

## Health and Hygiene Promotion Guidance for COVID-19 – v3.0 (9 March 2021)

### Introduction

Conflict affected populations in Iraq, particularly IDPs and refugees in and out of camps and recent returnees, are already faced with multiple public health risks associated with diseases outbreaks. Their situation is currently exacerbated by specific vulnerabilities and challenges related to COVID-19, putting more strain on the IDPs/returnees/refugees and services provided to support them. Given the diverse actors involved in COVID-19 response (WASH, Health, CCCM, Protection, etc.), it is essential to have streamlined guidance on health and hygiene messages to be shared with local communities, who is best placed to deliver these messages, and how messages should be delivered. WASH Cluster Iraq has developed this COVID-19 health and hygiene promotion guidance document in collaboration with the Health Cluster to facilitate effective health and hygiene promotion on COVID-19 to affected populations.

### Who should be trained and engaged?

Actors responding to COVID-19 must ensure that interventions are adequately resourced with appropriately qualified and experienced full time staff members who can ensure that hygiene promotion efforts are carried out in a planned and systematic way. These staff should oversee Outreach Workers and Community Mobilizers at the community level while carrying out hygiene promotion activities.

Outreach Workers or Community Mobilizers are usually identified from within the community where health and hygiene promotion will take place. Particularly in camp settings, local community members are less likely to be traveling out of the camp, and therefore have a lower likelihood of carrying COVID-19 and becoming a vector of infection. One year into the pandemic in Iraq, the number of confirmed cases in camps has not been high, but the risk of rapid spread within a camp remains a concern. The greater risk is that people coming in from outside of the camp, including camp management, aid workers, service providers, traders, etc., who are essentially based outside of the camp, could contract the virus and pass on to camp populations. Partners should limit the volume and frequency of movement in and out of the camp in order to minimize population mixing and reduce the potential for infection. Given the beginning of a second wave of COVID-19 cases in Iraq, partners can consider financial incentives as mobilisers will be expected to work longer and more consistent hours. However, ideally community members volunteer their time for the good of their immediate community.

It is not necessary to have a WASH, medical or health background to conduct COVID-19 health and hygiene promotion – even those with a medical background will still have to learn new skills in order to know how to use a community-based approach. Social workers or community organizers can make very effective health and hygiene promoters because they have usually been trained on how to communicate with individuals and communities and how to motivate them to take action. Organizations should follow the Sphere standards for hygiene promotion and have one hygiene promoter per 500 individuals targeted, both in and out of camps. The cluster recognizes that this may be harder in out of camp locations and informal settlements, but stresses that partners should attempt to reach this ratio if at all possible.

### What messages should be shared?

#### **COVID-19 and symptoms**

- COVID-19 is a viral disease similar to the common cold, but with much more severe effects. It is caused by a novel virus, SARS-COV-2 which is in the same family as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) viruses
- After someone is infected with the virus it usually takes 5–6 days to develop symptoms. However, it can take up to 14 days.
- Self-isolation: you need to self-isolate if tested positive for COVID-19, or have close contact with a confirmed or suspected COVID-19 patient, or you have symptoms. Your self-isolation period starts from the day your symptoms started, or the day you had the test, or you came in close contact with confirmed or suspected COVID-19 patient; and you should isolate for the next 10 full days.
  - If you get symptoms while self-isolating, the 10 days' isolation restarts from the day after your symptoms started.

- Patient conditions can range from asymptomatic to critical – around 80% are mild/asymptomatic, 15% are severe, 5% are critical
  - Key symptoms include high fever, loss of taste and/or smell, dry cough, tiredness, heavy chest, trouble breathing, body aches and pain – severe cases can result in pneumonia, severe acute respiratory syndrome, chest pain, renal failure and death.
  - Less common symptoms include headache, nasal congestion, sore throat, diarrhea, and skin rash
  - As research continues on the virus, new symptoms may be discovered. For most up to date information, please visit <https://www.who.int/> or <https://www.who.int/ar/home>
- Highest fatality rates are seen among elderly and people with pre-existing conditions (high blood pressure, diabetes, smokers) – however, young, healthy people have also had extremely severe symptoms.
- All viruses naturally mutate over time; SARS-CoV-2 is no exception. Several thousands of mutations have appeared since the beginning of the pandemic in December 2019. The most famous of these mutations are the Brazil, South Africa and UK strains. Currently, the UK strain, first detected in England in September 2020, is of most concern to Iraq since this strain of the virus has been imported into the country. It is thought that this strain affects children more than the other strains and that it is more transmissible.

