INTERIM GUIDANCE FOR SHELTER CLUSTER ACTIVITIES IN YEMEN DURING THE PERIOD OF COVID19 PANDEMIC

RECOMMENDATIONS ON DISTRIBUTION

This guidance is only interim and compiled with a few elements immediately available. It was prepared for field partners as prevention measures and to reduce exposure to COVID19 transmission between beneficiaries and/or from Beneficiaries to Humanitarian workers.

This document could not substitute more detailed guidance’s which could be released in the future. The guideline is not superseding any of the decrees enforced, and it is just an orientation in case if a distribution is feasible.

The recommendations on distribution are articulated around two main components, a) sensitization and awareness b) procedure for distribution.

A. SENSITIZATION AND AWARENESS ON COVID19

1. General information

Coronavirus disease (COVID-19) is an infectious disease caused by a new virus. The disease causes respiratory illness (like the flu) with symptoms such as a cough, fever, and in severe cases, difficulty breathing. Most people who become infected experience mild illness and recover, but it can be more severe for others.

-WHO website-

2. Key messages for COVID19 prevention

You can protect yourself by washing your hands frequently, avoiding touching your face, and avoiding close contact (1 meter or 3 feet) with people who are unwell. Avoidance of touching your face, eyes, and nose with your hand will reduce the potential entry point of the virus in your body.

Practice respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.

3. Contamination Beneficiaries to Beneficiaries and Beneficiaries to Humanitarian workers.

In term of contamination, two main types of exposure are existing which present significant differences. The Humanitarian workers to Humanitarian Workers and Humanitarian Workers to
Beneficiaries are not going to be considered in this document based on the assumption that Humanitarian Workers shall be fully aware of the disease and closely monitoring their health.

**Beneficiaries to Beneficiaries**, is probably the higher risk in term of exposure mainly because they are not fully aware and may not have access to recommendations. Furthermore, in term of regular distribution, the density of a crowd could represent a multiplier factor in term of exposure. Further in the document, recommendations on how to organize a safer queue will be provided.

**Beneficiary transmission to Humanitarian Workers** presents less of a threat as if the awareness of Humanitarian Workers of prevention measures is satisfied. Furthermore, during the organization of distribution, including if necessary, crowd flow control, the Humanitarian Workers will undertake an exemplary role in sharing recommendations on prevention measures and enforcing hand washing policies.

4. Resources, emergency number, and training programs

Leaflets, videos and guidance documents are available in the Shelter Cluster website 1.

Guidance and Emergency numbers2:

 Training course: Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response, and control. (English3, Arabic4)

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2 More emergency numbers will be updated in the Shelter Cluster website at https://www.sheltercluster.org/yemen/library/covid19-resource-center-mrzk-lmrj-lkwfyd-19
3 https://openwho.org/courses/introduction-to-ncov
4 https://openwho.org/courses/introduction-to-COVID-19-AR
B. Procedure for Distribution

a. Strategic choice to approach distribution

- It is critical to reduce at maximum the time spent for the distribution thereby decreasing the exposure to potential contamination. Therefore, **targeted door to door distribution should be prioritized** wherever and whenever it is possible. Traditional distribution where numerous beneficiaries are queuing is to be considered only as a last resort. If a case of COVID19 is officially reported in the area of concern, only door to door distribution should proceed. Under an exceptional circumstance requiring lifesaving distribution, a traditional distribution may still occur only if the hazard will cause a more direct fatality than exposing the population to COVID19.

- All staff participating in distribution are strongly encouraged to watch the sensitization video\(^5\) prepared by WHO/health cluster and/or to attend a briefing on COVID19\(^6\).

b. Increase mobilization prior to the distribution.

- For door to door or traditional distribution, the first step should be to increase the mobilization and the awareness to risk prior to the distribution. Beneficiaries should be properly informed on COVID19 but also on the distribution modality – when, what, where, how-.

- Identify potential symptoms among beneficiaries, such as coughing. Using precautionary principles, serve these beneficiaries the day prior to the distribution with a door to door distribution.

- All kits should be pre-assembled in the warehouse and if kits must be adapted for specific needs of a family\(^7\), the specific kits should be easily identifiable with a label or a number to avoid unnecessary time-consuming operation at the distribution place.

- Person of concern such as the elderly or presenting specific vulnerability or facing challenges in mobility should be fully identified. They should be reachable by phone. They should be assisted only with a door to door distribution.

- Preferably in the hours before the distribution, contractors and the beneficiaries shall be contacted\(^8\) by phone or by SMS confirming the distribution time and the place.

- A dedicated contact number for a call center or distribution team member shall be added in order to enable potentially unwell beneficiaries to inform them that they will be not present.

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\(^5\) [https://openwho.org/courses/introduction-to-ncov](https://openwho.org/courses/introduction-to-ncov) (in Arabic)

\(^6\) Contact number where an organization could request training/briefing/support

\(^7\) Large family, or half kits, or specific number of mattresses for example. Kits could be wrapped up with a plastic cling film similar to airport.

\(^8\) directly or through 3rd party
• It is important to avoid unnecessary displacement and transportation of goods or staff.

