

# COVID-19 GLOBAL HEALTH RESPONSE

Capacity Statement

The COVID-19 pandemic is stretching the capacity of health systems of even the best-prepared countries. In contexts where the health system is already weak and overburdened and has insufficient trust from the community, the pandemic’s impact is even more devastating. COVID-19 has harmful health effects for the most marginalized people – including women, girls, migrants and displaced persons, and communities in already fragile settings. We also know the immediate and spillover effects of the pandemic are gendered, including a significant increase in women's unpaid care roles; an increase in gender-based violence (GBV); and decreasing access to healthcare, including essential and lifesaving sexual and reproductive health (SRH) services. Frontline health workers and volunteers are mostly women, but local women are rarely included in decision-making around the response.

Founded in 1945, Cooperative for Assistance and Relief Everywhere (CARE) works around the globe to save lives, defeat poverty, and achieve social justice. CARE operates in 100 countries globally directly reaching more than 68 million people, working in partnership with communities to build back better.

**CARE’s Health Equity and Rights Programming**

CARE's health programming reached 50 million people across 263 projects over the past year. Public health emergency response is a key focus area of CARE's Health Equity and Rights programming. Since 2015, CARE has supported more than 50 projects to stop the spread of infectious disease epidemics in 20 countries around the world. As of mid-June, CARE teams in 67 countries are currently engaged in COVID-19 response either through new funding or adapted programming, directly reaching 11.7 million people. Through this response CARE is supporting over 1500 health facilities to provide adapted health and SRHR services during the pandemic, and in six countries CARE is supporting community-based surveillance and contact tracing.

CARE takes a rights-based approach to health, making the health system work for the most marginalized by increasing access to critical information, services, and products. We put gender equality and inclusion at the center of our health response, and work to address the social determinants of health. Our programming works at every level of the health system and spans the humanitarian to development continuum to address health disparities and inequities. We focus on service provision and uptake from the community up through the subnational, national and global levels. CARE pairs its expertise in health systems with multisectoral programming in GBV, water/sanitation and hygiene (WASH), education, economic empowerment, and food and nutrition security to build the resilience of communities and systems.

**CARE’s Approach to COVID-19 Response and Recovery**

CARE is collaborating with local partners and governments to slow the spread and mitigate the impact of COVID-19 and helping countries with few current cases to prepare for the expected dramatic increases in infection. CARE's approach to COVID-19 response and recovery focuses on four key areas:

* **Protecting and supporting health providers –** CARE is working with partners to institute national infection prevention and control (IPC) measures. This includes coordinating with governments and inter-agency bodies to procure adequate supplies of personal protective equipment (PPE) for providers who need it most and ensuring availability of WASH suppliesfor all health workers and CARE-supported facilities. To support healthcare workers who are under a great deal of stress and facing stigma for supporting response efforts, CARE promotes psychosocial support services so they can continue their lifesaving work and enhance their wellbeing.
* **Strengthening community systems to stop the spread –** CARE is implementing risk communication and community engagement approaches to promote proper hygiene practices and counter misinformation and rumors. To strengthen the critical link between community and health facility, we are collaborating with ministries of health to support community-based surveillance and contact tracing. Central to CARE's approach for both RCCE and community-based surveillance is two-way dialogue with communities using existing platforms to generate hyper-localized language and interventions in the context of community beliefs, behaviors, and social and gender norms.
* **Shielding the most marginalized –** CARE is putting our unique tools and decades of experience and relationships to work to combat harm to both the acutely vulnerable and historically marginalized. For example, we are rapidly adapting and digitizing CARE's Community Score Card® to ensure communities (and the most vulnerable individuals and families within them) are equitably served by the health system during the crisis. We are adapting other participatory tools like our Social Analysis and Action approach to combat the stigma and discrimination that block access to health and social services for the most vulnerable. CARE also supports access to psychosocial support and GBV services through health programs or linking to services through referrals.
* **Ensuring continuity of health services –** COVID-19 is further reducing women and girls’ ability to access RMNCAH services by exacerbating supply chain challenges and stock outs of essential commodities and diverting resources away from essential health services including lifesaving SRH services. In response, CARE is adapting health service delivery procedures to enhance patient safety. This includes adjusting patient flow and triage protocols to enable and encourage physical distancing, supporting task-shifting and self-care approaches, and implementing remote/virtual counseling and service provision as possible.

