CRS COVID-19 Guidance

CONTENT OF HYGIENE KITS, INFECTION PREVENTION AND CONTROL KITS, AND PERSONAL PROTECTIVE EQUIPMENT KITS

This document aims to provide a general guidance on how to design an appropriate and adequate COVID-19 response Hygiene Kit, Household Disinfection IPC Kit and PPE Kit for Caregivers.

PRINCIPLES FOR COVID-19 RELATED GUIDANCE

In undertaking programming activities, CRS project staff and partners should:

- **Assess risk of transmission:** At this stage in the pandemic, testing remains limited. This means that data on positive cases is unreliable or unrealistic. CRS recommends that teams assume wide community spread and adjust programming accordingly. Keep in mind that CRS programs should operate under the assumption that anyone they encounter could be a COVID-19 asymptomatic case.
- **Ask ourselves how critical** it is to carry out the activity against risk to staff, partners and participants, and weigh the risk to project participants of not carrying out the activity. Lifesaving (e.g., emergency food distributions, clinical care for emergency conditions) and life-sustaining (e.g., malaria prevention and treatment, vaccinations) activities should be prioritized.
- **Adopt a "Do No Harm" approach**: CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measures to both protect themselves and reduce the risk of spreading the virus during program implementation (See guidance at WHO - COVID 19). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.
    - **Do Not Participate** in program activities when feeling unwell. Stay home and seek medical advice.
    - **Maintain Physical Distancing**
    - **Follow Recommended Hygiene Practices**
    - Wear **Nonmedical Masks** (cloth masks or face cloth covering) when in line with host country government and/or WHO guidance.
    - Make special considerations for **Populations Who are Most at-Risk** of developing severe illness (e.g., elderly, immunocompromised, those with existing health conditions, pregnant women)

Those who have come into contact with someone exhibiting or reporting COVID-19 symptoms should **self-quarantine** and monitor for onset of symptoms. Those experiencing symptoms should **self-isolate** and seek medical support/advice as per Ministry of Health (MoH) protocols (e.g., calling before seeking medical care).

- Consider **protection of the most vulnerable and include safeguarding measures**
- Maintain constant and transparent **communication with communities** about activities, changes, and the community's comfort level and needs related to the health implications of continued programming.
- **Keep up to date on and follow *WHO* and *Government/MoH* protocols and messaging around COVID-19:**

- Follow government restrictions and request authorization for carrying out essential services/activities, as needed;
- Work with local health actors/cluster to ensure health messaging related to COVID-19 is consistent and contextualized.
- Stay updated and inform staff, partner staff, and volunteers how to refer to appropriate national or local COVID response services or hotlines.

- **Adapt programming guidance to your context and be ready to further adjust as the situation evolves:** Elements of the guidance may need to be modified based upon community risk levels, types of programming activities undertaken, social norms and perceptions, local capacities, operating environment, new WHO guidance, and feedback from donors in each country we work in.

This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO and MoH as relevant.

This guidance will be updated periodically. Check CRS ICS Website to be sure you are using the latest version.

Disclaimer: CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

RATIONALE

During the COVID-19 response our objective is to provide individuals, households, caregivers, and the community adequate access to and use of hygiene kits, household disinfection (IPC) kits and PPE kits for caregivers. This should form the backbone of our response to COVID-19. Firstly, this guidance will provide an orientation of these principles, the process for defining the contents, illustrative examples of their potential contents, the methods for distribution and monitoring.

Field teams should note, that some donors have limited the scope and content of kits to specific practices or to specific infrastructures (i.e. handwashing stations and soap). Jointly the CRS WASH and Health Teams have agreed in these circumstances that there is a need to add additional items, as per industry and program quality standards, that meet other identified needs based on assessment or anecdotal information. Therefore a secondary aim of this guidance, is to provide a complete and holistic package, which addresses needed preventative measures that help tackling COVID-19 (beyond handwashing), but also the secondary socio-economic effects of affordance and access to markets such as Menstrual Hygiene Materials for adolescent girls and women, water containers, bleach for household disinfection, etc. To do this, we should try to combine several sources of funding to ensure that CRS kits will fulfill the needs in conjunction with the analysis of the context.

