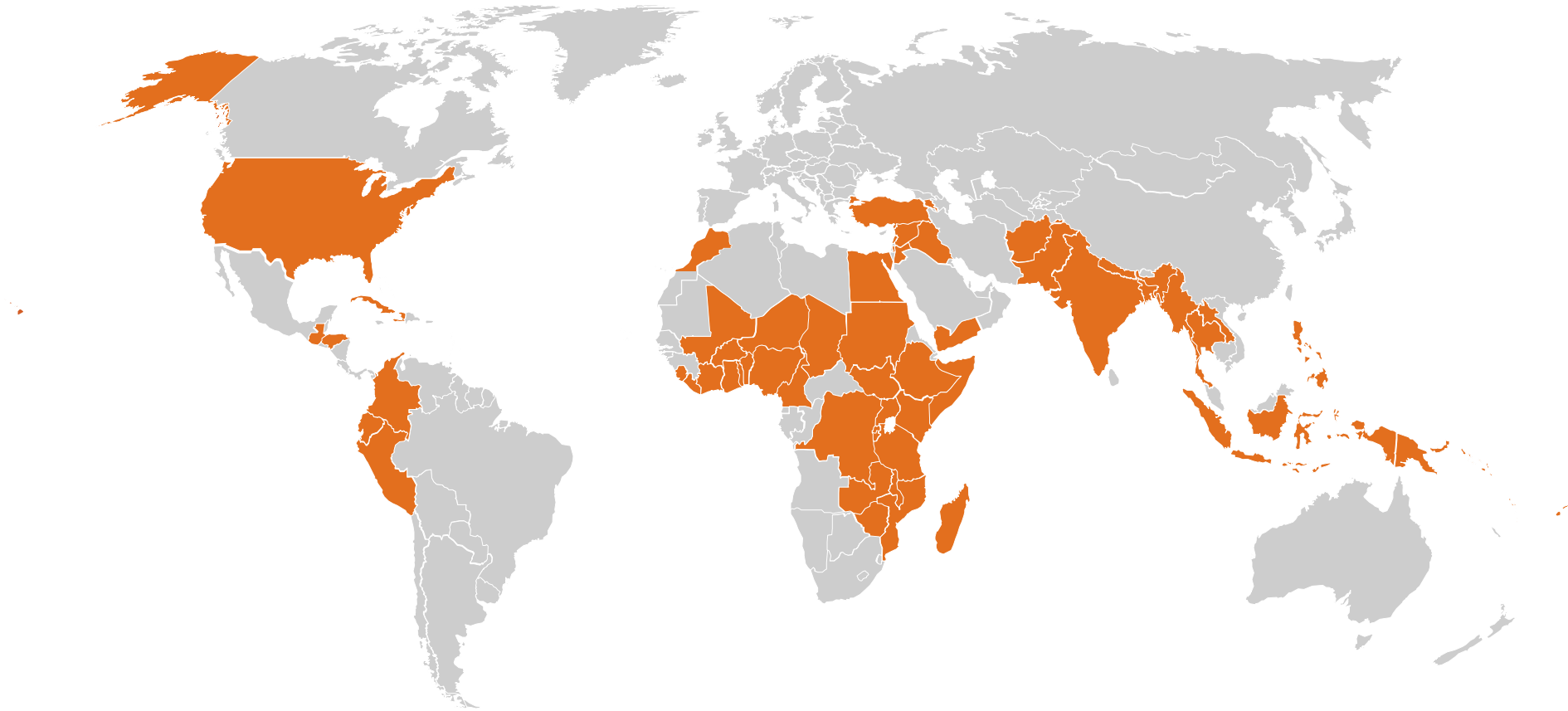# CARE's COVID-19
Health Response Strategy

In the face of the current global crisis...

...CARE is actively responding to COVID-19 in **60+** countries

COVID-19 has devastating health effects on women, girls and the most marginalized

COVID-19: 1.1 million refugees are extremely vulnerable in Bangladesh

India coronavirus: The underpaid and unprotected women leading the Covid-19 war

17 April 2020

India coronavirus lockdown

A Double Pandemic: Domestic Violence in the Age of COVID-19

By Caroline Bettinger-Lopez, CFR Expert and Alexandra Bro | May 13, 2020

Governments worldwide have imposed lockdowns to contain the coronavirus, but those same restrictions have increased the risks associated with domestic violence, especially for women, children, and LGBTQ+ individuals.

