



GENERAL GUIDELINES FOR FOOD AND NUTRITION ASSISTANCE IN THE CONTEXT OF THE COVID-19 OUTBREAK

Version 1 – 06 March 2020

Background

As the 2019 Coronavirus Disease (COVID-19) continues to spread, WFP Country Offices (COs) must be aware of the potential implications of the outbreak for WFP operations. COs are advised to consider the following priorities:

- Ensure that life-saving assistance continues to be delivered;
- Minimize transmission risks for staff, partners and beneficiaries and;
- Develop contingency plans to cover additional needs if required.

The present guidelines aim to support COs by providing key considerations and parameters to inform decision-making at country level regarding preparedness and response activities for food and nutrition assistance in the context of COVID-19.

This document builds on the findings of the [Review Exercise of WFP Support in Health Emergencies](#) carried out in 2019. It is adjusted to the characteristics of the current COVID-19 outbreak, in line with the latest information available as of early March 2020. It will be further updated as the situation evolves.

Ensure operational continuity

In all countries, whether COVID-19 cases have been reported or not, WFP Country Offices (COs) should ensure they maintain the ability to deliver critical food assistance, while reducing potential risks of transmission for staff, partners and beneficiaries.

COs are advised to **develop contingency plans and identify thresholds / triggers for the rapid adjustment** of operations, particularly regarding the following aspects:

- **Community engagement:** in a context of active transmission in-country, community engagement will be crucial to contain the spread of the disease and reduce fear, misinformation, confusion and tension. WFP's activities can be leveraged as platforms to disseminate sensitization messages at community level for that purpose. Such messages should be disseminated in simple / local language, taking into consideration local cultural, as well as special needs of marginalized communities. All adjustments should also be made *in*



alignment with country-specific guidance prepared and shared by the relevant health authorities and partners (e.g. Ministry of Health, WHO), where available.

- **Protection:** in a context of active transmission in-country, WFP must continue 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 treatment because they are marginalized or fear marginalization due to the virus, and preserving sensitive information on affected persons or communities.
- **Distribution planning:** adjustments may include increase in number of distribution sites / food outlets to avoid large gatherings, staggering of distribution cycles and loading procedures to reduce frequency of gatherings, changes in packaging / kitting procedures to reduce time on site and contact between beneficiaries for redistribution;
- **Procedures for food / cash distribution:** adjustment of SOPs to minimize the risk of exposure of WFP personnel, partners, service providers and beneficiaries during implementation of various activities (GFD, SMP, FFA, NPA, NTA etc.). Please refer to
 - [Recommendations for food distribution SOPs in the COVID-19 context](#)
 - [Guidance for CBT in the context of the COVID-19](#)
 - *Interim Guidance on* [COVID-19 and breastfeeding](#) and [COVID-19 and pregnancy](#)
 - SOP for nutrition programming are under development at global level with the support of WHO, UNICEF and partners, and will be shared as soon as possible.
- **Beneficiary registration / identification procedures:** where not absolutely critical / necessary for operational continuity, avoid biometric data collection, or, depending on the circumstances, avoid registration/data collection exercises altogether in an active contamination context. Such measures should be communicated (to affected populations, partners, WFP staff) ahead of time, while ensuring that data protection principles continue to be respected. For technical/technology-related questions (even those not directly related to SCOPE), please write to scope.servicedesk@wfp.org.
- **Field-level agreements:** FLAs may need to be revised to reflect adjustments made to distribution planning, SOPs, and registration procedures as highlighted above. Additionally, WFP may need to change partners and/or establish new FLAs if existing CPs are unable to continue operations;
- **Pre-positioning of food stocks:** pre-positioning food closer to distribution points may be required in order to anticipate/ mitigate potential supply chain disruptions;
- **Food basket composition:** supply chain disruptions may affect the availability of specific commodities, triggering the need for adjustments in the food basket;



- **Assistance modalities:** changing conditions may affect the viability of different assistance modalities in different areas (e.g. adjustments might be required either for converting part of the assistance from CBT to in-kind or vice-versa);
- **Beneficiary targeting and re-prioritization:** access / movement restrictions may affect WFP's ability to reach its beneficiaries, prompting a revision of the targeting and prioritization;
- **Programme criticality:** review and adjustment of programme criticality to ensure priority will be given to life-saving activities (e.g. food and nutrition assistance to refugees, IDPs, climate and conflict-affected populations etc.) in case WFP is unable to continue all its regular operations.
- **Other measures:** consider cancelling or postponing non-critical / time-sensitive activities which could increase the risk of transmission (e.g. assessments, focus group discussions (FDG), identity verification and authentication exercises etc.).