PRINCIPLES

Hygiene kits as well as IPC kits are distributed in very specific contexts to achieve the objective of supporting households and communities to gain access and use of essential hygiene and protective items and improve their hygiene practices reducing the risk and impact of waterborne disease, COVID-19 and other disease transmission. It is however complicated to provide a standard hygiene kit and/or IPC kit – as there is no one size fits all solution – due to the nature of the content and the replenishment of some consumables will be highly dependent on the context and planned duration of the intervention.

Definition of kits

- **Hygiene kit**: sometimes also called WASH NFI kit is generally distributed to households as a preventive measure to tackle risks of contamination or transmission of waterborne diseases and other diseases or infections resulting from poor hygiene conditions or practices. As per defined in the SPHERE manual,

it *"provides all affected households, access to the minimum quantity of hygiene items"*.

- **IPC kit for household**: This kit is designed to ensure the minimum requirements for home hygiene and reduce, in this case, the potential spread of COVID-19 within the home. **It must therefore contain items for cleaning and disinfecting surfaces.** The IPC kit for households, can be distributed in parallel to the distribution of hygiene kits or **merged with the hygiene kit**, or distributed as a standalone kit if hygiene kits have already been previously distributed.
- **MHM kit**: the menstrual hygiene management (MHM) kit is essential in all crisis response as it allows women and adolescent girls to ensure adequate menstrual hygiene practices through the provision of essential appropriate MHM materials. MHM materials should be part of any WASH response as per indicated in the SPHERE manual. MHM material preferences are influenced by age, culture, environment, access to funds, water, and privacy. Please note that an MHM component is not only limited to distribution of kits and therefore should include other activities to ensure positive outcomes. We recommend consulting other resources[1] to develop your MHM response
- **PPE for caregivers' kit:** The PPE kit is designed for caregivers and people in risk of contact with COVID-19 patients or suspected cases. It must be distributed in a more consistent IPC approach including IPC measures in health care facilities and at household level, Risk communication and community engagement activities, and ensuring the application of adequate hygiene practices such as handwashing, respiratory etiquette and physical distancing. Please consult the WHO guidelines on the rational use of PPE for caregivers.
- **IPC kits for communal settings** is designed to target voluntary workers and key actors at community/neighborhood, camps or settlements level such as water user committees, sanitation committees, school's hygiene committees so these have access to minimum and essential hygiene items that enables them to deliver a consistent and safe response to targeted participants. The kit should be designed to fit each contextual setting, and consultation with the users/operators is recommended to ensure the relevance of the content and quality of provided items.

DESIGN

The design of a Hygiene Kit should be defined on:

- **Specific needs and vulnerabilities** of targeted households, individuals and communities respecting age, gender and other diversity factors such as those with underlying health conditions and persons with disabilities.
- **Context** of the intervention: emergency phase, early recovery phase
- **Market** accessibility, availability of items (quality and quantity)
- **General objective** of the project: COVID-19, Nutrition crisis, protracted humanitarian crisis, health crisis including risks of waterborne diseases
- **Targeted receptor** of the kit: Household, individual, institution (school, health care facility), key workers (latrine attendants, health workers, community hygiene volunteers)
- **Method of access:** in-kind via market fairs or staff led distributions, using cash and or vouchers via local traders, and/or in collaboration with other sectors (e.g., Nutrition, Health & Shelter and Protection), and considering how to reach households/individuals who are shielding/isolating (direct deliveries to household) – noting increased PSEA/safeguarding risks potentially associated with this model and putting in place additional mitigation measures.
- **Consumables** items required, e.g., soap, MHM materials

[1] A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response, IRC, 2017; Addressing menstrual hygiene management (MHM) needs, IFRC, 2019; Mitigating impact of COVID-19 on menstrual health/hygiene, UNICEF, 2020.

