



This update highlights Catholic Relief Services' vital emergency relief and recovery projects, humanitarian and development programs, and efforts to address the long-term impacts of COVID-19 around the world.



CRS is supporting the establishment of a government COVID-19 treatment center in Namboole Stadium near Uganda's capital, Kampala. See page 3. Photo by Hajarah Nalwadda/Xinhua/Alamy

## COVID-19 SPOTLIGHT

At Catholic Relief Services, we are dedicated to building a world in which all people reach their full human potential. This update highlights the issues around which we meet in global solidarity and service. Our actions include delivering vital emergency relief and recovery efforts, implementing critical humanitarian and development programs, and addressing the long-term impacts of COVID-19. Our work is possible thanks to the generous support of private and public donors, the dedication of our local partners, and the unwavering presence of Caritas and the global Catholic Church.

CRS and our partners have reached more than 21 million people to date through on-the-ground efforts that help prevent the spread of COVID-19, bolster the capacity of local health responders, and assist extremely vulnerable families as they manage the long-term impacts of the pandemic on their lives. A top priority for CRS continues to be ensuring that national vaccination efforts include people in the hardest-to-reach communities.

# 21 million

PEOPLE HAVE BEEN REACHED THROUGH ON-THE-GROUND EFFORTS TO HELP PREVENT THE SPREAD OF COVID-19, BOLSTER THE CAPACITY OF LOCAL HEALTH RESPONDERS, AND ASSIST EXTREMELY VULNERABLE FAMILIES



## ADDRESSING THE COMPOUNDED IMPACTS OF THE PANDEMIC



Rekalano Mosa in a drought-stricken region of southern Madagascar, where there are severe food shortages.

Photo by Jim Stipe for CRS

### FOOD

Millions of people have lost their livelihoods and the means to meet their basic food needs, and face hunger and severe poverty. Supply chain disruptions and reduced agricultural production is devastating for those who are already living in extreme poverty and struggling to have sufficient food. To enable people to withstand this devastating time, CRS is supporting efforts to address malnutrition and food shortages, and meet other basic needs.

**MADAGASCAR** Drought, poor harvests, COVID-19-related price fluctuations and lost income have resulted in serious food shortages in the south, with more than 1 million people experiencing high levels of acute food insecurity. Meanwhile, an estimated 14,000 people have reached the catastrophic level of food insecurity, often evidenced by destitution, extreme acute malnutrition, starvation and even death.<sup>1</sup> This number is estimated to double from October to December 2021. CRS is providing urgent food assistance in the form of 7,890 tons of food to 32,632 families, and has supported the treatment of 7,469 malnourished children. We have also provided food assistance, seeds, cash transfers and agricultural support to vulnerable families, and repaired 13 water points to ensure access to water in the south.

**YEMEN** An escalating humanitarian crisis means 80% of the population is in urgent need of aid, including 2 million children with acute malnutrition. Health systems have collapsed, along with access to clean water and sanitation. Some 3.3 million people have been displaced, and more than double that have lost their livelihoods. This has been compounded by the COVID-19 pandemic. CRS has been working with local partners to provide vital water and sanitation support to prevent the spread of disease. CRS is expanding programs by Caritas Poland and Education for Employment to address the diverse needs of people who face extreme hunger and hardship. Together, we will strengthen health systems, support youth livelihoods, rehabilitate water and sanitation infrastructure, and prevent the spread of COVID-19. Programs are taking place in Sana'a and Aden governorates to reach an estimated 200,000 people.

1. IPC. December 2020. [The IPC Famine Factsheet](#), Integrated Food Security Phase Classification.

### LIVELIHOODS

COVID-19 related restrictions on mobility and trade have had crushing effects on economies, businesses and incomes. Many people have lost their livelihoods, including day laborers, drivers, rickshaw pullers, fisher people, street hawkers, small traders and tea sellers, as well as those working in companies and organizations. People are battling to afford food, medicine and hygiene items.

**BANGLADESH** Families are having fewer meals, borrowing money and selling their possessions. Caritas Bangladesh has distributed cash assistance to extremely vulnerable families, conducted awareness sessions on programs that promote savings and internal lending communities, and linked members with government health facilities, mask distributions and COVID-19 information.

**CUBA** The COVID-19 pandemic has further damaged an already deteriorating economy. Many people are unable to work, including the elderly, who are left with no support. CRS partner Caritas Cuba is providing food, hygiene supplies, laundry services, cash assistance and other essentials to 6,600 people in 11 dioceses. In coordination with the health ministry, we are also making every effort to bring in personal protective equipment for health facilities. CRS supports Caritas Cuba to establish micro-savings groups as a way to help vulnerable families access cash for livelihoods, build social networks and receive loans for emergency needs.

