From Ebola & Cholera to COVID-19

Applying lessons from responses during Cholera and Ebola outbreaks to COVID-19 response

CARE has been responding to emergencies since 1945 when we sent the first CARE package. More recently, we've responded to epidemics, crises, and complex emergencies in more than 100 countries around the world. Between 2015 and 2019, CARE has run 57 projects that aimed to stop the spread of infectious disease 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. This document draws lessons from CARE's response to some of the most severe epidemics in recent memory—the Ebola outbreak in Democratic Republic of Congo, West Africa Ebola outbreak from 2014-2015, and the Haiti cholera outbreak in 2011 to inform COVID-19 response.

Organizational Readiness

- **Set clear priorities**. Understand where CARE can offer a value add in the response. Stick to that focus. Prioritize scaling up ongoing interventions rather than starting new interventions from scratch, building as much as possible on existing partnerships and relationships.
- **Consider timelines and context**. Map out not just the likely dimensions of infection, but also important markers that will complicate response and recovery, such as planting seasons, ongoing conflicts in some countries, and cyclical disasters.
- **Preposition key supplies, resources, and personnel**. In the event of sudden shifts in the ability to move freely, having pre-positioned supplies and staff is critical to continuing operations.
- **Consider alternate communications measures**. Build contingency plans for how people can communicate and support activities at a distance. Provide internet, mobile data, and other communications tools to staff to make remote work and work at a distance possible and efficient.
- **Prioritize Do No Harm**: In all contexts, our first priority is Do No Harm—protecting the people and communities we serve and our staff.

How we're applying operational readiness lessons to COVID-19

- CARE's global program guidance for COVID-19 highlights both immediate responses and long-term systems strengthening components to consider different phases of the response.
- CARE has identified key response areas: community engagement, hygiene promotion, water supply, food security, gender and protection, sexual and reproductive health rights, and psychosocial support.
- In the first week of response, 79% of CARE projects adapted existing activities to respond to the new context.
- 95% of CARE country presences have contingency plans in place specific to COVID-19.

Leadership

- **Be willing to take operational risks.** In both Ebola and cholera responses, After Action Reviews highlighted that being extremely risk averse made our responses are slower and less effective.
- **Decentralize decision-making.** Set clear levels of who gets to make which decisions and stick to that. Decisions should happen as close to affected populations as possible. ***Ensure that overarching program guidelines and Do No Harm guide all decisions at all levels.*** Ensure that all teams (especially Country Offices/ remote offices) have a clear decision-maker in place and designate a backup if the Country Director gets repatriated.
- **Have clear decision-making power and leadership.** Decisions by consensus and extensive consultation are too slow. Avoid many layers of decision making or bottlenecks for each decision.
- **Coordinate at all levels:** it's critical to ensure that teams at different levels are aware of the response and following core guidelines. All teams should be providing consistent messaging, and avoid duplicating efforts working with and reaching out to overloaded frontline responders.

How we're applying leadership lessons to COVID-19

- A COVID-19 task force is in place for global response to coordinate our responses.
- Each country and region has contact points and decision-makers for COVID-19.
- A program strategy review committee quickly assesses and revises all program, sector, and country guidance.
- A common set of principles guides decisions about response—anchored in Do No Harm as the first consideration, and community engagement as a key principle.

Community Engagement

- **Trust is paramount.** We need to engage communities and build relationships (or build on existing relationships) where communities can trust us to respond in this kind of crisis dominated by mass panic and misinformation. Communities often don't trust outsiders in this context
- **Work with local leaders**. Traditional Behavior Change Communication is not enough. This response requires people changing deeply held cultural values with information that may not be clear to them. Community leaders can help spread positive messages and reinforce key health behaviors.
- **Help communities track the disease**. Community based surveillance and detection of disease enables timely response. This should be done in conjunction with health system referrals and offering solutions to avoid breeding mistrust among community members.
- **Appeal to emotions and values**. In a context of panic and conflicting information, understanding what motivates people and how to tap into that to protect people is a key factor for success.

How we're applying community engagement lessons to COVID-19

- Community engagement is the first core programming priority in CARE's global program guidance.
- CARE's global program guidance for COVID-19 highlights both immediate responses and long-term systems strengthening components to consider different phases of the response.
- Sector specific guidance puts community-driven contingency planning and leadership engagement at the heart of response priorities.

People

- **Take care of all staff**: This includes national and international staff at all levels of programming. Check in on wellness and work life balance to make sure staff don't face burnout.
- **Define roles.** Clearly define which staff can work remotely and minimize travel and gatherings as much as possible. Outline who has what level of decision-making authority.
- **Build on existing capacity**. Many teams have emergency response teams, and experts on their development programs who can pivot to look at emergency response. Take advantage of existing skill sets on the teams.
- **Have a clear human resources strategy**. Consider how existing staff can readjust their roles for emergency response. Plan where and how to hire more people to meet new need and determine what skills they need.

How we're applying people lessons to COVID-19

- 95% of CARE offices have a contingency plan in place for all staff.
- Daily updates that include HR guidance on wellness, self-care, and other tips to manage stress.
- Teams are promoting new ways of remote working and managing teams through stress.

Partnerships

- **Support partners:** Ensure that local partners have plans in place for Do No Harm, protecting their staff, and responding to crisis. Provide opportunities and resources for partners to strengthen their skills when necessary. Budget to reinforce partners' core systems, communications skills, or other structural needs.
- **Partner with government:** government staff are the frontline responders. Supporting the Ministry of Health with coordination, communication, and support for logistics is critical to enabling their response.
- **Engage local partners early**. Find which partners are best able to implement different activities and support their work and decision-making. Organizations based in community grassroots need support for efficient, timely, and quality response that ensures Do No Harm. Support teams to connect remotely with locally-based partners and set up procedures, tools, and technology for remote coordination.
- **Coordinate across actors to reduce duplication.** Actively participate in the cluster system to coordinate across many kinds of development actors. Consider partners like local governments and the private sector. Set up remote coordination mechanisms to minimize risk of transmitting the disease.