**REGULAR DISTRIBUTION:** Beneficiaries should be informed that only one household member should be present at the distribution point. In the case of a large family, extra family members mobilized to transport goods should be agreed in advance with the community mobilizer.

• **REGULAR DISTRIBUTION** The household representative should be informed to maintain an arm length distance (1.5 meters) and to avoid any physical contact with other beneficiaries and humanitarian workers.

• **REGULAR DISTRIBUTION** Summarize key messages in a leaflet with text or drawing detailing also sequences of the distribution. Distribute the leaflet in the day(s) prior to the distribution during the community mobilizer’s visit. Allow beneficiaries to ask questions and familiarize themselves with the procedure.

• **REGULAR DISTRIBUTION** If a tumultuous environment is foreseen, double the number of staff dedicated to crowd control.

• **REGULAR DISTRIBUTION** For larger families and mattress distribution, identify volunteers or extra staff who may help the household representative to bring the goods back home.

• **REGULAR DISTRIBUTION**, Community mobilizers could distribute hard to falsify disposable tokens in order to ensure that the distribution reaches the targeted beneficiaries and prevent fraud. The token shall be disposable to avoid contamination and they should be destroyed after collection.

• Program wise, these extra measures represent a significant increase in the distribution cost (up to 25%).

c. **Reinforced staffing and measures during the distribution**

• Distributing in hazardous environments requires extra precaution on an individual level and also requires strengthening the team.

• On an individual level, all staff at risk of exposure to COVID19 should be in good health, voluntarily endorsing the distribution tasks, and properly informed and trained. Team leaders should constantly monitor the general health of their team ready to address any suspicions of contamination.

• Distribution staff (community mobilizers or others) are strongly encouraged to regularly wash their hands.

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9 Neighborhood well known for gathering quickly large and active crowd

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FOR REGULAR DISTRIBUTION

✓ 1 household member to be present during the distribution.
✓ Double the team for crowd and flow control
✓ Use token system for better control.

FOR REGULAR DISTRIBUTION

✓ Think on helper to assist large family or people with mobility impairment.
✓ Staff could show example in handwashing and sharing good practices
✓ Brief properly all the staff, particularly crowd control manager
REGULAR DISTRIBUTION

- **REGULAR DISTRIBUTION** It is strongly recommended wherever possible to use a staged queuing in order to avoid the concentration of people during the distribution. The principle is simple with stage 1 queue entry, stage 2 queue control, stage 3 registration, stage 4 good delivering. The model presented is an ideal model but trying to adhere to these principles will contribute to the risk mitigation to COVID19 exposure.

![Diagram of stages 1 to 4]

| Stage: 1) Entrance | 2) Queue with floor demarcation | 3) Registration | 4) Distribution |

- **STAGE 1:** A handwashing station is recommended at the entry point. Soap and sufficient water should be available. Preferably, a staff should stand nearby, welcome beneficiaries, answer questions, verify tokens and explain the staged queuing principle. Some banner and awareness materials could be also displayed there. If people of concern are accumulating near the entrance, the welcoming staff could ask them to wait in a dispersed manner. A megaphone for announcements could be useful.

- **STAGE 2:** The queue for registration should be spaced between beneficiaries -1.5 meters-. An alternative is to set in advance some moveable flags distanced by 1.5 or 2 meters to indicate to beneficiaries where they should stand. Several setups are feasible using lines or chairs with a demarcation circle. Once a person in the queue is going to the registration table, all beneficiaries are moving to another flag, and one new beneficiary is entering the queue from the entry/hand wash station.

- **STAGE 3:** The queue controller is a staff in charge to verify and give instructions in the queue. If he/she identifies an individual coughing or presenting symptoms, he/she could extract the person from the queue and arrange stage 4 and 5 of the distribution in parallel. Once the items are received he/she will be encouraged to escort the beneficiary to the exit and give him/her a paper mask -optional-. A megaphone for announcements could be useful particularly for a large queue.

- **STAGE 3, Beneficiaries registration:** This is similar to regular distribution with the caveat that the registration officer should maintain 1.5 meters from the beneficiaries. A table or a distance between 2 chairs should be enough to respect the space. If a table is set up, it is important to use antiseptic spray (or bleach solution) to clean the table regularly. Tokens could be stamped for control. Color code for special kits could also be controlled and used.

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10 Ratio how many liters for 10 people.
• **Stage 4**, A dozen of meters from the registration table, the area for the reception of items should be cleared of people. Beneficiaries will exchange their stamped token for the goods. If items are properly packed and labeled, the reception of items should be fast enough. If for any reason the delivery of items is taking more time, those responsible for the delivering of items should inform the registration table to hold for a while. If heavier goods such as mattresses are distributed, some extra staff volunteers will stand nearby to help the beneficiaries to transport their goods to their vehicle or their place (if not too far).

**C. Annex: Examples of Crowd Control with Social Distancing**

There are two possibilities to organize a queue. One using chairs (which might need to be disinfected on a very regular basis) in a center of a demarcation circle, the other using a demarcation circle drawn on the floor.

**Standing Queue with floor demarcation** - Credit Photo Nasser Abdulkareem, NRC Yemen 2020

**Seating Queue with floor demarcation** - Credit Photo Unknown, Bangladesh 2020