Family Planning Efforts Upended by the Coronavirus

In India and around the world, community health workers are being rerouted to deal with the pandemic—with dangerous results.

BY SARITA SANTOSHINI | MAY 13, 2020, 2:48 PM

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We take a **rights-based approach to health:** We fight to make the health system work for the most marginalized communities, which in turn makes the system work better for everyone

We put **gender equality** and **inclusion** at the center of our health response.

Our programmatic health strategy
Building on past outbreak experience to prevent, detect and respond to COVID-19

1. **Adapt programs to prioritize critical health objectives**

2. **Innovate across the health system to broaden and deepen impact**

3. **Multiply impact through partners and advocacy**

To slow the spread and mitigate the impact of COVID-19, **we are working with partners and governments at multiple levels to strengthen health systems** spanning humanitarian - development settings.

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What is CARE's Health Equity and Rights Program known for?

- Strengthening health systems by showcasing and strengthening the capacity of **frontline health workers**

- Supporting communities to hold their **health system** and leaders **accountable** to the most marginalized people

- Tackling **social and gender norms** that hold health back

- Delivering life-saving **SRH services** at scale in **crisis-affected contexts**

Our COVID-19 health response focuses on four critical objectives to curb the effects of the pandemic's impact

Protect and support Frontline Health Workers (FHWs)

Activate communities to stop the spread

Ensure access to sexual and reproductive health including gender-based violence response services

Shield and stand with women, girls and the most marginalized

The COVID-19 pandemic is **stretching the capacity of health systems** of even the best-prepared countries. The impact of the pandemic will be even more devastating in countries with weak and unaccountable health systems.

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Our integrated health systems approach works at all levels to respond now and build back equal

Communities

Health Facilities

Gov't and Global Health Systems

We build capacity of local actors and community based FHWs to do:
- Community-based preparedness
- Risk communication via two-way dialogues
- Case detection and contact tracing
- Sanitation and hygiene promotion
- SRH/GBV service awareness and referrals

We build capacity of frontline managers and facility based FHWs to do:
- Case confirmation and COVID care
- Infection, prevention and control practices
- Health worker task shifting
- Continuity of services including SRH/GBV
- Digital FHW psychosocial support
- Telemedicine

We work in coalitions and use influence to:
- Ensure access to SRH/GBV services during the pandemic
- Advocate for full protection of FHWs including adequate PPE
- Address gender-related barriers in the health workforce
- Equip leaders with data for policy-making

Strengthening the link through surveillance, digital tools, data, and accountability mechanisms

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How are we protecting and supporting FHWs?

Unpacking our critical health objectives

Sharp increases in caseloads are straining already weak health systems and over-burdening healthcare providers including community- and facility-based FHWs who are struggling to handle the surge and to protect themselves from infection. Here's how we are protecting and supporting them:

1. Preparing FHWs to do case identification, management and contact tracing

2. Enabling psychosocial support of FHWs through digital tools and WhatsApp

3. Working with partners to institute national infection, prevention and control measures in facilities and while conducting home visits to protect themselves from infection

4. Ensuring availability of water, sanitation, and hygiene supplies for all FHWs in all places of work through policy adoption

5. Working in coalitions to advocate for full protection of FHWs including adequate levels of PPE

6. Partnering with inter-agency bodies to strengthen PPE supply chains

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# How are communities activating to stop the spread?
Unpacking our critical health objectives

COVID-19 will be more detrimental on communities ill-prepared to handle a pandemic. Rumors, misinformation, fear and stigma will further complicate community-led response efforts. Here's how we partner with community actors and informal networks to stop the spread:

1. Supporting risk communication and community engagement approaches to protect community health during the response by engaging communities in "two-way" dialogue to share timely and accurate information

2. In countries experiencing lockdowns and physical distancing, we are testing digital and mobile phone strategies for community response efforts