How we're applying partnership lessons to COVID-19

- Systems strengthening with national and local governments are a core part of CARE's response to COVID-19.
- CARE works within all UN and WHO guidelines, and actively participates in the UN Cluster system.
- CARE is working with other actors to develop industry-wide guidelines for COVID-19 response.

Monitoring, Evaluation, Accountability, and Learning (MEAL)

- **Assess gender early and often**. Build gender response in from the beginning, including tools like the Gender Marker to ensure that programming keeps gender considerations at the core.
- **Conduct program needs assessments and safety and security assessments together**. This will allow the teams to balance safety and security with the humanitarian imperative.
- **Get needs assessments done quickly, and in conjunction with communities**. Reassess frequently but collect only the minimum necessary data to avoid overloading communities.
- **Make Feedback & Accountability Mechanisms (FAM) fit for purpose:** support community-based structures that can expand or replace existing FAM, especially if face-to-face interactions are seriously reduced.

How we're applying MEAL lessons to COVID-19

- CARE is conducting a Rapid Gender Analysis, and is building on our existing global indicators for emergency response to guide analysis and assessment. CARE's disaggregates by sex, age, and risk group.
- Each region has built out mapping and data visualization tools for situational assessments and tracking response and program adaptations.
- Teams making Feedback & Accountability Mechanisms as decentralized as possible, and training staff not just to receive feedback and complaints but also convey key messages

Communications

- **Communicate early, often, and consistently** about the response. Streamline communications channels to reduce burdens on all staff to provide and search for information
- **Designate and information/communications officer** to coordinate requests for information, reporting, and communicating existing responses. Having an individual tasked with that is critical to streamlining communications and ensuring nothing slips through the gaps.
- **Communicate decisions with donors** of existing projects about what is changing in the programs they fund and why. Ask for flexibility to pivot to response, or to increase activities that will improve resilience.
- **Get documents into local languages.** All guidance should be translated, and teams should prioritize providing information in languages that are comfortable for frontline staff.

How we're applying communications lessons to COVID-19

- CARE's sitrep system is providing one harmonized tool to communicate about response activities, program adaptations, and new guidance. There is a common platform to access information on COVID 19.
- Regions and countries are consolidating their communications and reporting tools.
- Daily COVID-19 updates go to all staff across the organization to ensure consistency and transparency.

Program Activities

- **Put gender at the center:** Gender often risks becoming an afterthought. In previous crises, we conducted gender assessments late in the process, and did not build in tools like the Gender Marker early enough.
- **Think about exit planning now.** All activities should have an eye to strengthening local systems and building to an eventual handover to local actors or phase out where appropriate.
- **Reassess existing activities.** Consider where to adapt, expand, continue, or stop existing project activities.
- **Plan for recovery early.** In addition to the immediate crisis, epidemics have long-term consequences for food security, markets, and incomes. Considering the recovery phase now will help make it clear what activities may be necessary to continue, even if they are not directly public health responses.

How we're applying programming lessons to COVID-19

- CARE released a policy position on gender and COVID, and is conducting a Rapid Gender Analysis.
- Gender and protection are core to CARE's global program guidance, and a key in all sector-specific guidance.
- Within a week, 99% of CARE office has assessed their current situations and activities within existing projects, and 79% had developed contingency plans for existing work.

	DO	DON'T
Get Ready	Prioritize Do No Harm Set & keep clear priorities Map out a response timeline Preposition supplies & people Invest in internet/mobile data for staff and partners Immediately develop contingency plans for quarantine	Delay preparedness Assume business as usual Plan for high mobility and access to communities Focus only on immediate health needs
Lead	Take calculated risks Decentralize decisions -decide who can make which choices Provide clear processes for approval Clearly outline roles and authority	Add layers and bottlenecks Make decisions by consensus Let potential risks paralyze decisions
Engage Communities	Follow all health guidelines Build trust with local actors Work with local leaders to spread messages Listen to what communities need Help communities track & report disease cases Support local health systems	Plan for traditional Behavior Change Communication. You will need to appeal to emotions and use other techniques to combat mistrust and misinformation Assume everyone has good information
Value People	Set contingency plans for staff at all levels Clearly define roles Provide guidance for staff on making decisions Survey existing staff capacity and see who can apply their skills.	Overload staff with high workloads Put staff at risk Hire unqualified staff because of time pressures
Support Partners	Reinforce partners' skills, logistics, and infrastructure Ensure quality and do no harm Participate in the cluster system Prioritize working with governments Engage local grassroots partners	Focus only on INGO partners Neglect the private sector Overlook local governments
Measure	Use Rapid Gender Analysis Assess needs and security together Engage communities in defining needs and measuring progress Act quickly & Reassess frequently	Collect unnecessary data (from staff or participants) Consider risks separately from needs Let risk assessment override humanitarian need
Communicate	Use one platform to streamline communication Invest in an information focal point Engage donors when changing activities Use local languages Re-design Feedback & Accountability Mechanisms to integrate and localize information sharing	Overload staff or participants with communications Share conflicting messages Change activities without communicating Force continued face-to-face interactions for communication and feedback
Improve Programs	Put gender at the center Start building exit strategies during initial design Repurpose existing activities Plan for recovery early	Continue all existing activities Stop all existing activities Focus only on health needs