measures.

## 1.1 Main facts on COVID-19 related to WASH[1]

COVID-19 is a new disease different from influenza with respect to community spread and severity, but with similar route of transmission[2] . Much has to be discovered about the disease and its impact, but there is no evidence that the COVID-19 virus is found or transmitted in drinking water, even if it can survive on dechlorinated water. COVID-19 virus Ribonucleic Acid (RNA) fragments have been detected in reasonably high concentrations in stools of patients, but only one study has cultured COVID-19 virus from the stool of one patient. It should also be noticed that few patients (2-10%) develop diarrhea and there has been no report so far on the fecal-oral route transmission of COVID-19.

COVID-19 is an enveloped virus surrounded by a weak lipid membrane, which makes it relatively fragile in the environment compared to non-enveloped viruses. For this reason, heat, high and low pH, sunlight, common disinfectants, or alcohol will facilitate its die-off. On surfaces, an effective inactivation can be achieved quickly using 65% ethanol or 0.5% sodium hypochlorite., and handwashing with soap is proven effective to removing the virus from hands.

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[1] WHO/2019-NcOV/IPC_WASH/2020.1

[2] Modes of transmission: droplets sprayed by affected individuals, contact with patient respiratory secretions, contaminated surfaces and equipment.

## 1.2 WASH role in the response

One of the key aspects to successfully mitigate any Public Health Emergency like this COVID-19 outbreak is to adopt a multi-sectorial approach [3]where the WASH Sector can contribute through significant previous experiences in mitigating contagious diseases (cholera, Ebola, Zika, etc.). In Lebanon specifically, the WASH Sector has already a long experience in preventing Public Health hazards in Informal Settlements since 2013 through an emergency WASH response that covers high number of Syrian refugees with a full package of water and wastewater services as well as Hygiene Promotion and community mobilization activities.

Therefore, the WASH Sector in Lebanon has a key role in the response through a strong contribution to the achievement of four main objectives:

(i) The exposure to the disease is prevented and controlled at community level.

(ii) The transmission of the disease is controlled in safe confined rooms and community settings with priority support to marginalized populations, specifically people with special needs, people with disability and elderly.

(iii) Schools stay as a safe environment for children, free from risks of contamination and with reduced risks of contamination from child to child.

(iv) Secondary contaminations in PHCs are prevented and thus particularly Health care staff are protected.

The role of the WASH Sector in response to the ongoing COVID-19 epidemics will significantly differ according to its evolution in Lebanon and the Government capacity to cover the needs. The Government has created an Inter-Ministerial COVID19 Committee that ensure the overall leadership and coordination of the response. International Organizations present in the country are coordinating through a National Task Force Lead by the Regional Coordinator and following the COVID-19 Strategic Preparedness and Response Plan. This plan is organized around eight pillars:

- Pillar 1: Country-level coordination, planning, and monitoring
- Pillar 2: Risk communication and community engagement
- Pillar 3: Surveillance, rapid response teams, and case investigation
- Pillar 4: Points of entry
- Pillar 5: National laboratories
- Pillar 6: Infection prevention and control
- Pillar 7: Case management
- Pillar 8: Operational support and logistics

[3] shelter, protection including GBV, CP, Health, social stability, MHPSS.

The WASH sector is involved in the pillar 2,4 and 6:

| | |
|---|---|
| **Pillar 2: Risk Communication and Community Engagement** | Hygiene Promotion |
| **Pillar 4: Entry Point** | Hygiene Promotion<br>WASH in Entry Points |
| **Pillar 6: Infection Prevention and Control** | WASH in ISs and CS<br>WASH in Palestinian camps<br>WASH in Communities and Households.<br>WASH in Healthcare facilities<br>WASH in Schools and social institutions |

# 2 WASH response per gateway

The current epidemiological trends based on the existing lab tests results, show that most of the positive Covid19 cases are outside of Syrian and Palestinian refugee populations, but rather in Lebanese host communities. On a national level, some initiatives have been started which benefit all populations. These are listed under 2.1 communities for ease.

## 2.1 Communities

The involvement of the Water sector to respond to the needs of Lebanese citizens will be guided by the capacity of the Lebanese Government to manage the response. The Water Sector should be prepared for potential request for support, especially for the most vulnerable, such as suffering from chronic disease, who cannot afford paying for the treatment or don't have a medical insurance.

The Water sector will provide support vulnerable Lebanese and to refugees living in host communities, which is estimated at 607,331 (registered with UNHCR) and an additional approximately 500,000 unregistered refugees. The prioritization of localities to be supported will be coordinated with Lebanese authorities and will consider areas with high population densities that are hosting high numbers of vulnerable Lebanese and/or refugees. The prioritization criteria is based on supporting the vulnerable neighborhood where cluster confirmed COVID 19 cases are identified by distribution of disinfection kits and reusable masks to the nearby buildings. Hygiene promotion activities are to be adapted to include key Covid-19 hygiene messaging.

As vulnerable suspected cases go to the laboratories that are free, the WASH sector will distribute disinfection materials (sanitizer, soap, disinfectant) and reusable masks in these laboratories/hospitals, based on a geosplit. The partners will be distributing e, and they will also provide information about the IPC hotline for positive cases at these distribution points. This is in order to respond to suspected cases while they are awaiting test results and home isolated, which can take several days. This will be piloted according to ta hospital geosplit, to be shared when finalized. All hospitals will receive masks from UNICEF, as well as the IPC hotline information, and partners will support with disinfection materials/kits.