3. Implementing behavior change approaches to improve sanitation and hygiene practices

4. Supporting community-based surveillance (identifying and referring suspected COVID-19 patients and tracing contacts)

5. Implementing CARE's *'Village Savings & Loans Association'* model to finance emergency referrals

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Risk Communication and Community Engagement Explained
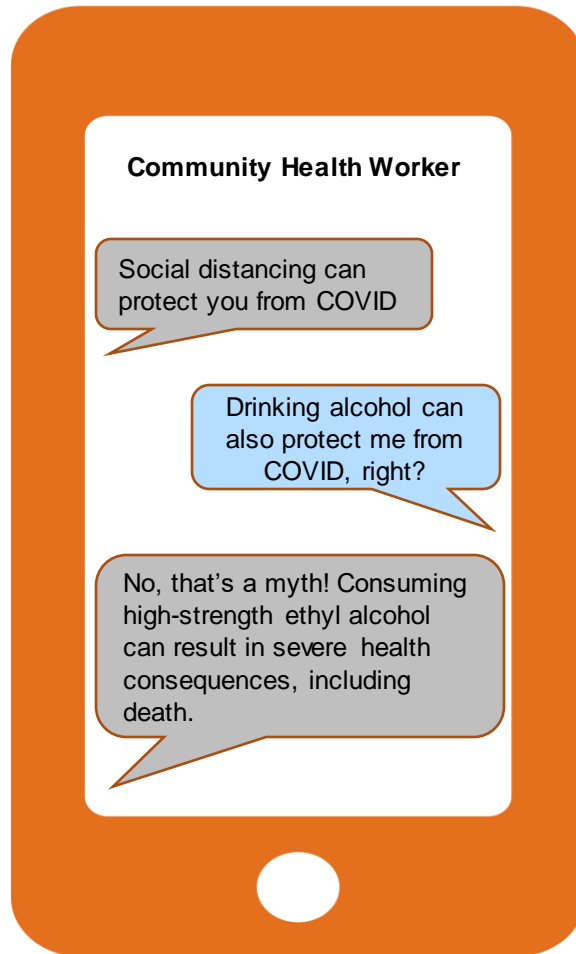
Two-way Communication Dialogues

- We and our partners **provide timely and accurate information** on COVID-19 through varied and inclusive channels

- We listen and respond to questions and concerns raised by community members to **address myths, misinformation and social stigma**

- We factor differing literacy rates amongst women and men, as well as their access to mobile technology when providing information

Community-based Surveillance Explained

Data Reporting

Data Reporting

DHIS2

1. **FHWs and key community leaders collect individual data and support rapid detection of COVID19**

2. **FHWs in facilities conduct diagnostic testing and collect individual and aggregated data**

3. **Surveillance system platform aggregates, and visualizes data for COVID-19 reporting**

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How are we ensuring the continuity of care?
Unpacking our critical health objectives

We know from our past experience with the Ebola pandemic, total deaths from other causes can outpace those from the pandemic illness itself, as access to critical services, including family planning and maternal health care are restricted or sidelined. Here's how we are ensuring continuity of care:

1. Train health staff to ensure robust implementation of infection prevention and control measures including on rational use and management of personal protective equipment.

2. Ensure continuity of life-saving SRH/GBV services and supplies such as emergency obstetric newborn care, safe deliveries and clinical management of rape through adapted health service delivery approaches to adhere to physical distancing (ex. adjusted triage practices and patient flow).

3. Support task-shifting to ensure continued delivery of life-saving SRH services through FHWs

4. Support remote counseling and awareness approaches (e.g., Hotline), where feasible including virtual safe space platforms specifically for meeting unique information needs of adolescents.

5. Support access to self-managed family planning methods via pharmacies and other low-touch channels.

6. Advocate for access to life-saving SRH and GBV services during lockdown restrictions.

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Caring for GBV Survivors Explained

Gender-based violence is a hidden consequence of the COVID-19 pandemic. As communities around the world are forced to stay at home, women and girls are at a heightened risk of <u>domestic violence</u>, <u>intimate partner violence</u>, <u>child abuse</u>, and other forms of GBV. We work at different levels to support care for survivors during the pandemic

Main Approach

Community Outreach: Improve awareness of FLWs regarding service availability and approach towards GBV

Health Facility: Strengthen health facility response to survivors of GBV per standards and protocols

Health System: Improve monitoring of management of GBV cases

Main Components

- Awareness programs in communities

- Psychosocial and medical support to survivors of domestic violence and rape (including remote support)

- Referral linkages to additional GBV services (e.g., legal, police)

- Training of health professionals, police and counsellors

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How are we shielding the most marginalized?
Unpacking our critical health objectives

Women, youth, displaced people, LGBTQI people, and minorities experience high degrees of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies due to their lack of access to early warning systems and health services. Here's how we are shielding them:

1. Adopting gender-transformative health approaches to response and recovery from COVID-19

2. Adapting and digitizing CARE's *Community Score Card (CSC)©* to ensure the most marginalized communities are equitably served during the crisis

3. Leveraging participatory tools like *Social Analysis and Action (SAA)* to combat the stigma and discrimination that block access to health and social services for the most marginalized.

