



Catholic Relief Services and our partners across the globe are supporting high-risk communities on the front lines of the COVID-19 pandemic. Meanwhile, our critical humanitarian and development programs are ongoing.



CRS staff members in Guatemala demonstrate correct hand-washing techniques to prevent the spread of COVID-19. Photo by Eric Salguero/Cinema Studio for CRS

GLOBAL RESPONSE

CRS and our partners have reached over 10 million people to date with comprehensive programming to prevent the spread of COVID-19, bolster the capacity of local health responders, and assist extremely vulnerable families with the compounded impacts of the pandemic on their lives.

CRS is well-positioned to play a vital role in the vaccine rollout. A top priority for CRS is ensuring that national vaccine strategies assist people who may be beyond the reach of public health systems. Because of our work with some of the world's most remote communities, CRS and our Church partners can reach especially vulnerable populations.

We will help address the barriers to vaccination faced by the most vulnerable groups—including women, the elderly, people with disabilities, people living in extreme poverty, migrants, and displaced people and refugees. For example, we will work with our partners and other organizations to identify vulnerable groups and locations, devise outreach strategies, and ensure that those who need to travel to a vaccination center can do so safely. We will also participate in advocacy efforts at all levels to promote equitable access.

We will build on our experience in supply chain management, such as the distribution of more than 40 million insecticide-treated bed nets through health ministries in 2019 alone. We will also use our networks and programs to educate local leaders and communities about the vaccines.

CRS will coordinate with health ministries and the World Health Organization to respond to country-specific priorities, including:

- Targeting and monitoring vaccine efforts to ensure that national strategies assist people who may be out of a public health system's reach.
- Ensuring efficient programming, and tracking vaccine distribution and service delivery.
- Training health partners and responders.
- Supporting vaccine cold-chain logistics.
- Providing vaccine information and raising awareness across communities.

Farmers affected by COVID-19 in Nepal have received vouchers for crop seeds and tools from CRS and Caritas Nepal. Bishnu Maya Mijar received food and hygiene supplies. Photo by Prakash Gopali for CRS



EAST AND SOUTH ASIA

Bangladesh

CRS partner Caritas Bangladesh recently established 17 hand-washing stations in health facilities and local market areas in the Jahore and Bagerhat districts. We have also built a rainwater harvesting system at St. Paul's Hospital in Bagerhat and a reservoir at St. Joseph's Dispensary in Jashore to provide water for patients and visitors to wash their hands. We have provided cash grants to 1,756 families to meet their immediate needs. We also provided soap and raised COVID-19 awareness with door-to-door visits and small group sessions. Our messages have gone out on leaflets and on community radio, the national public broadcaster and local TV channels.

India

In Uttar Pradesh, CRS is part of a district task force to plan, implement and monitor the government's upcoming COVID-19 vaccination program. The health ministry has released guidelines for vaccine distribution. A national expert group on COVID-19 vaccine administration has been assembled, and the COVID-19 Vaccine Intelligence Network, a digitized platform, will be used to track state-enlisted participants.

Nepal

CRS and Caritas Nepal supported farmers affected by COVID-19 with vouchers for seeds and tools, reaching 20,500 families. The project provided a vital learning opportunity for Caritas Nepal, relevant provincial ministries, local government and vendors who had not participated in a voucher program before. Buoyed by results, the provincial agriculture ministries and local government expressed interest in the approach for their non-emergency projects. This provides an opportunity for Caritas Nepal and CRS to work with them to build their cash and voucher capacities and influence relevant policies.

Federated States of Micronesia

CRS supported the development of the World Health Organization-led *Community COVID-19 Pandemic Planning Guide* for the Pacific, and promoted its use in disaster risk management activities. The WHO's Pacific Risk Communication and Community Engagement team will hold a webinar to introduce the tool to the Pacific Island communities. CRS partners in each country will support the implementation of activities, while the governments will take the lead.

Philippines

In October 2020, as the country continued to grapple with COVID-19, Typhoon Goni—known locally as Super Typhoon Rolly—killed 25 people, injured over 300, destroyed tens of thousands of homes and damaged infrastructure. CRS and our partners have helped 2,330 families with shelter assistance, and 8,000 families with hygiene kits. We have also distributed cash assistance to 1,030 families in Manila affected by Typhoon Ulysses in November 2020.



In India, CRS is part of a task force preparing for the government's planned vaccination program.