32,632

PEOPLE IN  
MADAGASCAR  
HAVE RECEIVED  
URGENT FOOD  
ASSISTANCE  
FROM CRS



In Yemen, CRS has been working with local partners to provide vital water and sanitation support to prevent the spread of disease.



In Yemen, 2 million children suffer from acute malnutrition. Photo courtesy of Caritas Poland



CRS is supporting the establishment of a triage center at Namboole Stadium in Kampala, Uganda.

Photo by Hajarrah Nalwadda/Xinhua/Alamy

## INNOVATION

**UGANDA** In 2020 CRS sought to increase hospital capacity in Kampala by transforming Namboole Stadium into a treatment center. The stadium will now be expanded into a central operations center for patient care. CRS will continue its support through the establishment of a large triage center, emergency room infrastructure, staff housing and other urgent support to water, sanitation and hygiene facilities. Building on the experience of converting the stadium into an isolation center, with its team of engineers from CRS' housing, school construction and sanitation programs, CRS will contribute to isolation and quarantine design, assessment and operations management. This will provide a rapid revitalization of emergency infrastructure for other districts to isolate and provide care to moderate COVID-19 cases.

communities bearing a disproportionate brunt of the pandemic's impact. As we work with CHAI, Caritas India and government partners, CRS aims to support 71 million people, including 20,000 front-line health care workers and 35,000 community health workers and volunteers.

**GLOBALLY** CRS is preparing to run global social and behavior-change campaigns to reduce vaccine hesitancy and address the spread of COVID-19 misinformation. In partnership with Facebook, CRS will launch campaigns on the social media platform in 19 countries, targeting key demographics with locally developed messages and advertisements. CRS joins several other global organizations to maximize the reach of the platform to help slow the spread of the disease.

71,000

PEOPLE IN INDIA WILL BE SUPPORTED THROUGH CRS HELP TO 20,000 FRONT-LINE HEALTH WORKERS AND 35,000 COMMUNITY HEALTH WORKERS.

**INDIA** In Uttar Pradesh, CRS is working with the health ministry to reach 8,000 supervisors of 150,000 community health workers called accredited social health activists, or ASHAs, who use mobile phone tools to provide links between the health system and rural communities, encouraging child immunization, offering first aid and providing advice to pregnant women. These efforts will potentially improve the health outcomes for 174.6 million people. CRS partner, the Catholic Health Association of India, or CHAI, has a network of 3,572 hospitals, health clinics and member institutions serving 21 million patients annually. Most of these patients are from scheduled castes, scheduled tribes and other historically marginalized and underserved



A nurse attends to a patient in St. Philomena's Hospital in Bangalore, India. CRS has partnered with CHAI, which works with its member institutions across India to provide critical health care services.

Photo by Ramita Rathod for CRS

## SOCIAL IMPACT AND PROTECTION

Those with COVID-19 and their families may be stigmatized by their communities and even prevented from leaving their homes.

**INDIA** COVID-19 is leaving increasing numbers of vulnerable children in its wake. Families facing extreme economic loss may look to reduce their economic burden by considering child labor or early marriage, both of which are gateways for child trafficking. Many children are at risk of dropping out of school, and an increasing number of orphaned children are at risk of entering institutions. CRS is supporting our local partners to lead emergency response efforts. We are providing them with technical assistance and support to manage financial resources and comply with donor, government and humanitarian standards.

**INDONESIA** People who have self-isolated are often unable to afford treatment or nutritious food. Hospitals are struggling to cope. CRS has distributed cash assistance to 8,566 refugees living independently near Jakarta, and has supported virtual trainings, meetings and webinars on COVID-19 prevention practices and coping mechanisms with its staff and partners, including community and local government workers.

**ECUADOR** Through the CRS EMPOWER program,<sup>2</sup> Caritas Ecuador is expanding its ongoing emergency response for vulnerable women, including gender-based violence survivors, with tailored livelihoods assistance.

2. The CRS EMPOWER project—for Empowering Partner Organizations Working on Emergency Responses—aims to strengthen the humanitarian response capacity of local partners.



Families facing extreme hardship may look to reduce their economic burden by considering child labor or early marriage—both of which are gateways for child trafficking.

## COVID-19 UPDATES BY REGION

### ASIA



CRS has been supporting our partners to map out their COVID-19 capacities and emergency planning.

