

Safe Distributions: Guidelines for Reducing Protection Risks in in-kind Distributions

Distributing immediate, lifesaving assistance is one of the most urgent actions in an emergency response and can significantly improve the safety and wellbeing of individuals. Non-Food Items (NFI), Food Security, WASH and Shelter in-kind assistance actors can help reduce and mitigate protection risks to individuals and communities when conducting distributions. All distributions must ensure that beneficiaries can safely access distributions with dignity and without harm or discrimination. Moreover, in-kind distribution actors must act to support the most vulnerable groups and maintain accountability by involving and empowering beneficiaries in planning, implementation and monitoring. This document provides guidance on how partners can mainstream protection into distributions. Considering the importance of preventing contagion of COVID-19 during protection sensitive distributions, additional health recommendations are included per WHO guidelines.

A- Issues of Concern

Safety

- Safety of distribution including tension among host community and refugees.
- Sexual exploitation and abuse (SEA), including harassment against affected people, by distributors and male beneficiaries while queuing and before/after distributions; for example, requiring affected people to exchange allotted or additional NFIs/food for sexual favors or other acts, with women and girls, as well as other at-risk groups being particularly vulnerable to abuse.
- Women and girls may also face protection risks, including the risk of harassment and abuse, when travelling to/from distribution points or/and when registering their names for accessing assistance.

Access

- Difficulty in accessing distributions for women, unaccompanied children, survivors of GBV, elderly, people with disabilities (PWD), and their caregivers including mental health disorders.
- Restricted movement of groups (specifically child-and female-headed households, PWDs, elderly), far distances to distribution point, long wait times, and free/safe transportation to reach distribution points, especially for heavy goods.
- Restricted movement of refugees who do not have legal residency and fear arrest/being turned down at check-points.
- New restrictions based on license plates, curfew and increased numbers of checkpoints (during the COVID-19 response).
- Restriction of movement of humanitarian staff based on new regulations by Ministry of Interior, as well as delayed operations based on curfew and new opening hours of distributors.

Equality and Non-discrimination

- Unclear criteria for beneficiary selection amongst humanitarian partners (and possible duplication).
- Persons with disabilities and their needs are often not identified in assessments, resulting in their exclusion from criteria for beneficiary selection and thus preventing equal access to assistance.

- Ensuring items are delivered in a way that can be easily carried by recipients in terms of weight and dimensions.
- Ensuring equal treatment and appropriate distribution to beneficiaries within a site and in urban settings.
- Considering gender roles and responsibilities in accordance to cultural context (such as ensuring female staff in distributions).
- NGO staff, distributors, military actors or local leaders denying assistance to certain groups of individuals due to discrimination.

Health

- Assessing and ensuring the quality of kits based on item durability, quantity, nutritional value, ration size, and duration items will last.
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- Preventing contagion during distributions the COVID-19 outbreak.

B- Recommendations

Prevent crowding

- Safety, security and crowd control. Actors should plan around this to make sure that people are not crowding to queue for distributions, especially that this will pose a safety and health hazard.
- Identify an accessible area for distributions and ensure basic accessibility features such as sitting/waiting areas for elderly persons/those with mobility restrictions, removable ramps, clear/simple signage etc.
- Establish multiple distribution sites to avoid creating crowds and beneficiaries travelling long distances.
- Locate distribution points away from crowded areas such as markets, hospitals. Please note that a women's center or child-friendly space can be useful sources of information to monitor if distributions are reaching the most vulnerable groups.
- Allow clear space (i.e. 4 meters) between people waiting and the stacks of commodities; have clear walking space from distribution point for those who have already received commodities. This can be done by placing tape on the ground and asking only one member of the family to pick up (if possible).
- Establish multiple storage sites to enable quick distributions.