In the Philippines, CRS supported partners and local engineers to incorporate COVID-19 safety practices as they worked with families to rebuild homes after Typhoon Goni. Photo by Jomari Guillermo for CRS



A CRS team distributes personal protective equipment and other vital supplies to front-line health care workers in Gaza. Photo by Mohamed Reefi for CRS



“ The occupancy rate in intensive care is 100%. CRS supplied us with ICU beds, trolleys, oxygen generators and electrocardiographs. This enabled us to receive more patients.

Ibrahim Alsaouri
Infection Prevention and Control Lead, Beit Jala Hospital, West Bank

EUROPE, THE MIDDLE EAST AND CENTRAL ASIA

Europe Zone

CRS is supporting our partners to use COVID-19 safety measures in their programming by developing procedures and communicating them to staff and volunteers. Partners can request small grants for essential equipment and materials, such as laptops to enable their staff to work from home, as well as masks and hygiene items. To date, CRS has assisted partners in **Serbia, Kosovo, Bulgaria and Armenia.**



Caritas Armenia provided hospitals in Shirak with personal protective equipment. Photo courtesy of Caritas Armenia

In **Bulgaria**, Caritas Bulgaria and our other local diocesan partners, Caritas Ruse, Caritas Sofia and Caritas Vitania, have been responding to the needs of vulnerable populations and communities. Caritas Bulgaria and its dioceses are providing food parcels, hot meals and hygiene kits to vulnerable people, including the elderly, the homeless and low-income families.

In **Italy**, the CRS Contagion of Hope program, which ended in December 2020, reached close to 192,700 people with food, living and hygiene supplies; 480 people with shelter; and at least 50 with accommodation, either for recovering patients, or medical staff who needed quarters between shifts.

Iraq

CRS partner Caritas Iraq completed a second round of distributions of personal protective equipment and hygiene items to four primary health centers in Baghdad.

Jerusalem, West Bank and Gaza

COVID-19 spread widely in Gaza and the West Bank at the end of 2020, despite government-mandated lockdowns, with hospital capacity for severe cases nearing saturation. CRS worked with charitable hospitals and the Palestinian Authority's health ministry to track trends and respond. CRS is supporting 20,000 vulnerable people across Gaza with food assistance. We use electronic vouchers and provide COVID-19 risk information and hygiene items. We have also provided vouchers for hygiene items to 2,100 families in Gaza. Across the West Bank, CRS is providing comprehensive support to 14 hospitals, including developing standardized COVID-19 screening and admission procedures. We also built triage areas at five hospitals. CRS trained 300 hospital staff on infection prevention and provided on-the-job coaching. CRS will continue to provide critical care trainings, infection prevention and personal protective equipment.



The West Bank's Beit Jala hospital is now better equipped to respond to the COVID-19 pandemic. Photo by CRS staff

Lebanon

CRS, with local Church and government partners, opened a COVID-19 isolation center in Maad, Mount Lebanon. CRS provided supplies and equipment for 26 wards for 52 patients with mild COVID-19 symptoms. With the center's management, CRS developed operating procedures and trained its staff. CRS also worked with Caritas Lebanon to establish quarantine areas in their shelters for survivors of gender-based violence.



192,000+

PEOPLE WERE SUPPORTED WITH FOOD, AND VITAL LIVING AND HYGIENE SUPPLIES BY CRS AND OUR PARTNERS IN ITALY

A child waits for his mother as she collects vital food and hygiene supplies from a CRS distribution point in the Democratic Republic of the Congo. Photo by Justin Makangara for CRS



CENTRAL AFRICA

In December, CRS attended the COVID-19 Response Coordination and Partnership conference organized by the International Organization for Migration to learn about health and international border management, including strategies to strengthen local and regional health systems.



CRS attended an International Organization for Migration conference to learn about strategies to strengthen local and regional health systems.

Central African Republic

When the Oubangui River flooded the capital, Bangui, and nearby Bimbo, CRS and Caritas Bangui provided emergency assistance to 749 vulnerable families, as well as cash grants for essential items. CRS provided training, communications materials about COVID-19 prevention, and water, sanitation and hygiene at national Catholic health centers in nine dioceses. We have also begun to repair water infrastructure at 20 health facilities.

