

June 2020



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.



A woman receives a hygiene kit during a CRS distribution organized for migrant and vulnerable families in Dakar, Senegal.

Photo by Maya Hautefeuille for CRS

CONTEXT

As the number of COVID-19 cases surpasses 7 million, and the death toll exceeds 410,000, the coronavirus pandemic is causing devastating loss, grief and disruption worldwide. A sharp rise in the number of confirmed cases continues to be observed in the United States and Brazil, as well as in India, Bangladesh, Pakistan, Saudi Arabia, Russia and the United Kingdom. Cases are also rising on the African continent, especially in Algeria, Egypt, Sudan, Nigeria, Cameroon and South Africa. Meanwhile, several countries are lifting lockdown measures as new cases decrease.

In times of crisis, people living on the margins are hit the hardest. For the most vulnerable in communities where health systems are strained, the pandemic has the potential to massively disrupt their stability, income, safety and access to food.

CRS and our partners are supporting these communities as safely as possible—remotely where required—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. >>

World Refugee Day

World Refugee Day on June 20 will highlight the impacts of the pandemic on refugees and people displaced due to circumstances beyond their control. The world is witnessing the highest levels of displacement in history, with more than 70 million people displaced by conflict and persecution—most of them children. Millions more have been uprooted by natural disasters and climate effects.

CRS Cambodia is supporting the health ministry to enhance community awareness. Trainings for health ministry staff include quarantine protocols, effective quarantine management and use of personal protective equipment. Community health messages are distributed on posters and broadcast from loudspeakers attached to tuk tuks. Photo by Jennifer Hardy/ CRS



One can't safely quarantine at home when there might not be a home, a household is too crowded for its members to maintain physical distance, or there is no easy access to clean water.

CRS has been working closely with government officials in several countries to adapt malaria activities and other humanitarian and development projects, within the COVID-19 context. As activities resume, CRS has rolled out training on the virus for partner and program staff to ensure the safe implementation of new programming.

Our country programs are also ensuring the availability of hand-washing kits, and continuous promotion of prevention measures, as well as well as reinforcing office protocols like physical distancing and hand-washing.

CRS RESPONSE PRIORITIES

CRS teams and our partners in more than 50 countries are expanding and adapting programming to prevent the spread of COVID-19, with a focus on three areas:

- Support for local health facilities
- Prevention through community awareness and water, sanitation and hygiene programming
- Ensuring food and livelihoods assistance for the most vulnerable.

We are committed to delivering urgent lifesaving assistance while facilitating long-term recovery. >>



Refugees offer advice

We asked refugees living in Greece what advice they would give others seeking refuge. Watch the short clip [here](#).



1. Increased health risks

Many refugees and displaced people live in areas with a high population density—in congested camps and settlements. Others live in multigenerational households with poor sanitation and limited clean water—inhibiting physical distancing and proper hygiene, and creating an environment for the spread of COVID-19. They are also likely to be in countries or locations with under-resourced health systems and infrastructure.

CRS supports local health facilities by:

- Providing equipment and training for front-line health workers, and resources for additional health staff.
- Installing water, sanitation and hygiene stations, and supplies.
- Modifying facilities to serve as quarantine and isolation structures.
- Providing mental health and counseling support for front-line medical staff.

CRS bolsters prevention measures by:

- Improving hygiene, hand-washing and sanitation at the household, community and facility levels.
- Distributing posters, leaflets, radio messaging and materials on risks and prevention.
- Providing training and supplies for community volunteers to carry out awareness campaigns.
- Increasing awareness efforts across all CRS programming.

2. Livelihoods and economic setbacks

The pandemic is causing massive disruptions to the livelihoods of refugees and migrants, whose living conditions are already extremely tenuous. Restrictions on movement and business closures mean loss of income for those who work in manual, low-wage jobs. Labor migration restrictions can also lead to reduced contributions to extended family income in their home countries.

Increased joblessness affects people's ability to afford safe shelter and can lead to serious debt and food insecurity.