### 2.1.1 Phase 4: Community transmission (larger outbreaks of local transmission)

At this phase, it should be considered that the Government of Lebanon would ask International Organizations for strong and extended support. In addition to activities planned on phase 3, the WASH Sector should be prepared to:

**With the rapidly shifting nature of the virus, partners should be ready to scale up distribution of IPC kits and disinfection kits to affected families and isolation centers (where applicable) for the next year. It is recommended that partners preposition stock across geographical locations in order to ensure rapid distributions where needed.**

(i) Limit secondary home-based infections through the provision of bleach/ disinfection kits/ IPC kits and special messaging on self-isolation, cleaning, disinfection and hygiene to the moderate cases (especially the most vulnerable) that are not admitted at hospitals. Special care should be on older persons and people with special needs. Pending on MoPH strategy and local epidemiology, a similar response as recommended in the level 3 and 4 for Informal Settlements and Collective Shelters could apply to the households living in highly affected clusters.

(ii) The Water sector through UNICEF will provide IPC kits to people in need in urban areas. Distribution will happen on a referral basis from MOPH via the UNICEF hotline. MOPH have will share information about the UNICEF hotline when they contact positive cases with test results. The individuals are then referred to the hotline, where they can request IPC kits. The kits are distributed by UNICEF implementing partners and MOPH through an established geosplit. If possible, distribution can also occur using cluster identification, although with widespread transmission this may not be feasible.

   a. Those who request IPC kits can also be used for contact tracing to provide kits to those who are in contact with positive cases
   b. Negative repercussions of period poverty in Lebanon are tackled through ensuring access of women and girls to menstrual products by continuing the distribution of sanitary pads in the IPC kits, including information about GBV risk mitigation hotline in IPC distributions and sharing information about the IPC hotline through protection partners/social workers.

(iii) More focus is to be placed on suspected cases and contacts. Suspected cases are to be provided with disinfection items, and PPE/reusable masks at public labs after testing. A geosplit is to be created which will inform which partner is responsible for which area/hospital.

(iv) As part of COVID 19 and Blast responses, Water sector distributes Hygiene, disinfection, baby and elderly kits to the affected families in Beirut.

(v) Intensify and widely broadcast messaging related to good hygienic and social behaviors to block the transmission routes of COVID-19 without discriminating or stigmatizing suspected people.

   a. Use tools from RCCE national taskforce on Covid19 for this

(vi) In close collaboration with Shelter and Health Sector, provide dedicated water and wastewater facilities and services to temporary medical facilities, taking into account the prevention of sexual abuse and harassment during a chaotic response in case of outbreak. Standards are developed in the paragraph 2.5.

(vii) In this context of the ongoing economic crisis, keep on supporting Water Establishments to ensure the continuity of water services, with a special attention on the clusters the most affected. The WASH sector should be prepared to initiate water trucking services in the areas the most marginalized and highly affected by COVID-19, especially considering the approaching dry season. The Water Sector would monitor and if necessary support the Water Establishments to maintain the chlorination at Water treatment Plants to supply safe water.

(viii) Keep on supporting Water Establishment to maintain the water service, such as but not limited to provide consumables and fuels to maintain service in Water pumping stations in addition to support in repairing or fixing of Water public networks.

(ix) In case of collective confinement in public settings, support MoPH and MoEW to provide water and wastewater services, handwashing facilities, hygiene, cleaning and disinfection materials. Support to surface cleaning in collective settings of confinement and public spaces (especially in marginalized areas) should also be considered if requested by MoPH.

## 2.2 PHCs and hospitals

A recent survey undertaken in 2019 shows that PHCs in Lebanon are in general well-equipped in WASH facilities (to be documented and referenced). Nonetheless, MoPH may request support to limit nosocomial infections in PHCs through disinfection and cleaning materials and interventions. The WASH sector should be prepared to support MoPH through the delivery of PHC IPC kits (annex 5), which includes specific protections for health care staff that will be provided in strong coordination with the Health Sector, infectious waste management and if necessary water supply. The protocol to properly managed disinfection and cleaning of PHCs is developed in the annex 6 and the one on Infectious waste management to be completed at later stage in collaboration with Social stability.

At the phase 4, MoPH and the Health sector may decide to install temporary medical facilities to release the pressure on limited beds available in PHCs and hospitals. In that case, if the WASH Sector is solicited and in strong collaboration with the Health and Shelter sectors, temporary water, wastewater and handwashing facilities will be installed, and IPC-in-PHC kits provided.

With the spike of COVID 19 positive cases in the country, Water Sector might need to support the Public Health System in Lebanon. We will do this by assessing the WASH needs in the hospitals where COVID 19 treatment is available. Partners might be requested to support other areas if the public health system if needed. This is essential to ensure patients and Health care staff have access to safe and equitable service. WASH sector has to be prepared to respond to the WASH needs in the hospitals, in case prioritization is required, Water Sector would prioritize the public hospitals.

In the center used for isolation or quarantine, the following WASH standards should be respected, this is applicable for isolation/quarantine centers and hospitals: appropriate zoning should be considered to minimize transmission risk between isolating, recovering and quarantined individuals within the centre. Centres should have the following spaces clearly designated:

- Green zone: Administrative spaces accessed mainly by staff who do not have contact with Covid-19 patients
- Amber zone: Quarantine area for suspected cases.
- Red zone: An area for confirmed cases with light and moderate symptoms.

