

## **Interim Standard Operating Procedure (SOP) for Blanket Supplementary Feeding Programme (BSFP) during COVID-19**

### **INTRODUCTION:**

Blanket Supplementary Feeding Programme (BSFP) is a type of selective feeding programme that aims to prevent deterioration in nutritional status and related morbidity and mortality in members of at risk groups (for example: children 6-23 months, Pregnant and Lactating Women (PLW) etc.). The COVID-19 will impact the implementation of the BSFP during the emergency nutrition response during the monsoon season. Hence, this interim Standard Operating Procedure (SOP) has been prepared in order to ensure continuity of nutrition prevention and lifesaving intervention during the COVID-19.

The interim SOP is not a replacement to any other similar SOPs endorsed by the Government of Nepal (GoN). It is rather intended to complement. This interim SOP applies only to the implementation of the BSFP in the context of COVID-19 and will not replace any other SOPs designed for other nutrition interventions.

### **TARGET POPULATION:**

With the aim of preventing malnutrition among the most vulnerable groups, the target population for the BSFP during COVID-19 are children 6 to 23 months of age and Pregnant and Lactating Women (PLW).

### **FOOD RATION:**

The specialized nutritious food, WSB+ (Super Cereal), a Fortified Blended Food (FBF) made from wheat and soya with 10% sugar will be used for both children 6 to 23 months of age and PLW with the ration 3 kg per person per month.

### **MODALITY OF THE DISTRIBUTION:**

In consultation and collaboration with the local government and local health authorities, two different modalities can be adopted for the distribution of Super Cereal maintaining Infection Prevention and Control (IPC) measures and using Personal Protective Equipment (PPE) as per the guidelines provided by the Ministry of Health and Population (MoHP) and / or the World Health Organisation (WHO).

1. Setting up distribution points in health facility with open space or nearby community with open space to maintain physical distancing, OR
2. Door to door distribution of the Super Cereal (refer #11 below for points to be considered).

At the bare minimum PPE should involve wearing of masks by both programme staff involved in the distribution and by adult recipients of the Super Cereal. The modality for distribution should be agreed in the discussion and collaboration with the local government in each area targeted to receive BSFP.

### **GENERAL RECOMMENDED ACTIONS:**

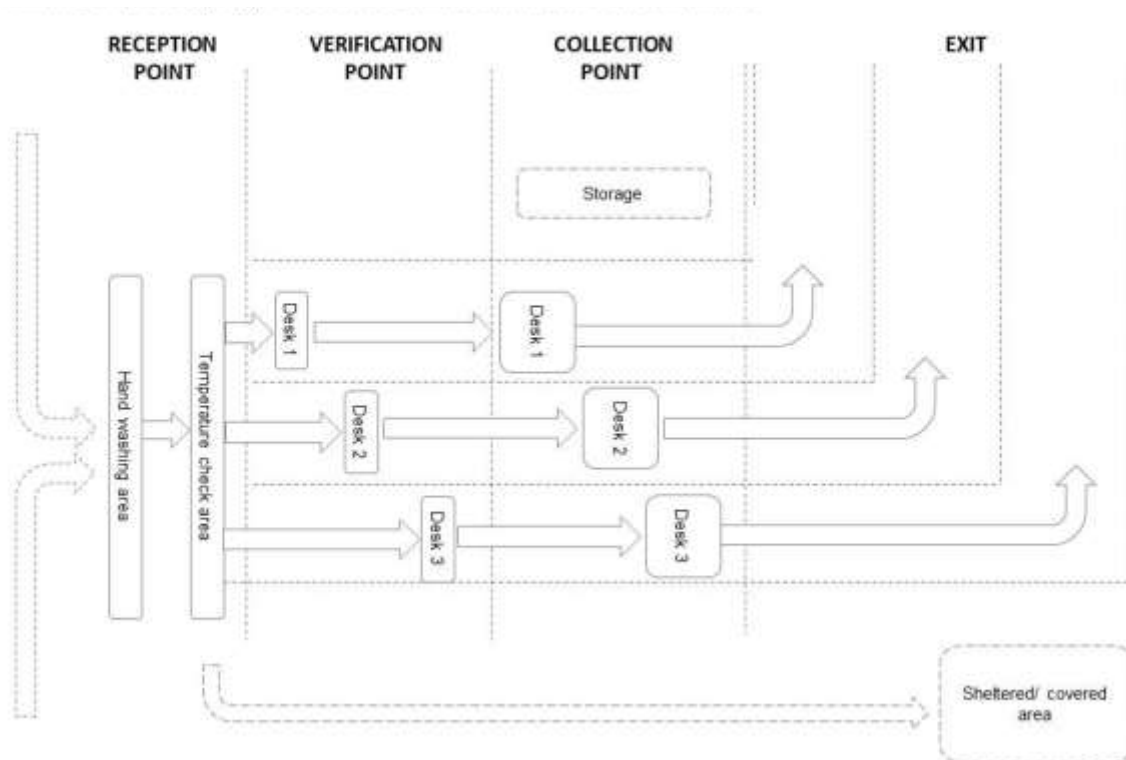
- (1) Setting up the BSF distribution site**

