



COVID-19 PREVENTION RESPONSE

Catholic Relief Services and our network of trusted partners are ramping up global efforts to prevent the spread of COVID-19



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CRS partner Caritas Armenia is providing critical personal protection equipment to hospitals throughout the Shirak region, in collaboration with the local government. *Photo courtesy of Caritas Armenia*

CONTEXT

As the number of COVID-19 cases surpasses 700,000 worldwide, CRS and our partners are working tirelessly to respond to the risks and impact in the world's most vulnerable communities. Across more than 30 countries, CRS is addressing the needs of highest-risk populations—those with few safety nets—especially elderly people and vulnerable children, and their caregivers. We are also working to mitigate the risks facing uprooted and refugee communities—people who are often in densely congested areas, confined living spaces or multi-generational households with limited access to water, health services and infrastructure.

CRS RESPONSE

To prevent the spread of COVID-19 across vulnerable communities, we are ensuring awareness of risks and safe practices; providing critical hygiene supplies for prevention; training health care staff and providing support—including supplies and protective equipment—for local health institutions; and strengthening the capacity of local partners. Where possible, we are adapting our existing programs so we can continue to meet people's needs beyond this crisis, while not contributing to the spread of the virus during the delivery of critical assistance.

Priority areas of CRS support include:

- Ensuring Catholic health facilities have the supplies and staff capacity to be on the frontline of the response.
- Using existing networks and local presence to raise awareness, promote prevention and dispel misinformation.
- Improving access to hygiene supplies, hand-washing and sanitation facilities for families, communities and institutions.
- Supporting highest-risk populations, including refugees and uprooted populations, elderly people and vulnerable children.

Across the world, CRS is closely coordinating with our partners, as well as local government, national health ministries, the World Health Organization and humanitarian coordination forums.

Highlights of CRS emergency response to the COVID-19 crisis include the following:

ASIA

Bangladesh: CRS and Caritas are working closely with traditional leaders to promote messaging on COVID-19. CRS and Caritas are assisting in the design of temporary triage structures for health



Children washing hands in Savannakhet province of Laos.
Phoonsab Thevongsa for CRS

centers, as well as temporary isolation structures and options for shelter modifications to accommodate home quarantine as needed. As the monsoon season approaches, CRS and Caritas are also preparing to make modifications that might be needed for evacuation activities and shelters.

Cambodia: CRS is initiating the training of rapid response teams via video links. For in-person training, CRS will implement specific guidelines for the number of participants and ensure a budget for soap and hand-washing stations.

Nepal: CRS has already promoted and distributed 11,500 brochures and 200+ banners with COVID-19 messaging across four districts via local community leaders. CRS will also leverage our *Baliyo Gjhar* project—a Nepali television series focused on safer reconstruction of Nepal—to promote government-approved messages.

CRS is also re-engineering mapping technology developed for our 2015 earthquake response to track COVID-19 cases. Local officials will use this technology to track case data, and disseminate messaging on physical distancing and hygiene.

Philippines: CRS has mobilized our support of vulnerable families in the Manila metropolitan area by providing cash transfers for a one-month supply of food and hygiene items. In addition to cash transfer support, CRS will provide food baskets to 125 people with disabilities.

AFRICA

Benin: CRS is maintaining malaria prevention, diagnosis and treatment services. CRS is providing technical support to the government to digitize their upcoming nationwide mosquito net campaign, as well as adjust for their safe distribution. In just a few days, the team was able to develop a protocol for house-to-house distributions, gather and translate input from technical experts into French and share it with the government. CRS is also continuing services for community-based diagnosis and treatment of malaria and other diseases. We have trained 33 field staff, and provided behavior change materials to 3,114 community health volunteers.

Cameroon and the Democratic Republic of the

Congo: In Cameroon, CRS is continuing to provide lifesaving support to orphans and vulnerable children by shifting from home visits to phone visits. CRS is exploring how best to support food needs and other upheavals for vulnerable children. CRS will provide batteries for megaphones, scale up radio messages,





CRS is providing training to 3,000 health care workers in Nairobi. Trainings are managed to ensure safety of the health care workers.
Photo by CRS/staff

and provide safety guidelines for home visits, group meetings, and megaphone communications.

Ethiopia: CRS has initiated support to Catholic health facilities, schools and Missionaries of Charity centers, and is working on modifications needed to ensure the continuation of large-scale food distributions through our vast network of local partners.