These areas should maintain strong IPC procedures.

When needed WASH partner shall undertake a quick assessment (using WASH-FIT or national tools) according to their responsibility outlined in the geosplit to determine Health Care Facilities (HCF) without WASH services and those with the highest patient population which could undermine their safety. In accordance with MoPH and WHO, the assessment format can be adapted to assess in priority COVID-19 related key IPC parameters where numerous HCFs are to be evaluated quickly. The WASH assessment will need to be done based MoPH/DRM priorities in terms of geographical areas and HCFs as not all facilities can be tackled at the same time. Capacity assessment must be done, and training health care workers and non-medical staff on IPC measures in coordination with health colleagues may be needed.
Partners to develop a simple system to monitor functionality of services - in both supported and non-supported HCFs. The following aspects must be frequently monitored: availability of water, chlorinated water at different concentrations (1%, 0,5%, 0,05%), availability of chlorine, detergents and disinfectants, handwashing systems (water/soap, alcohol rub /hand-sanitizers or chlorine water), bathroom and toilets cleanliness (separated from suspected/confirmed cases and other persons), medical and solid waste regular disposal and safe elimination.

Standards will follow those that applies to temporary Cholera Treatment Centers:4

**1.Water: 5**

Is required to support personal hygiene including handwashing with soap as a key preventive measure. Water must be available for regular cleaning and disinfection purposes, cleaning, disinfection, laundry and other activities while sufficient drinking water remains crucial.
water storage facilities and chlorinated water provision through trucks or public networks.
A minimum of 60 l/patient/day, plus 15 liters/carer/day of chlorinated water will be provided.

**2.Personal hygiene**

Hand hygiene is extremely important to prevent the spread of SARS-CoV-2. All health-care facilities should have regular programs aimed at promoting best hand hygiene practices and at ensuring the availability of the necessary infrastructure (equipment and supplies) as well as operation and maintenance protocols.
Key Actions:

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[4] https://www.unicef.org/media/66386/file/WASH-COVID-19-infection-prevention-and-control-in-health-care-facilities-2020.pdf
https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-covid-19

[5] https://www.who.int/water_sanitation_health/hygiene/envsan/chlorineresid.pdf

(i) At testing facilities, WASH partners should be ready to provide IPC kits or hygiene items such as masks (disposable or reusable) and disinfection materials such as soap, hand sanitizer and disinfectant to people who are home isolating while waiting for results, up to three days, and sharing of key hygienic messages and social behaviors to cut COVID-19 transmission routes. If needed, support with additional handwashing facilities.

**3.Sanitation and plumbing**

People with suspected or confirmed SARS-CoV-2 infection should be provided with their own toilet. Where this is not possible, patients sharing the same ward should have access to toilets that are not used by patients in other wards. If it is not possible to provide separate toilets for COVID-19 patients, then the toilets they share with other non-COVID-19 patients should be cleaned and disinfected more regularly (e.g. at least twice daily by a trained cleaner wearing PPE-impermeable gown, or if not available, an apron, heavy-duty gloves, boots, mask and googles or a face shield). Health-care staff should have access to toilet facilities that are separate from those used by patients.

(ii) one latrine and one shower for every 20 patients in hospitalization plus two in the neutral area for the staff, separated per gender.

(iii) At least 3 latrines and showers in neutral areas for the staff (with a ratio of 3:1 female to male) (depends on the size of the facilities and number of staff working a latrine for 20 staff can be considered for calculations) handwashing facilities provided with soap and/or chlorinated water (more than 0,05%) at key points (entry, exit, toilets, kitchen).

**4.Safe management of health care waste**

Best practices for safely managing health-care waste should be followed, including assigning responsibility and sufficient human and material resources to segregate, recycle and dispose of waste safely. There is no evidence that direct, unprotected human contact during the handling of health-care waste has resulted in the transmission of the COVID-19 virus. Health care waste generated from facilities treating COVID-19 patients is no different than waste coming from facilities without COVID-19 patients. Additional treatment or disinfection beyond existing safe waste management recommendations are not needed.

**5. Environmental cleaning and laundry**

Existing recommended cleaning and disinfection procedures for health-care facilities should be followed consistently and correctly. Linen should be laundered and the areas where COVID-19 patients receive care should be cleaned and disinfected frequently (at least twice daily, but more frequently for high touch surfaces such as light switches, bed rails, tables and mobile carts). Many disinfectants are active against enveloped viruses, such as SARS-CoV-2, including commonly-used hospital disinfectants. Currently, WHO recommends using:

• 70% ethyl alcohol to disinfect small surface areas and equipment between uses, such as reusable dedicated equipment (for example, thermometers);
• sodium hypochlorite at 0.1% (1000 ppm) for disinfecting surfaces and 0.5% (5000 ppm) for disinfection of blood or bodily fluids spills in health-care facilities.

