



WE NEED GLOBAL SOLIDARITY TO BEAT COVID-19

COVID-19 CRISIS: Eastern, Central and Southern Africa

Focus on prevention and response – with women and girls at the center

Background

CARE is mounting a rapid 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.



CARE's support of preventive hygiene measures – like promoting handwashing – helped communities reduce the impact of Ebola in countries like DRC.

How We Work

CARE is coordinating our COVID-19 response with national governments and local community leaders, as well as WHO and other leading public health and humanitarian actors. CARE's response to infectious disease has centered on bolstering community mobilization activities to raise public awareness and promote safe health and hygiene behaviors. In our response to the West African Ebola outbreak in 2014-15 and the Ebola outbreak in the DRC in 2019, we were able to engage effectively thanks to our existing community ties in countries heavily affected by the outbreak. Our response to COVID-19 in countries where we work in Eastern, Central and Southern Africa -- Burundi, DRC, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe -- will similarly build on our close cooperation with communities as they face the pandemic.



COVID-19 and Women

Disease outbreaks affect women, girls, men, boys and persons of all genders differently, as well as at-risk and marginalized groups, as power discrepancies are often exacerbated, and vulnerabilities deepened. Adding the challenge of COVID-19 to countries already experiencing war, poverty, and instability – like many in the ESCA region - creates a perfect storm of factors that will disproportionately affect women and girls in these settings.

CARE places a special focus on women and girls and we will continue to ensure that their specific needs are addressed as part of the response to this devastating pandemic. In order to inform its programming and ensure that the specific needs of women and girls are taken into consideration, CARE – in partnership with the International Rescue Committee – undertook a Rapid Gender Assessment in March 2020. Key findings include the following:

- **Significant increase in women’s unpaid care roles:** Women perform the vast majority of unpaid care work—more than three times as much as men. During public health crises such as COVID-19, this labor will often involve taking care of sick family members, and in the case of school closures, looking after children.
- **Female health workers face a double caregiving burden**—one at work, and one at home. About 70% of health and social workers worldwide are women. However, in the workplace, women are, on average, paid less than their male counterparts and less likely to be in a management position. They also risk stigmatization due to caring for COVID-19 patients.
- **High risk of increased gender-based violence (GBV) during the pandemic:** As one example, domestic violence cases could rise dramatically as people face quarantine, potentially with abusers, during the coronavirus outbreak. Increased GBV during the COVID-19 pandemic will create more demand and greater need for services.
- **Increased barriers to accessing health care:** Maternal health is already a critical issue for women around the world; 61% of maternal deaths occur in fragile states, many of them affected by conflict and recurring natural disasters. COVID-19 is likely to increase barriers for accessing contraception and life-saving maternal care.
- **Women are largely missing from COVID 19 decision-making:** Despite women’s contribution as healthcare workers, caregivers, breadwinners, they are often excluded from the decision making at the global, national and local level, which impacts their ability to ensure their specific vulnerabilities and capabilities are embedded into the response.

COVID-19 in the Region of Eastern, Central and Southern Africa

As of April 8, 2020, over 800 cases of COVID-19 have been confirmed in the Eastern, Central and Southern Africa (ESCA) region and the numbers escalate daily. The number of deaths is also escalating. However, it is very likely that limited testing capacity means that the actual number of cases is significantly higher than currently reported in many countries in the region. As with everywhere else in the world, the numbers are changing daily. For further details on the number of cases in the region, please see the Johns Hopkins Coronavirus Resource Center website at: <https://coronavirus.jhu.edu/map.html>.

While this is a global pandemic affecting more than 208 countries and territories, some countries present higher risk either because of the lack of adequate health systems to respond to this crisis or because they are already responding to other humanitarian situations that will be aggravated by the COVID-19

crisis. Urban areas in the ECSA region, such as Addis Ababa or Kinshasa, are densely populated, creating conditions where viruses can spread quickly but undetected in crowded informal settlements with poor infrastructure. CARE's analysis of INFORM Global Risk Index data has found that the world's 'highest risk' countries have three times higher exposure to epidemics, such as COVID-19, but also have a six times higher risk in terms of their access to healthcare compared to the world's lowest risk countries.

Whilst the pandemic is a truly global challenge, people living in low-income settings – such as the communities CARE works with in the ECSA region – face a triple burden as they face the onset of COVID-19 in their countries:

- higher transmissibility due to factors such as larger household sizes, intense social mixing between the young and elderly, overcrowding in urban slums and displaced people's camps, and inadequate water and sanitation;
- higher progression to severe disease due to the virus' interaction with highly prevalent underlying conditions, including non-communicable diseases, undernutrition, tuberculosis and HIV; and
- higher case-fatality due to a dire lack of intensive care capacity, especially outside large cities

In the ECSA region, 12 out of 15 countries are considered 'Very High Risk' or "High Risk" by INFORM, as they have the weakest capacity in the world to cope with the added stress of a pandemic such as COVID-19. Many countries in the region are already food insecure, with large parts of their populations requiring humanitarian aid for survival. Add on COVID-19 and it is not only national health systems that will struggle to cope, but the entire national infrastructure and basic services.

