



COVID-19 - Image Source: CDC

ICT4D and COVID-19:

DIGITAL TOOLS HELP PROGRAMS RESPOND AND ADAPT TO THE PANDEMIC



OVERVIEW

COVID-19 is a highly transmissible respiratory illness with an estimated mortality rate ten times higher than seasonal flu. 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 disrupts 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 and 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 its 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. CRS is also focusing on those living in extreme poverty with no social safety nets, and those already experiencing a crisis or natural disaster. CRS is working to mitigate the risks facing uprooted refugee and migrant communities where the impacts of the virus could be devastating: people who are often 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.

Due to this crisis, CRS turned to technology to ensure programs can continue their essential, lifesaving work while adhering to recommendations on physical distancing and other preventative measures. From an increased use of SMS/voice messaging to using pictures/live locations to monitor distribution of things like food and other goods, CRS is ensuring programs continue to support their participants.

CRS' COVID-19 response strategy follows the organization's overall goal to *support all people to survive and thrive in the face of disasters*. The strategy ensures alignment with the United Nations Global Humanitarian Response Plan, which also highlights the critical role of international and national NGOs.¹



Kweba Djitohou stands with her children after receiving mosquito nets as part of the nation's first digitized mosquito net distribution since the COVID-19 outbreak began in Cotonou, Benin. Photo: Hugues Ahounou, CRS, April 2020.

Most Frequently Used Tech Approaches:

- Remote monitoring and management.
- Online education/learning platforms.
- Community awareness building through automated text messaging (SMS), phone calls (IVR), and hotlines.

¹United Nations Office for the Coordination of Humanitarian Affairs (OCHA). *Global Humanitarian Response Plan COVID 19*. United Nations Coordinated Appeal. April to December 2020.

Examples Using Digital Tools at CRS to Support COVID-19 Response Strategy:

Goal: Help people survive with dignity and restore their lives and communities	
<p>Strategic Objective 1: Mitigate health impacts of COVID-19.</p> <p>Intermediate Result 1.1: <i>Communities adopt preventative behaviors to protect themselves and others from COVID-19.</i></p> <p>The Uganda System Strengthening project will use the Social Service Workforce App, developed by the project, in coordination with the Ministry of Gender, Labour and Social Development (MGLSD) to include new content focused on COVID-19. This App upgrade, together with short-term mobile data support, will provide all District Community Development Officers (DCDOs) and Probation and Social Welfare Officers (PSWOs) with immediate access to accurate and up-to-date information on COVID-19 thus enabling them to dispel myths and misinformation, while also receiving vital guidance to enable them to carry out their child protection duties.</p> <p>Intermediate Result 1.2: <i>Health systems provide quality COVID-19 services across the continuum of care.</i></p> <p>In Ethiopia, CRS uses CommCare to track procurements and dispatches of essential medical supplies and cleaning materials for Catholic health facilities and for partners to be used at distributions.</p> <p>Intermediate Result 1.3: <i>Health systems continue to provide quality non-COVID-19 services across the continuum of care.</i></p> <p>In Zambia, multiple projects have adapted due to the COVID-19 crisis. For example, health promoters access video tutorials from tablets, offline for learning support. Delivery of HIV medications is tracked using SMS integration with SmartCare.</p>	<p>Strategic Objective 2: Mitigate economic and social impacts of COVID-19.</p> <p>Intermediate Result 2.1: <i>People meet their food and other essential needs.</i></p> <p>In Cameroon, the CP is rolling out innovations to make sure orphans and vulnerable children continue to receive support – shifting to phones instead of home visits. The team is exploring how best to support food needs for children who will be impacted by isolation, lockdowns, and other upheavals. In the DRC, community level lead mothers, hygiene promoters and community leaders that are a longstanding part of CRS programs proactively reached out to ask how they can help build awareness in their communities. CRS is providing batteries for their megaphones, scaling up radio messages, and rolling out guidelines to make home visits, group meetings, and community communications safer.</p> <p>Intermediate Result 2.2: <i>Impacted households and micro/small businesses withstand livelihood disruptions and restart income generating activities.</i></p> <p>In Serbia, CRS developed a method to train small grants (livelihoods) program participants remotely. CRS Serbia disseminated training materials electronically (and printed copies by mail where necessary). Trainers are continuing their sessions using mobile apps like Viber and WhatsApp.</p> <p>Intermediate Result 2.3: <i>Individuals and communities strengthen social cohesion and well-being.</i></p> <p>In Liberia CRS launched programming to support the National Catholic Health Council to better equip health workers, facilities and conduct community awareness and prevention. This program reaches 23 health facilities, 667 health workers and serves more than 279,000 people. This is the same network that played a major role in the West Africa Ebola response. They will track delivery of supplies using phone calls and text messages.</p>
Cross-Cutting Priorities	
<p>Partnership with local and national actors:</p> <p>CRS worked with the National Malaria Control Program (NMCP) in Benin to support its efforts in the fight against malaria through digitizing its Insecticide-Treated Nets (ITNs) mass distribution campaign. In the face of COVID-19, CRS and its partners rapidly adapted its programming to enable digitization of the ITN distribution at scale, while maintaining physical distancing and other COVID-19 preventive measures. Using a digital mapping dashboard and the CAT platform, CRS enabled NMCP local managers to remotely supervise ITN distributions and conduct virtual daily review meetings to trouble shoot problems. Satellite imagery mapping every building in Benin was used to pinpoint specific households that receive or did not receive their ITNs. With geographic data, CRS set up a simple, user friendly dashboard that enabled Ministry of Health supervisors and other stakeholders to easily track distribution and ensure complete coverage.</p>	<p>Safe and dignified programming approaches:</p> <p>In Greece, CRS transitioned all case management to phone and internet based support, using alternative verification (phone, live location, Skype, pictures) to continue financial assistance to refugees, and piloting 3-way Skype calls with participants and landlords to facilitate lease signing.</p>