**6. Safe disposal of greywater or water from washing PPE, surfaces and floors**

Utility gloves and heavy-duty, reusable plastic aprons are cleaned with soap and water, and then decontaminated with 0.5% sodium hypochlorite solution each time they are used. Single-use gloves and gowns should be discarded as infectious waste after each use and not reused; hand hygiene should be performed after PPE is removed

7. Laboratories

In the laboratories of public hospitals, admitted by MoPH for free COVID 19 testing, Water Sector will establish a distribution point managed by one WASH partners as per the geopslit, to raise awareness on COVID 19 preventive measures and distribute disinfection materials or kits with for the suspected cases who will be home isolating. UNICEF will distribute masks and the IPC hotline to public laboratories. Awareness sessions must accompany all distributions.

### 2.3 Schools

Under the leadership of MEHE and the Education Sector, the WASH sector has to ensure that schools stay a safe environment for children, free from risks of surface contamination and with reduced risks of contamination from child to child. To achieve this objective, the WASH sector will:

(i) Provide all public schools with disinfection materials and if necessary, service providers to clean all surfaces potentially touched by children. This activity will follow the "Safe School Protocol" develops in annex 6 and should be regularly done knowing that it looks like children usually don't develop severe symptoms.
(ii) Intensify training to all Public Health Educators for them to sensitize children on the best way to avoid getting COVID-19 virus. This activity would also be a good way to improve social and hygienic behaviors of their parents
(iii) Providing public schools with flyers and soap to support Hygiene promotion session with children.

## 2.4 Informal Settlements (IS)

Informal Settlements are characterized by being overcrowded, with small space available and challenging hygienic environment due to reduced shared space, temporary living conditions and existing stress on WASH facilities.

In preparedness of potential development of the COVID-19 in ISs, it was suggested to consider five levels of responses:

- Level.0 No suspected case
- Level.1 Self-Isolation at Home (Household Level)

- Level.2 Community Isolation or isolation within the community (Community Level)
- Level.3 Municipal or Area Level Isolation
- Level.4 IS full quarantine

These levels guided by the National SOPs only refer to suspected cases, and not probable or confirmed cases as per definition in annex 1. Nonetheless the following WASH response remain the same if suspected cases become probable or confirmed. Suspected cases will be identified based on the most updated MoPH case definition and they will follow the national referral pathway for case identification.

Due to the variation in the epidemiological development between the different informal settlements, partners should adapt their response based on the levels of transmission and infection and are advised to be ready to quickly escalate their response to the next levels when needed.

### 2.4.1 Level.0 No suspected case

At this stage the WASH sector is key to reduce the likelihood of contamination through preventive activities. Hygiene Promotion messages are intensively addressed to the communities, following the training module specifically designed on COVID-19 and in line with the Pillar 2 guidance (Risk Communication and Community Engagement). The training is accessible on-line. Sensitization campaigns should be supported by the distribution of soap and flyers. GoL's approved and endorsed Information, Communication and Education (IEC )materials can be found on-line. Useful guidance and tools are also available in the RCCE national taskforce shared drive. https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0

*Hygiene*

In order to contribute to promote hand washing, the quantity of water available is increased from 35 to 40 l/pers/day as a minimum. Upon funding availability, the WASH Sector will increase the quantity to 60 liters, which is the minimum quantity of water recommended to ensure increased handwashing and overall personal hygiene and environmental cleanliness as prevention measures. Guidance for frontline workers and caregivers:

- Avoid groups of people and enclosed, crowded spaces.
- Maintain distance of at least 1,5 meter from any person (physical distancing)
- Perform hand hygiene frequently, using an alcohol-based hand rub when soap and water are not available.
- If available, wear a mask (appropriate use and disposal are essential to ensure they are effective and to avoid any increase in transmission; avoid touching the mask while wearing it, to remove it untie it from behind, do not re-use single-use masks, perform hand hygiene before and after wearing a mask).
- Employers should provide frontline workers/ staff with training on occupational safety and health, including; refresher training on infection prevention and control (IPC), advise frontline workers on self-assessment, symptom reporting, and staying home when ill, and provide access to mental health and counselling resources.
  (see detailed guidance in annexes 3a, 3b and 3c)

At level 0, the WASH sector needs to actively prepare for level 1,2,3 and 4 through ordering and prepositioning key supplies, mainly masks, gloves, disinfectants and soap. Disinfectant products or a disinfectant kit (see annex 8) should as possible be prepositioned at the Organization, IS or Household level according to the products' availability. If a response partner does not have the capacity to procure these items, this needs to be flagged to the Water Sector. If a partner has procured more than needed, this should equally be flagged to the Water Sector for support in distribution.