Ensure equitable access

- Provide transportation support for people who are unable to leave their homes or have movement limitations (e.g., PWD, elderly, pregnant women, female- and child-headed households).
- Provide the option of home-delivery for persons identified as having a disability, older persons, persons with underlying medical conditions who should not be exposed to the virus .
- Consider smaller group distributions that are closer to or easier for households to access and organize distributions by appointment to minimize the number of people gathered at any given time for distributions (e.g. 4 – 5 people).
- Identify households with at risk groups, including persons with disabilities, older persons, persons with underlying medical conditions, pregnant women, etc, to understand their specific needs and barriers to ensure they have equal and meaningful access to distributions.

- Ensure beneficiary selection criteria includes at-risk groups including PWDs, older persons, persons with underlying medical conditions, pregnant women etc.
- Provide seats for pregnant women, PWD, elderly, etc. who cannot stand queuing.

Communicate effectively

- Consult communities, and particularly persons with specific needs, to inform the response and ensure that at-risk persons are properly represented in these consultations, specifically with regard to access, locations, preferred time of the day for distributions.
- Communicate before and during distribution with local officials/leaders and the community about your role, procedures, criteria and shortages to avoid causing conflict and tension between the community and other NGOs working in the areas after you leave.
- Use clear signs in local language with large font, contrasting colors and symbols/drawings and ensure that signs include images for those with literacy barriers.
- Ensure items/containers are size, weight and shape that women, children, PWD, etc. can carry.
- Consider house-to-house or tent-to-tent distributions with female staff present.

Enable appropriate staffing

- Recruit male and female volunteers who are respected in the community. Do not employ children (under 18 years old).
- Employ female staff, including as: registration officers, drivers, distribution officers, tally clerks, monitors and managers. Have female staff talk to and be available for women and girls during the distribution and listen to their concerns. Make distribution staff visible with hats, vests and other visibility materials. Ensure female staff are trained on safe identification and referrals in order to better assist people in need.
- Ensure gender balance in distribution teams. If assistance is provided directly to or within people's homes (in particular for vulnerable groups), it is also key to ensure gender-balance in teams or female aid workers providing assistance to groups such as female-headed households or other persons of concern.
- Ensure staff are properly vetted for prior misconduct as part of the recruitment process; conduct checks on all community volunteers.
- Train staff on Do No Harm, protection from SEA (PSEA), and child safeguarding; and sign and adhere to code of conduct that respect and uphold the rights of beneficiaries and PSEA.
- Ensure staff are trained on safe identification and referrals in order to assist people in need.

Monitor closely

- Have teams on ground to monitor distributions and respond quickly and fairly to safety concerns including coercion, intimidation, cheating, violence, or exploitation, including actions perpetrated by project staff. Ensure training on PSEA for these teams.
- Develop observation/safety audit tool to monitor the distribution and ensure minimum safety standards are met during distributions.

Ensure Complaint and Feedback Mechanisms (especially PSEA)

- If not already established, set up safe, accessible and confidential complaints and feedback mechanisms where affected people can share feedback and report, including on SEA allegations. Affected people should have multiple means of communicating complaints, for example hotlines, in-person, complaints boxes, etc. Consult with affected people, including different groups who are at particular risk (such as women, adolescent girls, children, persons living with disabilities, etc.), on their preferred means of providing feedback to ensure mechanisms are trusted and appropriate.
- Ensure PSEA focal points are appointed internally and that internal reporting mechanisms are in place to quickly and confidentially handle reports of misconduct received, including on SEA. Ensure relevant staff have access to SGBV referral pathways and that SEA survivors are safely and quickly provided with required assistance, in line with the wishes of the survivor. Ensure internal information relating to possible cases is confidentially handled in line with applicable data protection standards.
- Ensure staff/personnel know how to report on misconduct, in accordance with organizational policy and process.
- Inform the affected community of their entitlements and codes of conduct for humanitarian workers (i.e., assistance is free and does not require any favors, sex/sexual acts in return or other payment in return). This is strictly prohibited. Encourage them to report complaints to trained staff, hotlines or other organizational means of providing feedback. Print and affix PSEA/CoC posters around distribution sites; include leaflets with information about PSEA/CoC and appropriate reporting options in distribution packs; share information via phone, WhatsApp or other online means with affected communities on PSEA.¹
- If taking photos for public information purposes or social media, refer to the media guidelines and seek for informed consent.