- If possible, set up the BSF distribution point in an open space near the health facility (HF) where maintaining physical distancing is feasible. The HF should support to set up the COVID-19 screening point (fever clinic).
- For the BSF distribution sites established in an open space near the HF which cannot support for the COVID-19 screening point (fever clinic), make sure availability of adequate supplies for temperature checking (and other respiratory signs), and referral / linkage of febrile beneficiaries to the nearest COVID-19 screening site for further assessment.
- Where possible, make the distribution site protected by tarpaulin or zinc sheet roofing to avoid heat especially in Terai region, rain etc.
- Do not set up the BSF in community setting that has potential to attract more people.

**(2) Organise and clearly mark the allocated spaces at the distribution site**

- Clearly mark reception point, (identity) verification point, collection point and exit to channel off traffic and allow for personal space of at least one to two metres between each beneficiary.
- Mark on the ground standing places for beneficiaries to be at least one to two metres distance apart.
- Allocate areas for body temperature checks using non-invasive (handheld / no-touch) thermometer and any other respiratory signs near the entrance.
- Establish separate waiting area for beneficiaries with COVID-19 like symptoms e.g. fever (>100.4°F or 38°C), new persistent cough, respiratory distress, tiredness and any other flu like symptoms.
- The allocated waiting areas for beneficiaries should be spacious enough to allow beneficiaries to sit / stand at least one to two metres apart from each other.
- Set up hand washing area in the entry place preferably with soap and water where feasible or with alcohol-based hand sanitiser containing at least 60% of alcohol
- Ensure that there are clearly marked entrance and exit points.
- Display Information, Education and Communication (IEC) materials e.g. flex banner related to hand washing, IPC and Super Cereal (e.g. preparation and use) at appropriate locations. Since it may be difficult to conduct cooking demonstration for preparation of Super Cereal amid COVID-19 situation, take away pictorial IEC materials should be arranged (e.g. take away brochure or leaflet) following IPC measures. If available, Super Cereal preparation short videos should be shared through different media.
- If the distribution point has to be indoors due to lack of rain cover outdoors, make sure there is as much ventilation as possible and only, allow persons into the space one at a time.
- Keep all queuing outdoors at one to two metres distance.

### Sample food distribution site



#### (3) BSF distribution schedule

- Set up a distribution schedule at different point of time during the day (example, 2 rounds in the morning, and 2 rounds in the afternoon).
- Do not mobilise / invite more than 25 adult beneficiaries at a time and where possible advise carers only to bring the index child receiving the supplement not siblings.
- Do not allow accompanying family members enter the distribution sites.

#### (4) Organise rations ahead of the scheduled distribution

- Offload the Super Cereal into the temporary storage and organise rations ahead of the scheduled distribution.
- Separate storage from the collection points where possible.

#### (5) Do not allow crowding around the distribution point

- Instruct beneficiaries to maintain one to two metres from each other throughout the distribution process.
- Mark spaces on the ground so that it is easy for people to see how far apart to stay.
- Enlist and mobilise healthy community volunteers to help ensure people are maintaining distance.
- Keep a one to two metres area around the verification site and distribution point with a rope in order to ensure the collection point is accessible to only one beneficiary at a time.
- Make sure local security's (e.g. Police) presence during distribution days to enforce crowd control and physical distancing.

