



Fall 2020

# The Global Crisis of COVID-19: A Comprehensive Response





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## The Global Crisis of COVID-19:

The nearly 80 million refugees and displaced people around the world now face an unimaginable double emergency: conflict and displacement, alongside COVID-19 and the global economic crisis it has generated.



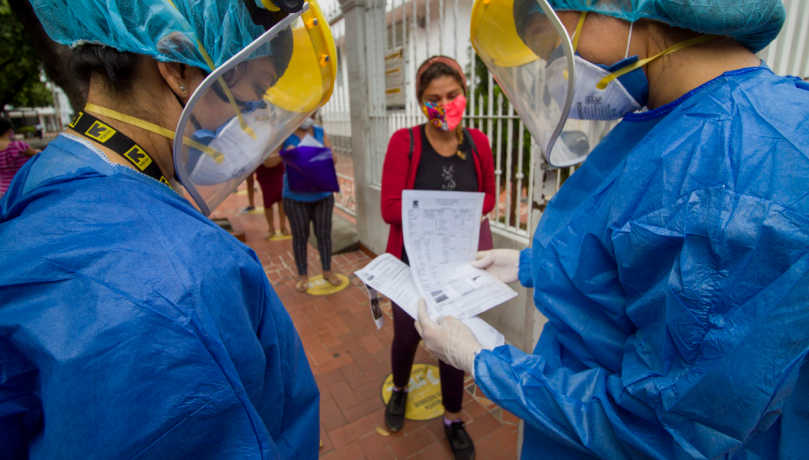
COVID-19 has overwhelmed health systems around the globe and threatens greater devastation as it spreads to fragile and crisis-affected countries. There is a great need to act quickly and mount a robust response while COVID-19 is still in the early stages in these settings. The pandemic is a global threat requiring a global response, but the International Rescue Committee (IRC) understands that the steps to contain it need to be designed locally to mitigate suffering globally.

In the face of an unprecedented threat, governments understandably have followed the models of those countries hit first by COVID-19. Many have swiftly adopted measures like lockdowns and strict travel restrictions. But a one-size-fits-all model does not work. This is especially true in humanitarian settings, which face a “double emergency”: the direct health impact from COVID-19 and its secondary devastation to fragile economic, security and political environments.

In humanitarian contexts, living conditions in developing countries make social distancing nearly impossible. Most people cannot work from home, and governments are unable to provide sufficient relief packages or social safety nets. Sweeping mitigation measures like those undertaken in Italy or the United States are difficult to implement but could cause longer-term and more widespread harm than the disease itself. Already, international and domestic restrictions have slowed the transportation of COVID-19 equipment, halted vaccination campaigns, disrupted supply chains of treatment for malnourished children, and prevented medical staff from being deployed in countries with weaker health systems.

“Crisis-affected countries that host most of the world’s displaced are combating COVID-19 with extremely limited resources—South Sudan has only four ventilators, more than half of Yemen’s health facilities are no longer functioning, in Venezuela, 90 percent of hospitals lack essential medicine and supplies. Now these countries and the displaced families sheltering within them confront the social, economic and political havoc the pandemic is triggering.”

- David Miliband, President and CEO of the International Rescue Committee



## The IRC's Comprehensive Response

The IRC's COVID-19 response is grounded in decades of experience responding to complex health emergencies and disease outbreaks, including Ebola in West Africa and Democratic Republic of Congo and cholera in Yemen, as well as our global technical expertise in health, education, protection and economic wellbeing in humanitarian settings.