Democratic Republic of Congo

CRS continues to prioritize health and community awareness training among responders and religious leaders at 12 Catholic health centers; the provision of hand-washing stations and other water, sanitation and hygiene supplies to the health centers; and the improvement of water, sanitation and hygiene plans at facilities. Read a story about CRS efforts in Kinshasa here: [Helping communities in the DRC overcome the hardships of COVID-19.](#)

Republic of Congo

CRS is providing emergency assistance to flood-affected families in the northern department of Likouala, in partnership with the Episcopal Commission for Catholic Education. CRS is also providing COVID-19 testing equipment and personal protective equipment to health facilities.

Nigeria

In the northern state of Yobe, CRS holds trainings on COVID-19 risk communication and community engagement—including developing a syllabus for 60 community mobilizers—and coordinates with local partners to share awareness materials in the northeastern state of Borno. CRS has also aired COVID-19 awareness and prevention messages on the radio. We have continued to evaluate water supply and hand-washing station needs at 30 health facilities in Damaturu, Potiskum and Gujiba in Yobe, as well as making in-depth assessments of 10 water sources in five wards. CRS will distribute water, sanitation and hygiene kits to 1,000 families in Gujiba.

Togo

CRS is collaborating with the education ministry to provide equipment such as hand-washing stations and water tanks for 51 schools in Dankpen prefecture in the north to prevent the spread of COVID-19.



Joseph Kyolibera, aged 75, is among 9,000 families heavily impacted by COVID-19 in Gikuriro, Rwanda, who receive financial support from CRS. Photo by So Far Creative for CRS

Aisha Ahmed receives a food ration for her family in Ijaa Aneni district, Ethiopia, one of the communities in which CRS is distributing critical food aid in response to the COVID-19 pandemic. Photo by Joshua Smith for CRS



“ I sell firewood and struggle to survive. With CRS support, I can eat and take a rest.

Aisha Ahmed
CRS project participant in
Dire Dawa, Ethiopia

EAST AFRICA

Across the region, intersecting emergencies—such as conflict in northern Ethiopia and a locust crisis—combined with the potential destabilizing effects of upcoming elections in several countries, have exacerbated the effects of the pandemic.

Ethiopia

Through much of 2020, CRS supported the Missionaries of Charity and Catholic health facilities with trainings, equipment, hygiene supplies and staffing support. These health responders are reaching some of the country's most vulnerable communities and families. CRS is also increasing emergency assistance, including food for more than 600,000 people, in areas near the conflict in Ethiopia's northernmost region, Tigray.

Uganda

CRS is supporting at-risk children, their caregivers and those struggling with psychosocial issues, to understand and navigate the systems and services available to them. CRS is also strengthening the capacity of front-line responders by providing personal protective equipment to hospitals in northern Uganda. To prevent the spread of COVID-19, CRS is carrying out a mass media campaign through radio, loudspeakers and trained volunteers.

We are also training government social workers, child well-being committee members and health workers on psychosocial first aid, stigma, risk identification and referral pathways. This takes place through orientation for health ministry workers and COVID-19 task forces. Due to continued COVID-19 restrictions, CRS is developing digital media resources of the orientation in four languages to enable its continued use by government and other partners across three sub-regions.

Sudan

The country entered a second wave of cases at the end of 2020. This coincided with the release of a report by the Imperial College COVID-19 Response Team that estimated that only 2% of COVID-related deaths in the capital of Khartoum during the first wave were reported.¹ WHO reported high positive rates for travelers from Sudan, indicative of high rates within the broader population.

The new wave of cases has led to renewed emphasis on mitigating the dangers and impacts among those at highest risk. In Darfur, CRS has partnered with the health ministry to carry out information campaigns through community awareness sessions, materials and radio across all five states.

Tanzania

CRS has worked closely with the Tanzania Episcopal Conference and Caritas network over the past year on emergency assistance for communities affected by floods and COVID-19. CRS support included equipment and training for Catholic hospitals in Dar es Salaam, and support for youth civic education programming.



“ Since the outbreak of COVID-19, emerging data [...] have shown that all types of violence against women and girls, particularly domestic violence, has intensified.

UN Women

Global “shadow pandemic” of gender-based violence

With families staying home during COVID-19 lockdowns, many women have found themselves confined with an abuser. UN Women is calling for a global collective effort to stop this “[shadow pandemic](#).” Many CRS COVID-19 activities incorporate psychosocial support, and training and referral for gender-based violence.