- **Duration** of the intervention
- **Donor** requirements
- **Other actors'** interventions

The content and quantities of the kits must be calculated according to number of members per HH in the area of intervention or as per accorded with coordination bodies and partners. The duration for which the kit is distributed, must be based depending on the context of intervention.

Consumables: Ideally consumables should last for the duration of the program. In some cases, it is not possible to distribute for that period. During COVID-19 should we consider providing 1-month supply of the consumable items, or 3-month supply of the items? Below, are some key questions we must always consider that will help influencing our choices:

- **Is there a risk that items are re-sold in markets?**
    - Sensitization in parallel of distribution must be mandatory to ensure good understanding of the project's objectives and maintaining best hygiene practices.
    - The use of market-based approaches diminishes risks of unappropriated items distributed and considers evolution of the market along the project timeline
- **Does HHs have adequate storage dependent on the context?**
    - For example, in temporary shelter settings (households living in tents or shared spaces) the available space could be a factor limiting the capacity to store items.
    - Would theft of hygiene items ever be a risk?
    - Is there the risk of stigmatization/discrimination if receiving hygiene items creates negative associations and social stigma in communities?
- **Do traders have the capability of providing enough quantity of items for the duration of the project?**
    - Are there health or security risks related to increased contact with recipient and traders?

The SPHERE manual provides guidance on the ideal content of a hygiene kit but from the outset SPHERE recommends **contextualizing** hygiene kit design and distribution in order to ensure appropriateness and relevance of the selected items and frequency of distribution.

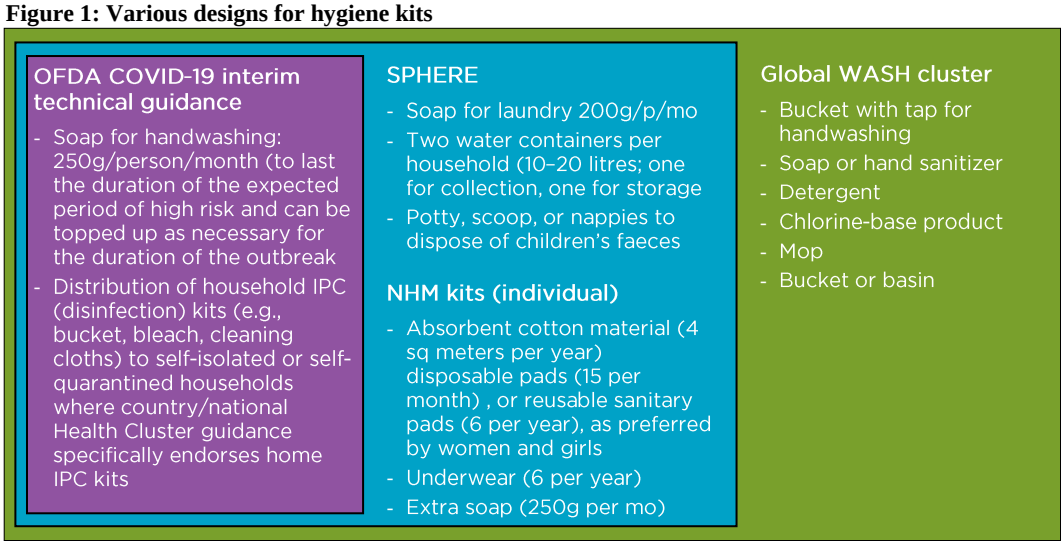
A strong coordination between the WASH and Health sectors and the local government is encouraged to ensure that the design of the kits is adapted and in line with the expressed needs and preferences from the community, what is available locally and to prevent duplications.

Two simple parallel assessments should be carried out, one that determines the appropriate mechanisms that households and communities have to access hygiene items (purchasing power and prioritization of needs) and another assessing the availability of hygiene items at market level and the functionality of the market during the crisis period. From the outset, and especially during COVID-19, we should consider market-based interventions, through using local markets either through in-kind, cash and/or vouchers, plus the support and development of local markets. The feasibility of these interventions must be assessed previously to distribution and should be reviewed periodically as purchasing power, market availability and prices evolves with time.

