

# COVID-19 UKRAINE ASSISTANCE DELIVERY PROTOCOL

As of 7 April 2020

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## 1) PURPOSE

As humanitarian aid workers provide assistance to people in need in many communities, their work may put them and the people they aim to assist at risk of COVID-19 transmission. **In support of the COVID-19 response, the humanitarian community has developed this common protocol for mitigating the risk of COVID-19 transmission in the delivery of humanitarian assistance** to ensure the safety of humanitarian staff and those they serve in the conflict-affected areas of Luhansk and Donetsk oblasts.

**This protocol seeks to provide practical and non-technical guidance to humanitarian organizations for adaptation** in designing their project implementation and delivery to ensure the health and safety for both aid workers and beneficiaries – in alignment with the ‘do no harm’ principle.

**The protocol is applicable on both sides of the ‘contact line’**, while recognising additional access constraints on humanitarian delivery in the non-government-controlled area (NGCA). The provisions are provided as general practical recommendations and the adoption/adaptation of the protocol is subject to the discretion of each individual organisation.

**The protocol should be applied in conjunction with other key global guidelines already in place<sup>1</sup> as relevant. The protocol is a living document which will be updated on an as-needed basis to reflect changes in operational context and/or measures and recommendations by relevant authorities.**

## 2) ALIGNMENT WITH GLOBAL GUIDELINES AND NATIONAL REQUIREMENTS

**With regards to personal protective equipment (PPE) and observing personal distance**, the protocol is fully aligned with the national legislative framework of Ukraine and the WHO’s COVID-19 global guidelines stipulating that:

- **Face mask is a mandatory PPE**, while other items such as disposable rubber gloves and hand sanitizers are also recommended, subject to availability.
- **Maintain at least 1.5 metre (5 feet) distance between yourself and others.** Avoid creating crowded places.

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<sup>1</sup> These include (not an exhaustive list) (i) IASC Interim Recommendations for Adjusting Food Distribution Standard Operation Procedures in the context of the COVID-19 Outbreak; (ii) IASC Interim Briefing Note Addressing Mental Health & Psychosocial Aspects of COVID-19 Outbreak; (iii) Interim Guidance Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings; (iv) WHO Disability Considerations during the COVID-19 outbreak; (v) COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement<sup>1</sup>; (vi) IASC Interim Technical Note, "Protection from sexual exploitation and abuse (PSEA) during COVID-19 response"; (vii) Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery; (viii) GBV Case Management and the COVID-19 Pandemic; (ix) the Alliance for Child Protection during Humanitarian Action, ‘Technical Note on Child Protection during the Covid-19 Outbreak’. All are available online at <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

### 3) MINIMUM REQUIREMENTS/CONSIDERATIONS TO DELIVER AID SAFELY

This section is structured around two key stages of the project management cycle – assessment and delivery, as these two components typically envisage extensive physical/face-to-face interaction with people at the community level.

The section proposes some minimum standards that every organisation is strongly encouraged to adopt regardless of the type of delivery modality employed.

#### 3.1 ASSESSMENT

- **Consider using secondary information** (as appropriate) to avoid physical visits to communities.
- **Consider conducting interviews and surveys over the phone**, especially with communities where contacts have been established previously.
- **When household-level interviews in one-to-one format are absolutely necessary**, aid workers should wear a face mask, maintain the least physical contact feasible, maintain at least 1.5 metre distance between yourself and interviewee, conducting interviews outside when possible, avoid touching surfaces, etc - *please refer to section 3 for more information on PPE and other minimum social distancing requirement.*
- **On the day of assessment, put appropriate labels/signs/notices to avoid formation of crowds and to ensure sufficient social distancing.** Instruct beneficiaries, and clearly mark out spaces to maintain at least 1.5 metre distance from each other. Ensure that there is no physical contact between beneficiaries, chairs and sufficient numbers of protective masks (if feasible) are available.

#### 3.2 DELIVERY MODALITIES

##### CASH ASSISTANCE<sup>2</sup>

- **Consider deliver aid using the cash modality to avoid physical contact upon two conditions** – (i) sufficient evidence to confirm that markets are functioning and accessible; and (ii) if cash is identified as a preferred modality by your targeted beneficiaries.
- **In case your programme utilises a financial service provider (FSP, e.g. post office, bank, etc) in delivering cash, give extra thought to whether or not your FSP** (as a minimum – not an exhaustive list for consideration):
  - **Has business continuity capabilities** in an environment where services may be at risk of discontinuation - in addition to solid presence and reach, ability to operate partly remotely, etc.
  - **Has the ability to provide a service that requires less contact** between the provider and the beneficiary e.g. electronic or mobile transfer options, contactless payments, etc.
  - **Has the ability to provide guarantees for distribution or retrieval of cash transfers** e.g. more retrieval points, ability to sequence payments on longer periods, etc, to prevent large crowds; ensuring availability of hand sanitizing at ATMs, etc.
  - **Has sufficient capacities to handle increased caseloads** and potential adjustments to transfer dates/amounts.

