



# COVID-19 Response Strategy

Catholic Relief Services responds to the pandemic that threatens the health and survival of people around the globe, as well as our economies and societies





Cover: A child washes her hands in a village in Bamyan, Afghanistan. Frequently washing hands with soap and water is a key way of reducing the spread of the virus. Photo by Stefanie Glinski/Caritas



Poverty can fuel contagion, but contagion can also create or deepen impoverishment.

Overseas Development Institute\*

\* Diwakar V. March 10, 2020. [From pandemics to poverty: the implications of coronavirus for the furthest behind](#). Overseas Development Institute.

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## OVERVIEW

COVID-19 is a highly transmissible respiratory illness with an estimated mortality rate ten times higher than seasonal flu.<sup>1</sup> Confirmed COVID-19 cases have been reported in nearly every country. The pandemic threatens not only the health and survival of people around the globe, but also our economies and societies. Efforts to contain the spread of the virus are affecting markets, businesses, schools and other institutions, and, most critically, the livelihoods and food security of households. Experience from previous crises tells us that the most vulnerable communities will bear the brunt of these effects, and that existing inequalities and protection risks will be exacerbated.

Catholic Relief Services teams and our local and national partners across the world are working to expand and adapt programming to prevent the spread and reduce the risk of COVID-19 in some of the most vulnerable communities. CRS and our partners are addressing the needs of the highest-risk populations—especially older people, people with disabilities, people with compromised immune systems, and their caregivers, as well as children in these households. We are also focusing on those living in extreme poverty with no social safety nets, and those already experiencing a crisis or natural disaster. We are working to mitigate the risks facing uprooted refugee and migrant communities where the impacts of the virus could be devastating: people who are often

1. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. March 11, 2020. Congressional testimony.

in high-density urban areas, in transit or living in precarious conditions, confined living spaces or multi-generational households with limited access to water, health services and infrastructure.

### **Our goal is to help people survive with dignity and restore their lives and communities.**

This strategy prioritizes several key areas to inform country-specific programmatic actions to help families, communities and countries in the immediate response to the COVID-19 pandemic over the next six months. It lays a foundation for coordinated and effective programming as the crisis evolves, and leverages the unique strengths of CRS and our partner network. Our strategy depends on effective coordination among multiple actors, especially governments, civil society and faith-based organizations, to reduce transmission, decrease morbidity and mortality, and mitigate economic and social impacts. Now more than ever, a coordinated system-wide response will be necessary to reach extended numbers of people with limited resources, and in alignment with government recovery programs. We are building on lessons learned from prior responses to disease outbreaks and other crises. And we are building on our existing health programming, where we operate from the highest levels of health systems—delivering health supplies at national levels and working with government partners to introduce new technologies for greater efficiency—to the most remote areas through our local partners and faith-based networks.

## RESPONSE STRATEGY

**CRS' Vision 2030** agency strategy aspires to save lives and alleviate suffering; accelerate the end of poverty, hunger and preventable disease; and cultivate just and peaceful societies, always placing the dignity of the human person at the center of our program approach. CRS' COVID-19 response supports our strategic program goal to *support all people to survive and thrive in the face of disasters*—while setting a strong foundation for the restoration of dignified livelihoods, social cohesion, and the health and well-being of children and their families. As scenarios shift and evolve in different countries in the coming months, CRS will update our COVID-19 strategy in alignment with Vision 2030, while ensuring alignment with the United Nations Global Humanitarian Response Plan, which also highlights the critical role of international and national NGOs.<sup>2</sup>



CRS has supported Caritas Armenia's provision of personal protective equipment to health workers. Photo courtesy of Caritas Armenia

CRS and our partners are committed to a comprehensive approach to emergency response that addresses urgent lifesaving assistance with a view to facilitating full recovery. We are working to address both the primary effects of disease by preventing and reducing transmission, as well as decreasing morbidity and mortality, but also to mitigate secondary impacts on overwhelmed health and social service systems, economic systems and livelihoods, and social cohesion and well-being.

<sup>2</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA). [Global Humanitarian Response Plan COVID 19](#). United Nations Coordinated Appeal. April to December 2020.