Kenya: CRS has completed the first round of COVID-19 training in Nairobi for 3,000 health care workers and plans to extend to Kisumu.

Nigeria: CRS is maintaining malaria prevention, diagnosis and treatment services. Last year, CRS treated 7 million people and is working with the government on a plan to avoid major disruptions to that program. CRS is continuing to provide HIV services for children, vaccinations, and food distributions to conflict-affected families. To keep staff and families safe, CRS has revised protocols for food assistance registration. In areas where there have been previous registration efforts, we are relying on existing databases rather than collecting new information.

Liberia: CRS has launched programming to support the National Catholic Health Council to better equip their health workers and facilities, and conduct community awareness and prevention. This program will cover 23 health facilities, reach 667 health workers and serve more than 279,000 people. This

is the same network that played a major role in the West Africa Ebola response.

Madagascar: CRS has taken proactive measures to adjust distributions following the first cases of COVID-19 in the country, including quickly developing easy-to-assemble, portable hand-washing stations for distribution sites.

Somalia: CRS and our partners are conducting door-to-door screenings and awareness raising. We are also exploring expansion of health and nutrition programs to reach about 67,000 people in the health facilities, and 205,000 people in their households.

Uganda: CRS is designing isolation protocols modeled after our Ebola response and working with the government of Uganda to develop approaches for child protection. Other activities include an information campaign with volunteers from the Uganda Episcopal Conference and the provision of hand sanitizer in highly trafficked areas in Kampala.

EUROPE, MIDDLE EAST AND CENTRAL ASIA

Egypt: Modifications are underway in Egypt to conduct trainings remotely; provide household screenings by phone; and explore online options to continue education for refugees facing school closures, as well as provide them with hygiene and food assistance.





We always feel that, despite the challenges, our hope is to actually be able to say we were able to get something for the people of my community. For many families, if we are not here, the hope is not. I'm collecting my strength, my faith, my hope and my dreams of overcoming this. Don't lose your faith. We will overcome this.

- Bassam Nasser, CRS head of office, Gaza

Jerusalem/West Bank/Gaza: In Gaza, CRS has distributed 12,000 leaflets and conducted information sessions targeting children and caregivers, as well as vulnerable communities. CRS is rapidly scaling up access to hygiene and living supplies, as well as food assistance, through our electronic voucher system to minimize physical contact. CRS is providing support to 40 health facilities for medical supplies and staff.

Lebanon: CRS is supporting 12 local, faith-based clinics to launch awareness campaigns and provide safe, quality care for patients. CRS partners have begun procuring additional protection equipment and cleaning supplies, and put in place infection prevention measures to ensure the safety of medical staff, volunteers and patients.

Jordan: CRS is supporting Caritas Jordan to deliver a three-month supply of medication to chronic non-communicable disease patients; support emergency cases with online referrals to hospitals and health care providers; and develop mental health and psychosocial support for frontline staff. Caritas is also exploring e-Learning and remote support options for students and caregivers.

Bosnia and Herzegovina: CRS teams are creating multiple online media channels for people to continue participating in project activities from home. CRS and our partners have adapted activities in Tuzla to continue providing shelter and food services to refugees and migrants, as well as strengthened referral mechanisms for medical care. CRS is also piloting remote agricultural trainings.

Greece: CRS is providing safety and prevention messaging in 10 languages for refugee and migrant communities. Other program modifications include transitioning all case management to phone and internet-based support; using alternative verification including phone, live location, video calls and photographs to continue cash distributions; piloting video calls with program participants and landlords to facilitate lease signing, and continuing Greek language classes through video conferencing.

LATIN AMERICA AND THE CARIBBEAN REGION

Guatemala and Mexico: CRS is working with partners that manage several shelters along the migrant routes and on the U.S.-Mexico border to improve awareness and adjust procedures for safety and prevention.

Nicaragua: In coordination with Trocaire, CRS will support Caritas Nicaragua with resources for developing protocols, messaging campaigns and the purchase of supplies for dispensaries within the Catholic health network.

Brazil, Colombia, Ecuador, the Antilles, Haiti and Venezuela—EMPOWER project partners: Several CRS partners in these countries are modifying refugee assistance programming to include COVID-19 messaging. In Ecuador, the Scalabrinian Missionary Sisters are providing hygiene kits to migrants and refugees who are no longer able to enter their shelters.