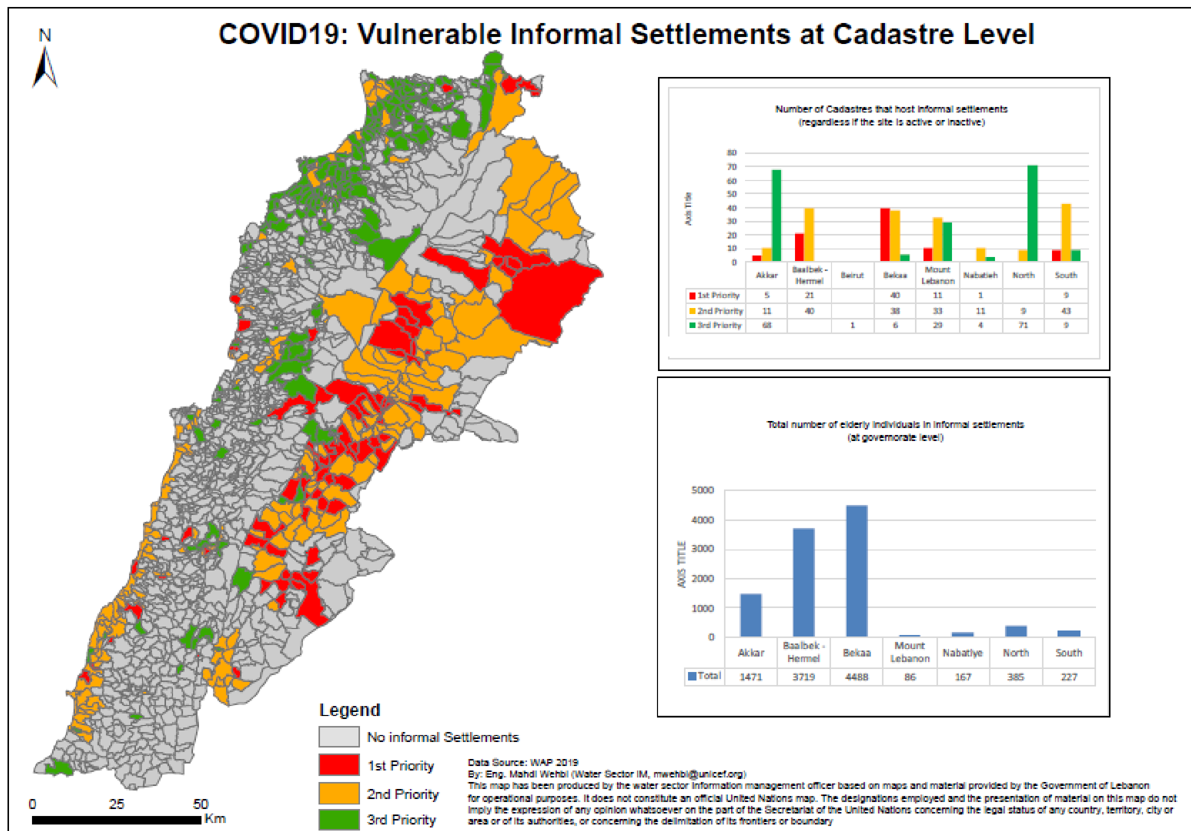
| Outcome | L0 | Standards before COVID-19 | New Standards level 0 |
|---|---|---|---|
| **At risk populations have immediate access to adequate safe water, hygiene and sanitation through life saving activities** | | - Distribution of 1m3 water storage tanks per tent<br>- Provision of 35 l/pers/day water supplies via existing infrastructures or bulk tanker delivery. | - Distribution of 1m3 water storage tanks per tent if non-existent.<br>- Provision of minimum 40 l/pers/day with increase when possible to 60 L/pers/day water supplies via existing infrastructures or bulk tanker delivery. |
| | | - Construction/rehabilitation of one latrines/toilets per 15 persons<br>- Provide equipment and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection & disposal.<br>- Regular desludging | - Construction/rehabilitation/ maintenance of one latrines/toilets per family accommodating the needs of PWSN, PWD and elderlies, and women and girls.<br>- Provide equipment, products and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection & disposal.<br>- Regular desludging |
| | | - Promote Hygienic safe spaces within all convergent environments through Public Health campaigns. . | - Engage communities and local actors plus Outreach Volunteers (OV) in spreading awareness within all convergent environments through Public Health intensive campaigns focussed on COVID-19 mitigation specificities<br>- Distribute minimum one flyer per family<br>- Distribute one soap (250 gr) per person every month. |

Where available, and out of the high priority Informal Settlements registering suspected cases of COVID-19, it is recommended that organizations / WASH partners distribute the disinfection kit to those sharing spaces with COVID-positive individuals based on the list of prioritized IS's. distribution of disinfection kits could be repeated every 5-6 weeks. The vulnerability map (figure 1) was prepared using WAP updated data to detect the cadasters that host the most vulnerable informal settlements with the following criteria:

- Number of Household (HH) in the site (if possible, disaggregate between age, sex and disabilities)
- Percentage of elderly in the site,

- Water Criteria: a formula combines type of water source, quantity of water and frequency/availability of water,
- Density and Distance of site,
- Existence of open defecation and the Hygienic Status of the site,
- Wastewater disposal score.

All Informal settlements are priority and the attached vulnerability mapping shows the 1st, 2nd and 3rd priority that should be used only to prioritize distribution of disinfection kits.
Along with distribution of soaps and disinfectants materials, partners are distributing reusable masks (1 mask/ individual).




| | Akkar | Baalbek - Hermel | Beirut | Bekaa | Mount Lebanon | Nabatieh | North | South |
|---|---|---|---|---|---|---|---|---|
| 1st Priority | 5 | 21 | | 40 | 11 | 1 | | 9 |
| 2nd Priority | 11 | 40 | | 38 | 33 | 11 | 9 | 43 |
| 3rd Priority | 68 | | 1 | 6 | 29 | 4 | 71 | 9 |

| | Akkar | Baalbek - Hermel | Bekaa | Mount Lebanon | Nabatiye | North | South |
|---|---|---|---|---|---|---|---|
| Total | 1471 | 3719 | 4488 | 86 | 167 | 385 | 227 |