#### **(6) Manage the flow of traffic at the distribution site**

- 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.
- Besides checking body temperature, assess for COVID-19 like symptoms e.g. fever (>100.4°F or 38°C), new persistent cough, respiratory distress, tiredness and any other flu like symptoms. Ideally, the screening should be conducted by a designated health professional.
- If a beneficiary is detected to have a fever or COVID-19 like symptoms, they should be directed to the designated COVID-19 screening area (fever clinic) for a follow up by the health facility. To handle this type of case, health workers should ideally have a supply of the recommended PPE.
- Inform and reassure beneficiaries that they will receive rations irrespective of the results of the screening.
- Always maintain the distance one to two metres between beneficiaries.
- Direct beneficiaries cleared at the screening area to the (identity) verification checkpoint.
- Beneficiaries should not pass through the distribution point more than once.

#### **(7) Consider hygiene and sanitation measures**

- There should be no physical contact between staff and beneficiaries or between beneficiaries.
- Staff / volunteer at the collection point should place the food rations on a table, and step back, permitting the beneficiary to collect the ration maintaining one to two metres distance.
- Following the collection of the ration, beneficiaries are to be directed to exit the collection site and encouraged to depart the distribution site immediately upon receipt of the ration.

#### **(8) Disinfection of the floor, surfaces and materials**

- The floor and visible surfaces should be disinfected first using soap and water or a detergent to remove organic matter first, followed by disinfection with 0.5% chlorine solution or 0.5% sodium hypochlorite solution or equivalent disinfectant at least once a day or when visibly soiled.
- The common equipment e.g. (thermometer) is used commonly between each client, and then those should be cleaned using 70% ethyl alcohol or equivalent between uses.
- Cleaners should wear PPE while preparing and using disinfectants depending on the sites where distribution is carried out (e.g. minimum PPE consisting of rubber/utility gloves, impermeable apron and closed shoes in non-health care setting). Personnel preparing or using disinfectants in health care settings require specific PPE, due to the high concentration of disinfectants used in these facilities and the longer exposure time to the disinfectants during the workday. Thus, PPE includes uniforms with long-sleeves, closed work shoes, gowns and / or impermeable aprons, rubber gloves, medical mask (also known as surgical or procedure mask), and eye protection (preferably face shield). They should be trained to use disinfectants safely.

**(9) Conduct visual screening for SAM children and check if the child is enrolled in therapeutic programme**

- At the time of checking for signs of COVID-19, also check for signs of Severe Acute Malnutrition (SAM) with / without medical complications by visually checking the following:
  - Does the child look very thin and bony with loose sagging skin like baggy trousers (signs of Marasmus)?,
  - Does the child look swollen; have peeling skin or have yellowing hair (signs of Kwashiorkor)?,
  - Does the child look very unhappy (crying all the time)?
- Ask the carer of the child:
  - To press on the feet to check for bilateral pitting oedema,
  - If the child has been unwell and suffering from any illness (no appetite, vomiting, convulsion, lethargic, high fever, diarrhoea, acute respiratory symptoms, skin infections etc.).
- If visual signs are met, refer the child for a complete check-up to the nearest health facility
- Check if the child has been enrolled in therapeutic feeding and taking Ready to Use Therapeutic Food (if yes, do not provide the BSF).

**(10) Specific points to consider**

- Monitor the entry of beneficiaries into the distribution point channel.
- Instruct beneficiaries to maintain a distance of one to two metres at all points during distributions.
- Ensure that the supervised hand washing point is supplied with appropriate quantities of soap and water, or alcohol based hand rubs.
- Ensure that all beneficiaries have proper screening including body temperature checks. Screen all personnel working at the distribution site prior to distributions.
- If a beneficiary presents with COVID-19 like symptoms, they must be directed to the waiting place assigned for them and then linked to the designated COVID-19 screening (fever clinic) in the health facility. In food distribution points, where there is no COVID-19 screening (fever clinic), beneficiaries suspected to have COVID-19 like symptoms should be referred to the relevant health authorities after the handover of recommended ration.
- Instruct the 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 bleach spraying to remove any debris. Remove all tapes, ropes and signage. Clear hand washing station and remove / store hand washing items.
- It is mandatory that all staff at the distribution site perform hand sanitation and follow general hygiene practices.

