CARE’s existing hygiene programming, including promotion of handwashing, serves as a model as we ramp up our COVID-19 response.

COVID-19 CRISIS
Focus on preparedness and prevention – with women and girls at the center

Background
CARE is quickly mounting a global response to the COVID-19 pandemic – which threatens to overwhelm healthcare resources, particularly in countries with weak public health infrastructures. We are building on our past experience responding to outbreaks of infectious disease in vulnerable communities – taking particular note that emergencies, including health crises, tend to disproportionately affect women and girls.

CARE benefits from strong relationships with national and local authorities in the 100 countries where we work, longstanding community links, and decades of experience in health interventions. Our response to the Ebola virus epidemic, among others, serves as a model for how CARE supports community preparedness and prevention during serious public health emergencies.

Partnerships for Prevention
CARE is coordinating our COVID-19 response with WHO, the U.S. Centers for Disease Control and Prevention (CDC), and other leading public health and humanitarian actors, as well as national governments and local community leaders. CARE’s response to infectious disease, such as the West African Ebola outbreak in 2014-15, has centered on bolstering community mobilization activities to raise public awareness and promote safe health and hygiene behaviors. In our Ebola response we were able to engage effectively thanks to our existing community ties in countries heavily affected by the outbreak. Our response to COVID-19 will similarly build on close cooperation with community members.
COVID-19 and Women

CARE places a special focus on women and girls, who often face specific challenges during emergencies. Based on CARE’s past experience, we can anticipate disproportionate economic and social effects on women and girls. We are preparing accordingly to support women in dealing with the fallout of a devastating pandemic. Among the critical concerns that are informing our developing COVID-19 response strategy:

**Women as caregivers:** CARE recognizes that women are the most frequent caretakers in families and face additional burdens caring for the sick when healthcare systems are overwhelmed, and for children when schools are closed.

**Women as healthcare workers:** About 70% of health and social workers worldwide – the backbone of an infectious disease response – are women. Women are often paid significantly less than male counterparts, and too often are excluded from leadership and decision making in times of crisis. **CARE emphasizes the equal engagement of women in leading their communities’ emergency response efforts.**

**Women as breadwinners:** Not infrequently women are the primary income earners for their families. In smallholder farming communities, women often do most of the work growing crops. When they fall ill, food production can be severely impacted. Furthermore, crises tend to exacerbate gender gaps in income. **Our work helping crisis-affected communities recover lost livelihoods centers on economically empowering women.**

**Threats of violence:** Emergencies can be accompanied by threats to women’s safety. Economic stresses can put women and girls at risk of exploitation, including sexual violence. When women and girls are unable to meet their expected role of procuring and preparing food, they can face heightened tensions in the household. **CARE’s emergency response places a priority on resources to address sexual and gender-based violence.**

**Disruptions to sexual and reproductive healthcare:** During epidemics and pandemics limited healthcare resources can be diverted away from sexual and reproductive health, with particular effects on pregnant women, new mothers, adolescent girls and others. **CARE takes a leading role globally in advocating for the recognition of sexual and reproductive health needs during emergencies, a long-neglected issue.**

How We Work

CARE’s COVID-19 response strategy rests on several key pillars. Examples include:

- **Community engagement:** Building on our existing programming, CARE will provide guidance to the communities and partners we work with on risks, prevention, signs and symptoms. Women and girls remain central to this effort, as they frequently play the primary role in household hygiene.

- **Hygiene promotion:** CARE will draw on our extensive experience in promoting handwashing – a simple and hugely effective measure everyone can take to reduce the risk of COVID-19. Our water, sanitation and hygiene teams – along with other CARE program teams – will introduce or scale up handwashing activities, such as the provision of soap and handwashing stations, conducting handwashing demonstrations, and tackling barriers to good hand hygiene.
• **Water supply:** We are exploring opportunities to scale up safe water supplies to facilitate good personal and household hygiene.

• **Gender and protection:** Recognizing the disproportionate impact of public health crises on women and girls, CARE is working to strengthen the policies and practices we implement in all of our emergency response work. This includes our focus on protection for vulnerable populations, including women and girls, given the elevated risk of sexual and gender-based violence during emergencies.

• **Sexual and reproductive health and rights (SRHR):** CARE is prioritizing the continuation of ongoing SRHR programming, as healthcare systems – particularly in lower-resource countries – are diverting resources to the COVID-19 response. Based on CARE’s experience responding to the Ebola outbreak in West Africa, school closures and decreased access to SRHR services are likely to result in increased rates of unplanned pregnancy.

• **Psychosocial support:** The emotional toll of a global health crisis cannot be underestimated – with effects on both healthcare workers and people who are being treated for COVID-19. CARE will work to bolster the availability of resources, such as psychological first aid, for vulnerable populations.

Below are a few early examples of how CARE is ramping up support for COVID-19 preparedness and prevention:

In **Bangladesh**, CARE is promoting COVID-19 preparedness in Cox’s Bazar – the world’s largest refugee settlement, where displaced families from Myanmar are potentially at high risk of infectious disease.

In **Laos**, where CARE conducts regular hygiene promotion activities, our teams are strategizing with government agencies on how to reach communities with important messaging on COVID-19.

In **Nepal**, CARE teams are involved in cross-agency planning including measures such as stocking home-quarantine kits containing gloves, masks, hand sanitizer, disinfectants, digital thermometers and fever reducer.

In **Pacific countries**, such as Fiji, Papua New Guinea and Vanuatu, CARE has resources and community links through our existing regional disaster preparedness program, giving a head start to COVID-19 outreach.

In **South Sudan**, CARE is collaborating with other humanitarian agencies working on health issues and coordinating with a newly established government taskforce on COVID-19.

In **Syria**, CARE is monitoring the risks the outbreak poses to displaced populations and supporting a consortium of humanitarian actors on information, education and communication efforts.

**CARE advocates with the global humanitarian and public health communities for a strong response on behalf of the most vulnerable populations, including women and girls.**

**How You Can Help**

Time is of the essence as the COVID-19 will inevitably spread to vulnerable populations worldwide. CARE is ramping up our efforts to help communities prepare. 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.

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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.