CRS supports food and livelihoods by:

- Distributing food or cash assistance for food and basic living supplies, including for caregivers.
- Providing income support for individuals, and assistance to help local markets and businesses recover.

3. Delayed or interrupted lifesaving aid

Many countries have imposed strict lockdowns and movement restrictions to prevent the spread of COVID-19. But these have cut off critical services to extremely vulnerable communities. Travel restrictions on humanitarian teams have delayed programming and led to a drastic reduction in food, water, sanitation and other services for those in significant need.

CRS continues to provide urgent humanitarian assistance by:

- Negotiating with governments for approval of safe programming and transportation.
- Increasing the number of distributions, but with fewer people at each, and providing more supplies to last longer.
- Adapting programs, like school nutrition, to continue service during lockdowns. >>



In Mali, CRS and our partner Caritas Mopti have changed how they distribute emergency food and household items to displaced households, ensuring contactless interactions between staff and project participants.

Photo by Salif Dembele for CRS

Staff practice physical distancing in preparation for a food distribution. In Sierra Leone, where a school nutrition program cannot operate as normal due to COVID-19 restrictions, CRS has adjusted programming to provide take-home food rations to students. The rations, which will last for six weeks, have been distributed to 50,000 school children in 310 schools.

Photo by Ronnie Larry Tucker for CRS



4. Risks and impact of other emergencies

As the cyclone season begins in Asia, where many refugees and displaced people live, the risk of potential exposure to COVID-19 increases as people evacuate to avoid harm, and face crowded conditions in shelters, and decreased access to safe water and hand-washing facilities.

CRS prepares for and responds to emergencies by:

- Modifying evacuation centers for greater safety, sanitation and physical distancing.
- Ensuring sanitation, food and hygiene supplies are available at shelters for migrants and the displaced.
- Integrating physical distancing measures into all relief distributions.
- Conducting additional lobbying and advocacy around safer homes.

5. Compounded psychological impact

No one leaves their home and risks their safety or the safety of their children unless they feel they have no better option. The reasons for displacement are often extremely stressful and traumatic. Fear of an invisible threat like this disease, income loss and delayed resettlement opportunities can add even more stress and uncertainty.

CRS responds to these needs by:

- Integrating measures to safeguard and protect people from abuse, exploitation or harm.

- Providing counseling and psychosocial support to program participants, staff and partners.
- Addressing safety and protection issues in confinement, and within quarantine and isolation centers.
- Ensuring social cohesion while addressing conflict and loss.

6. Risks to those seeking emergency shelter or rebuilding homes

Given virus safety requirements, new approaches to construction need to be considered.

CRS is adapting its repair, construction and rebuilding efforts for displaced people by:

- Reducing the number of people in construction crews.
- Training crews on COVID-19 protection measures and protocols, including safe distancing and hand-washing protocols.
- Providing construction crews and shelter assessment teams with masks, towels, soap and hand-washing stations at construction sites, including for the sanitization of construction tools at the end of each day.
- Providing virtual trainings on spatial and hygiene management to partners and staff who run shelters for the displaced.
- Ensuring physical distancing during distributions of cash assistance to support rental subsidies. ■

“The people we target are very vulnerable, the poorest, whose livelihoods are rather fragile, so this assistance helps cushion them in times of difficulties.”

Lawrence Oroma,
CRS Acting Chief of
Party for the USAID-
funded Joint Emergency
Operation Program,
Ethiopia

HIGHLIGHTS OF COVID-19 PROGRAMMING FROM ACROSS THE GLOBE

ASIA



Participants observe physical distancing measures at a food distribution for migrant workers who traveled for miles on foot after India's public transit shut down.

Photo courtesy of Shreyas Organization for Sustainable Development and Justice



After more than two months of remote work, country program staff are at various stages of returning to their offices. While some countries have extended lockdowns, others are easing restrictions and a few are aiming to return to normal as soon as possible while ensuring protection measures are maintained. The number of new cases appears to be stabilizing in the Pacific and Greater Mekong regions, while there are spikes in South Asia.

