



COVID-19 EMERGENCY UPDATE

While continuing our critical humanitarian and development programs, Catholic Relief Services and our partners across the globe are supporting high-risk communities as they prepare for and respond to the impact of the COVID-19 pandemic.



CRS field officers promote COVID-19 awareness at the Pwalugu Market in northern Ghana. Photo by Natalija Gormalova for CRS

CONTEXT

It has been six months since COVID-19 was declared a public health emergency of international concern. Since January 2020, COVID-19 has continued its spread and devastation, with confirmed cases surpassing 20 million in 188 countries, and the death toll exceeding 740,000. According to the World Health Organization, Latin America has become the epicenter of the pandemic, with Brazil having the world's second highest number of cases and almost 96,000 deaths.

CRS and our partners are supporting the most vulnerable communities as safely as possible to promote prevention, awareness, hygiene, strengthened health systems, food security and livelihoods. We are especially mindful of high-risk populations, including elderly adults and vulnerable children, refugees and migrants, and people with compromised immune systems and their caregivers. CRS has been working closely with government officials in several countries to adapt humanitarian and development projects within the COVID-19 context.

Many CRS country programs are taking the lead on developing and sharing guidance—including quarantine management and safe distributions of goods and cash assistance—with governments and other organizations. In some cases, this guidance has been incorporated into government protocols. We are committed to supporting both immediate relief and long-term recovery.

“ I used to work in a Palestinian hospital and know firsthand how strained resources are even in normal times. I can't tell you how good it feels for all of us in this country program to know that we can support these front-line workers. Indeed, it can feel like a miracle that we have received such generous support to carry out this work.

Ola Musleh,
program manager,
CRS Jerusalem, West Bank
and Gaza

ASIA



Doctors from government clinics in Cambodia receive training on quarantine protocols and put on PPE for the first time. Photo by Jen Hardy/ CRS

“ Without these school workbooks, children would miss out on an important time when they need to work on the foundations of literacy in the early grades. We want to see all students advance to the next grade on time.

Vatvisa Keosalivong,
deputy chief of party,
Laos

In **Bangladesh**, the COVID-19 crisis is compounded by the disaster-prone context of many parts of the country, including recent flooding. CRS partner Caritas Bangladesh is supporting 2,375 families with cash grants, and has reached 8,113 people with awareness messaging through household visits. Caritas has also provided 934 people with psychosocial support. CRS and Caritas Bangladesh are adapting activities to be COVID-19 safe, especially in high-risk areas of operations, including in the Rohingya refugee settlements, where we have supported 265,000 refugees with comprehensive assistance.

In **Cambodia**, while prevalence remains low, CRS has reached 1,914 high-risk villages with community education sessions, trained 670 quarantine center staff members, and distributed infection, protection and control materials. CRS education activities have focused on support to government distance learning initiatives, as well as providing essential hygiene supplies and messaging to students and families.

Indonesia remains the country with the most COVID-19 cases in Southeast Asia. CRS has supported 4,450 families with distribution of hygiene kit packages; distributed hand sanitizer, masks and disinfectant to 110 village health workers; installed 40 portable hand-washing stations in eight villages that will support 1,200 families; and educated 1,280 individuals through 230 education sessions. To safely continue emergency recovery efforts in the aftermath of the 2019 earthquake and tsunami, CRS has developed COVID-19 cash assistance and direct distribution guidelines that were recently adopted for use by the government and other responders.

In **Myanmar**, in coordination with the local Caritas and the Catholic Health Commission, CRS is supporting nine Catholic clinics around the country with the procurement of essential personal protective equipment, water and sanitation, and other clinical infrastructure, as well as delivery of key messages related to COVID-19.

In **Nepal**, CRS is working closely with a municipality with a high influx of migrant workers to establish model quarantine centers and best practices to showcase to other municipalities. So far, CRS support to quarantine centers has included construction of washrooms in one quarantine center, distribution of 150 hygiene kits to migrant workers, and dissemination of health ministry-approved communication material for quarantine centers. CRS will also provide families with livelihoods support through October.

In **Timor-Leste**, CRS has facilitated COVID-19 prevention sessions for 1,243 families, and plans to address its impacts on agriculture and livelihoods by providing 660 people in 33 farmer groups with support for plant and vegetable production.