And in this fast-evolving emergency, we are continually adapting our ongoing programs both to ensure that critical services continue to reach vulnerable populations and to adapt or repurpose as needed to support COVID-19 prevention and mitigation.

Our approach of supporting and collaborating with local and national leadership will be even more critical in this response given travel limitations and potential disruptions to aid supply systems. CRS will support local and national actors, including government, civil society and faith-based organizations who are on the frontlines, to address equitable access to services,

influence quality and coverage of services, and promote the rebuilding of the social fabric. CRS will encourage inclusion of local leadership within response coordination forums at the national and subnational levels.

We will adapt our approaches and programs in real time as our understanding of the pandemic and its impacts become clearer, and based on lessons learned. Specific strategies and communication approaches vary according to the local contexts and needs, the phase of disease transmission, the strength of a country's systems and safety nets, and our partners' strengths and presence in the targeted locations.

## RESULTS FRAMEWORK

<b>Goal: Help people survive with dignity and restore their lives and communities</b>	
<b>Strategic Objective 1:</b> Mitigate health impacts of COVID-19	<b>Strategic Objective 2:</b> Mitigate economic and social impacts of COVID-19
<b>Intermediate Result 1.1:</b> Communities adopt preventative behaviors to protect themselves and others from COVID-19	<b>Intermediate Result 2.1:</b> People meet their food and other essential needs
<b>Intermediate Result 1.2:</b> Health systems provide quality COVID-19 services across the continuum of care	<b>Intermediate Result 2.2:</b> Impacted households and micro/small businesses withstand livelihood disruptions and restart income-generating activities
<b>Intermediate Result 1.3:</b> Health systems continue to provide quality non-COVID-19 services across the continuum of care	<b>Intermediate Result 2.3:</b> Individuals and communities strengthen social cohesion and well-being
<b>Cross-cutting priorities</b>	
<b>Safe and dignified programming approaches:</b> CRS will ensure equitable access, especially for the most vulnerable and at-risk groups; accountability to the people we serve; support of self-protection capacities; and Do No Harm principles.	<b>Partnership with local and national actors:</b> CRS will leverage vast, long-standing relationships with government institutions, local organizations and civil society networks to heighten reach and scale.

**500 million**

**PEOPLE COULD FALL BELOW THE POVERTY LINE  
WITHOUT EXTERNAL AID**

## PROGRAM OBJECTIVES AND ACTIVITIES

### SO1: MITIGATE HEALTH IMPACTS OF COVID-19

As COVID-19 is having a devastating impact on health care systems worldwide, access to other essential preventive, curative and emergency health and nutrition services and supplies will be drastically reduced. Health workers and facilities will be overwhelmed and ill-equipped to support the healthy and the ill seeking care. The impact will be an increase in otherwise preventable illness and deaths due to malaria, HIV and AIDS, tuberculosis, and vaccine-preventable diseases. Ripple economic effects will also take their toll, putting children and other vulnerable groups at risk of malnutrition, illness, family separation and death.

Already-strained health systems lack the personnel and supplies to treat active cases and minimize COVID-19 deaths. Currently, no vaccine or validated cure exists, hence the rigorous prevention and treatment efforts that are essential to curtail the scale of the pandemic's health impact. Frontline health and other essential workers will face elevated risks of infection and mortality. A systems-level response to this unprecedented challenge will require action from individuals, communities, and both formal and informal health and social service systems. Strategies will have a strong focus on vulnerable and marginalized groups such as vulnerable children and older people and their families and caregivers, people with disabilities, and migrating and refugee populations. In solidarity, all actors will work to prevent high levels of spread, respond to surges in COVID-19 cases, and prepare for future resurgence.