In **Indonesia**, CRS has provided cash assistance to people rebuilding their homes after natural disasters in Palu, and for refugees in Jakarta. CRS works with the U.N. High Commissioner for Refugees and the postal service to ensure that virus-safe procedures are implemented during cash distributions.

Cyclone Amphan made landfall in **India's** West Bengal state and crossed the **Bangladesh** coast in May. Early warning messaging and evacuation support were prioritized. In addition to the impact of a storm surge and wind, continued rain over an extended period resulted in significant displacement and damage to homes. Caritas Bangladesh evacuated about 40,150 people across all coastal locations and is providing dry goods and cooked meals. In India, CRS and Caritas India are providing temporary shelter, essential living supplies, and access to safe water and sanitation. In both countries, recovery may take longer for families that have experienced income loss due to COVID-19 lockdowns.

In the Razapalong union of **Bangladesh**, CRS and Caritas Bangladesh are providing cash assistance to 2,500 vulnerable families to cover their basic food and hygiene needs for three months. CRS and Caritas operate ongoing disaster risk reduction programming there.

Typhoon Ambo made landfall in San Policarpo, Eastern Samar, in the **Philippines** on May 14, 2020, and brought torrential rain and winds. A total of 60,285 families, or 218,400 people, from 173 cities and municipalities have been affected. CRS is providing cash assistance to those in most need. Although there are no COVID-19 cases in the province, shipping and travel restrictions have been taken into account.

In the **Federated States of Micronesia**, CRS will support 4,600 people directly in Yap and Chuuk states with COVID-19 prevention awareness and hygiene supplies. ■

“ My wife works as a house helper and we are doing everything to make ends meet. But the lockdown has made it hard for us to earn money. I will use the CRS cash assistance to buy rice, food, vitamins and medicine.

Simplicio Samanieg,
CRS cash assistance
recipient, Manila,
Philippines



CRS is supporting people with disabilities in Manila, Philippines, as the quarantine continues to affect their food security. Photo courtesy Melo Bueza/Tahanang Walang Hagganan

WEST AFRICA



A woman receives a mosquito net in Benin. The long-lasting treated bed nets provide protection from malaria, which could put an added strain on health resources amid the COVID-19 pandemic. CRS supported the government during distributions to protect community health workers and participants from exposure to and transmission of the virus.

Photo by Hugues Ahounou/CRS

“ We are training and equipping community health workers to adopt protective measures that will allow them to continue safely treating children for malaria.

Hervé Gbéguidé
Project Coordinator of
CRS' Community-Based
Malaria Project,
Benin

In **Senegal**, as part of the country's nationwide response, CRS is launching a program to support vocational schools and small businesses to make over 60,000 cloth face coverings that will be distributed along with guidance on their safe use.

In **Burkina Faso**, CRS staff have been able to return to project sites after the government relaxed restrictions on intercity travel. CRS and partner programs—including those supporting the newly reopened schools, and the displacement and conflict crisis in the North—have begun to resume normal activities, with COVID-19 adaptations in place.

In **Liberia**, CRS has supported the National Catholic Health Council to distribute personal protective equipment, cleaning and sanitation supplies, medical equipment and essential drugs to 17 health facilities in four counties.

In **Ghana**, CRS supported 189 health facilities in four regions, providing 627 front-line health staff with personal protective equipment, and 566 health care providers with training on COVID-19 prevention and control. CRS also provided hand-washing stations to 185 health facilities, 215 communities and 27 marketplaces. ■



Virus prevention



Watch a video about CRS' COVID-19 prevention efforts in Sierra Leone

Supporting urban communities with masks and rations

In **Sierra Leone**, CRS was nominated to lead the coordination of COVID-19 response efforts by international nongovernmental organizations in Western Area Urban and Falaba districts—including the capital of Freetown, which has 70% of cases. Through a project funded by the European Union, CRS organized support to quarantined homes, and the #maskupfreetown and #maskupsierraleone mask distribution

campaigns, and provided safe water to communities in informal settlements. CRS has also distributed take-home rations to 50,000 students and 1,500 teachers, with a second distribution planned for late June.