Figure 1: Vulnerable Informal settlements at cadastre level

Please refer the following google sheets (column O) to check the list of prioritized sites per governorate:
Bekaa:
https://docs.google.com/spreadsheets/d/1---Njara_ckhpTmkSfmregfzMnpK98d42DllUmKiBTo/edit#gid=1313409053
North:
https://docs.google.com/spreadsheets/d/1ceYcOJtGIh6Fw8hb_QoaCWmI4UA5AOzm2GMGg-E--LQ/edit#gid=1493167539
South: https://docs.google.com/spreadsheets/d/1yEp_WoJZSbpF3mNKipmZHCQZ-PFldm1K1nnKNxZG-DQ/edit#gid=1034714562
BML:
https://docs.google.com/spreadsheets/d/1ZaPYB1gtALcAkL_iw563NrWP_2l3z2cjsKY6ukr9Iw8/edit#gid=1342771595

With moving to local transmission in the country, the health care system is overwhelmed after Beirut Blast, made the situation more difficult and the community commitment to respect COVID 19 prevention measures crucial. This would explain the need for several wave of distribution of disinfectants materials as part of the on-going hygiene promotion (HP) campaign, distribution of disinfection kits could be repeated every 5-6 weeks.

### 2.4.2 Level.1 self-isolation at home (Household Level)

In close coordination with the Shelter Sector, the Water sector will provide the necessary water, sanitation and hygiene support to the confined person. The proposed Level 1 support includes:

a) Provision of a temporary toilet or advise/ guide on the allocation of an existing toilet to be used exclusively by the suspected case. Access to the toilet will be intended to be directly from the isolation room, if necessary, through a corridor of plastic sheeting. The superstructure of the toilet (being temporary in nature) will be composed of plastic sheeting and the substructure will be a holding tank;
b) Regular desludging (annex 9). The management of sludge will follow WHO/UNICEF guidelines,
c) Installation of a handwashing facility with designated towel nearby/inside the toilet;
d) Provision of a Household IPC kit will be provided to any confirmed or suspected C19 case, (see content in annex 2) to permit increase cleaning, disinfection and hygiene practices of the isolation room, the toilet, the handwashing facility and frequently touched surfaces in the tent;
    a. Partners are requested to consider that in some areas, most SyR have no access to health facilities/labs to do the test or the ability to leave the ITS. As a result, if health partner of the RRT confirms that there might be a suspected case, no PCR result should condition the distribution of IPC kits
    b. Disinfection kits are provided to those sharing spaces with positive cases.
        i. As is currently practiced, due to the crowded environment in the ITSs, all the remaining tents are/were "sharing public space" with the C19 suspected or confirmed case, which would imply a blanket distribution of disinfection kits
e) Connection of the isolation room directly to the existing water tank;
f) In coordination with Social Stability sector and the Solid Waste Management Task Force, proper management of solid waste as they are treated as infectious waste;
g) Ensure consideration for People with Special Needs, people with disabilities, in particular on the design of handwashing and toilet facilities in addition to additional protection measures to prevent risks of SGBV, child harassment and abuse;
h) In collaboration with health partners, train the caregiver on contamination prevention measures including proper use of PPE, the cleaning and disinfection procedure, solid waste management at HH.

At the settlement level, the Water Sector will focus on promoting hygiene and disinfection through sufficient provision of safe water, as well as soap, chlorine and disinfectant products to all households through the provision of a disinfection kit (*annex 8: content of the disinfection kit*) or even bleach only as a last resort. Potential distribution of IPC kit will be based on future

guidance. The distribution will be accompanied with Appropriate messages on disinfection will be provided (reference to annex 3a and 3b on disinfection and cleaning) with reminder on confinement of all.
Starting at this level, alternative ways to direct communication with communities should be put in place (social media, hotline etc. – in alignment with the RCCE national taskforce) in anticipation of frontline workers' restrictions or unwillingness to face-to-face interactions.
The quantity of water provided to the IS will be increased from 40 to 60 l/pers/day to promote disinfection, washing and cleaning. Older persons and people with low immune system and with chronic diseases will be prioritized. Handwashing facilities will be installed within the IS, if possible, at the main entry, and other common places, and regularly provided with soap and chlorinated water.
In addition, caregivers, service providers and Hygiene Promoters, will have to follow a protection protocol as per annex 3a and 3b.

| Outcome | L1 | Standards level 0 | Standards level 1 |
|---|---|---|---|
| **At risk populations have immediate access to adequate safe water, hygiene and sanitation through life saving activities** | | - Distribution of 1m3 water storage tanks per tent<br>- Provision of 40 l/pers/day water supplies via existing infrastructures or bulk tanker delivery. | - Distribution (if not available) of 1m3 water storage tanks per tent with potential increase if the supplier cannot deliver more frequently<br>- Provision of 60 l/pers/day water supplies via existing infrastructures or bulk tanker delivery.<br>- Direct connection of the isolated rooms to the water tanks |
| | | - Construction/rehabilitation of one latrine/toilet per family<br>- Provide equipment and tools to facilitate regular maintenance of a hygienic environment through waste minimisation, collection & disposal.<br>- Regular desludging | - Construction/rehabilitation/ maintenance of one latrine/toilet per affected family PWSN and PWD friendly when needed;<br>- Construction or allocation of a dedicated toilet for each isolation room, with a handwashing facility, in collaboration with shelter partner<br>- Provide equipment, products and tools to facilitate intensive maintenance of a hygienic environment through cleaning, disinfection, waste minimisation and proper management, collection & disposal.<br>- More frequent desludging due to increased delivery of water |
| | | - Promote Hygienic safe spaces within all convergent environments through Public Health intensive campaigns focussed on COVID-19 specificities<br>- Distribute one flyer per family<br>- Distribute one soap (250 gr) per person every month. | - Promote Hygienic safe spaces within all convergent environments through Public Health intensive campaigns focussed on COVID-19 specificities, the Water sector will develop the best modalities for Hygiene promotion activities during COVID 19 outbreak;<br>- Distribute one flyer per family<br>- Distribute one soap (250 gr) per person every month.<br>- Distribution of one IPC kit per affected –suspected or confirmed |