The above suggests that we need to very rapidly adapt our existing programs and initiate new approaches in ECSA - in order to continue providing lifesaving humanitarian assistance and position vulnerable communities and individuals to be as resilient as possible to the impact of COVID-19.

Operational Considerations to CARE International's COVID-19 Response

CARE and partner staff are safeguarding the communities they serve from risk or exposing them to harm, by applying a "Do No Harm" principle, while ensuring that the staff themselves are not exposed to any danger. In addition to existing safety and security measures, CARE has developed COVID-19 specific mitigation measures to further minimize risk to staff, partners and beneficiaries. This includes ensuring staff involved in the response are trained on hygiene practices and measures to help keep themselves and their communities safe. Our regional and national staff, volunteers and local partners are also closely monitoring information trends, so as to quickly address and challenge misinformation that may increase risk to vulnerable groups, women and children and ultimately hamper delivery of vital life-saving support. Emphasis is also placed on ensuring that young people are engaged in the discussion and made aware of the dangers of transmission of the disease through social contact.

CARE's Response Strategy

CARE is ramping up efforts to help communities in the ESCA region respond to – and mitigate the impact of - the global COVID-19 Pandemic. In order to mount our response, we require fast and flexible sources of funding. **Our initial fundraising goal, which aims to reach at least 9,810,000 people, is \$64,900,000 for the region.**

Objective: CARE's COVID-19 strategy rests upon the delivery of life-saving prevention and response activities to the most vulnerable societal groups and populations in countries in which we work. Simultaneously, CARE will apply a resilience approach to build future capacities at community, household and individual levels to prevent the re-emergence and spread of the disease.

CARE's immediate COVID-19 life-saving interventions in prevention and response are centered on the following key pillars, which CARE's experienced teams in each country will adapt/implement as appropriate:

- **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, as well as seek their input and participation to help fight the outbreak. Women and girls remain central to this effort, as they frequently play the primary role in household hygiene. CARE will provide reliable information (working with trusted partners, through mass information campaigns, in coordination with national government messaging/materials) on the current situation with regards to infection rates to counter negative impacts of misinformation and rumors.
- **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 (WASH) 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. We will provide support for Community Health Workers and Community Leaders as they implement careful social distancing measures and provide psychosocial support to their communities.
- **Water supply:** As part of its water, sanitation and hygiene programming, CARE will ensure safe drinking water and supplies to facilitate good personal and household hygiene, where needed. Emergency water supply would focus on water-scarce areas, either rural or urban, through water trucking or cash and vouchers to enable the purchase of supplies.
- **Clinical Support:** CARE staff and partners will support health centers on the front line of the treatment and care of some of the most vulnerable communities in the continent. Already, many are dependent upon these facilities for day to day care in a country where local government healthcare provision is limited. Protecting health workers from infection is an especially critical priority for countries with relatively weaker health systems, as these skilled practitioners are integral to maintaining the capacity of these health services.
- **Food Security:** we will work hard to ensure the safe provision and distribution of food and essential supplies – particularly in the event of supply chain breakdown and food market. CARE prioritizes cash and voucher methodologies to support local markets, ensure we do no harm and put decision-making in the hands of those who know best: the people affected by the crisis.
- **Gender and Protection, including GBV:** Recognizing the disproportionate impact of public health crises on women and girls, CARE includes in all of our emergency response work a focus on protection for vulnerable populations, including women and girls, given the elevated risk of *sexual and gender-based violence* during emergencies. CARE will work with communities to help reduce the risk of GBV as well as increase accessibility to response services.
- **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, unless we act to support those vital services.
- **Psychosocial support:** The emotional impact 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.

Country-Specific Interventions (subject to change as the situation evolves)

CARE's long-time presence in the ESCA region allows for a response that is contextualized and adapted to the needs and capacities of each country. Please see below a brief overview of priority activities for each country and the numbers of persons targeted through these interventions:

- **In Burundi, CARE needs USD 600,000 to reach 35,000 people.** Our team in Burundi is focusing on building the resilience of vulnerable groups to deal with the devastating economic and social impact of the crisis. This includes economic empowerment activities for vulnerable women and girls to help them better withstand the crisis, as well as GBV-prevention programming.
- **In the Democratic Republic of Congo, CARE needs USD 5,000,000 to reach 400,000 people.** In the DRC, we are building on experience and lessons learned from our Ebola response, undertaking risk communication and community surveillance activities, provision of primary health care and GBV prevention and response, as well as filling critical WASH and food security gaps at the household level.
- **In Ethiopia, CARE needs USD 24,000,000 to reach 1,200,000 people.** Our team in Ethiopia is focusing on WASH programming, cash provision, food vouchers and GBV and protection. WASH activities include risk communication through mobile mass awareness campaigns; improving access to water and basic hygiene materials; and supporting healthcare providers.
- **In Kenya, CARE needs USD 4,000,000 to reach 250,000 people.** In Kenya, our programming includes WASH activities and work to support livelihoods and address gender inequities, while strengthening capacities of local organizations to alleviate poverty and social injustice.
- **In Madagascar, CARE needs USD 1,500,000 to reach 250,000 people.** In Madagascar, CARE's COVID-19 response builds on our existing risk reduction programming in both urban and rural settings, and integrates WASH, community awareness activities and cash transfers for vulnerable populations.
- **In Malawi, CARE needs USD 4,000,000 to reach 500,000 people.** Our team in Malawi is adapting current programming to support local health systems in expanding current food security and water, sanitation and hygiene programming focusing on emergency preparedness and capacity building. We are also working with technology providers to develop innovative ways of sharing information with CARE's networks of volunteers and local committees for early preparedness and action.
- **In Mozambique, CARE needs USD 5,000,000 to reach 250,000 people** with a phased approach. In the first six months, CARE is undertaking an intensive hygiene promotion campaign through mass media and improving access to water and hygiene supplies, as well as addressing GBV and gender inequalities aggravated by the pandemic. In the second phase, we will work to improve local infrastructure such as clinics and women's safe spaces.
- **In Rwanda, CARE needs USD 200,000 to reach 1,000,000 people.** CARE – which works in all 30 districts in Rwanda – is using its extensive presence and networks to promote good practices and support information campaigns on COVID-19 prevention measures and symptoms. Particular attention is being paid to reaching women and girls supported through its economic empowerment initiatives and programming targeting in-school and out-of-school girls.

- **In Somalia, CARE needs USD 2,000,000 to reach 150,000 people with an expanded health, WASH and protection response.** CARE's response in Somalia includes a strong focus on improving access to water, hygiene information and supplies; protection and gender programming; and support for disease surveillance, quarantined households and psychological support for COVID-19 patients and their families.
- **In Sudan, CARE needs USD 3,000,000 to reach 100,000 people.** Our team in Sudan is expanding existing health, nutrition and WASH programming, using its health and nutrition centers as entry points to increase community awareness and strengthen the capacity of healthcare providers, as well as support the provision of medical and non-medical supplies and services.
- **In South Sudan, CARE needs USD 3,750,000 to reach 75,000 people** through key interventions in health, including support to health centres for the treatment and care of some of the most vulnerable communities in the country. The health programming will be integrated with other key interventions on food security, livelihoods and protection, as well as working to prevent and respond to gender-based violence.
- **In Tanzania, CARE needs USD 3,000,000 to reach 5,000,000 people.** CARE's team in Tanzania plans to provide assistance primarily to vulnerable women and girls to: raise awareness and promote behavior change to limit transmission of the virus; highlight the risks of GBV and provide channels for reporting and response; and provide e-cash and e-vouchers to support better hygiene, health care, food security and nutrition.
- **In Uganda, CARE needs USD 850,000 to reach 200,000 people with the following activities:** broadcasting messages on COVID-19 mitigation measures; provision of hygiene materials for frontline responders; psychosocial support for community members and healthcare workers; and protection/GBV programming to mitigate and respond to GBV. Our focus will particularly be on refugees and the communities that host them.
- **In Zambia, CARE needs USD 2,000,000 to reach 200,000 people.** CARE Zambia is working with key stakeholders to undertake mass community sensitization and improve water supply in key points such as schools, health facilities and markets, as well as distributing handwashing stations and hygiene material. CARE Zambia is also supporting the local authorities to strengthen community-based disease surveillance systems and GBV prevention and referral systems.
- **In Zimbabwe, CARE needs USD 6,000,000 to reach 250,000 people.** Linking its COVID-19 response to existing programming, CARE Zimbabwe is working with key stakeholders to undertake mass community sensitization and trainings, as well as provide awareness raising material at key points such as health facilities. These interventions will be complemented by the provision of PPE for selected Health Facilities, and handwashing stations, soap and dignity kits with items to meet the specific hygiene needs of women and girls.

How You Can Help

Time is of the essence as COVID-19 spreads inevitably 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 **\$64,900,000** for the provision of vital assistance in the Eastern, Central and Southern Africa region. We thank you for considering a generous gift as the world braces to meet one of the most pressing health challenges of our time.