### THE IRC'S RESPONSE PLAN AIMS TO:

#### Contain the spread, protect communities, and care for people affected by COVID-19

- Risk communication and community engagement
- Infection prevention and control
- Surveillance and contact tracing

#### Meet basic and food security needs

- Cash, vouchers and in-kind assistance
- Water, sanitation and hygiene services

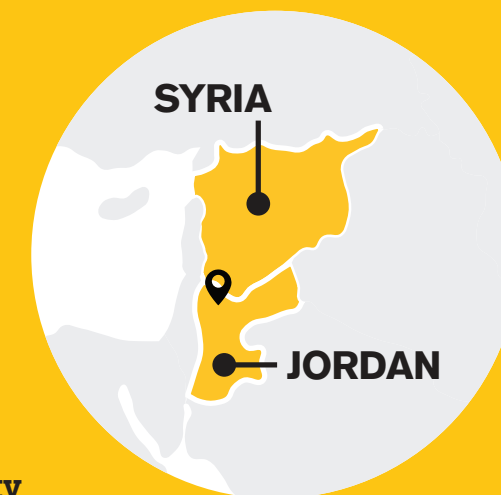
#### Provide essential services

- Health services
- Mental health and psychosocial support services
- Emergency case-management protection services
- Essential education services

While much is still unknown about COVID-19, it is clear that its impact in these settings will be different than in wealthier countries. Prior disease outbreaks and crises have revealed the need to understand local dynamics, listen to affected populations, and adjust the response. Frontline NGOs like the IRC can be trusted to share vital information about the disease and implement measures sensitive to local contexts and preexisting needs to mitigate impacts on health, protection, livelihoods and food security.

## Story Spotlight

Rana\* is one of more than 650,000 registered refugees in Jordan who are trying to recover and rebuild their lives. Some 80% of them are living outside of camps. With its growing national population and high number of refugees, Jordan struggles to ensure that everyone can access quality health care. Limited finances make it difficult for Syrian refugees to access essential health services.



### Meet Rana

Together with her mother, father, two younger sisters and brother, 24-year old Rana, came to Jordan eight years ago. “We left Dara’a when things started to get really ugly. There was nowhere safe to go,” she says. The family sold their belongings to pay for the trip and fled to Jordan. After a month in a tent in Zaatari refugee camp, the family moved to Ramtha, a town some five kilometers from the Syrian border.

“After almost a year things got easier and we got used to the situation here in Jordan especially because we were feeling safer and more secure, and were no longer thinking about the possibilities of

death and arrest,” says Rana, who was newly married when she first arrived.

In 2018, Rana heard about the IRC health clinic in Ramtha and registered herself. “I started going to the clinic to take thyroid medication and whenever I’m sick.”

After five years of marriage, Rana became pregnant, “I was so happy when I found out about the pregnancy, words can’t express my feelings. I was in shock and did not believe it at first especially because doctors gave us no hope for pregnancy earlier, but I can only say I was very happy, excited and thankful,” she says.

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The little money that her family had was not enough to cover the cost of the delivery. Rana was worried because this pregnancy came five years after getting married. She registered for the IRC's reproductive health and maternity consultations and started going for her check-ups. That's when she learned that she was pregnant with twins. "I started getting afraid not because of the twins but because of the costs that come with them, especially as neither I nor my husband are working and we have rent to pay and food to cover along with everything else," says Rana.

In March of this year, as COVID-19 cases spiked around the world and Jordan put in place strict lockdown measures, Rana was in her ninth month. Through the final weeks, she managed to speak with the IRC health team and secure a referral to a hospital where she gave birth to two beautiful baby boys, Ahmad\* and Hasan\*. The twins had to be placed in a neonatal intensive care unit, which was covered with support from the IRC.

*\*Names changed and identities hidden for protection reasons.*



**Your Support In Action:  
IMPACT IN COUNTRIES**



# Overview: COVID-19 Impact In **JORDAN**



Since declaring a public health emergency on March 17, Jordan has taken swift measures to limit transmission, including a strict nationwide curfew. Unfortunately, such measures also limit humanitarian activities, compromising essential health services, further restricting urgent basic needs, and exacerbating protection concerns for women and children.

As of August 2020, Jordan has reported 1,498 COVID-19 cases, but the numbers have been increasing rapidly. In response, the government of Jordan has implemented stricter measures on social distancing and mask wearing.