**(11) Points to be consider for door to door distribution**

- Ensure staff are equipped with required PPE and should maintain IPC following MoHP and WHO current guidance.

- In consultation with the local authority, develop a detailed plan of distribution schedule
- Follow the recommended actions for transportation and storage points (described below).

## **RECOMMENDED ACTIONS FOR TRANSPORTATION AND STORAGE POINTS:**

### **(1) Entrance at the premises**

Supply chain operators (staff and service providers) should:

- Implement strict IPC measures at the entrance of premises (warehouse or supplier facilities' compound) for everyone entering (including drivers, help drivers, workers, guards, staffs, cleaners etc.) as per the instruction provided by the MoHP.
- Deny entrance access to anyone with COVID-19 like symptoms. The affected person should be directed to the nearest Government health facility for further assessment and advices.
- Avail sanitiser / hand washing station (with running water, automatic soap dispensers / manual liquid / soap, single-use towels etc.) or other solutions like chlorine (e.g. 0.05% bleach solution) at the entrance of the premises.

### **(2) Warehouse operations**

Supply chain operators (staff and service providers) should:

- Re-organise the work setup (as required) to facilitate distances amongst each worker of at least one to two metres. This includes use of mechanical equipment when available to facilitate loading / unloading, re-organising the loading / offloading with less handling operations, minimising contacts between drivers and workers. Ensure the warehouse building is well ventilated.
- Consider options to apply two or three shifts per day to decrease the number of people present in the warehouse at any given time, in case of difficulties complying with physical distancing of one to two metres between each worker.
- Increase frequency of cleaning of floor and surfaces at-least once a day, when shift changes or when visibly soiled. Clean using soap and water and not any chemical disinfectant inside a warehouse, as it has no direct contact with COVID-19 patient (minimal or no risk in the zone) and use of any chemicals has some degree of harm to the food being stored.
- Consider paperless procedure whenever possible, and when using paper, apply proper general hygiene.
- Should make sure drivers do not leave their vehicles during loading / offloading operations, to the extent possible.
- Supply drivers with an alcohol-based hand sanitiser, a disinfectant, and paper towels. Drivers should use a hand sanitiser before passing delivery documents to food premises staff. Properly dispose any waste materials generated during the process.

### **(3) Additional precautions and measures**

Supply chain operators (staff and service providers) should:

- Organise information sessions daily at the beginning of every shift whilst maintaining a distance of one to two metres between people.
- Ensure general COVID-19 sensitization material is visible in all premises.

- Remind all transporters all basic food safety measures (in terms of cleanliness of trucks before loading etc.) apply strictly, and additional checks may be performed by WFP or other supervisors from other implementing organisations, as required.
- Check and verify several times a day that sanitiser / hand washing station are working.
- Strictly follow the IPC measures recommended by MoHP.

### **RECOMMENDED ACTIONS FOR PERSONAL PROTECTIVE EQUIPMENT (PPE):**

The MoHP and WHO advises that the most effective preventive measures for COVID-19 in the community include:

- Maintaining physical distance (a minimum of 1 metre) from other individuals;
- Performing hand hygiene frequently with soap and water, or an alcohol-based hand rub;
- Avoiding touching eyes, nose, and mouth;
- Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- Wearing a medical mask if one has respiratory symptoms and performing hand hygiene after disposing of the mask; and
- Routine cleaning and disinfection of environmental and other frequently touched surfaces. The protection of frontline health workers is paramount and PPE, including medical masks, respirators, gloves, gowns, and eye protection, must be prioritised for health care workers and others caring for COVID-19 patients.

When using mask, follow instructions on how to put on, take off, and dispose of medical masks. Correct use of masks in health care settings includes:

- ✓ Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
- ✓ Avoid touching the mask while wearing it.
- ✓ Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
- ✓ After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- ✓ Replace masks as soon as they become damp with a new clean, dry mask.
- ✓ Do not re-use single-use masks.
- ✓ Discard single-use masks after each use and dispose of them immediately upon removal.