What is CSC?
The goal of CSC is to positively influence the quality, efficiency and accountability of service delivery at different levels. The core implementation strategy entails using dialogue in a participatory forum that engages both service users and service providers.

What is SAA?
The goal of SAA is to catalyze a community-led change process through which community members challenge restrictive norms and act together to create more equitable gender norms as well as community support for health services including SRH.

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Multiplying impact through partnerships and advocacy

Working with coalitions to influence policy and decision makers

Our Main Asks

Address gender-related inequalities and barriers in the health workforce

Protect frontline health workers from stigma, attacks and harassment

Ensure that SRHR and GBV services remain prioritized throughout the COVID-19 response

Who are we influencing?

- UN Security Council Members/UN member states
- Key bilateral donor governments
- Agenda-setting global partnerships, multilaterals and humanitarian actors
- Policy-makers at the national level

Who are our coalition partners?

GOARN
Global Outbreak Alert and Response Network

Community Health Impact Coalition

frontline HEALTH WORKERS COALITION

IAWG Inter-Agency Working Group on Reproductive Health in Crises

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Annex

How health systems support could be structured

National / Sub-National MOH

Technical Support Unit team embedded in MoH to support:

- Human resources for health planning
- Policy and strategy formulation
- Institutionalizing social accountability mechanisms

- Supply chain systems
- Developing surveillance systems
- Data analytics and data use
- Linkages to the private sector

District / Bloc Level Health Team

District Resource Support Unit to support:

- Government ownership of community- and facility-based interventions
- Policy and planning
- Establishing community-based surveillance systems

- Institutionalizing social accountability mechanisms
- Service delivery monitoring
- Data analytics and data use

Health Facilities

Advisors and Mobile Teams to support:

- Infection, prevention and control measures
- Human resources for health
- Skill-building for task shifting
- Social and attitudinal trainings for providers

- Supportive supervision techniques
- Facility assessments
- Data collection, analytics and data use

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Adaptation Framework

Communities

We support communities, influencers and local stakeholders:
- Two-way dialogue for risk communication, building trust and elevating citizen concerns
- Community-based surveillance
- Community-based preparedness
- Behavior change for sanitation and hygiene

Health Facilities

We build capacity of frontline health workers and their immediate support systems:
- PPE
- IPC
- Locally appropriate language and contextualized interventions
- Integration of case detection and coordination with surveillance

Gov't and Global Health Systems

We connect partners, stakeholders and leaders across local, national and global levels:
- Data use
- Supply chain management, including pre-positioning and last mile logistics
- Partner coordination (among partners and ensuring community and citizen voice)

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Communities

Activity Category	Risk factors / Need for adaptation	Adaptations
Community engagement (large group)	- Preventing transmission - Opportunity to provide correct information	- Incorporate RCCE and case detection into health messages - Distanced communications (street announcements, SMS, religious site announcements etc.)
Small group (girls clubs, mother support groups, men's groups, etc.)		- Social distancing - Digital/telephone outreach
All community programming		- Incorporate handwashing, cough hygiene, facial cloth covering education - Incorporate RCCE and case detection into health messages
Data use feeding into real-time response	- Optimizing contacts in community to enhance Covid19 response	- Close monitoring of rumors, misconceptions and stigma - Linking to community-based surveillance

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Health Facilities

Activity Category	Risk factors / Need for adaptation	Adaptations
Frontline health worker skills building	- Preventing transmission	- Integrate case identification and refresher on PPE use - IPC refresher training
Frontline worker support and supervision	- Interruption of care of decreasing quality due to Covid19	- Digital tools for remote supervision - Psychosocial support for health workers - Feasible, evidence-based PPE
House to house service delivery	- Opportunity to provide correct information - Preventing transmission	- Emphasize self-managed family planning methods - Socially distance preventive care (i.e., ante-natal care, hygiene education)
Health service delivery in facilities	- Preventing transmission - Interruption of care of decreasing quality due to Covid19	- Additional infection control stations and equipment - Facilitate shifting responsibilities among health workers so those with specialized skills (i.e., obstetric and newborn care and clinical care for rape) are available for those services

