



RECOMMENDATIONS FOR ADJUSTING STANDARD OPERATING PROCEDURES FOR FOOD DISTRIBUTIONS IN THE CONTEXT OF THE COVID-19 OUTBREAK

Version 3 – 28 March 2020

As the Novel Coronavirus (COVID-19) continues to spread in an unpredictable manner it presents a growing risk to all stakeholders involved in food assistance, particularly during food distributions.

This document aims to guide the revision of existing Standard Operating Procedures (SOPs) for Food Distribution in the COVID-19 context at the country level to minimize the risk of exposure of personnel, partners and beneficiaries. It is not meant to replace existing SOPs, but rather complement them.

Adjustments to existing food distribution SOPs should be in alignment with other country-specific guidance shared by the relevant authorities and partners (e.g. Ministry of Health (MoH), WHO etc.), as well as the national public health emergency preparedness plan or equivalent when available. For refugee settings, this should be done in coordination with UNHCR, MoH and other public health agencies.

RECOMMENDED ACTIONS

Protection: It is important to ensure equal access to impartial assistance according to need and without discrimination. This includes identifying beneficiaries who may be reluctant to come forward for assistance because they are marginalized or fear marginalization due to the virus and preserving sensitive information on affected persons or communities.

Sensitization messages should be shared with beneficiaries ahead of distributions in line with national guidelines, including advice for at-risk groups (elderly and persons with pre-existing health conditions) as well as confirmed / suspected cases not to come to the distribution site.

Alternative arrangements for distribution of assistance to those groups should be put in place (e.g. alternative collectors). Existing mechanisms to support beneficiaries who are unable to transport their rations (e.g. community volunteers / porters) should continue, ensuring that general guidelines for reducing risk of transmission are observed (social distancing, hygiene etc.)

Community engagement: Community engagement and clear communications and feedback mechanism will be crucial to reduce transmission, contain the spread of the disease and reduce fear, misinformation, confusion and tension. Existing community mechanisms as well as distribution activities should be leveraged to disseminate sensitization messages at community level. Messages should be disseminated in simple / local language, taking into consideration cultural context, as well as special needs of marginalized communities, with the involvement of relevant stakeholders conducting risk communication activities (i.e. health / hygiene promotion). Adjustments should be made in alignment with country-specific guidance prepared and shared by the government, relevant health authorities and partners (e.g. Ministry of Health, WHO).

Layout of distribution sites: The layout of a distribution sites should enable quick and efficient distribution of food and non-food items with minimum losses, ensure the 1-2 meter distance in between and easy record keeping (*see Annex 1: Sample site plan for food distribution sites in the COVID-19 environment*).

Distribution planning: Adjustments may include increase in number of distribution sites / food outlets to avoid large gatherings, staggering of distribution cycles (e.g. providing rations that will cover a longer duration) and loading procedures to reduce frequency of gatherings, changes in packaging / kitting procedures to reduce time on site and contact between beneficiaries for redistribution, and alternative mechanism for COVID-affected households, change of assistance modalities if possible / applicable. Further considerations include but are not limited to:



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Organize and clearly mark the allocated spaces at the distribution site

- Establish a reception point, (identity) verification point, collection point and exit to channel traffic and allow for personal space of at least 1-2 meter between each beneficiary.
- Set up hand washing area with adequate supply of hand wash solution (0.05% chlorine solution or soapy water – see instructions below). All efforts should be made to minimize manual contact during the handwashing process (e.g. no touch / pedal tap, paper towels, hands-free covered bins for collection of waste) in line with national-level guidelines. Provisions should be made to ensure regular and safe removal of waste material from the handwashing area. The hand washing stations should also be outfitted with adequate signage which includes how to wash hands.
- Allocate areas for health screening/ body temperature checks by health officials.
- Allocate adequate areas for the elderly, pregnant and lactating women, people with disabilities and individuals with pre-existing/chronic underlying conditions after health screening / body temperature checks in order to prioritize distribution and minimize exposure. Beneficiaries who are pregnant and elderly should be prioritized.
- Establish sheltered / covered area for beneficiaries that do not receive clearance at the health screening / body temperature check point. The allocated area should be spacious enough to allow beneficiaries to sit/stand at least 1-2 meter apart from each other.
- Ensure that there are clearly marked entrance and exit points (accessible to people with disabilities) in the distribution area.

Organize rations ahead of the scheduled distribution

- If not already prepositioned, offload the food supplies into the (disinfected / sanitized) temporary storage area and organize rations ahead of the scheduled distribution.
- Separate storage from the collection points where possible.