## YOUR SUPPORT IN ACTION: OUTCOMES FROM THE IRC'S RESPONSE IN JORDAN

With over 600 staff and volunteers working in northern and central Jordan, the IRC is leading the humanitarian response in women's protection and empowerment, economic recovery and development, and early childhood development. The IRC's health programming is one of the largest NGO programs of its kind in Jordan, having supported **151,000** people since 2015, and is responding directly to COVID-19. Since March 2020, the IRC in Jordan remained vigilant to contextual changes and updated its programming to remote delivery in alignment with the government's regulations.

### Health

The IRC in Jordan's health team provides both direct and remote consultations and health

outreach services—**5,289 direct consultations for nonCommunicable diseases cases (NCDs)**, along with secure home delivery of medications to high-risk NCD patients, since the pandemic started, and **320 remote COVID-awareness sessions with 2,282 community members**. We have also sent nearly **80,000 SMS outreach messages** to patients and clients. The IRC has distributed personal protective equipment (PPE) to its clinics and is donating six intensive care unit ventilators (ICUs) to Jordan's Ministry of Health facilities. Currently, all of the IRC's six clinical health facilities in Jordan are serving patients, two of which are operated primarily through remote service delivery.

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### Early Childhood Development and Education

As part of the IRC and Sesame Workshop's Ahlan Simsim program across the Middle East, the IRC has worked with government and civil-society partners to develop early childhood development models and content designed to be used in-person with children and their caregivers. Subsequent to the pandemic, the IRC is working with partners to adapt the program to digital and social media platforms to deliver play-based activities for caregivers and at-home children. The activities increase awareness and prevention measures, and promote psychological wellbeing, early childhood awareness and play, and more.

### Basic Needs and Economic Recovery

Along with the serious consequences for people's health, the pandemic is having a widespread economic impact in Jordan, with vulnerable families and small businesses among the most heavily affected. In response, the IRC's Economic Recovery and Development team has

been providing cash assistance to vulnerable families. With the generous support of various donors, the IRC has distributed cash to cover basic needs to **337 refugees and Jordanians, totaling \$68,516 to date**.

In addition, the IRC completed a business continuity plan in May 2020 to measure the effect of COVID-19 on small, micro- and home-based businesses. The assessment helped to establish a risk profile of 108 entrepreneurs and their businesses, in order to gauge their level of vulnerability. The plan reviewed four components: people, processes, profits and partnerships. The IRC transitioned entrepreneurship training into digital format and prepared customized training on safety measures, giving them the tools to build and implement safety plans in their businesses. We also provided hygiene/PPE kits to clients. With additional funding, the IRC plans to support the financial recovery of these businesses with cash assistance and technical expertise.



# Overview: COVID-19 Impact In **UGANDA**



Uganda declared COVID-19 a national emergency on March 18, 2020. Although containment efforts by the Ugandan government appear to have limited transmission, hospital-acquired infection remains a key risk factor; infection prevention and control systems, infrastructure, and practices in health facilities are inadequate. Health workers in particular are at high risk of contracting COVID-19: 28 health workers in Uganda have contracted the virus since the beginning of the outbreak. Health worker infection has the potential to devastate the health system in Uganda.



## YOUR SUPPORT IN ACTION: OUTCOMES FROM THE IRC'S RESPONSE IN UGANDA

### Safety

During COVID-19, we've seen a major increase in intimate partner violence in Uganda, particularly in our operational locations. The nationwide lockdown makes it harder than ever for survivors to seek support.

In northeast Uganda, we now provide case-management services to GBV (gender-based violence) survivors over the phone through local partner KAWUO (the Karamoja Women Umbrella Organization). KAWUO is working with survivors to establish "verbal passwords" at the beginning of every call: if a caseworker is on the phone with a survivor and the survivor says the password, the caseworker knows it is not a safe time to talk and re-directs the conversation to other topics (such as discussing COVID-19 preventative measures by the government).