In **Vietnam**, CRS has provided cash assistance for 823 families affected by drought across eight villages in central Vietnam. CRS also worked with the Vietnam postal service on one of the first cash distributions in Vietnam by a nongovernmental organization. As a leader in this effort, CRS is scheduled to present on lessons learned and best practices at a conference of leaders from government and aid organizations in September 2020, in Hanoi, Vietnam.

EUROPE, THE MIDDLE EAST AND CENTRAL ASIA



Several countries in the region are seeing a rise in COVID-19 cases. Some countries are imposing renewed restrictions for the Islamic holiday of Eid Al-Adha in late July and early August. Additionally, countries are starting to issue guidance about the upcoming school year.

In **Iraq**, CRS is rolling out a distribution verification system that uses a simple and secure electronic process for distributions. CRS continues to deliver messages on effective hand-washing and safe water storage for hundreds of internally displaced families in Kirkuk City.

In **Italy**, CRS is supporting partners in the Lombardy region to provide food, shelter and hygiene assistance to poor and vulnerable people in areas most severely hit by the virus.

In **Yemen**, CRS and our partner Education for Employment, or EFE, with support from Caritas Germany, has launched a COVID-19 awareness campaign in Sana'a and Aden governorates. EFE worked closely with the ministry of health to train a team of 186 campaign volunteers and develop awareness materials. The campaign includes a five-day field campaign, conducting information sessions and distributing critical hygiene items to vulnerable families, as well as a month-long online campaign using social media and radio broadcasts.

In **Afghanistan**, CRS is continuing prevention communication and community engagement activities. We are also supporting health facilities to improve sanitation, access safe water, and build capacity in infection prevention and control.

LATIN AMERICA AND CARIBBEAN



In **Haiti**, CRS facilitated a training of trainers in mental health and psychosocial support for the government's ministry of health. The trainees replicate the training for front-line health workers. CRS also distributed workbooks to 800 students to help them manage stress during school shutdowns. Cash distributions and voucher activities have continued with modifications to ensure that families have access to basic needs. CRS has facilitated screenings of children under age 5 for acute malnutrition.

In **Honduras**, CRS has distributed take-home rations for 52,000 students and appeared in numerous mass and social media outlets to publicize our ongoing COVID-19 responses.

In **Mexico**, CRS supported the distribution of food and hygiene supply kits to 300 migrant families located in one of the most vulnerable neighborhoods in Tapachula. CRS has donated food and hygiene kits to 23 shelters in central Mexico, Tijuana and Mexicali. Additionally, CRS has coordinated virtual workshops for 53 staff from local migrant shelters to help them adapt programming to facilitate longer stays by migrants given travel restrictions, improve sanitation and COVID-19 prevention.

In **Nicaragua**, CRS has launched a low-contact food assistance program, and distributed hygiene and prevention kits. CRS is supporting a cacao cooperative in Rosita with the construction of bathrooms and a septic tank to improve sanitation conditions for workers.

CRS continues to send counseling techniques, messages of encouragement and COVID-19 information through a WhatsApp group to diocesan priests and local partners. For young people, CRS is providing virtual trainings and broadcasting COVID-19 prevention messages.

Across the region, through its Water-Smart Agriculture program, CRS has launched an awareness campaign that uses multiple media platforms to encourage farmers to use water-smart practices proven to improve yields and strengthen crop resilience. The campaign engaged 7,000 followers in its first few days.

CRS has provided trainings on the "WASH'em" methodology in **Guatemala**, Haiti and Nicaragua to improve hand-washing and other WASH—or water, sanitation and hygiene—behaviors.

Through the EMPOWER program, CRS has supported the door-to-door nutritional assessment of 2,000 children in **Venezuela**, as well as the provision of cash grants to 9,000 Venezuelan families; in **Colombia**, supported 84,240 people with water and sanitation, living supplies, cash assistance and psychosocial support; in **Ecuador**, reached 160,264 families with food, hygiene kits and shelter; in **Peru**, assisted 2,900 families with hygiene kits; and in **Brazil**, supported 25,000 people in the state of Amazonas with hygiene kits and rainwater harvesting activities, as well as sanitation facilities for Venezuelan migrants.