The region has been heavily impacted by a COVID-19 wave since March 2021, when **India** started seeing an exponential rise in cases. At its peak in early May, India reported over 380,000 new cases a day—the highest rate of any country. **Nepal** experienced a similar wave about two weeks behind India. Many other countries have started experiencing major upsurges in the last two months. The rapid spread is being driven by the emergence of the more contagious delta variant, combined with low vaccination rates and low adherence to safety measures. Other emergencies, such as political instability in **Myanmar** and flooding in **Bangladesh**, are compounding the impact of the pandemic on vulnerable populations.

CRS has been supporting our partners to map out their capacities and emergency planning. Key program areas have included:

- Medical support for COVID-19 patients and health care facilities—including oxygen, medicine and ambulance service support—in India, Laos, Myanmar and Nepal, with expansion plans in Bangladesh and Indonesia.
- Infection prevention and control in India and Myanmar, with expansion plans in Bangladesh.
- Risk communication and community engagement in India and Nepal, with expansion plans in Bangladesh and Indonesia.
- Psychosocial support for front-line workers and volunteers in India, with expansion plans in Indonesia.
- Basic food and household needs in India and Nepal, with plans for expansion in Indonesia.



Caritas Bangladesh staff support Rohingya families affected by severe flooding in the refugee settlement in Cox's Bazar. Photo courtesy of Caritas Bangladesh



Severe flooding in Bangladesh has compounded the impact of the pandemic. Photo by Sumon Ahammed for CRS

“ We have been ensuring immediate shelter support for families who lost their shelters. We have also been providing immediate psychosocial, protection, and water and sanitation support to ensure that they know they are loved and can find a place of comfort.

Inmanual Chayan Biswas  
Head of Operations,  
Caritas Bangladesh

CRS is supporting 22 health care facilities across the West Bank and Gaza with infection prevention supplies, equipment and training.

Photo by CRS staff



“ We are saving many lives every day. The project supplied us with intensive-care beds, trolleys, electrocardiographs and oxygen generators. This enabled us to receive more patients.

Ibrahim Alsaouri  
Infection Prevention  
and Control lead,  
Beit Jala Hospital

## EUROPE, THE MIDDLE EAST AND CENTRAL ASIA

COVID-19 is on the rise in most countries across the region. Vaccination rates vary, but only 5.5% of people have been fully vaccinated in the Middle East.

**LEBANON** Cases are rising, and hospitals are reaching capacity and facing shortages of essential supplies. Only 31% of the population has registered for a vaccine, and 12% are fully vaccinated. Registration rates are especially low among refugees, migrants and other marginalized communities due to limited access to computers and transportation, confusion navigating the platform and vaccine hesitancy. In July, CRS together with nine faith-based partners launched a three-month project to enhance access to the COVID-19 vaccine, including awareness videos and

campaigns in refugee camps, and visiting families to assist with registration.

**WEST BANK AND GAZA** With the detection of the delta variant in the West Bank and a spike in cases in Israel, a COVID-19 surge is predicted. With funding from the U.S. Agency for International Development, CRS is supporting 22 health care facilities across the West Bank and Gaza with supplies and equipment, including personal protective equipment, cleaning materials, and medical and sterilization equipment. CRS has also provided COVID-19 risk communication and hygiene kits consisting of cloth masks, hand sanitizer and soap to 8,178 people, as well as prevention supply kits via e-vouchers to 904 households.



CRS will support efforts to bolster vaccination rollout and strengthen COVID-19 treatment services in Kenya, Somalia, Tanzania and Uganda.

## EAST AFRICA

**Uganda** experienced a second wave with a peak in cases in June, straining health services, while **Kenya** looks to be entering into its fourth wave. CRS' faith-based partners in **Somalia** and **Tanzania** are seeing heavy caseloads of symptomatic patients often undiagnosed but critically ill. Across the region, vaccine coverage is only at about 2%.

On August 3, the U.S. government announced donations of 100 million vaccine doses globally, including millions of doses for the region. A further 586,000 doses were donated to Uganda by China and Norway. This puts pressure on countries to rapidly prepare for vaccine rollout.

CRS will support efforts to bolster vaccination rollout and strengthen COVID-19 treatment services in **Kenya, Somalia, Tanzania** and **Uganda**. Activities will address vaccine hesitancy and put in place the information and systems required for a rapid, coordinated delivery of vaccinations to people in need and those who are most vulnerable. Despite lockdown restrictions limiting operations, CRS is expanding mass media campaigns in regional languages; support to local task forces; support of health workers and village health teams; and support to health workers with patient tracking, data management and reporting, and provision of personal protective equipment and cleaning supplies to lower-level health facilities.