### Cross Sector

The IRC in Uganda conducted a remote survey to better understand community needs during COVID-19. The data informed the team that misinformation about the virus was rampant. The IRC then identified various communication channels such as radio talk, Boda Boda broadcasts, household visits and health education talks to address the misinformation. The IRC's approach to the rumor tracking has been adopted nationally.

The main solution to combating misinformation has been low tech yet incredibly effective: attach a loudspeaker system to a car battery, and pay Boda Boda drivers (a local term for motorcycle taxis) in the refugee community to play critical messages in local languages. Called

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"Boda Boda broadcast," this method has been used by IRC teams in Uganda for years. The messages include information on COVID-19 prevention and myths as well as protection and gender-based violence, feedback and complaint mechanisms, and changes to services. Additional messages have been developed in coordination with the government, U.N. partners and community leaders. This activity not only reaches a large number of people, but also creates a livelihood opportunity for the drivers.

The IRC in Uganda has engaged with UNHCR on a new system to send bulk one-way and two-way SMS. The IRC has purchased 2.5 million SMS credits and is coordinating with UNHCR and other partners to draft targeted messages.

### Economic Wellbeing

In Bidi Bidi, the second largest refugee settlement in the world, IRC teams quickly had

to think of innovative ways to support agriculture. Over 70 percent of host community members and approximately 20 percent of refugees rely on agriculture: a failed planting season could create a disaster. To prevent these problems, the Economic Recovery and Development team worked with community members to obtain 299 acres of land for 643 refugees and host community members to use for agriculture. The team organized and coordinated the purchase and distribution of tools and planting materials and used IRC vehicles to circumvent movement restrictions

In addition to seeds and tools, the IRC provided PPE such as face masks and hand sanitizer and organized training in good agricultural practice. Even in a pandemic, our teams are working tirelessly to improve the wellbeing of clients throughout Uganda and we're hoping for a successful harvest in the upcoming months.



# Overview: COVID-19 Impact In **YEMEN**



Yemen is particularly ill-equipped to prevent widespread infection from COVID-19 due to five years of brutal conflict that has led to widespread damage and destruction of critical infrastructure. Key recommendations to counter COVID-19, like handwashing, are not a realistic option for many Yemenis, half of whom lack access to safe water, sanitation and hygiene. Similarly, social distancing is impossible for many of the 3.6 million internally displaced persons (IDPs) in overcrowded camps and informal settlements.



The conflict, and its 142 attacks on health facilities, have left two-thirds of the population without basic health care and only half of health facilities fully functional. The remaining health infrastructure is woefully insufficient. Yemen has only three doctors and seven hospital beds per 10,000 people, according to the WHO. Many Yemenis have underlying or unaddressed health

conditions that place them at greater risk for COVID-19 and will likely drive mortality rates in Yemen higher than in other countries.

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## YOUR SUPPORT IN ACTION: OUTCOMES FROM THE IRC'S RESPONSE IN YEMEN

### Economic Wellbeing

The IRC Yemen Country Program, which has been distributing emergency basic-needs cash for more than three years, recently scaled up cash assistance in response to the global pandemic. Further adaptations have sped up cash distributions and allowed the IRC to reach more clients and ensure the safety of staff and community members. Despite the restrictions, the IRC has been able to continue to provide cash to IDPs and at-risk households to buy food and essential household items.

The Yemen cash team's response can be summarized [SP1] in the following actions:

- Collapse monthly transfers to ensure needs can be met
- Include additional safety precautions at distribution points to reduce spread of COVID-19
- Collaborate with the IRC health team to raise awareness about COVID-19

Since early March, the program has distributed cash to nearly 3,070 households across three different governorates in Yemen.