Do not allow crowding around the distribution point

- Instruct beneficiaries to maintain 1-2 metre distance from each other throughout the distribution process.
- Cordoned off (with a rope or tape) a 1-2-meter radius around the desk at the collection point if possible.
- Where kitting of family rations is not possible, distribute different commodities in separate areas, always aiming at observing social distancing and minimizing crowding.

Facilitate individual health screening

- 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. Ideally, the health screening should be conducted by a medical or health professional endorsed by government authorities.
- It is important to ensure that the screening process covers identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observation visual signs of respiratory illness, coupled with questions on presence of fever or respiratory symptoms, and questions on history of contact with a potential COVID-19 case.
- If a beneficiary is detected to have a fever or shows flu-like symptoms, directed them to the specified sheltered/covered area for a follow up by a government approved healthcare official/worker, in line with national health response protocols.



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- Inform/assure beneficiaries that do not get cleared at the health screening / temperature check areas that they will receive rations irrespective of the results of the screening.
- Direct beneficiaries cleared at the health screening area are to the (identity) verification checkpoint.

Ensure hygiene and social distancing measures

- There should be no physical contact between CP staff and beneficiaries or between beneficiaries. Emphasize hygiene measures for contact with objects (e.g. food containers).
- Instruct beneficiaries to maintain 1-2 metre distance from each other throughout the distribution process.
- Operators at the collection point should place the food rations on the tarpaulin/table at the distribution point and step back, permitting the beneficiary to collect the ration without any physical contact.

Manage the flow of traffic at the distribution site

- Beneficiaries should not pass through the distribution point more than once.
- Following the collection of the ration, direct beneficiaries to exit the collection site and encourage departure from the distribution site.

SPECIFIC INSTRUCTIONS FOR COOPERATING PARTNER STAFF AT THE DISTRIBUTION SITES

(Reception point operator, Queue Management Operator and Distribution Point Operator etc.)

- Provide public health and COVID-19 specific guidance for all personnel working at the distribution site.
- Monitor and record body temperature of all personnel working at the distribution site prior to distributions.
- Monitor the entry of beneficiaries into the distribution point channel.
- Instruct beneficiaries to maintain 1-2-meter distance at all points during distributions.
- Ensure that the hand washing point is supervised and supplied with adequate quantities of handwash solution.
- Ensure that all beneficiaries wash their hands at the hand washing point and have body temperature checks before approaching the identity verification checkpoint
- If a beneficiary self-reports, has fever or exhibits signs suggestive of COVID-19 disease, they must be immediately directed to the sheltered/covered area and referred to the relevant health authorities.
- Oversee and assist with offloading and organising rations before distributions are scheduled to start.
- Step back from the ration and direct the beneficiary to collect the ration and leave via the marked exit route(s).
- Instruct beneficiaries to leave the distribution site immediately after the collection of rations.
- On completion of distribution, ensure that the distribution point (room/ area/ tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution). Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after being disinfected.
- Remove all tapes, ropes and signage.
- Clear hand wash station and remove/store hand washing solution.



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- It is mandatory that all staff at the distribution site perform hand sanitation regularly and follow general hygiene practices.

HYGIENE AND SANITATION PRODUCTS

Hand wash solution (0.05% chlorine solution) can be made from a variety of chlorine bases available in the market.

Washing hands with clean water and soap is mandatory for all staff / personnel, beneficiaries and any other party involved in the process/present at the distribution site.

- **Instructions for making mild hand wash solution** (0.05% chlorine solution): [Click here.](#)
- **Instructions for making soapy water:** [Click here.](#)

(Source: Center for Disease Control and Prevention)

Disinfectant (0.5% chlorine solution) can be made from a variety of chlorine bases available in the market. All washing and disinfecting solutions must be prepared prior to dispatching to the distribution point and marked clearly.

- **Instructions for making disinfectant solution** (0.5% bleach solution) from liquid bleach: [Click here.](#)

(Source: Center for Disease Control and Prevention)

Concentrated chlorine and bleach are highly toxic substances that can cause irritation and inflammation to eyes, throat and nose. When mixing and using 0.5% disinfecting solution, appropriate PPE (including impermeable coverall, apron, N95 mask, goggles and double glove i.e. inner disposable latex gloves and outer heavy-duty latex gloves) must be worn.

Personnel working in collective sites need to understand the risks of COVID-19 introduction and propagation in the site, be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE).