**CARE’s Health Programming Adaptations to COVID-19**

In this new fluid context, CARE is adapting its health programming to the new reality of the COVID-19 pandemic in order to meet the needs of health providers, health systems, governments, and communities.

* In **India**, CARE is engaged at all levels of the Bihar State response, from data analysis support and emergency operations planning at the state and district levels to rolling out testing, contact tracing and risk communications at the front lines. CARE is also helping facility-based government counselors to provide information and referrals to GBV survivors through helplines.
* In **Bangladesh,** CARE has seen that as community-level health providers restart their work in communities after being provided with PPE, they face the mental burden of possibly infecting their own family other patients. To support them, CARE has developed separate guidelines for health providers and conducted distance learning sessions to demonstrate guideline practices, including mental health sessions. Project staff maintain close contact with them over phone for motivation, family counselling, service updates and challenges.
* In **Venezuela**, CARE is providing virtual psychosocial support and accompaniment to households with COVID+ members, and operationalizing telephone hotlines to strengthen referrals to health services, address questions, and increase access to public and protection services.
* In **Burundi**, CARE is leveraging two-way communication channels through SMS with our Village Savings and Loans Association (VSLA) platforms for risk communication on COVID-19. CARE is also working through our Social Innovation Hub to partner with youth innovators and CSOs to develop innovative ideas for protection of the most vulnerable during the pandemic.
* In **Lebanon**, CARE has adapted existing helplines initially designed to support Syrian refugees and vulnerable host community members with referrals for health and protection services to now integrating two-way risk communication approaches on COVID19 to offer accurate information and address myths and misinformation.
* In **Cox’s Bazaar, Nigeria, South Sudan** and several other humanitarian settings**,** CARE has adapted its service delivery and community outreach components to the COVID19 to ensure continued access to lifesaving SRH services in line with the Minimum Initial Service Package for SRH in Crisis-Settings (MISP). For example, in Cox’s Bazaar, CARE has supported health facilities to install additional handwashing stations and implement more robust IPC measures and adapted patient flow and waiting rooms; adapted mobile service delivery and reducing number of individuals involved in awareness sessions and at women and girls’ safe spaces (WGSS). Reduced and rotational staffing allows for social distancing. In addition, CARE is supporting an isolation center at a sub-district hospital within the host community.

**Current and Past Public Health Emergencies Projects**

**Current COVID-19 Response Projects:**

*Donor:* Abbott

*Program Title:* Strengthening health systems to train, support and protect FLHWs

*Geographies:* Afghanistan, Yemen, Colombia, Uganda

*Timing*: 18 months

*Funding amount:* $3 million

Through this global program, CARE is implementing a core package of interventions to protect, support, and empower frontline health workers across regions and contexts. This package of interventions includes training and supporting FLHWs to implement risk communication and community engagement (RCCE) and community-based surveillance (CBS) and contract tracing; providing protective supplies and WASH supplies; ensuring continuity of critical health services, including SRH; supporting FLHWs through psychosocial counseling and gender mainstreaming; and strengthening FLHW’s use of data for decision making and technology for COVID-19 response. This program aims to both respond to the pandemic while building resilience in frontline health systems to prepare for future public health emergencies.

*Donor:* CDC

*Program Title:* Strengthening District Readiness to Safely Provide Essential Health Services for MNCH during the COVID-19 Pandemic

*Geographies:* Uganda

*Timing*: 12 months

*Funding amount:* $750,000

Through this project CARE is implementing an integrated service package at facility and community levels to mitigate the impact of COVID-19, particularly for women of reproductive age, pregnant women, new mothers, and newborns, for South Sudanese refugees in Rhino Settlement and Imvepi settlements in Arua district and Parolinya in Obongi/Moyo district. CARE will work to adapt the national and WHO guidelines to deliver integrated MNCH services during the COVID-19 pandemic to refugee settlements; strengthen MNCH-related COVID-19 surveillance and use reliable data for decision-making; and improve awareness of COVID-19 prevention and control measures by increasing access to WASH. Through this project CARE will work directly with 400,000 refugees and reach approximately 1 million people among the host communities across the three settlements.

