COVID-19 CRISIS
CARE leads in responding in the world’s most vulnerable countries and communities

Background
The COVID-19 pandemic is stretching the coping capacity of even the best-prepared countries. Yet the world has barely begun to come to grips with how the outbreak threatens the world’s poorest communities. The pandemic could thrust fragile societies into even deeper despair and place the most vulnerable people – including women, girls, refugees and migrants – at particular risk. CARE is rushing aid to those at greatest risk in 50 countries, as people prepare for the coming wave of infections.

Time is of the essence, as travel restrictions and soaring infection rates are likely to limit our mobility. With CARE’s experience in the fight against infectious disease, we are well placed to help. We are active in 100 countries, with experienced staff – 95% of them from the communities where they live and work. Since 2015 we have run 57 projects fighting the spread of epidemics – like Ebola, cholera, and Zika – in 20 countries around the world. These projects collectively worked with 9 million people directly and 16.7 million indirectly.

“[We are] very much in the thick of the fight on behalf of our clients,” said Dr. Shahnaz Aziz, a socioeconomic project manager for CARE’s recent response to COVID-19 in Bangladesh. “Our clients are relying on us for food, shelter and health care, and we are working hard to ensure the most vulnerable have access to critical supplies.”

“I take my motorcycle and go out to the communities to explain this new virus and how they should be aware and start to protect themselves. I was born in this area and they know me. So they know to trust me when I tell them something that is this important.”

—Rosalind, a nurse at the CARE-partnered Kakoya health facility in Sierra Leone
CARE’s Response to COVID-19

CARE’s teams are already on the ground and taking action. We are working in 23 countries to increase water and sanitation support; 14 country teams are scaling up health and reproductive health services; and 19 CARE country offices are working on needs such as income, shelter and education.

Our immediate priorities include:

- Equipping the most vulnerable households with hygiene kits including water containers, hand soap and clothing detergent;
- Ensuring proper handwashing and sanitation knowledge reaches children, teachers and community leaders;
- Installing handwashing stations in schools, markets and other public places;
- Expediting provision of clean water through emergency water trucking and distribution of safe water storage containers; and
- Supporting and protecting our aid workers, who are also at risk.

A few examples of the many initiatives CARE is launching around the world:

- In Bangladesh, promoting COVID-19 preparedness in Cox’s Bazar – the world’s largest refugee settlement, where displaced families from Myanmar (Burma) are potentially at high risk of infectious disease.
- In Nigeria, preparing education campaigns about COVID-19 prevention, response and mitigation, including radio programs targeting 250,000 people.
- In Ethiopia, establishing handwashing stations, supplying soap and detergent to 10,000 people, and providing personal protective equipment (PPE) to staff at 20 health facilities.
- In Haiti, providing prevention information to 30,000 people; distributing hygiene kits to extremely poor households, elderly and disabled people; and setting up handwashing stations and water supply.
- In Myanmar, targeting 200,000 people with information, education, handwashing and sanitation items, and healthcare referrals for those exhibiting COVID-19 symptoms.
- In the West Bank and Gaza, providing awareness-raising campaigns for 100,000 people, as well as essential supplies such as health kits, PPE and disinfectants for 23 healthcare facilities.

Gender Implications of the Pandemic

CARE recognizes the particular risks faced by women and girls – who comprise the majority of caregivers in families and healthcare settings. Furthermore, the risk of sexual and gender-based violence (GBV) tends to spike in crisis situations, especially in settings like camps and informal settlements. Our programming includes measures to prevent GBV and support survivors. At the same time we work to ensure that family planning and sexual and reproductive health services are continued, as primary health resources are diverted to COVID-19 response. We know, for example, from the Ebola outbreak in West Africa that school closures and decreased reproductive health services resulted in increased rates of unplanned pregnancy.