### Health

The IRC's health team has focused on containing the spread of COVID-19, protecting communities, and caring for people affected by the disease. Staff has:

- Assessed and updated and supports one isolation unit
- Progressed toward updates of technical specifications, BoQs, supplies list, and detailed planning



# Overview: COVID-19 Impact In **BANGLADESH**



The IRC in Bangladesh, in collaboration with an interagency task force led by IRC Inter-Sector Coordination Group (ISCG), has been working to enhance the emergency health response capacity in line with Bangladesh's National Preparedness and Response Plan (NPRP) to contribute toward the following key objectives:

- Minimize transmission of and fatality due to COVID-19 in Cox's Bazar (in both refugee camps and host communities)
- Mainstream and reduce gender impact in COVID-19 response
- Address and mitigate the socioeconomic impact of COVID-19
- Ensure highest safety measures for staff, volunteers and clients
- Advocate for adequate resources and policy adjustment to protect refugees from COVID-19

The IRC in Bangladesh continues to provide routine primary health services, sexual and reproductive health services, and emergency medical referral services, as well as GBV case-management and psychosocial support.

## YOUR SUPPORT IN ACTION: OUTCOMES FROM THE IRC'S RESPONSE IN BANGLADESH

### Health

In the Cox's Bazar refugee camp, the IRC was appointed one of seven WHO partners **to establish a 60-bed isolation and treatment center (ITC)**. The IRC's new Severe Acute Respiratory Infection ITC (known as SARI ITC) was constructed and inaugurated on

June 21, 2020, with the capacity to serve 30 patients (with another 30 standby beds that can be made fully functional within 48 hours). At present, **all 60 beds** are fully functional, including three beds dedicated to maternal delivery. Thus far, **23 COVID patients have**

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**received care at SARI ITC123 people have been referred to the WHO-managed testing facility; and 12,900 people were reached with risk communication and Community Engagement messages through the ITC.**

- The IRC established temporary holding areas in its two primary health care clinics (PHCCs) at Camp 23 (Shamlapur) and Camp 25 (Alikhali) for suspected COVID patients who await transfer to SARI ITC.
- PHCCs in Camps 23 and 25 and one SRH facility in Camp 26 ensured 1 maternity beds for COVID positive pregnant mothers to ensure safe deliveries. The IRC also provides support through clinical and nonclinical staff. To date, a total of **186 clients have been treated in the facility.**
- The IRC has provided **primary health care consultations to 21,684 individuals** since the COVID-19 response started
- Over **17,750 women** received reproductive health consultations.
- Referral services have been provided to a total of **3,231 individuals** since the beginning of our COVID-19 response.
- **1,740 obstetric patients and 971 nonobstetric patients have been transferred to health facilities** through our emergency referral hub.
- A total of **399 staff and 499 incentive workers receive PPE on a monthly basis.**

### Cross Sector

- **214,395 individuals** were provided with information on COVID-19 in Cox's Bazar.
- The IRC produced a series of protection monitoring reports to persuade and assist actors to assume their obligations toward the Rohingya during the COVID-19 response.
- The IRC together with the Protection Working Group developed protection mainstreaming tip sheets for the health and WASH sectors. This was followed with ongoing trainings to ensure that the COVID-19 response is provided in a way that avoids any unintended negative effects; is delivered according to needs; prioritizes safety and dignity; is grounded on participation and empowerment of local capacities; and ultimately holds humanitarian actors accountable vis-à-vis affected individuals and communities.
- The IRC, in conjunction with the Anti Trafficking Working Group, continues to disseminate anti-trafficking awareness messages. Many traffickers capitalize on individuals' vulnerability due to a lack of economic opportunity and safe migration options. During the pandemic, refugees are even more susceptible to fraudulent travel and employment arrangements.