#### ***How COVID-19 is spread and treated***

- COVID-19 is transmitted from an infected person to a healthy one, usually after close contact in closed places (e.g. in a household, workplace, or health care centers). In Iraq, 85 to 90% of infected people are home-isolated, i.e., they are likely to be asymptomatic or with mild symptoms. However, such individuals can still infect others.
- It is transmitted through respiratory droplets and aerosols when a sick person coughs, sneezes or talks close to another one or coughs or touches a surface. This includes common practices, such as handshaking, hugging, cheek kissing, or touching surfaces where droplets have fallen, such as pens, tables, door handles, grocery items someone coughed on etc.
- COVID-19 can survive on many surfaces for a significant period of time – tests have shown it remains viable on cloth and wood for one day, on glass for two days, and on stainless steel and plastic for four days.
- Diagnostic tests have indicated COVID-19 infection from a variety of specimens including throat swabs from asymptomatic people and feces. However, it is unclear if the virus can be transmitted from feces.
- There are two main types of Diagnostic Tests: Rapid Diagnostic Tests and Polymerase chain reaction (PCR) tests
  - Rapid Diagnostic Tests are thought to be less accurate than PCR tests.
  - It is advised for a person with a positive Rapid Diagnostic Test result to act as if they are contagious and self-quarantine while attempting to get a laboratory (PCR) test to prove/disprove current infection.
- Despite the ongoing global research on COVID-19, there is no confirmed cure for COVID-19. However, many of the symptoms can be treated and therefore treatment is based on the patient's clinical condition. Many experimental treatments are currently being tested and will be approved for use if effective.
- Supportive care for infected persons can be highly effective. However, proper measures must be put in place while treating an infected person to prevent spread of disease.

#### ***How to prevent COVID-19***

- Physical Distancing – Maintain a minimum of 1 meter (3 feet) distance between yourself and any other person, and preferably 2 meters (6 feet) if possible, particularly one who is coughing and/or sneezing. When an infected person coughs or sneezes, they spray small droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, or the droplets may contaminate membranes of the nose, mouth and eyes.
- Masks – the epidemiology in Iraq shows that 85 to 90% of COVID-19 cases may be asymptomatic or with mild symptoms, and that asymptomatic people can still spread the virus. Wearing a mask has been seen to minimize the spread of droplets and aerosols from an infected person to an uninfected one, thus reducing the viral load and minimizing infection. Surgical or, where unavailable, three-layered cloth masks are recommended for use by all people in situations where physical distancing is not possible, such as trips to grocery stores, offices and shared transportation to prevent spread of COVID-19. People should follow WHO and MOH guidance regarding mask use.
- Handwashing – hand hygiene remains an effective prevention measure for COVID-19. People should wash their hands using clean water and soap for at least 20 seconds covering all surfaces or use an alcohol-based hand sanitizer with at least 60% alcohol. Handwashing is the preferred method and should be used when hands are visibly soiled and whenever soap

and water is available. Hand sanitizer can be used for convenience when soap and water are not readily available. Handwashing should occur at the following key times:

- After coughing or sneezing
- When caring for the sick (whether wearing gloves or not)
- Before, during and after you prepare food
- Before eating
- After toilet use
- When hands are visibly dirty
- After handling animals or animal waste
- After touching potentially contaminated surfaces (door handles, pens, phones, shelves or items in grocery stores and public places etc.)
- Avoid touching eyes, nose and mouth – Hands touch many surfaces and can be contaminated by the viruses that are discharged from an infected person and staying for a while on the surfaces. The contaminated hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Practice respiratory hygiene – Make sure you and the people around you follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Safely dispose of the used tissue in a covered bin immediately and clean your whole upper limb or wash clothes at the earliest. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Frequent disinfection of household surfaces – WHO guidelines suggests that surfaces first be cleared with soap and water or detergent to remove organic matter, followed by disinfection with sodium hypochlorite (bleach) at a concentration of 0.1% or 70-90% alcohol solutions. Frequently touched surfaces should be identified for priority disinfection. These include door and window handles, kitchen and food preparation areas, counter tops, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards, and work surfaces
- Vaccination – Several different types of vaccines for COVID-19 have been developed, or are in development, MOH is working closely with WHO and other health stakeholders to introduce vaccination as soon as possible. But it will be available only for high risk groups initially. All prevention measures outlined above should be continued even after someone is vaccinated according to the WHO advice.

### ***Correct use of Personal Protection Equipment***

- It is advised that all people, regardless of whether showing symptoms of COVID-19, should wear a mask when in situations where physical distancing is not possible. This is because studies show that even asymptomatic cases can spread the virus to others.
- Masks are only effective when used properly, with the following steps:
  - Wash hands before removing mask from package
  - Only handle edges of mask when putting on – touching the front of the mask can contaminate the mask
  - While wearing the mask, do not touch your face – touching mask can transfer germs from your hand to your face, putting you at higher risk of infection
  - The mask should cover your nose as well as mouth
  - Remove mask when it becomes damp
  - To remove mask, first wash your hands. Then, remove from the elastic, avoiding touching the front of the mask. Immediately dispose in trash can with lid. Then, wash your hands again.
- Surgical masks are for one time use only. Mask must be disposed of properly after use in a closed bin
- Cloth masks appear to also decrease risk of virus transmission, but not all have been fully tested. Cloth masks should be used if approved by the local health authorities or aid agencies and according to manufacturer instructions. Once damp, masks should be removed and washed in warm water and soap before using again.
- Surgical/medical masks are recommended rather than cloth masks for those who can afford it from the below categories:
  - Anyone who is feeling unwell, including people with mild symptoms, such as muscle aches, slight cough, sore throat.
  - Anyone awaiting COVID-19 test results or who has tested positive.
  - People caring for someone who is a suspected or confirmed case of COVID-19
- Medical masks are also recommended rather than cloth marks for the following groups, because they are at a higher risk of becoming seriously ill with COVID-19 and dying:
  - People aged 60 or over.

- People of any age with underlying health conditions, including chronic respiratory disease, cardiovascular disease, cancer, obesity, immunocompromised patients and diabetes mellitus.
- Masks and gloves may give the wearer a false sense of security. Gloves can still pick up the virus from surfaces and you can infect yourself by touching your face.
- Masks and gloves must be used for typical WASH related activities such as during cleaning latrines and health care facilities with chlorine solutions or desludging activities.
- **The most effective ways of preventing COVID-19 infection are regular handwashing, physical distancing, avoiding touching face, and practicing respiratory hygiene. Even when wearing mask and gloves, physical distancing should be maintained.**

#### ***What to do if a person suspects they have or have been exposed to COVID-19***

- Practice self-quarantine – Stay home if you feel unwell. If you have had contact with a suspected or confirmed case of COVID-19, isolate yourself from other people for 10 days. Maintain at least one (1) meter distance from others while feeling ill or self-isolating, including family members. Always wear mask regardless of your condition. Family members who have also been in close contact with you should follow the same precautions, even if they are not exhibiting any symptoms and feel well.
- Seek early medical care – If you have a fever, cough and difficulty in breathing, seek medical attention as early as possible. Early diagnosis for COVID-19 will allow faster supportive treatment and result in improved outcomes. Follow the directions of your local health authority. National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will protect you from serious illness and help prevent spread of viruses and other infections. IDPs, returnees and refugees can also call the Iraq Information Center Hotline for advice on their toll-free number 80069999.