Lessons from Previous Outbreaks

CARE’s response in multiple countries to infectious disease epidemics like Ebola, cholera and Zika provides valuable experience in the fight against COVID-19. Through community awareness initiatives developed in cooperation with national and local governments and community leaders, we build emergency alert systems to share accurate information that helps people take action to protect themselves and their communities from the threat of disease. Communications tools can include T-shirts, posters, dramas, radio shows and phone numbers linking callers with local health centers for immediate alerts about suspected cases.
Most projects work with **networks of local volunteers** who function as go-betweens for health centers and communities, sharing health tips and alerting health centers when communities need extra support. We help communities focus on adoption of infection control measures – and provide accurate information in place of hearsay and stigma.

The **evidence** shows the effectiveness of these approaches. To cite one important example: community outreach is **successful at increasing handwashing**, an important protective measure against COVID-19. Families in Yemen reached by CARE’s Emergency Assistance for Vulnerable and Conflict-Affected Communities project were 2.6 times more likely to wash their hands. Those reached by our Emergency Ebola Response project in Sierra Leone were 30% more likely to wash their hands than those who had not participated.

**The coming storm: COVID-19 in refugee and migrant communities**

Around the world today, there are over 70 million people who have been forced from their homes and are living in vulnerable settings, often in **refugee camps or informal settlements**. Many of them have very little access to public health infrastructure or are living in countries with crumbling public health infrastructure. Over 168 million people are currently in need of humanitarian assistance. **The pandemic threatens to tear unchecked** through packed camps and migrant settlements – places where social distancing is all but impossible and hygiene facilities are far from adequate.

Building on CARE’s ongoing work with refugee and migrant populations, we are taking immediate measures to help communities prepare for the outbreak in places like these:

**Nigeria**: The pandemic threatens people who have fled insurgency in northeastern Nigeria – many of them confined to congested camps. CARE works to provide supplies and to promote safe hygiene practices and social distancing. To avoid large gatherings, we use volunteers who conduct door-to-door campaigns, as well as radio programs, posters and flyers. CARE is also establishing handwashing points and mobilizing prevention control committees composed of influential community members.

**Somalia**: Most of Somalia’s 2.6 million internally displaced people live in congested camps with little or no health infrastructure. CARE is expanding our existing water, sanitation and hygiene programming to include COVID-19 preparedness and prevention. We will provide soap and conduct handwashing demonstrations through our network of community hygiene volunteers, work with government personnel to carry out screening at camp entry points, and provide emergency water supplies.
Syria: COVID-19 is likely to spread quickly in northeastern Syria due to the huge number of displaced people living under crowded conditions with few healthcare resources. CARE’s response, integrated into our existing programs in camps and informal settlements, includes repair and construction of handwashing facilities, installation of water tanks and disinfection of existing ones, education and hygiene awareness campaigns, and soap distribution.

Uganda: CARE is ramping up prevention among Congolese and South Sudanese refugees and host community members in camps and settlements. We will outfit frontline responders with personal protective equipment and provide handwashing soap to the most vulnerable individuals. CARE teams are preparing and translating COVID-19 educational materials and broadcasts to reach at-risk communities, as well as training and mentoring staff in offering remote psychosocial support to those who need it.

How You Can Help
As we have for 75 years, CARE is working in some of the world’s most isolated places, with deeply vulnerable people who face an unprecedented crisis. Time is of the essence as CARE ramps up our efforts to help communities prepare for the inevitable spread of COVID-19. In order to mount our response, we require fast and flexible sources of funding. Our initial fundraising goal is $30 million. We thank you for considering a generous gift as the world braces to meet one of the most pressing health challenges of our time.

Some of the ways your donation can help:

- $9,000 can build and maintain handwashing stations in a refugee camp.
- $10,000 can outfit a refugee camp with temporary isolation spaces for suspected and confirmed COVID-19 cases.
- $11,000 can sponsor a radio broadcast with critical COVID-19 and hygiene information.
- $28,000 can furnish health kits, including sanitizer, gloves and feminine hygiene products, to 400 quarantined families.
- $43,000 can provide emergency food aid to 580 families.
- $55,000 can equip a health facility with personal protective equipment and disinfectants.

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1 In order to effectively manage the current emergency response and continue to be able to rapidly deploy resources for other emergencies, CARE will reserve 20 percent of donations to the COVID-19 Response Fund to cover technical support, administration and emergency preparedness expenses, including the rapid deployment of staff to emergencies such as this one.