1. Imperial College London. December 1, 2020. [Report 39 – Characterising COVID-19 epidemic dynamics and mortality under-ascertainment in Khartoum, Sudan](#)

CRS does all it can to ensure its staff is informed about and protected against COVID-19. By making our activities safe, we also help protect project participants. CRS driver Fred Nzima cleans and disinfects a vehicle at the beginning of the work day in Zambia. Photo by Dooshima Tsee/CRS



SOUTHERN AFRICA

Case numbers are rising steadily across the region. In December, South Africa announced the detection of a new variant of COVID-19, and the WHO said that preliminary studies suggested it might be more transmissible.²

The Famine Early Warning Systems Network reported that rainfall between October and December was mostly sufficient for planting.³ But there was still a risk to crops of fall armyworm, and concerns about the African migratory locusts that could affect Zambia, Mozambique, Zimbabwe and South Africa.

FEWS NET also reported that incomes remained below average for most poor households in the region and had worsened due to the impact of COVID-19. While most major borders, including with South Africa, are now open, increasing labor for migrants from Zimbabwe, Malawi, Mozambique, Lesotho and Eswatini, a valid COVID-19 certificate is required at border posts, which may be unaffordable for many migrants.

South Africa

From February 1, the level-3 lockdown was eased slightly. Schools are open, curfew hours have been reduced, religious services are permitted within guidelines and alcohol sales have resumed. Hotspots have additional restrictions. The government's vaccination efforts will prioritize about 1.25 million health workers, followed by the elderly and people with chronic illness. CRS continues to supply personal protective equipment and sanitation supplies to faith-based organizations in the health sector, and is exploring ways to support their vaccine preparedness.

2. WHO. December 31, 2020. [SARS-CoV-2 Variants](#).

3. FEWS NET. December 22, 2020. [December rainfall decreased early season deficits in some areas, though deficits remain in others](#).

We have also met with the Centers for Disease Control and Prevention to explore opportunities for engagement in vaccine preparedness and acceptance in the country.

Lesotho

Hospitals are reporting increased admissions of suspected and confirmed cases. Lesotho is landlocked and encircled by South Africa. The border has been closed and inter-district travel is limited. The government is planning a first round of vaccinations in April through Gavi, the Vaccine Alliance, for health care workers. Local government plans are being developed to address the storage facility needs required. CRS continues to support its partners, including the Sisters of Charity of Ottawa, with protective equipment as they care for members of their community.

Zimbabwe

CRS is partnering with the Zimbabwe Catholic Bishops' Conference and taking part in health ministry COVID-19 briefings. A national task force for vaccine deployment has been set up by the ministry. The first batch will go to health workers and other front-line social and security workers, the elderly, people with chronic conditions, and prisoners and other confined populations.

CRS has given out personal protective equipment to nine health institutions in Harare and Bulawayo; trained 94 health workers and 25 religious leaders in the same areas to carry out awareness campaigns; provided food to nearly 1,000 families; and disbursed cash assistance to 209 microsavings groups to ensure that the extremely vulnerable members and their families are able to withstand disruptions to their livelihoods and financial stability.



Incomes remain below average for most poor households in the region and have worsened due to the sustained impacts of COVID-19.

Famine Early Warning Systems Network



In Madagascar, besides raising COVID-19 awareness, CRS has trained trainers on stigmatization, gender-based violence and psychosocial support.

Zambia

The health ministry has again put curbs on public gatherings, with meetings of no more than 10 people allowed, the closure of bars and restaurants, and delayed school openings. CRS has held refresher trainings for all staff on safe practices for carrying out critical programming.

Madagascar

In partnership with Gavi, CRS will support COVID-19 vaccine delivery. CRS has worked with local municipalities to develop COVID-19 response plans; implemented a commune-level monitoring system; and provided a training of trainers on stigmatization, gender-based violence and psychosocial support. CRS has also run radio broadcasts on COVID-19. Our support will expand to include the provision of personal protective equipment, capacity building for vulnerable communities, mitigation of stigma and gender-based violence, and awareness of safe practices.

Mozambique

There is no discussion yet of a vaccine rollout. An armed insurgency in Cabo Delgado province has uprooted 400,000 people from their homes, and CRS is providing emergency shelter, and water, sanitation and hygiene assistance for at least 4,180 displaced families. Temporary shelter construction has begun.

Malawi

COVID-19 vaccinations are progressing, focusing on 20% of the population, including front-line workers, the elderly and those with other serious medical conditions. CRS has provided personal protective equipment and other supplies to five health facilities, and will help ensure vaccine access for the most vulnerable communities. We have evaluated the needs for health, water, sanitation and hygiene across eight health facilities. CRS has also held a workshop for the health ministry to review the national COVID-19 clinical case management training and implement district-level training of trainers on the revised content.