### Safety

- UNHCR nominated the IRC as a focal point for protection mainstreaming in the health and WASH sectors in Cox's Bazar

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# Overview: COVID-19 Impact In **COLOMBIA** And **VENEZUELA**



Venezuela's situation has deteriorated significantly due to the ongoing economic and political crisis and now the global pandemic. Venezuela reported its first case of COVID-19 on March 13, 2020. As of Sept. 1, there were 624,069 confirmed cases and 20,052 deaths.

According to the International Monetary Fund, Venezuela's inflation will soar to over 200,000 percent by year's end and the economy is expected to contract by more than 35 percent. Households are unable to compensate for such catastrophic devaluation and rising prices. Currently, average minimum salaries hover around \$5 per month.

Approximately seven million people are in need of humanitarian assistance and more than a quarter of those require humanitarian assistance; 94 percent of households live in poverty and 80 percent face some level of food insecurity. Hyperinflation has decimated the country's water, electricity and transportation services as well as the health and nutrition of the population.



The IRC supports people on both sides of the border through its partners in Venezuela and programming in Colombia.

## Women's Protection and Empowerment

- **1,160 women** received PSS services and **21,894 women and men** received COVID-related PSS services.
- **1,174 women** were referred to health, legal and other services.
- **6,315 women and men** took part in PSEA awareness sessions.
- A total of **11,556 women and girls** received dignity kits.

- We sensitized **42 learning facilitators** on COVID-19 and continuously disseminate messages in surrounding blocks and sub-blocks.
- 250 posters have been distributed for increased community awareness regarding COVID-19.

## Economic Recovery and Development

- **276,000 individuals** received **552,000 PCS reusable cloth masks** in both camp and host communities.
- **277,214 people** received **COVID-19 awareness messages** in Ukhiya, Teknaf, Ramu and Moheshkhali.
- **600 women artisans** from Chakoria, Ramu and Miheshkhali have been engaged in mask production at the rate of 14 BDT per mask.
- The IRC provided the first round of unconditional **cash support to 1,597 poor families** (2000 BDT/family) in Ukhiya and Teknaf.
- We established formal partnership agreements with seven local partners for four projects for host community programming.

## Education

- The IRC provided remote support (telecom) for **1,335 learners** on caregiver-led education at home.
- A total of **2,244 caregivers** received positive parenting messages since the start of the COVID-19 response.
- We conducted **788 household distance learning assessments**.
- The IRC engaged **88 Learning Center Management committee members to ensure messages in their surrounding blocks or sub-blocks** and conducted follow-ups with households on a regular basis.

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## YOUR SUPPORT IN ACTION: OUTCOMES FROM THE IRC'S RESPONSE IN COLOMBIA & VENEZUELA

### Health

The IRC is providing health care services in Tienditas, a border camp where 600 people shelter for approximately 48 hours before crossing into Venezuela.

We provide vital access to quality maternal health care (birthing kits) and sexual and reproductive health care, and we support the COVID response inside Venezuela with PPE for doctors and nurses.

In Cúcuta, Colombia, the IRC has set up a call center run by doctors and nurses to support community members, and we distribute free medicine and cash.

### Cross Sector

The IRC has been providing socially distanced, outdoor community sessions for GBV prevention, identification of child protection

risks, and hygiene promotion. To date, **1,101 community members** have been actively participating. Additionally, services including information on GBV, preliminary psychosocial evaluation, and referrals to other programs were offered by phone to 752 people.

### Economic Wellbeing

The IRC in Colombia successfully piloted a cash assistance program in Bogotá with a new remote financial provider to deliver cash to **203 families** without face-to-face card distribution. This modality has also been implemented in Medellín and Cúcuta. A total of **4,179 families** have received cash assistance in these three cities since June.

Clients reached with their first month of assistance will have their cards topped up electronically without leaving their home; they have only to cash out at an ATM or at a point of sale. The team will conduct post-distribution monitoring by phone. With lists from partner organizations, the IRC called potential clients to screen them to gauge eligibility for cash assistance. Extra support for this effort was provided by the protection and operations teams.