All engagement and adjustments to operations should be aligned with *country-specific guidance* prepared and shared by the relevant health authorities and partners (e.g. Ministry of Health, WHO), national-level emergency preparedness and response plans, as well as *inter-agency agreements and decisions* (e.g. UNCT / HCT / UNRCO etc.). Complaint and Feedback Mechanisms (CFM) should be prepared to respond to information request on the various adjustments and to collect feedback.

Impact on food security and markets

In the context of the COVID-19 outbreak, countries may suffer from various market disruptions – producers, suppliers and financial service providers and retailers can be affected by movement restrictions and fluctuations in the availability and prices of various goods, while concerns by the general public may cause a spike in demand for basic items (stockpiling). This is particularly likely to occur following the confirmation of new imported cases and / or human-to-human transmission in-country. If the situation worsens, there might be broader impacts on livelihoods due to border closures, restrictions of movement and economic slowdown.

As a consequence, both markets and the food security of the most vulnerable populations should be monitored. Market indicators should be closely monitored to anticipate disruptions, and contingency plans should be developed for the most likely scenarios (e.g. market assessments / assessment of key supply chains / alternative strategies for procurement and logistics of food and non-food items for WFP).

Where necessary, COs should increase preparedness for remote monitoring of both traders and households to avoid face-to-face interviews. mVAM is a regular methodology/tool within WFP



and is specifically designed for situations where there are access issues. mVAM or web-based data collection should be used in those circumstances.

Restrictions of movement

COVID-19 preparedness and response plans at country-level could include measures to isolate suspected and confirmed cases (isolation¹) and restrict population movement (quarantine²). Depending on contexts and national plans/ regulations, there are different types of quarantine measures:

- Quarantine for contacts and suspect persons in dedicated facilities, usually located at ports of entry and land-border crossings (where international travelers arrive);
- Quarantine for contacts and suspect persons outside of dedicated facilities (at home);
- Large scale quarantines affecting entire communities (*cordon sanitaire*, which is the restriction of movement of people into or out of a defined geographic area, such as a neighborhood, community, refugee / IDP camp etc., in order to prevent an infection from spreading)

Under specific circumstances during other outbreaks (e.g. the Ebola outbreak in West Africa in 2014), WFP has provided food assistance to communities affected by movement restrictions. In the case of COVID-19, the decision to engage in this type of assistance **should be regarded as a measure of last resort**. e.g. in the case of low-income countries with limited government capacities, where no other partners are present or well-positioned to provide it, and where food assistance brings a clear contribution to the disease containment efforts and / or food security outcomes.

Further to the above, while engaging in the preparation of emergency preparedness and response plans at country-level, WFP COs are advised to carefully examine the following aspects:

A. National-level planning:

- *Are quarantines part of national response plans?*
- *Are there national regulations regarding quarantines and/or local guidance from WHO?*
- *Are there scenarios foreseen for quarantines (no. of people, context / location)?*

¹ Isolation: separation of sick people with a contagious disease from people who are not sick. Source: US Center for Disease Control – CDC

² Quarantine: separation and restriction the movement of people who were exposed to a contagious disease to see if they become sick. Source: US Center for Disease Control – CDC



- *Are the movement restriction plans aligned with core humanitarian and protection principles?*

B. Needs:

- *Are there scenarios in which the restriction of movements would have a significant impact on availability and access to food at scale (considering the country's context)?*
- *What are the plans of the government and other partners for addressing the needs of the population under quarantine?*
- *What were the levels of food insecurity and access to markets in the area before the enforcement of the quarantine?*

C. WFP's presence and readiness:

- *Does the CO currently carry out direct in-kind distributions in the country (existing food pipeline?)*
- *Does the I/CSP have a Crisis Response component (e.g. URT activity)?*
- *What is the current funding / pipeline situation and forecast?*

People under treatment

Confirmed cases of COVID-19 are typically kept in isolation for the duration of their treatment / recovery phase.

Under specific circumstances during other outbreaks (e.g. the Ebola outbreak in West Africa in 2014 and the ongoing Ebola outbreak in DRC), WFP has provided specialized nutritious foods to patients under treatment to support their recovery. Considering the characteristics of the disease, **such type of assistance is not foreseen in the context of the COVID-19 outbreak and should be regarded as a measure of last resort.**

Other factors to consider are:

- *Are there nutrition protocols in place for patients during treatment at country level?*
- *What is the nutrition situation in the country?*
- *What are the plans of the government and other partners for supporting patients under treatment?*
- **Capacity/ expertise:** *support to patients under treatment often involve the procurement of fresh foods, the provision of hot/wet meals, management of catering services etc. Such activities carry high reputational risks, and should be weighed against the capacity of WFP and of other partners to provide them in each given context.*