WEST AFRICA

Liberia

CRS and our local partners support health facilities with personal protective equipment, beds, water and sanitation supplies, and infrastructure repair to help ensure continued essential care to women, children, the elderly, HIV-positive patients, and others.

CRS has also trained health workers on safety procedures, case detection and referral. We installed 235 hand-washing stations in high-traffic areas, where CRS-supported hygiene promoters share information about best practices. CRS has also partnered with local radio stations to air COVID-19 prevention jingles. And, because of the impact on people's livelihoods, CRS supported 2,000 extremely vulnerable families with cash assistance.



A woman washes her hands at a CRS hygiene point in St. Joseph's Catholic Hospital in Monrovia, Liberia. CRS and our partners have supplied personal protective equipment, cleaning and sanitation supplies and medical equipment to Catholic health facilities. Photo by Carielle Doe for CRS



Medics at St. Joseph's Catholic Hospital in Monrovia wear personal protective equipment supplied by CRS. Photo by Carielle Doe for CRS

CRS and our partner, the National Catholic Health Council, will engage working groups led by the health ministry on vaccine prioritization and roll-out. Once the health ministry has defined prioritization, the council will support community messaging to ensure awareness and access—for example, letting the community know which public health facilities to go to, on which dates, and what follow-up will be necessary. The council will train its health center staff on vaccine promotion.

Community volunteers raise awareness of COVID-19 in Gaare, Northern Ghana. They explain how to identify a COVID-19 case and prevent and reduce further spread of the virus. Photo by Natalija Gormalova for CRS



Burkina Faso

CRS has trained 143 members of water-user committees and 62 pump caretakers on COVID-19 prevention in Banfora commune in the southwest. CRS also provided materials for tippy taps and to clean water pumps, as well as posters on prevention to display at water points. CRS continues to support waste management plans with hand-washing systems, training sessions, and monitoring of program impact. We trained teachers and students at 69 public schools on COVID-19 prevention, and the installation, use and management of tippy taps. CRS installed 540 taps in nearly 100 schools, benefitting 38,920 students and 1,214 teachers. We also provided water and sanitation infrastructure to 16 health centers. CRS trained 140 community-based health workers and 60 members of the parish outreach team in Banfora, Dori, Tiébélé and Fada on COVID-19 prevention in their communities. CRS-supported messages on community radio stations are expected to reach 150,000 people.

Ghana

CRS trained 145 key staff at five Catholic health facilities on COVID-19, including in infection prevention. We provided hand-washing stations, sanitation supplies and water storage tanks. CRS has also supported schools from the northern Talensi and West Mamprusi municipalities with posters, information on risks, and sanitation supplies. Some 50 community health volunteers were trained to conduct awareness campaigns. In partnership with Catholic health facilities and dioceses, CRS also provided cash assistance to vulnerable people affected by the pandemic. CRS has also provided emergency food, cash assistance, hygiene and shelter supplies to 500 families affected by floods. For the COVID-19 vaccine roll-out, CRS will support all relevant actors on planning, and help health facilities assess and map their cold chain infrastructure. CRS will share data and engage key actors to strengthen health facilities in preparation for storage and administration, and will support vaccine-related advocacy efforts.

Because tippy taps are foot-operated, users do not need to use their hands to activate water flow. Tippy taps can also be made easily with locally available materials.

Photo by CRS staff



Snapshot: Adapting emergency response in Mali during COVID-19

CRS is providing life-saving emergency responses to conflict-affected communities in northern Mali. By integrating COVID-19 prevention procedures, CRS seeks to ensure our activities do not spread the infection. We are working to empower rural, often-isolated communities, with the knowledge and resources they need to protect themselves. Key measures include:

- Inviting a district health worker on each field mission to conduct a briefing, temperature and symptom screenings, information sessions and case referrals.
- Spacing project participants at least 3 feet apart in distribution lines and installing hand-washing stations.
- Integrating water, sanitation and hygiene assistance in all activities.
- Equipping all team members with masks and hand sanitizer, and checking their temperatures daily before fieldwork.
- Distributing flyers and posters with COVID-19 prevention messages and a national hotline number.
- Sharing COVID-19 prevention messages with each household representative before participant registration.
- Planning extra vehicles for field missions to ensure adequate spacing during travel to and from the field.
- Collecting information on participant satisfaction with COVID-19 messaging and prevention measures during post-distribution monitoring to inform adaptations and improvements for future interventions.