Through CommCare, a mobile data collection platform, all new and old beneficiaries from the ERD Cash programming were contacted by SMS to spread information about COVID-19.

## Overview: Resettlement, Asylum and Integration (RAI) & COVID-19 IMPACT

The IRC's Resettlement, Asylum and Integration programs have developed a proactive response to serving thousands of refugees, asylum seekers and other communities impacted by COVID-19 in the U.S. and Europe. This plan, informed by needs voiced by clients and witnessed by staff during the first weeks of the pandemic, established our forward-thinking continuum of care that seeks to prevent harm, promote resilience, and position individuals, families and communities for stability and success in a recovery environment.

Many IRC clients in the U.S. work in industries, such as hospitality and food service, severely disrupted by COVID-19 and social distancing directives. Further, IRC job placement data from 2019 indicates that more than 95 percent of the positions filled by IRC clients are jobs that can't be done from home. Newcomers do not qualify for unemployment or other COVID-related benefits. Additionally, when schools and day-care centers close, IRC clients often do not have options for child care. All this means many families will need extra support with rent, utilities, groceries and other essentials until hiring freezes are lifted. They have faced a perfect storm which has caused significant disruption in their lives as they juggle the need for income and for child care.

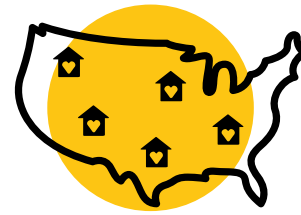
In order to prevent harm from the ongoing pandemic, promote resilience and position client communities for a successful recovery, we have organized our program response along three pillars:

- Ensure those we serve remain safe from harm and meet their basic needs
- Promote financial, social and psychological resiliency and recovery
- Inform and equip clients to protect their rights and dignity





# Your Support In Action: RAI Outcomes From The IRC's Response In The United States



IRC offices in the U.S. switched to remote programming in March and April of 2020 and reoriented our programs to address rising food insecurity and housing instability, and to support clients to keep themselves and their families safe while navigating the challenges posed by accessing employment, school, health care and other services. We are following CDC and local guidance by informing staff and clients on best practices in personal hygiene and health, practicing social distancing, canceling all nonessential travel, and switching to remote programming to the extent possible.

- In **New York**, we have launched new partnerships, including our collaborations with World Central Kitchen, to counter food insecurity for IRC families. We've begun food deliveries to housebound families. The IRC's Emergency Fund provides for housing assistance, acute medical needs, food access, and clothing.
- In **Seattle**, case managers are creating and distributing health and hygiene kits for families at risk, as well as re-stocking our emergency food supplies. We are helping clients adjust to changes during the pandemic with home study packets for students in our youth programs and remote mentoring for youth and adults.
- In **California**, staff have prepared emergency kits for newly arrived refugee families affected by self-isolation and quarantine measures, and we now assist remote education to families and groups using video tools and webinars.
- Through generosity of **Airbnb**, the IRC has provided temporary accommodation for front-line workers needing to quarantine or relocate due to COVID-19. In **Phoenix**, this partnership allowed staff of the IRC Welcome Center to continue to serve asylum-seekers while staying in temporary accommodations in order to self-isolate when returning from work.