## PROGRAM OBJECTIVES AND ACTIVITIES

### ACTIVITIES:

#### **Communities adopt preventative behaviors to protect themselves and others from COVID-19.**

CRS and our partners will operationalize risk communication and community engagement strategies to promote behaviors that are known to reduce the spread of COVID-19. This will be done in concert with local task forces, and will use existing community agents like government community health workers and local faith leaders. Messaging will be targeted, accurate, accessible, consistent, and communicated through multiple channels that are well-known and respected within the community. As messaging alone is not enough to ensure behavior change, CRS and our partners will work with communities to identify and address barriers to protective behaviors, such as lack of access to essential supplies that enable people—particularly vulnerable populations living in refugee camps and other collective settings—to adhere to WHO and national government recommendations.

#### **Health systems provide quality COVID-19 services across the continuum of care.**

CRS and our partners will work with community health workers, government and faith-based facilities, district health management teams, health ministries and task forces at each administrative level to bolster strong, locally led COVID-19 prevention and response efforts. CRS and our partners will work with facilities to modify physical structures or spatial arrangement, and build additional isolation structures to meet COVID-19 needs.



A CRS food distribution in Madagascar before the COVID-19 pandemic (left) and one in South Sudan during the pandemic (right), showing how CRS has adjusted its queueing mechanisms to ensure social distancing.

*Photos by Jim Stipe and Gatluak Miak Deng/CRS*

Water, sanitation and hygiene (WASH) professionals will equip points-of-care with hand-washing stations and soap, establishing or repairing water sources and strengthening hygiene practices. CRS and our partners will support healthcare workers to locate, screen, refer, test, isolate and treat as appropriate to their level of training and in accordance with government guidelines.

CRS and our partners will operationalize infection prevention and control strategies that isolate suspected or confirmed COVID-19 cases in a manner that is safe and dignified, and also protects health workers. Strategies will address the well-being of formal and informal care providers, and their economic and psychosocial needs, to help reduce their attrition and personal impacts. Finally, CRS and our partners will collaborate with districts and governments to ethically use surveillance data to inform resource allocation and policies on protective measures.



Given that formal systems will be unable to meet the demands of the pandemic, informal care systems at the community and household levels will be essential. As the formal systems are strained, CRS and our partners will work with local task forces to develop task-shifting strategies and ensure a continuum of care from community to facility. CRS and our partners will mobilize the social service workforce in addition to community-based and faith-based service providers and networks, to train and support them to provide surge support in accordance with government guidelines. Examples of areas of focus for trainings and support include ways to screen, make referrals when needed, and teach household and community members how to provide home care and psychosocial support to symptomatic individuals and their families. As the informal sector mobilizes to provide essential wraparound services, CRS and our partners will support community members and paraprofessionals to continue their critical work while minimizing negative personal impacts.

## PPROGRAM OBJECTIVES AND ACTIVITIES

### Health systems continue to provide quality non-COVID-19 services across the continuum of care.

CRS and our partners will work with formal and informal health and social systems to operationalize WHO guidance on maintaining essential health and other services during the COVID-19 pandemic, adapting existing activities as appropriate. Coordination actions will take place to ensure that limited resources provide maximum benefit for the population. The health and social systems will share and shift the balance of workforce and tasks, relying more on communities themselves to provide essential surge support. We will continue to be trusted sources of accurate information to the community while amplifying community voices. In this way, we hope to ensure that localized efforts meaningfully respond to barriers of access to essential health and nutrition support, and that the needs and concerns of the local community are central to the design of a response. Social behavior change strategies will address barriers to continued care seeking and utilization of new delivery modalities of essential services.

### SO2: MITIGATE THE ECONOMIC AND SOCIAL IMPACTS OF COVID-19

Secondary, indirect impacts of COVID-19 are life-threatening. While necessary to save lives, restrictions on mobility and trade have crushing effects on local and national economies: incomes are disrupted; businesses and markets shrink or close; and hundreds of millions of people lose access to the money or credit needed to buy food, maintain safe and dignified housing, buy health and hygiene supplies, and meet other basic needs.