“The school food is necessary to feed the children because men are not working now.”

María Lux,
PTA member and parent,
Paraje Patzité school,
Guatemala

EAST AFRICA



The desert locust infestation and food insecurity are exacerbating fragile humanitarian situations in many parts of East Africa. CRS launched a locust crisis response in July to combat these compounding issues. As locust swarms move from Kenya into Ethiopia, the CRS Kenya team is assessing crop damage and promoting livelihood recovery. In Ethiopia, CRS is preparing for the locusts' arrival, as well as implementing seed and voucher fairs to promote nutrition and resilience. In Uganda, CRS is supplying motorized sprayers to the government to respond to active swarms in the Karamoja region.

In **Ethiopia**, CRS continues to support 50 Ethiopian Catholic Church health facilities with the upgrading of water systems and provision of supplies for health facilities.

In **Kenya**, CRS is partnering with the Kenya Conference of Catholic Bishops Health Commission to support three Catholic hospitals in Nairobi that serve high-risk

populations that live in informal settlements and low-income communities.

In **South Sudan**, despite significant operational challenges, CRS successfully distributed 7,334 metric tons of lifesaving food assistance to 100,000 people in Ayod County from January to July 2020. CRS also conducted 79 distributions across 15 remote locations.

In **Sudan**, CRS is providing food assistance, as well as hygiene supplies and cooking utensils to 10,000 families. A text message campaign will target 1 million families throughout Darfur. CRS is supporting the ministry of health in Central Darfur and has begun to establish task forces to promote the adoption of preparedness measures.

In **Uganda**, CRS began structural repairs to Uganda's Mandela National Stadium to support its use as a COVID-19 isolation facility. CRS is also supporting the Ugandan ministry of health to bring together experts from diverse specialties to assist with functional needs of the facility. CRS is actively engaging partners to ensure a safe, secure and sanitary space for COVID-19 patients to isolate and recover.

In **Somalia**, CRS and our partners are providing primary health care; integrated management of acute malnutrition; prevention of gender-based violence and support for survivors; awareness on hygiene, health and nutrition; water and sanitation infrastructure, and distribution of hygiene supplies.

A young man chases away a swarm of desert locusts in Samburu County, Kenya. Photo by Fredrik Lerneryd for CRS



SOUTHERN AFRICA



According to the United Nations Office for the Coordination of Humanitarian Affairs, at least 15.6 million people across 11 countries in Southern Africa are already experiencing severe food shortages due to drought, floods or other climate shocks. The region hosts 956,000 displaced people, 774,000 of whom are refugees. CRS signed a joint call to protect the nutritional status of women and children across Eastern and Southern Africa from the effects of COVID-19.

In **Malawi**, CRS is engaging communities in the densely populated Chinsapo township to promote information and install hand-washing stations in markets and at community events. CRS is also supporting 980 families living in extreme poverty with cash assistance, which incorporates COVID-19 messages during the distribution.

In **Madagascar**, CRS is supporting awareness raising and has conducted a survey of how microfinance groups are adapting to COVID-19. CRS has plans to support cash assistance for 2,200 families, and water, sanitation and hygiene activities.

In **Zimbabwe**, CRS is providing electronic vouchers for 2,500 families experiencing food shortages or acute malnutrition. CRS is also awarding grants to members of microfinance groups whose incomes were affected by COVID-19. At least 258 applications will receive awards ranging from \$50 to \$200. The Zimbabwe Catholic Bishop Conference's Health Commission, a CRS partner, will begin trainings on personal protection equipment and COVID-19 home management. CRS provided water and sanitation trainings to 434 families, and constructed or rehabilitated 67 boreholes.

WEST AFRICA



Community volunteer Wuni Haruna demonstrates how to clean hands to prevent the spread of COVID-19 in his community in Ghana. Photo by Natalija Gormalova for CRS

In **Burkina Faso**, the COVID-19 pandemic has led to the closure of schools, compounding an education crisis in the northern part of the country, where many schools were already closed due to insecurity. For thousands of children in Burkina Faso, school closures lead to increased hunger and malnutrition, since school meals serve as a vital part of many children's diets. To continue support of students and their families despite the closures, CRS is distributing take-home rations and micronutrient supplements to parents of students in 854 schools.