| | | | |
|---|---|---|---|
| | | | case- family and disinfection kit/ bleach per Household with explanation on IPC and disinfection measures and their importance.<br>- Rely on OVs, LRC, faith and other local organisations to spread awareness and to assist in the distribution. |

Specific support for people at profile of risk

It is an additional layer of protection for the people at profile of high risk to COVID 19. It aims at supporting the response in the country with the overload of the hospitals and limited available Intensive Care Unit (ICU).

The approach aims to protect those most vulnerable from SARS-CoV-2 infection by helping them to live in dignity, safely and separately from the general population for an extended period of time, until one of the following circumstances arises: (i) sufficient hospitalisation capacity at the appropriate level is established; (ii) effective vaccine or therapeutic options become widely available; or (iii) the COVID-19 epidemic affecting the camp population subsides due to control or depletion of susceptible people in the unshielded population.

The approach goes along with regular WaSH activities targeting people at risk: elderly people, people with disabilities, people with special needs (female headed household, Women and girls at risk) and people with medical conditions [6]

At the informal settlements and collective shelter levels, Water sector promotes the construction of latrine for the shielded person with distribution of disinfection kit every 6 weeks until one of the circumstances listed above arises.

All WASH interventions should be done in coherence with the InterAgency GBV risk mitigation guidance.

### 2.4.3 Level.2 Community Isolation or isolation within the community (Community Level)

The Health sector considers this option applicable when the number of case(s) that are recommended to home-quarantine, is considered 'major'. The term major refers to the absorption capacity of the IS. In this level the IS no longer has the capacity to house friends/ relatives of suspected cases. As such, a dedicated temporary 'facility' is constructed within the IS (space permitting to be identified during the preparation phase) to permit self-quarantining of suspected cases.

Similar to the services provided to the person isolated in level 1, the Water sector will strongly coordinate with the Shelter Sector to ensure that the temporary confinement "facility", taken into

[6] Including High Blood Pressure, Asthma, Chronic Lung Disease (COPD, emphysema, chronic bronchitis), Diabetes, Serious Heart Conditions (Coronary Artery Disease, Heart Failure), Chronic Renal Failure, Severe Obesity, Chronic Liver Disease and Immunocompromised

consideration the guidance of WaSH facilities for PwSN and PwD, taking gender based violence risk mitigation into account, is equipped with:

a) temporary toilets (one per 15 people maximum, separated by gender) regularly cleaned and disinfected;
b) handwashing facilities adjacent to toilets, regularly supplied with soap/chlorinated water;
c) Water tank installation with connection to the temporary facility and handwashing facilities;
d) Provision of sufficient and safe water and desludging services (services providers will be trained on IPC and provided with prevention equipment)
e) Provision of IPC and disinfection kits to positive and suspected cases and family members, and those who share spaces with positive cases.
f) Provision of a suitable amount of soap and disinfection products to permit regular cleaning and disinfection of the isolation room and other areas of the tent;

As per Level 1 and 2, the Water sector will provide soap, chlorine, disinfectant products, awareness sessions, 60 l/pers/day safe water and desludging services to all the households living in the affected ISs and at least one public handwashing facility per IS.
In addition, service providers and Hygiene Promoters, will have to follow a protection protocol as per annex 3a, 3b and 3c

### 2.4.4 Level.3 Local Isolation: (local Level)

This option is considered applicable when the number of case(s) that are recommended to home-quarantine is both major (see level 2), and affecting clusters of informal settlements in close proximity. In this level, the MoPH will recommend the establishment of a centrally located rubb hall to which cases in need of isolation are moved.
Similar to level 2, the Water Sector will assist the Shelter and Health Sectors in the construction of the rubb hall through the provision of associated WASH facilities and deliver the same package as per level 2 to all the households living in the affected ISs.
Water sector supports the establishments of isolation centers by Inter-Agency and quarantine centers established by DRM. The support consists of full equipment of the isolation centers with WaSH facilities to ensure safe access to water and sanitation services. The support to the centers is coordinated by UN agencies and its partners, detailed assessment and bill of quantity are prepared by UN agency per center. In case of interest, NGOs can be involved if needed.

All waste that has been in contact with a suspected or confirmed COVID-19 case, including used tissues, and masks if used, should be put in a plastic garbage bag and tied. The plastic bag should then be placed in a second plastic bag and tied. Measures should be adapted to ensure that the waste is properly treated or disposed as medical waste and not disposed in an unmonitored open dump. The Social Stability Sector through the Solid Waste Task Force will work with DRM and municipalities to identify appropriate solutions. The medical waste generated in the isolation centers will be treated in infectious waste management facilities in Lebanon. Water sector will train the team working in the isolation centers and partner staff on proper handling and storage of infectious waste.
Plan will be prepared to link the quarantine centers, municipalities, informal settlements and collective shelters to the nearest isolation center to ensure proper management of the infectious waste generated in these places including PPE of partners staff.