Targeting

- Ensure coordination with the relevant sectors to avoid duplication and address gaps
- Work with local GBV, Child Protection and/or General Protection teams to help ensure equitable access to services (incl. documentation). Avoid targeting GBV survivors or blanket categories of children e.g., 'separated children'. Instead, use criteria based on vulnerability to abuse, exploitation and violence.
- Consult beneficiaries, especially women and girls, in sex-segregated focus groups using same-sex facilitators about their specific needs, sufficient quantities and appropriate materials; include items related to women and girls' specific roles, such as cooking (e.g., pots, pans, fuel), child or elder care (e.g., soap, cloth). Ensure women and girls with different types of disabilities, and/or their caregivers, are included in these focus groups to highlight their specific needs.
- Systematically identify disability using a tool such as the Washington Group Questions and include disability in targeting criteria, looking at intersectionality for individuals identified as having a disability; factors such as age, gender, medical condition, presence/absence of a caregiver, specific needs have an impact on the level of risk/number and types of barriers a person with disability will face.

Consult with the Community, especially Women and Girls

- Choose distribution times, durations, locations and modalities by consulting with women, men & children (with and without disabilities) and their daily activities; distributions during daylight hours allow safe travel home.

¹ See the Lebanon PSEA Network Guidance Note No 1 on "COVID-19 and PSEA in Lebanon" for further guidance.

- During post-distribution follow-up, understand how women, children and other groups accessed the distributed goods and their feedback on the process and materials/food/needs. Following-up with at risk groups (PWDs, older persons, persons with medical conditions) is essential to gauge the inclusiveness of the assistance, and findings can be used to strengthen future activities.

Ensure inclusion of gender specific items

- For dignity kits: distributions should be based on family size as larger families have more woman and girls where one kit is insufficient (e.g., for sanitary pads): for example, 1 family X 6 members X 51% female = ~3 dignity kits per family on average. Consider how to adapt modalities for consulting with beneficiaries on their needs in light of COVID-19 challenges.
- Consider inclusion into hygiene kits items to meet specific needs, specifically items highlighted by households with person with disabilities/older person/person with underlying medical conditions. For instance, catheters/urinary bags/bed pans for persons with severely limited mobility (due to age or disability); Extra sanitizer/PPE for households where a PWD/older person may require the constant physical assistance of others to move, bathe, eat, dress, etc; Extra disinfectant for the cleaning of assistive devices; Medication for persons with underlying medical conditions.

Health Precautions for Distributions during COVID-19

- It is mandatory that all staff regularly use hand sanitation and follow general hygiene practices.
- Ensure that a hand washing point is supplied with appropriate quantities and qualities of water and soap (include a poster that depicts the WHO recommended hand washing steps).
- Instruct beneficiaries to maintain a distance of 1.5 meters at all points during distributions.
- Directly provide beneficiaries exhibiting any respiratory symptoms with a facemask.
- There should be no physical contact between staff distributing, and beneficiaries or between beneficiaries.
- When feasible, use a contactless thermometer to do temperature checks before approaching the collection-site (if a beneficiary presents high temperature, they must be directed to the sheltered/covered area and referred to health services).
- A bottle of hand sanitizer gel (containing more than 60% alcohol) should be placed on the tarpaulin/table for beneficiaries to use before taking the distribution item.
- Staff should place the distribution item on the tarpaulin/table at the distribution point and step back, permitting the beneficiary to collect the distribution item.
- Beneficiaries are immediately to be directed to exit the collection-site and encouraged to depart the distribution site.
- On completion of distribution, ensure that the distribution point (room/area/ tarpaulin) is swept clean (with water and regular detergent) and then 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 cleaning to remove any debris and then bleach spraying.
- When community to and from the distribution site, there should be maximum two persons inside each vehicle.