### **RECOMMENDED ACTIONS FOR ENSURING GENDER, PROTECTION AND ACCOUNTABILITY TO AFFECTED POPULATION:**

#### ***(1) Community engagement and accountability to affected population***

People (staff and partners) involved in the BSF should:

- Relay messages through media (radio), community volunteers, influential people (e.g. local leaders etc.), loudspeaker or any other technology like mobile SMS to the public about the programme target groups and entitlement prior to initiating any intervention.
- Leverage the distribution activity to disseminate sensitisation messages considering of marginalised groups such as people with disability (e.g. hearing challenged persons,

blind) at community level through recorded means such as Public Service Announcement (PSA), peer to peer messaging considering lockdown norms.

- Design / adopt messages in local languages considering cultural context, literacy and ability circumstances.
- Set up Help Desk and roll out available toll free numbers either drawing / pictorial form or recorded means such as PSA considering lockdown norms.

## **(2) Protection**

Staff and partners involved in the BSF should:

- Assess and focus on reaching out those who might feel reluctant to come forward particularly women members from marginalised communities.
- Avoid taking pictures of anyone without their consent.
- Allow the guardian / spouse to accompany women who are subject to restrictions on being out in the community (e.g. in Terai region) in line with lockdown norms.
- Make alternate arrangements (e.g. alternative collectors) for people who are unable to come to the distribution such as persons facing mobility challenges (Persons with disability, pregnant women facing mobility challenge due to closer delivery date, lactating mothers with infants etc.).
- Ensure appropriate distribution timings and locations as per lockdown norms
- 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 (physical distancing, hygiene etc.).
- Allocate areas and prioritise distribution for special groups (elderly collectors, PLW, disabled etc.).

## **(3) Additional instructions**

Partners organising the BSF should:

- Make sure that staff involved in the BSF be well versed on Gender, Protection and Accountability guidance through organising induction / orientation considering lockdown norms, including such guidance notes in induction package.
- Brief staff on Protection from Sexual Exploitation and Abuse (PSEA) policy during induction and include policy paper in induction package
- Include protection cluster referral list into induction package and emphasise use of it when required. Referral list that covers available services on psychosocial, Gender Based Violence, Child Protection and Legal Services.

## **RECOMMENDED ACTION FOR BENEFICIARY REGISTRATION**

Partners should ensure that:

### **(1) Before starting the BSFP**

- It will be helpful if partners can prepare beneficiary list beforehand in consultation with the local government, health authorities, local leaders, community groups etc., in order not to miss any eligible beneficiaries. This will also help in estimation and transportation of required Super Cereal for the distribution.
- While relaying messages related to the BSFP, also communicate to bring any identity verification documents like birth registration card, citizenship card, HF service card



(e.g. child health card, maternal health card etc.) etc. for the registration during the distribution. Alternative collectors should also bring any identify verification document of the primary beneficiary for the registration.

- Depending on availability / feasibility, beneficiaries should be registered following physical or electronic (e.g. mobile application) media / tools.
- Front line staff involved in the BSF should be trained on data collection with adequate practice session.

## **(2) Once the BSFP starts**

- Partners implementing the BSFP should:
  - Inform the beneficiaries about the registration card, and other information including the need to bring with them during the subsequent visits. If available, QR cards should be used for the registration.
  - Record all vital information of the beneficiaries during the registration process including contact numbers, which should be used for follow-ups, if required.
  - When taking phone numbers ask permission to contact the beneficiaries to provide counselling or seek information and record the answers.
  - Ensure that programme information is properly compiled and stored confidentially. If using any online-based application, all the information should be uploaded to the server daily after the end of every distribution.
  - Starting from second distribution, the beneficiaries will be asked for their registration card (QR card, if used).

## **EXIT STRATEGY**

- Since BSFP is an interim measure to tackle malnutrition issues, exist strategy should be considered from the beginning of the intervention.
- This intervention has been initially planned for three months only with multiple distributions.
- With evolution of context, separate exit strategy should be developed and communicated up to the local level.

Note: This SOP should be reviewed / revised with evolution of context.

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