At IS level, the Water Sector will continue providing mitigation measures as per level 2.

#### 2.4.5 Level.4 IS full quarantine

In this situation, the Water Sector will provide the same package as per level 3. In addition, service providers and Hygiene Promoters, which will have to come in and out of the quarantine area, will have to follow a protection protocol after being trained on working in quarantine zone. They will be provided with PPE as necessary. The content of the PPE kit is provided in the annex 4.

#### 2.4.6 Collective shelters

It is expected that suspected cases in Collective shelters will be advised to self-isolated, but no specific isolation "facilities" would be planned to be built. Collective shelters would therefore be subject to two levels of interventions: level 0 without any suspected case, and level 1 with one or several suspected case. The Water Sector has adopted a similar approach in Collective Shelters as Informal Settlements, considering the density of people and the poor hygienic conditions that prevail as well in Collective Shelters.

#### 2.4.7 Level.0 No suspected case

As in Informal Settlements in level 0, The Water Sector will undertake key Hygiene Promotion activities focused on good behaviors to prevent from contracting COVID-19. Soap and flyers will be distributed on support to the Hygiene Promotion campaigns with same standards as for level 0 in Informal Settlements, and disinfection products prepositioned. According to Funds permitting resources capacity, the same level of WASH services applied to for ISs level 0 will have to be secured in CS.

#### 2.4.8 Level.1 self-isolation at home (Household Level)

Following guidance from MoPH, the suspected cases will be advised to self-isolate. The Shelter sector will ensure support to confine the self-isolated room or apartment, including allocating dedicated water and wastewater facilities. The Water sector will be in charge of providing the disinfection kits to all the households living in the Collective Shelter, or bleach as last resort according to supplies availability and intensify messaging related to good hygiene behavior, cleaning, washing and disinfection. Potential distribution of IPC kit will be based on future guidance in coherence with the existing criteria of distribution for the various kits. Starting at this level, alternative ways to direct communication with communities should be put in place (social media, hotline etc.) in anticipation of frontline workers' restrictions or unwillingness to face-to-face interactions. This will be further developed in the guidance on hygiene promotion in COVID 19 response.

### 2.5 Palestinian refugee camps

#### 2.5.1 camps

UNRWA is the main coordinating body of the Palestinian Refugee camps, but due to their limited funding they are currently supporting PCR testing and hospitalization of Palestinian refugees only, as well as two isolation centers (supporting not only Palestinians). An additional 3 isolation centers are run by Palestinian Red Crescent.

UNICEF Palestinian Programme estimates that around 90% of positive covid cases in the Palestinian camps are isolating at home. Yet, procurement and distribution of IPC kits are complicated as the PCR results are often delayed (up to 6 days), then IPC kits are requested from UNWRA to partners and then approval is needed from Lebanese Armed Forces for distribution. In total the days from symptoms to distributed kits can be up to 10.

IPC and disinfection kits to be prepositioned with local organisations (ANERA or other local ngo) in each camp by the water sector through UNICEF to allow for swift distribution to persons showing symptoms (suspected cases). and welfare association can support in the big camps through its ongoing project. Water sector to coordinate with UNICEF for distribution.

### 2.5.2 Gatherings

The sector will map existing geosplit and mechanisms to ensure formilisation of which NGOs will cover and support for which municipalities and ensuring that municipalities are aware of the plans.

# 3 Planning, Coordination and Logistics

1. The implementation at field level will further be coordinated by the Rapid Response Team in the informal settlements and collective shelters. For vulnerable host and displaced communities, the implementation is further executed through UNICEF geosplit of one partner per caza.
2. For the support of suspected cases in public hospitals, the geosplit is coordinated by the sector according to the geosplit.
3. For the schools and isolation centers, UNICEF is responsible of the WaSH service.

Water sector has been involved in the response since the beginning of the crisis, partners have prepositioned kits and are requested to update the sector continuously about their capacity.
The strategy will be reviewed monthly or when deemed necessary by the Water sector core group. Sharing information, experience and updates on the progress will be conducted in the monthly working group at field level and bimonthly working group at national level or ad-hoc meetings when necessary.

# 4 Monitoring and Evaluation

The monitoring and evaluation plan will be completed later.

| | Leb | Syr | Palestinian | |
|---|---|---|---|---|
| # of IPC kit distributed for confirmed cases | | | | |
| # of disinfection kit distributed | | | | |
| # of disinfection kit distributed at | | | | |

| | | | | |
|---|---|---|---|---|
| distribution points in public hospitals | | | | |
| # of latrine constructed for people at risk in IS and CS | | | | |
| # of people benefitted from increased water trucking (60 l) | | | | |
| | School | Hospital | Isolation center | |
| # of disinfection kit distributed for institutions | | | | |
| Volume of water trucking (m3) delivered to the institutions | | | | |
| Volume of sludge removed (m3) | | | | |
| # PPE distributed at Institutions | | | | |
| # of infectious solid waste collected and treated (kg) | | | | |