Finally, CRS is supporting the Freetown City Council in its behavior-change messaging on COVID-19 with community engagement sessions in 48 wards.

CENTRAL AFRICA



“ Sometimes we went without food, and we couldn't get things like porridge for the children.

Blandine Mukaman, recipient of CRS cash assistance, Rwanda

Cases continue to increase across the region while governments are under increasing pressure to ease restrictions.

“ COVID-19 cannot stop life from continuing. We must take all necessary measures to support what we started and continue our project.

Alphonse Munyaza, CRS Rwanda Program Manager

In the **Central African Republic**, CRS conducted a phone survey on COVID-19 knowledge and hand-washing, and found that more education on transmission and prevention measures is required. A similar survey is measuring the secondary social and economic impacts of the pandemic. CRS is supporting efforts to promote hygiene in the western part of the country, in partnership with Caritas Bouar.

CRS' translation into the Sango language of the *My Hero is You* children's storybook on COVID-19 has been added to the Inter-Agency Standing Committee's compilation of translations. CRS is also recording a reading in Sango to disseminate to community groups, as follow-up support to our

Singing to the Lions workshops for children's psychosocial support.



Rwanda's lockdown has been particularly difficult for traders like Blandine Mukamana, a mother of three. She is the family's primary breadwinner, but with her vegetable stocks depleted due to restrictions on movement, her livelihood disappeared. An unconditional cash transfer from CRS to promote economic resilience enables her to buy stock so she can support her family.

Photo by Maggie Andresen for CRS

With **Rwanda's** partial easing of its lockdown, programming has resumed in eight districts. CRS is preparing to launch COVID-19 emergency cash transfers to 9,000 vulnerable families in two severely affected urban districts within an ongoing program to mitigate the lockdown's economic impact.

In the **Democratic Republic of the Congo**, CRS is launching COVID-19 response activities centered on the capital, Kinshasa, and is providing 3,560 vulnerable families with food or cash assistance; 8,000 families with hand-washing kits; and communities with improved understanding of transmission risks, symptoms and prevention measures. Mobile cash transfers target families with pronounced vulnerabilities to the virus, including people with compromised immune systems or pre-existing conditions. ■

EAST AFRICA



In partnership with Kenya's health ministry, CRS supports trainings for health care workers on infection prevention and control protocols.

Photo by Florence Ogola for CRS

“ Without aid, the girl child especially gets reassigned chores to help the family cope. This kind of assistance protects the girl child.

Lawrence Oroma,
CRS Acting Chief of
Party for the USAID-
funded Joint Emergency
Operation Program,
Ethiopia

East Africa is approaching its lean season, the period between harvests. Heavy rains and flooding—most notably in Kenya, Uganda and Somalia—coupled with a locust infestation are increasing food insecurity, shaping CRS' response within a challenging pandemic operational context.

In **Ethiopia**, CRS continues to roll out COVID-19 awareness and prevention campaigns during food distributions, and ongoing emergency shelter and living supply kit distributions. Hand-washing facilities and other infection prevention and control measures have also been deployed at all distribution points. CRS has also distributed hygiene materials, tents and infrared thermometers to 85 Catholic health facilities and 18 Missionaries of Charity homes across the country.

In **Kenya's** Kisumu County, communities have been hit especially hard by heavy rains and flooding. About 1,400 displaced families are staying in overcrowded centers that lack basic hygiene and sanitation. CRS is working with local partners to support children living with HIV, their caregivers, and health volunteers. Families living with HIV are particularly vulnerable because of their low economic status and higher risk of contracting other diseases. They are also unable to replenish medications or seek treatment due to lack of transportation.