**CRS promotes vaccination and preventive behavior with staff, partners and communities.**

## SOUTHERN AFRICA

The region is well into its third wave of COVID-19, although numbers are declining. Lockdowns and curfews remain active in many countries, including **Zimbabwe, Zambia** and **South Africa**. Vaccination doses and supplies are inadequate, although vaccine uptake is rising. CRS is promoting vaccination and preventive behavior with staff, partners and communities.

**ZIMBABWE** The country remains under a lockdown with a dawn-to-dusk curfew, shorter working hours and a travel ban between cities. CRS continues to support Catholic health facilities with the provision of personal protective equipment and the dissemination in communities of key information on COVID-19 prevention and vaccination.

**ZAMBIA** CRS recently reviewed a project that provides grants to Catholic health partners to support a range of activities, including infection prevention and control; water, sanitation and hygiene at health facilities; community case management; medical supplies and personal protective equipment; and information outreach

to communities for prevention practices. The review elicited positive feedback from the participating health partners, who emphasized the impact and importance of the ongoing support and repeated messaging throughout the pandemic.

**MADAGASCAR** CRS has conducted 14 one-hour vaccine-awareness webinars in local languages, reaching 600 people. We are supporting diocesan partners and have distributed vaccine information posters to offices and communes, and will provide capacity-building support to three health facilities to manage COVID-19 cases. CRS is also supporting the development of community response plans to improve vaccine sensitization, and is providing water, sanitation and hygiene supplies, and personal protective equipment.

**MALAWI** All CRS partners are working with district health colleagues to facilitate the rollout of COVID-19 information. They are communicating with community leaders to answer questions, share information and counter vaccine hesitancy.

## WEST AFRICA



A doctor at a clinic in Northern Ghana, attends to patient Haija Ali. In Ghana, CRS conducts vaccine outreach activities.

Photo by Natalija Gormalova for CRS

The COVID-19 impact varies widely, with coastal nations facing a third wave, while central Sahel countries' isolation and low population densities appear to have kept case numbers low.<sup>3</sup> The average vaccination rate in the region is below 1%. CRS and our partners leverage their long-standing relationships with communities and local leaders to provide clear, evidence-based information about COVID-19 and vaccines.

**GHANA** Some 120,000 members of 240 communities across 12 districts participated in CRS vaccine outreach activities. To encourage

vaccination, the health service vaccinated chiefs in focus communities in front of large gatherings. About 850 community leaders and community members received at least one dose.

**GUINEA** Almost 2,000 people participated in house-to-house visits and peer discussion groups. Of these, 90% chose to get vaccinated.

### **LIBERIA, SENEGAL AND SIERRA LEONE**

CRS worked with community and government partners on mass media campaigns through radio, religious meetings and communications outreach workers to bring COVID-19 prevention guidance to isolated communities. In Senegal, CRS led the development of public health messaging. Working with the government and the Centers for Disease Control and Prevention, CRS experts developed risk communication and community engagement manuals. In Sierra Leone and Liberia, CRS led a survey to better tailor messaging to the local context. In Sierra Leone, in collaboration with the Freetown city council, CRS also provided food assistance to 394 people in 91 quarantined homes.

**MALI** CRS continues to support people fleeing conflict, and providing lifesaving relief that upholds safe COVID-19 practices.

3. Faucon B. July 17, 2021. [Niger is the land that Covid-19 forgot.](#) *The Wall Street Journal*.

In Tajumulco, Guatemala, CRS partner Caritas San Marcos reached 89,880 people with hygiene and sanitation supplies, and information on COVID-19 prevention.

Photo by Eric Salguero/Cinema Studio for CRS



## LATIN AMERICA AND THE CARIBBEAN

COVID-19 cases are increasing in many countries, while vaccine access remains limited. As of August 2021, about 15% of people are fully vaccinated across the region, but there are stark disparities between countries.

CRS supported Caritas Brasileira to provide 5,000 families with COVID-19 prevention kits across 11 municipalities and conduct hygiene promotion and preventative health messaging that reached more than 1.8 million people across the state through radio programming. CRS has also been able to provide rainwater harvesting systems for 250 extremely vulnerable families. We also assisted 16,000 families affected by record flooding in Amazonas in June. Caritas Brasileira will expand programming efforts to address vaccine hesitancy, particularly among indigenous populations.