Niger

CRS' COVID-19 awareness efforts and door-to-door messaging reached 12,000 people. We built hand-washing facilities, trained health center staff and our partners on COVID-19 prevention, and provided personal protective equipment and sanitation supplies. CRS also distributed masks and individual drinking water containers to 1,200 cash-for-work participants. CRS supported radio messages, jingles and sketches on home care for those who fell ill with COVID-19.

Senegal

CRS supported public health measures during the Grand Magal de Touba, a religious pilgrimage made by more than 4 million people. CRS supported five radio broadcasts and 10 public health caravans providing information on COVID-19. We supported 5,282 families with the installation of hand-washing stations. CRS also trained 1,660 members of 260 community watch and alert committees, on contact tracing in the central Touba district and Matam and Louga regions in the north. CRS also distributed personal protective equipment, including masks and hygiene materials.

In Tajumulco, Guatemala, CRS partner Cáritas San Marcos will reach 89,880 people with hygiene and sanitation supplies, and information COVID-19 prevention. Photo by Eric Salguero/Cinema Studio for CRS



“ When the virus arrived, many of us lost our jobs, but little by little we are returning to work, and taking care of ourselves is very important.

Otilia Cax
CRS project participant,
San Marcos, Guatemala

LATIN AMERICA AND THE CARIBBEAN

Guatemala

Late last year, CRS and Caritas San Marcos distributed hygiene kits to 4,517 households in five municipalities, as well as key messages on COVID-19 prevention, family dynamics during quarantine, and referral resources. With the health ministry, CRS and our partners distributed vital protection equipment for 28 health facilities in 15 municipalities in San Marcos. Health centers also received 1,375 kits for COVID-19-positive patients who did not require hospitalization. Each kit contained masks, gloves, disinfectant and cleaning materials. For 36 health workers, CRS facilitated training on psychological first aid and referral. Trainings on COVID-19 prevention, referrals, self-care and mental health strategies reached over 100 community promoters and more than 140 staff of 30 local health commissions.

CRS reached 6,250 households and 108 health promoters with prevention information through SMS and WhatsApp. In turn, the promoters reached a wider network of over 550 community leaders. The project continued airing radio spots on COVID-19 risks in San Marcos, Totonicapán and Quetzaltenango.

In the Western Highlands, Caritas Los Altos donated equipment and furniture to the food security and nutrition offices of the Momostenango and Santa Lucía la Reforma municipalities in Totonicapán, to bolster their response community food needs. The project also provided 350 families with poultry, and materials to build chicken sheds. Cash transfers helped 1,030 individuals buy vital food and hygiene supplies.

In Haiti, 70% of the population listens to the radio daily. CRS radio messages have formed a key part of our strategy to inform people about COVID-19. Photo by CRS staff



Haiti

CRS provided psychosocial support to front-line workers and people affected by COVID-19. We also supported the health ministry with COVID-19 awareness-raising campaigns, and worked with Caritas Haiti to provide community-level leadership and materials for prevention measures.

Getting the message out

CRS radio programs, messages and jingles have helped people around the world hear more about the risks of COVID-19 and how to protect themselves. Besides Haiti and Guatemala, CRS has used radio in Nigeria, Niger, Liberia, Burkina Faso, Ghana, Senegal, Sudan, South Sudan, Uganda, Zambia, Madagascar and Bangladesh.



1,000

METRIC TONS OF COMMODITIES DONATED BY THE USDA HAVE BEEN DISTRIBUTED BY CRS HONDURAS AND OUR PARTNERS SINCE THE COVID-19 CRISIS BEGAN

Honduras

CRS continues to distribute take-home rations to 50,000 children and youth in the western department of Intibucá. In November, parents received food parcels of vital staples including rice, vegetable oil, beans, corn and fortified flour. Since the COVID-19 crisis began, CRS Honduras and our partners have distributed over 1,000 metric tons of commodities donated by the United States Department of Agriculture.

El Salvador

CRS reached 3,000 people through a COVID-19 communication campaign that included radio slots and educational videos on social media. Clinics also handed out printed materials. Some 85 health workers took part in three workshops on self-care and stress management, and 95 household heads attended workshops on COVID-19 prevention measures to take if a family member is sick, as well as workshops on stress management. Some 85 workers at health care facilities and 3,695 people visiting clinics received personal protective equipment.

CRS has also distributed hygiene kits to 1,390 families affected by Hurricanes Eta and Iota, which made landfall within two weeks of each other in November 2020.