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National and Global level systems

Activity Category	Risk factors / Need for adaptation	Adaptations
Systems support for continuity of services	- Systems to support prevention of transmission	- Ensure availability and distribution of PPE - Integrate public health emergency preparedness into human resources for health planning
Data use to inform practice	- Optimizing available data to enhance Covid19 response	- Monitor coverage rates with essential services (immunization, SBA) - Monitoring availability and uptake of clinical GBV services at primary care level
Learning	- Optimizing available tools to enhance Covid19 response	- Repurposing tool and approaches for Covid 19, especially pre-existing digital tools - Facilitate cross-learning across CARE contexts
Advocacy	- Systems to support continuity of essential services	- Creating exceptions to restrictions on mobility for emergency health needs such as childbirth - Advocacy for FLHW rights & considerations - Task forces on PPE protections for workers
Strengthen links between service delivery and surveillance	- Optimizing existing system to enhance Covid19 response	- Link routine monitoring to surveillance data - Adopt community-based surveillance and risk communication based on two-way dialogue for widespread implementation-

Program Adaptation Examples

Bangladesh

- CARE Bangladesh through its existing program especially health, WASH, nutrition, have started integrating COVID risk and awareness messaging through radio messaging, mobile messaging, and hand–washing demonstrations across various communities in their working areas. Similarly, along with factories, CARE Bangladesh facilitated establishing hand washing stands, distribution of posters and handwashing arrangements. In addition, through their various initiatives, they are providing logistic supports to government's health efforts such as disposable face masks, sanitizers and personal protective equipment (PPE) to Civil Surgeon Office Gazipur as per their request. CARE Bangladesh is also in the process of installing hand wash stations at gathering points such as market/ community areas, Upazila Health Complex (UHC), Union Health and Family Welfare Center (UHFWC) and for selected isolation center (Ramu Upazila Health Centre) for host communities in Cox's bazar.

- CARE Bangladesh is in constant touch with Ministry of Health and exploring ways of coordination and support. During the COVID induced public holiday under the leadership of National AIDS/STD Program (NASP) their teams are providing essential support to people who inject drugs (PWIDs) including COVID awareness messages and social distancing sessions. Their 400+ Skilled Health Entrepreneur's (SHE's) are reaching out to communities, conducting door to door visits and raising awareness including personal protection measures in some of the hard to reach and remote areas of Bangladesh. They are also closely coordinating with government efforts on the ground including coordination with community clinics which is very critical at this moment. In addition, they have been working to establish a functional referral mechanism from community to designated facilities at sub-district, district and divisional levels so that communities can access COVID related information and services. Moreover, they are also continuing the Maternal, Newborn & Child Health- Family Planning (MNCH-FP) services at the community level while ensuring optimum protective measure for herself.

Taking the Fight against Covid Digital

- CARE and its partners are using every means available to communicate and coordinate

- Part of CARE's CHAMP HIV program in Cameroon uses a digital platform, Tokossis, to connect people at risk for HIV to testing and treatment through social media. Tokossis has incorporated Covid messaging and outreach

- From Egypt to Mali to Nigeria to the Philippines, CARE is making sure health workers can keep working and stay safe using WhatsApp for response coordination and data sharing as well as messaging to wider audiences

Protecting essential services for the displaced

Building systems to withstand shocks

- CARE Bangladesh conducting planning to build the Ministry of Health's abilities in stock management and supply chain in place so clinics will have the infection prevention and control supplies they need in the right amount, at the right place, at the right time

Protecting everyone against Covid-19

- CARE-Nepal's Covid-19 response includes analysis of who is getting services and who is not to ensure services are equitably available to all including isolated and marginalized groups

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Strengthening systems to respond

- CARE India has deployed 1,500+ staff to Bihar to assist the government in its Covid-19 response, working at policy, facility and community levels to ensure humanitarian aid is reaching the last mile.

- Some of CARE's support has consisted of procuring N-95 masks for government health personnel, personal protective equipment (PPE) to frontline health workers and support for migrant laborers

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