Important Note: All staff / personnel and CPs are responsible for complying with all aspects of the SOPs identified at the country level. All personnel should Maintain spatial distance of at least 1 metre. Personnel with potential risks of exposure to COVID-19 off-site shall not come to work for 14 days since the day of exposure, to prevent contamination to residents and host communities; those experiencing signs and symptoms suggestive of COVID-19 should not be allowed to work at the site either, until COVID-19 is ruled out and/or full recovery is attained. Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.

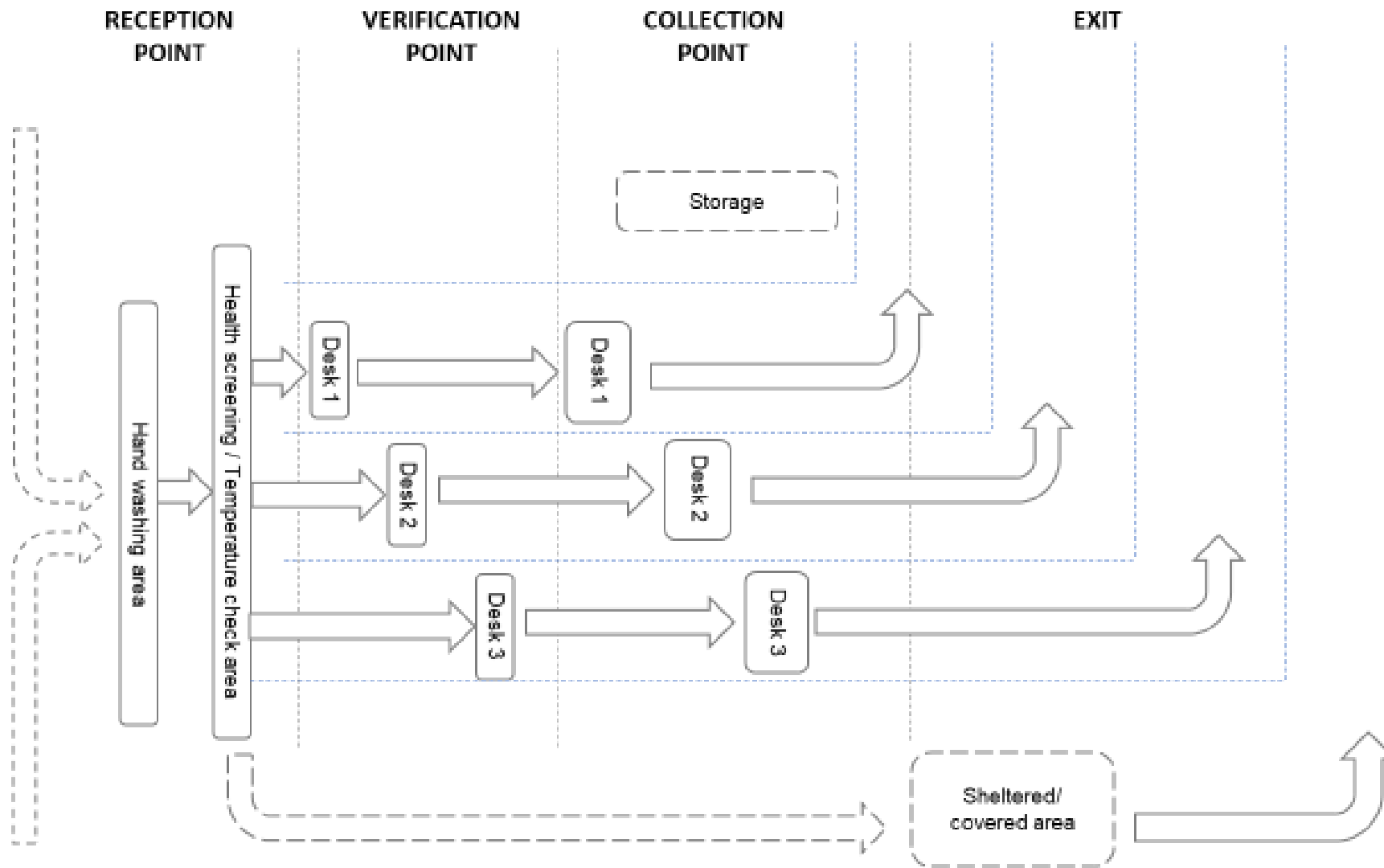
ADDITIONAL RESOURCES:

[WHO Coronavirus disease \(COVID-19\) advice](#)

[Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak \(Interim guidance\)](#)

[Briefing Note about MHPSS aspects of COVID-19](#)

Annex 1: Sample plan for food distribution sites in the COVID-19 environment



(Suspected case referral in line with national health protocols)