In **Uganda**, severe flooding has affected 8,282 families, leaving 11,000 people homeless and living in makeshift camps. CRS and partner Caritas Kasese will provide lifesaving assistance to over 1,000 families who have lost their homes. CRS is promoting no-contact mobile money transfers in line with COVID-19 protocols. ■

SOUTHERN AFRICA



According to the International Organization for Migration, many migrants from across the region are facing increasing challenges due to the economic impact of COVID-19. Thousands are stranded while many others have lost their livelihoods or shelter. Also, discrimination against migrants is rising due to fears of virus transmission.

In **Mozambique**, CRS is focusing on adapting its holistic programming for people displaced by conflict to ensure COVID-19 safety and practices.

In **Zimbabwe**, CRS is supporting communities to recover from the economic and livelihood impacts of COVID-19.

In **Malawi**, CRS is providing technical support through the Episcopal Conference of Malawi to all diocesan COVID-19 task forces. Activities include hygiene and prevention awareness campaigns—especially in markets and high-density areas. CRS is also planning to use its measurement indicators for resilience monitoring to facilitate access to data on shocks, trends and coping mechanisms from eight districts. A COVID-19 module has been developed to enable CRS and others to understand how the pandemic has affected families' livelihoods. CRS plans to provide training and awareness for health care workers, those working in agriculture and child protection, and village development committees. ■

EUROPE, THE MIDDLE EAST AND CENTRAL ASIA



Countries in the region have generally seen an easing of restrictions, allowing some CRS staff to return to their offices using preventive measures.

In **Italy**, CRS is carrying out a project that supports faith-based partners in the Lombardy region to continue providing lifesaving food, shelter and hygiene assistance to poor and vulnerable people in areas most severely hit by the virus.

In **Bosnia and Herzegovina**, CRS and our partners distributed food and hygiene supplies to 2,700 elderly people, and are providing home deliveries to isolated elderly people who do not have support networks.

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.

In **Gaza**, CRS is piloting cash-for-work activities by placing 26 nurses in three private hospitals, allowing them to meet additional staffing needs due to the pandemic. In addition to the standard orientation, the hospitals have provided specific COVID-19 training to the new nurses. Based on the initially positive results, CRS will extend the pilot to cover a two-month period. ■

LATIN AMERICA AND CARIBBEAN



In less than four weeks, the number of cases in **Guatemala**, **Honduras** and **El Salvador** rose significantly, showing signs of a steepening curve.

In **Guatemala**, CRS and our partners are providing take-home rations for 61,000 school children. CRS has also initiated a webinar series to build partner and staff capacity to respond to a variety of needs in the COVID-19 context. One session, “Mental and Emotional Health: Taking care of our family in times of crisis,” aims to help partner staff care for their mental and emotional health.

In **Haiti**, CRS is planning to extend water pipelines to two vulnerable neighborhoods in Les Cayes, where we have other ongoing programming. CRS is supporting referral systems for those who experience gender-based or domestic violence, or who have other safety or protection concerns, and has developed a toolbox of messages to address these issues in the COVID-19 context. This messaging has been submitted to the health ministry for approval. CRS is also part of a consortium supporting the ministry to develop posters and radio messages to provide accurate information on virus safety and prevention.



In Haiti, protocols have been adjusted to reduce the risk of COVID-19 transmission. To receive cash assistance, participants come to venues in shifts throughout the day. Photo by Michael Augustin/CRS

In **Nicaragua**, CRS is sharing messages with agricultural promoters, producers and cooperatives about protective measures, including on frequent hand-washing, avoiding group activities, and wearing cloth masks in public spaces like markets.

In **Mexico** and the **Dominican Republic**, facilitators and mentors from women’s support groups have been providing emotional support to members. This has included psychosocial support in cases of domestic violence, as well as coping strategies for living through the pandemic. Also, in Mexico, CRS is providing virtual training for workers in Catholic and other faith-based shelters for migrants as they adapt to the needs of this extremely vulnerable group. ■

“CRS Haiti has been working diligently to develop strategies to be able to reach the most vulnerable, while applying the necessary caution for our staff, partners and project participants.”

Michael Augustin,
CRS Haiti Head of Office