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

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**This is not only a public health emergency. COVID-19 can lead to massive disruptions in people’s lives: their livelihoods, safety, access to food and education, and even social cohesion. Experience from previous crises tells us that the most vulnerable populations will bear the brunt of these effects.**

Jennifer Poidatz

CRS Vice President of Humanitarian Response

An estimated half a billion people could fall below the poverty line without external aid, and highly vulnerable people who already live in poverty and/or rely on daily or wage labor—not to mention vulnerable communities recovering from crisis or disaster—will struggle to meet their basic needs.<sup>3</sup> Many may resort to negative coping mechanisms such as selling valuable items and productive assets (like livestock), increasing debt, and facing greater risks of reliance on child labor, early marriage and trafficking. Trade restrictions are highly detrimental to food security, especially in countries that are heavy food importers. The economic strain will also have longer-term effects on businesses, markets and food production.

Similarly, the impact of the pandemic on the social fabric will be far-reaching. The loss of loved ones is devastating for families, and the loss of jobs and social support leads to feelings of powerlessness, frustration and shame. School closures can place undue stress on caregivers—particularly women and girls—and limit learning and developmental opportunities as well as access to safe and protective structures for children. Increased pressures at home increase the risk of domestic violence. Stigmatization and scapegoating can also cause individual harm and disrupt social cohesion. Frontline staff, particularly health workers, face particular stress from exposure, lack of proper personal protective equipment, or stigmatization or attacks.

3. Oxfam. [Dignity not destitution](#). Media briefing. April 9, 2020.

## PROGRAM STRATEGY AND ACTIVITIES

### ACTIVITIES

#### **People meet their food and other essential needs.**

The pandemic inhibits people from meeting their basic needs due to the economic impacts of job loss or income disruption. Leveraging existing social protection schemes where feasible, and addressing gaps in existing government and multilateral programs, CRS and partner programs will enable people affected by COVID-19 to meet their immediate food and other basic needs, however defined, and give them choices in how to utilize the assistance they receive. Assistance will address needs in both high-density urban poverty areas and rural areas affected by disrupted supply chains and constrained agricultural production.

#### **Impacted households and micro/small businesses withstand livelihood disruptions and restart income-generating activities.**

CRS and our partners will support local economies and implement market-based approaches to mitigate catastrophic economic impacts for people experiencing crisis-related poverty. The pace of the virus' spread—and thus the corresponding impact on people's livelihoods—is different across the globe. The necessary support ranges from life-saving cash or other assistance for migrant or daily laborers, to immediate cash injected into local economies through market-based programming, to safe access to local markets for basic needs provision that reduces transmission risk. In the short- and medium-term, this means support to micro- and small businesses and



In Nigeria, CRS is rolling out hygiene promotion and COVID-19 awareness trainings for community volunteers, partners and beneficiaries. *Photo by CRS staff*

employers, and promotion of the safe return to income-generating activities. CRS and our partners aim to support—not displace—strained commercial supply chains and markets. Strategies will help stabilize critical market systems and livelihoods in advance of a possible future resurgence of the COVID-19 pandemic.

#### **Individuals and communities strengthen social cohesion and well-being.**

Prior experience of disease outbreaks has taught us that psychological well-being, social cohesion and trust can erode quickly. CRS and our partners seek to strengthen relationships in families and communities, and across social divides, to

promote resilient individuals and healthy civic networks. We will also identify opportunities for mutual aid, and address stigma and discrimination. CRS and our partners will promote support pathways for vulnerable groups such as older adults, children who head households or who have lost caregivers, people on the move, or people with reduced liberties. Social media, traditional media, and low-tech communication channels will be leveraged to strengthen social connectedness within and across communities. CRS and our partners will support caregivers with at-home learning and development opportunities for their children through formal and informal learning structures.

## CROSS-CUTTING PRIORITIES

**Safe and dignified programming approaches (protection mainstreaming)** are more important than ever before to ensure the following:

- Equitable access to assistance and services, especially for the most vulnerable and at-risk groups;
- Accountability to the people we serve;
- Support for the development of self-protection capacities; and
- Embracing Do No Harm principles by adapting activities in ways that mitigate risks.