CONTENT

Here is an illustrative design of hygiene kits according to different stakeholders (OFDA, SPHERE, and GWC):[2]

Figure 1: Various designs for hygiene kits



Ideal contexts of the range of kits

Table 1: Hygiene kit (per household)

CONTENT	QUANTITY
Soap for handwashing and personal hygiene	250g/p/month
Soap for laundry	200g/p/month
20 L Bucket with lid and faucet (as handwashing station or for water storage)	1
15-20 L Jerrycan/bucket/recipient for water transportation	1
IEC Plasticized leaflet on sensitization on COVID-19 (5 key hygiene practices, contact for more information (gov), feedback mechanism)	1/kit

Table 2: IPC kit for household disinfection for suspected or confirmed COVID-19 patients (for household)

CONTENT	QUANTITY
3L Bleach or equivalent disinfectant product	1
1L commercial detergent	1
Additional 20L bucket or basin for HH disinfection	1
Cleaning cloths 40 x 40 cm, or equivalent and adapted to HH (reusable, no disposable)	1
Rubber gloves	1
Mop	1
Bedsheets (set)	1
Laundry bag	1

[2] OFDA interim guidance for COVID specifies: *"Distributions of hygiene kits that include contents other than those that facilitate hand washing should be avoided—e.g., favor the distribution of soap or hand washing kits as opposed to broader 'hygiene kits.'"*

Table 3: Menstrual Hygiene Management kit (for individual kit for each women and girls in age of menstruation)

CONTENT	QUANTITY
Reusable sanitary pads Or Absorbent cotton material Or Disposable pads	6 per year 4 square meter per year 15 per month
Bucket with lid or basin for laundry	1
Soap for personal hygiene	250g/p/month
Laundry soap	200g/p/month
Underwear and cloth for privacy when drying (size options should be available)	3
Rope and pegs	1 set
Storage bag for used cloth/pads	1
Carry bag for all menstrual items	1
Torch (solar or manual option)	1

Table 4: PPE for patients and caregivers for households with confirmed positive or suspected cases (for 30 days, 1 family member patient, 1 caregiver, 3 additional HH members)

CONTENT	QUANTITY
Medical masks 7/day	210
Soap for personal hygiene	250g/p/month
Disposable Gloves (100/box)	1

Table 5: Hygiene kits for communal settings (e.g., WASH committee responsible for O&M of shared facilities)

CONTENT
Gloves, heavy duty
Apron, heavy duty reusable
Mop + mop bucket
Cloth mask
Bucket or basin
Bleach
Soap for handwashing (volunteers)
Soap for handwashing at handwashing station[3]
Gum boots

These items can be included when installing communal handwashing stations, for Water User Committees or other similar. Quantities must be developed according to the identified needs, and the function of each targeted communal setting.

DISTRIBUTION

The distribution must integrate specific consideration for COVID-19. The distribution of any of the above-mentioned kits should integrate proper hygiene promotion, and sensitization or training to ensure the appropriate use of distributed items. Moreover, the hygiene kit distribution is an ideal opportunity to communicate and inform participants in order to counter rumors, misinformation, stigmatization and discrimination[4]. In addition to adapting messages and to address these, we would need to think carefully about how messaging reaches most marginalized/vulnerable groups (e.g., written, verbal, oral formats).

[3] For further information please consult the following guidance: Handwashing compendium for low resources settings, The sanitation learning hub, 2020.

[4] For more information refer to IFRC/UNICEF guidance Addressing social stigma and WHO Myth busters.

MONITORING

We recommend setting in place a monitoring and evaluation system that is adapted to COVID-19 thus using remote tools if necessary, during and after hygiene kit distributions. We also recommend setting up communities' feedback mechanisms on the day and after distributions – either through a free hotline, manned feedback, and complaints hot-desk, or via community and staff focal points and that communities are aware of this.

MEAL guidance and forms are defined in the CRS Guidance on MEAL in the Context of COVID-19.

Catholic Relief Services | 228 W. Lexington Street, Baltimore, MD 21201, USA | crs.org | crsespanol.org

For more information, contact partnership@crs.org.

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