#### **Where and how should the messages be shared?**

- The recommended approach for health and hygiene promotion is through **household level visits** as opposed to mass hygiene promotion, in order to avoid gathering of crowds, which is one of the methods of prevention of COVID-19.
- Hygiene promotion should be **conducted by trained staff or community/block level volunteers**, and in collaboration with CCCM/Health partners in camps.
- In non-camp settings, community members should be identified that have a strong understanding of the local context and trained on specific COVID-19 messages.
- **PPE is now advised to be worn at all times** for hygiene promoters, as physical distancing cannot be guaranteed at all times. For environmental sustainability and affordability, the WASH and Health clusters suggests partners look at investing in cloth masks rather than disposable masks, unless in the vulnerable categories described on page 3.

Partners should follow WHO guidance on the use of masks in community settings. Health cluster continues to recommend that physical distancing be practiced, with hygiene promoters remaining at least one (1) meter distance preferably 2 meter – if possible- from the household members, washing hands before and after each household visit, avoiding shaking hands, and holding household level sessions outside of the tent/building whenever possible. Promoters should always wear appropriate PPE at all time, and should avoid in person visits with households with suspected COVID-19 cases. PPE should be safely disposed of after every use in a closed bin **While these are the suggestions from the cluster, government rules and regulations and camp specific rules mandated by the camp management actors should take precedence and cluster partners should follow those as minimum standards during hygiene promotion activities.**

Mass media campaigns may be more appropriate based on the fear of unknown visitors bringing the virus to their household. For partners planning to implement mass media campaigns, such as radio, social media, television or text messages, campaigns should be coordinated through the Health, WASH, and CCCM clusters and/or the CwC/AAP working group to prevent duplication, ensure synchronization of messages, and facilitate coordination with government messaging. Social media campaigns should be carefully considered and full consultation with WHO and Health cluster is required due to the large amount of misinformation shared through those platforms. Partners working in out of camp settings should use guidance and information made available by WHO to ensure consistent and reliable messages throughout public awareness campaigns.

## When should the COVID-19 health and hygiene promotion occur?

Hygiene promotion activities should start as soon as possible, prior to identification of any cases in a location. Existing programs conducting hygiene promotion activities should adjust their messages to cover COVID-19 specific topics mentioned on page 2, in consultation with the Health and WASH clusters. **Ideally, households would be contacted in some form at least once per week prior to a confirmed outbreak in the area. Contact can include household visit with physical distancing, phone call, text message, etc. Following a confirmed case, visits should be minimized and alternative methods of communication, such as text message and radio messages should be considered.** Health, WASH, CCCM, and other actors conducting hygiene promotion should coordinate to ensure that visits are not overlapping and are providing complementary messaging. By starting messaging before an active outbreak, households will be better prepared to keep themselves safe and respond appropriately in case of a suspected or confirmed COVID-19 case.

## Conclusion

Health and hygiene promotion is one of the key interventions to prevent the spread of COVID-19 throughout populations. By following this guidance, partners can ensure effective hygiene promotion covering all relevant topics on COVID-19. IEC materials produced by WHO/Health Cluster covering these messages in English, Arabic, and Kurdish can be found [here](#). Additional guidance for COVID-19 in Iraq produced by all clusters can be found [here](#).

There currently is a large amount of misinformation circulating on social media and the internet. It is important partners rely on this guidance document for key messages on COVID-19. Actors are encouraged to refrain from sharing unsubstantiated information or participating in hypothetical discussions that may fuel uncertainty and panic in communities. Partners can visit the WHO myth-busters site for up to date information to incorporate into their messaging (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>).

Difficult questions can be referred by the partner organization to the WASH or Health clusters for guidance on the correct response.

Additional resources developed by UNICEF on hygiene promotion for COVID-19 can be found at the following link: <https://drive.google.com/file/d/1WVoXOBfn1y-CfR5WDqdIpMnIOeRBAGKB/view>

Additional Global resources are being collected by the Global WASH Cluster, and can be found at the following link: <https://docs.google.com/document/d/1YXrH8kQn8NGJOXOkpdxW-stsTsxM9L0PSRyMPkhNnOc/edit>