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<sup>2</sup> Cash and Voucher Assistance (CVA) in COVID-19 Contexts: Guidance from the CaLP Network, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-CVA-guidance-summary-24-03-20.pdf>

### HOME DELIVERY (IN-KIND ASSISTANCE)

- **Avoid entering the house, apartment, entrance hallway** if feasible, propose beneficiaries to meet outside.
- **If recommended social distancing is not possible, consider alternative methods to deliver the assistance**, such as drop-off at front door, street or household level distributions (seek engagement with community/ street leaders).
- **When handing over any items, put down the item, wipe it with an antiviral wipe, then stand back and ask the beneficiary to pick it up.** If such wipes are not available, clean the item with soap and water and wipe dry with a disposable paper towel before handing it over with clean hands or gloves.

### DISTRIBUTION POINT (IN-KIND ASSISTANCE)

- **Visit potential distribution site/premises ahead of time** to ensure the venue is safe/fit (spacious enough) for use.
- **Communicate field visits as well as eligibility to receive aid criteria in advance by phone** – directly to the household or to the community leaders (village, settlement councils) to avoid the congregation of people and any misperceptions or confusion.
- **All staff are mandatorily required** to wear face mask, avoid touching their face, perform hand sanitation regularly and follow general hygiene practices.
- **Establish a clear route of distribution – from a reception point, verification point, collection point and exit to channel traffic.**
- **Set up hand washing point with adequate supply of hand wash solution.** Alcohol-based hand sanitizer may be most practical.
- **Allocate adequate areas** for the elderly, pregnant and breastfeeding women, people with disabilities and individuals with pre-existing/chronic underlying conditions.
- **Upon arrival at the distribution site, direct beneficiaries to the supervised hand washing area and then to the health screening area** to have their body temperature assessed using a non-invasive (handheld / no-touch) thermometer.
- **If a beneficiary is detected to have a fever or shows flu-like symptoms**, direct him/her for a follow up by a state healthcare official/worker, in line with national health response protocols. Inform/assure beneficiaries who do not get cleared at the health screening / temperature check areas that they will receive rations irrespective of the results of the screening.
- **On completion of distribution, ensure that the distribution point (room/ area/ tarpaulin) is swept clean and sprayed with disinfectant.**

### DELIVERY OF SERVICE ASSISTANCE

- **Consider utilising technology to facilitate remote service provision** as much as possible and as feasible such as consultation by phone.
- **If physical visit to communities is absolutely necessary, ensure the venue is safe/fit (spacious enough) for use and establish a clear route of traffic** to avoid congestion, e.g. screening of body temperature, establish a queue where people are separated by at least 1.5 metre distance while waiting, putting in place a referral pathway in case a beneficiary presents with flu-like symptoms or fever.
- **Set up hand washing area with adequate supply of hand wash solution.** Alcohol-based hand sanitizer may be most practical.
- **All staff are mandatorily required** to wear face mask, avoid touching their face, perform hand sanitation regularly and follow general hygiene practices.

#### 4.3 COMMON REQUIREMENTS FOR ALL TYPES OF ACTIVITIES AND DELIVERY MODALITIES

- **All staff are mandatorily required** to wear face masks, avoid touching their faces, perform hand sanitation regularly and follow general hygiene practices.
- **All activities should be accompanied by COVID-19 related awareness-raising information** (in Ukrainian or Russian) and, subject to availability of material, distribution of information, education and communication (IEC) materials that are in line with the national recommendations.<sup>3</sup>
- **Ensure community engagement, clear communication and feedback mechanisms** (preferably phone, emails) are in place.
- **Limit administrative documentation requirements** that require physical contact such as signing of receipt forms etc.
- **When/if possible, optimise interaction with communities to support referral of additional needs.**
- **Consider using technology to facilitate post-distribution monitoring** such as phone calls.

#### 5) DISCLAIMERS

- **The protocol acknowledges that new additional restrictions may be imposed** by concerned authorities/entities. Therefore, the document may require regular review and updates in case additional restriction measures are put in place.
- **Donors are requested to demonstrate flexibility in normal documentation requirements** where the production of this documentation requires close physical interaction with people receiving humanitarian assistance in order to reduce possible transmission of COVID-19.

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<sup>3</sup> A compilation of COVID-19 key message and IEC material (compiled by Health and WASH Clusters) are available online at: [https://unicef-my.sharepoint.com/:x/g/personal/sdymkovskyy\\_unicef\\_org/EaQbf0KbI9dDsI5kQUuWfyoBBVjTGFA\\_Ru0IKgPwJEQag?e=InYfUF](https://unicef-my.sharepoint.com/:x/g/personal/sdymkovskyy_unicef_org/EaQbf0KbI9dDsI5kQUuWfyoBBVjTGFA_Ru0IKgPwJEQag?e=InYfUF)