*Donor:* Bloomberg

*Program Title:* COVID-19 Response in Tanzania

*Geographies:* Tanzania (Tabora Region)

*Timing*: 12 months

*Funding amount:* $500,000

CARE is partnering with the Tabora Regional Health Management Unit to strengthen capacity of Community Health Management Teams, health facilities, and CHWs to deliver gender-responsive COVID-19 services while ensuring continuity of critical health services including SRH. Through this initiative, CARE is implementing risk communication and community engagement integrating community feedback mechanisms and digital Community Score Card©. CARE is also adapting its Social Analysis and Action approach to build understanding of the gendered impact of COVID-19 at the community level and work with communities to develop action plans. This project leverages activities from the GAC-funded Tabora Maternal Newborn Health Initiative (TAMANI) which is working to improve the quality of reproductive, maternal, and newborn health services available, and to address the existing barriers women and girls face in accessing care.

**Current and Past PHE Projects:**

*Donor:* CDC

*Program Title:* Expanding Efforts and Strategies to Improve Rapid Response to Public Health Emergencies

*Geographies:* Global, DRC, South Sudan

*Timing:* 2017-2022

CARE is one of the CDC Emergency Response and Recovery Branch's 11 partners of choice to enhance capacity and preparedness to improve rapid responses to public health emergencies, in line with the Global Health Security Agenda. Through this grant, CARE seeks to improve skills and preparedness to respond to infectious disease outbreaks with an emphasis on global support for community-level interventions that aim to enhance risk communication through community engagement and improve rapid detection of and response to emergency events through community-based surveillance, data collection and use. Through this program CARE has built preparedness globally and responded to public health emergencies in DRC and South Sudan. In DRC, community-based surveillance has improved the rapid detection of infectious diseases, including measles, acute flaccid paralysis, and cholera. Improved detection of cholera has facilitated early case management and the health zone has seen reduced cholera-related mortality.

*Donor*: German Cooperation (BMZ) via KFW

*Program Title:* Epidemic Control and Reinforcement of Health Services Program

*Geographies:* Sierra Leone

*Timing:* 2015-2018

Launched immediately following the Ebola epidemic, the ECHRS project worked to stabilize the health system in Sierra Leone and to increase the resilience of communities affected by the disease. ECRHS focused on provision of immediate recovery and long-term system strengthening support to health facilities and contributed to community resilience by improving community water and sanitation infrastructure and developing sustainable livelihoods. ECRHS' integrated approach strengthened health systems from the community level through to the national level, ultimately helping health centers, families, and communities to recover from the negative effects of the outbreak and improve their resilience to future shocks.

*Donor:* USAID

*Program Title:* Zika Response in Ecuador and Peru

*Geographies:* Ecuador and Peru

*Timing:* 2016-2019

This project contributed to the strengthening of local actors and communities for the prevention and control of Zika, influencing the knowledge, attitudes, and practices of communities, agents, and community health workers. The project also generated and scaled best practices to strengthen and develop community monitoring and control mechanisms. Through this project, pregnant and childbearing-age women's knowledge of prevention practices increased by 23% and 21% in Peru and Ecuador. The project rolled out a community-based surveillance system implemented by community health agents. In Ecuador, this approach filled a gap in the existing surveillance system which did not include community participation, and the contextualized model leveraged university students as trainers, which enabled the community-based surveillance system to better reach adolescents. CARE also strengthened capacities of local actors through training, design of tools and methodologies for Zika prevention and reduction of congenital syndrome. In total, 2530 health and municipal officials in Peru and 2703 in Ecuador were trained in vector control.

**CAREs Global Engagement and Advocacy on COVID-19 Response**

CARE is engaging globally to share best practices and build technical guidance on COVID-19 response through the following platforms:

* Co-leading the IAWG COVID-19 taskforce: advocacy and technical workstreams
* Member of the Risk communication and community engagement working group, GOARN
* Member of Reproductive Health Supplies Coalition
* Member of Community Health Impact Coalition
* Member of Frontline Health Worker Coalition