In **Ghana**, CRS provided COVID-19 safety and prevention orientations for 1,747 community representatives and carried out communications campaigns across four districts. CRS trained 34 Ghana Health Staff on COVID-19 essentials, and educated 650 pregnant women and nursing mothers on COVID-19 preventive measures. CRS also trained 59 electoral commission staff on COVID-19 preventive measures in the ongoing voter registration and supported monitoring of COVID-19 protocols in schools. CRS conducted refresher trainings on COVID-19 care and prevention, as well as hospital waste management, for government health staff.

In **Guinea**, CRS distributed soap and sanitizer at the central prison in Conakry. CRS supported the ministry of health in providing personal protection equipment for 533,711 health workers and volunteers; training for health workers; video conferencing technology for the ministry; and communications campaigns.

In **Sierra Leone**, CRS is supporting cash assistance, and water and sanitation for families outside the capital city. CRS is also supporting the reopening of sixth-grade classes with school feeding and hand-washing devices in 137 schools. CRS trained 238 facilitators of reading clubs in COVID-19 preventive measures and created a safe space for students to practice their reading skills. CRS is distributing jerry cans to 310 schools in Koinadugu and Kabala districts.

CRS constructed five water supply points and rehabilitated an existing one, serving a total of 6,000 people. CRS also constructed 10 hand-washing facilities serving 2,000 people. CRS provided food for 266 people in quarantine households. Community teams worked with district health management on public awareness-raising campaigns. And, the Freetown City Council trained 48 counselors, committee members and leaders to reach 5,000 people with COVID-19 messaging.

In **Senegal and the Gambia**, CRS trained local tailors to make 30,000 washable masks that were distributed at hand-washing stations at schools, markets and transit stations. Training for volunteers to monitor hand-washing stations was provided as part of the distribution. CRS trained health workers, as well as village leaders and 300 community-based surveillance groups, on COVID-19 prevention and safety measures; supported 7,000 home visits; and supported supervision of health district medical response plans, screenings, and transport of samples.

CENTRAL AFRICA



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Our goal during the outbreak of COVID-19 is to ensure universal coverage of treated nets to all households in Benin, to protect the population from malaria transmitted by mosquitoes and to reduce the number of malaria cases.”

Elijah Egwu,
senior program manager,
CRS Benin

Left: CRS distributes mosquito nets in Cotonou, Benin, as part of the nation's first digitized mosquito net distribution since the COVID-19 outbreak began. Photo by Hugues Ahounou/CRS. *Right:* Hello Jelvie, age 12, sits under a mosquito net at home in the Democratic Republic of the Congo. Photo by Sam Phelps/CRS

The number of COVID-19 cases continues to increase in most countries across the Central African region. The World Health Organization cannot predict when the peak will happen there, but the consensus remains that it has not yet occurred. Testing is still relatively infrequent and concerns about accuracy of numbers continues. Most countries are lifting restrictions in response to the social and economic tension that has existed since the beginning of the crisis. International travel and border restrictions are gradually easing. The CRS regional team continues to explore the effects of the pandemic on social cohesion across communities.

In Burundi, CRS supported Catholic health facilities with training of trainers, and eight dioceses with trainings on monitoring and evaluation. CRS is procuring supplies for a September distribution of water, sanitation and hygiene kits to 110 health centers, and the provision of water tanks to several facilities.

In Benin, in July, CRS distributed take-home food rations to 36,206 students, cooks and storekeepers within four intervention areas. The country program is also participating in a COVID-19 multi-country market and supply chain monitoring focusing on four products—corn, rice, beans and soy—that is expected to start in August.

During COVID-19 Response, an Unwavering Commitment to Malaria Prevention

As the world channels resources to stem the spread of COVID-19, progress made in eradicating diseases like malaria risks being undone. Malaria has historically struck economically and socially disadvantaged populations. People living in poverty are proportionally more vulnerable, often without the means to be tested and treated.

With government health systems overwhelmed by COVID-19 cases, these same populations most at risk from malaria will also suffer considerably under this new global health threat.

In 27 countries around the world, CRS partners with national governments on malaria prevention and treatment programs by helping them build stronger health systems. In 2019, CRS' malaria projects reached 86 million people in 12 countries, with a special focus on children and pregnant women.