Emerging evidence indicates that COVID-19 is increasing protection issues such as gender-based violence, child abuse, neglect, exploitation and separation from families; increasing caregiving burdens and stressors for women given traditional social norms; and reducing access to health care. CRS and our partners are incorporating contextualized protection and Do No Harm analysis, inclusive community engagement, targeted/tailored information sharing, safe and appropriate referrals and support, and feedback-and-response mechanisms adapted to reduce the risk of virus transmission. And, in a climate of increased demand for—and scarcity of—goods and services, where power differentials and exploitation and abuse can increase, it is critical that we include safeguarding measures within every phase and program, in accordance with our Safeguarding Policy.

**Partnership with local and national actors** is central to CRS' values, mission and operating model. Considering large-scale needs, limited funding and travel restrictions, leveraging our vast network and long-standing relationships with government institutions, local organizations and civil society networks heightens our reach and scale. Real-time technical and operational capacity strengthening to support partners' teams will be customized to make use of nimble modalities, and based on the expressed needs of local partners as well as our evolving understanding of COVID-19. As the regulatory and funding environment shifts, CRS will prioritize support to local partners in priming opportunities and directly accessing funding through pooled funding mechanisms and from traditional donors.



Participants observe distancing while receiving food at a CRS distribution in Duk, South Sudan. Photo by Gatluak Miak Deng for CRS

## STAFF CARE AND WELL-BEING

While supporting COVID-19-affected communities, we are committed to the safety, health and well-being of CRS and partner staff amid the pandemic, providing staff with information and guidance on prevention and minimizing exposure, as well as support for emotional health and well-being. CRS follows guidance from WHO and International SOS<sup>4</sup> on protection, prevention and preparation, and has developed contingency plans for various scenarios as the crisis evolves. Emotional support to our staff and partners is adapted to each context, in accordance with global standards. Continuous monitoring enables us to take a proactive, agile approach to staff and program safety while ensuring the continuity of life-saving assistance to the extent possible.

4. The world's largest medical and travel security services firm.



## CAPACITY

CRS will join international and government actors and local partners around the globe to respond to the COVID-19 pandemic, using strategies built on science and solidarity. For 77 years, CRS has delivered on its mission to alleviate human suffering, advance full human development, and foster charity and justice in the world, in partnership with our local implementing partners. As such, CRS is a trusted organization that is connected to a vast network of service providers and community-based groups that can reach the last mile during health emergencies.

CRS works together with nearly 2,000 local partners to deliver quality assistance and services and accompany them to scale innovative approaches. In 2019, CRS activities in 114 countries assisted local partners to reach 159 million project participants.

CRS is seasoned in emergency response, leveraging existing relationships and capacity to respond to prioritized community needs. A dedicated global humanitarian response team assists country programs and partners in times of acute emergencies with management, operations and technical expertise. CRS is a recognized leader in health and social services, livelihoods, social justice and peacebuilding, and WASH—all sectors that offer the potential for a holistic long-term response to the knock-on effects of the COVID-19 pandemic.



A patient consults a doctor at a clinic run by a CRS partner in Jordan. Photo by CRS staff

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# 159 million

**PROJECT PARTICIPANTS WERE ASSISTED IN 2019  
BY CRS ACTIVITIES IN 114 COUNTRIES WITH THE  
HELP OF OUR LOCAL PARTNERS**

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## ADVOCACY MESSAGES

CRS deeply appreciates that many donors are making new funding streams available to support the COVID-19 response, so as not to divert funding from ongoing critical life-saving assistance—which is more important than ever. CRS has made funding available to support the COVID-19 response, thanks to the support and generosity of our private donors and constituencies. And as we adapt and adjust existing programs, donor flexibility is critical to continue assistance while taking necessary precautions.

Responding to COVID-19 and mitigating its impact on people's lives and communities will rely heavily on local actors and effective local leadership—both government and civil society actors—to lead in new ways and meet community needs. Thus, it is critical that international actors—donors, multilaterals and international nongovernmental organizations—support local leadership through quality partnerships, effective capacity strengthening, flexible and adaptive funding, fair multi-stakeholder risk sharing, and reasonable and realistic compliance requirements. CRS is committed to supporting local leadership in its response to COVID-19 and urges all donors and policymakers to strengthen their commitment to, funding of, and engagement with these actors during the COVID-19 crisis and beyond.