Conditions for Venezuelan migrants in the northern states of Brazil have worsened with the COVID-19 pandemic, after land borders were closed and economic activities and public services were interrupted. Caritas Brasileira will expand water and sanitation programming with a COVID-19 prevention focus in additional states in the north, where Venezuelan migrants live in precarious housing conditions, poorly maintained government shelters or on the street. They are vulnerable to food insecurity, xenophobic violence, sexual exploitation of children and human trafficking. Efforts will focus on providing drinking water, sanitation, hygiene promotion, preventative health messaging and protection services to 18,000 vulnerable Venezuelan migrants.

1.8 million

PEOPLE HAVE BEEN REACHED BY PREVENTATIVE HEALTH MESSAGING IN BRAZIL'S AMAZONAS STATE THROUGH CARITAS BRASILEIRA

**GUATEMALA** The country is experiencing a fourth wave, with the daily average reaching a new high in late July, at more than 3,400 cases per day. While anyone over the age of 35 is eligible for vaccination, only about 2% of the population has been fully vaccinated. Vaccine access and information is still very limited for vulnerable populations outside of urban areas. CRS is supporting our local partners to standardize their COVID-19 protocols, communication and outbreak monitoring.

**BRAZIL** The country has the second-highest death toll in the world, just behind the United States, with more than 500,000 Brazilians having died from the disease. Earlier this year, Brazil experienced a severe health-system collapse across all its 26 states and the Federal district. Brazil has been improving in its vaccine rollout with 17% fully vaccinated. The state of Amazonas, where the outbreak gained worldwide attention and caused a widespread health-system collapse earlier in the year, is approaching 45% of its total population having received the first dose of the vaccine.



A gravedigger walks through a cemetery in Brazil's Amazonas state.

Photo by Reuters/Bruno Kelly

A senior citizen in the Al Amor de Alamar home in Havana, Cuba. Amid the COVID-19 pandemic, vulnerable elderly people around the world have been left with no support.

Photo by Oscar Leiva/Silverlight Photo



141,154

PEOPLE HAVE BEEN SERVED MEALS FROM CARITAS VENEZUELA'S COMMUNITY KITCHENS.



Caritas staff in Venezuela distribute food prepared in a community kitchen. Photo courtesy of Caritas

**VENEZUELA** The CRS EMPOWER program supported cash and voucher assistance for 7,179 families from June 2020 to July 2021. CRS supported Caritas Venezuela to assess the nutrition of 20,948 children under the age of 5 and 4,715 pregnant or nursing women in eight dioceses. Meanwhile, Caritas Venezuela organized 1,010 community meals serving 141,154 people. Caritas Venezuela's medical team provided treatment for 53,549 people, and 552 people received psychosocial support. Caritas Venezuela also delivered food kits and hygiene supplies to 1,087 elderly people in nursing homes and 280 people in detention centers.

**PERU** The country continues to be one of the hardest hit in Latin America, with more deaths due to COVID-19 per capita than any other.<sup>4</sup> The CRS EMPOWER program supports Caritas Peru as it expands and designs programs for COVID-19 prevention and emergency support.

**ECUADOR** The CRS EMPOWER team has worked with the Scalabrini Mission to support 1,533 people with temporary shelter during the COVID-19 pandemic.

**ST. VINCENT AND THE GRENADINES**

Caritas Antilles is providing hygiene kits and information to 1,500 families, and distributing 1,100 hygiene kits to families affected by the La Soufriere Volcano eruption in April 2021 to ensure adherence to COVID-19 preventive measures.

**HAITI** The country is one of the last to receive the vaccine.<sup>5</sup> The first shipments will soon be made available to health workers and people over the age of 65, but ongoing political and economic instability casts doubt on the rollout. CRS is supporting the health ministry to promote practices to prevent transmission. CRS is also providing psychosocial support to front-line workers through a free phone line or in-person sessions on a referral basis.

To reduce the spread of infection, Caritas Haiti and CRS have procured COVID-19 hygiene kits and installed hand-washing stations in selected schools across 10 dioceses. Due to the increase in cases across the country, Caritas Haiti has reactivated a hygiene campaign at diocesan levels and in all programming.

The CRS EMPOWER project—for Empowering Partner Organizations Working on Emergency Responses—aims to strengthen the humanitarian response capacity of local partners.

4. BBC News. June 1, 2021. [Covid: Peru more than doubles death toll after review.](#)

5. Beaubien J. [A bright spot amid Haiti's woes: Its 1st mass rollout of COVID vaccines.](#) NPR.