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- In **Boise**, IRC staff translated and publicised essential health information into 14 languages spoken by refugee communities and disseminated the resource to partners and other IRC offices across the United States.
- In **Silver Spring, Atlanta, Elizabeth, New York** and other cities, Summer Youth Academies met virtually and through deliveries of enrichment kits of supplies to enhance their learning experience. In Silver Spring, 60 middle and high school students gathered virtually to participate in activities on topics such as gardening, nutrition, soccer, dance, capoeira, arts and crafts, business, music, STEM, social justice, climate change and more. In New York, the virtual Refugee Youth Summer Academy 2020 welcomed 146 newly arrived students from all over the world, from 32 countries and speaking 19 languages. In Atlanta, 60 students enrolled in the summer camp "Ready, Set, College!" created a podcast series on health and entrepreneurship and received SAT prep.
- In **Atlanta**, the IRC partnered with Community Organized Relief Effort and the Dekalb County Board of Health to bring mass mobile COVID-19 testing and contact tracing—with language interpretation—to Clarkston and DeKalb County, Georgia. More than 350 tests were done in May and another round of testing is planned for September. The sites are staffed by trained members of the refugee community—many of whom have previous medical experience—and interpretation is available in more than 15 languages.
- In **Salt Lake City**, the IRC is now offering live, online weekly classes available nationwide in a variety of topics focused on providing remote support to refugees and other immigrants during the pandemic and economic crisis for free. With a live teacher and interpreter, class attendees access Vocational Training, ESL, Job Readiness, and Financial Capability programming. Each class will be taught in multiple languages each week to increase access for the diverse communities we serve.
- **Nationwide**, the IRC distributed tens of thousands of face masks from generous donors within the community as well as with corporate partners such as Threads 4 Thought
- **Nationwide**, the IRC partnered with Uber to deploy over \$90,000 of Uber credits for rides across 23 U.S. cities since May, helping refugees access essential services such as medical care, legal appointments and more.



# Your Support In Action: RAI Outcomes From The IRC's Response Across Europe



The IRC implements a wide range of programs in Europe, such as mental health services for asylum seekers on the Greek islands, economic empowerment & labor market integration for new arrivals in Germany, information provision for people on the move in Greece & Italy; and support for trafficking survivors in Serbia. The COVID-19 pandemic hit many European countries hard, and vulnerable populations like our clients were impacted in many ways. This included loss of work, decreased access to services, lock-down measures, slowed asylum procedures, and general health concerns.

We were able to adapt most of our programs to continue in line with public health measures, such as moving trainings or appointments from in-person to remote via Skype and phone. With your support, we were also able to meet immediate needs and scale up our emergency response, to continue delivering impactful and necessary programs for our clients.

▪ In **Serbia**, the Government requested IRC support with an environmental health intervention in an over-crowded reception center near Belgrade. We procured and installed latrines for resident use, improving the sanitation environment and general hygiene measures in the

face of the public health crisis. We also supported a government shelter for victims of trafficking to secure basic supplies like diapers and baby formula, when government spending was halted as a result of lockdown measures.

- In **Greece**, we adapted our hygiene messaging to include critical information on COVID-19 prevention, conducting outreach to thousands of residents in the Olives Groves surrounding Moria reception center on the island of Lesbos.
- In **Germany**, we helped partner organizations procure laptops and data packages to ensure that they could continue supporting their clients on integrating into the labor market and employability training. We also helped a partner provide required vaccinations and protective gear for their clients, so that they could start working.

- While the situation in **Italy** significantly improved from the peak of the pandemic in early 2020, unaccompanied children and survivors of violence or trauma were particularly impacted by isolation caused by the public health response measures. We are supporting a mental health organization on the island of Sicily to provide vulnerable migrants and refugees with psychosocial support like individual and group counseling.
- Throughout all Europe programs, we are closely monitoring public health guidance & data to adapt programs as needed so that we can continue serving our clients.

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## Looking Ahead

The immediate need to mitigate the effects of COVID-19 is great and growing. The consequences of this virus going unchecked among the most at-risk communities in the world cannot be overstated. To truly defeat this virus anywhere, we need to defeat it everywhere, including in countries and communities outside of today's headlines. In low- and middle-income countries, prevention is key to global recovery.

Africa has now surpassed 1 million cases amid serious concerns of testing shortfalls; Southeast Asia over 2.5 million; and the Americas with at least 10.5 million cases and counting, now shoulders over 50 percent of the global caseload.

In Honduras, El Salvador and Guatemala, the number of cases doubled in a month. In Syria, Colombia and Venezuela, it took just three weeks for cases to double. In Libya, just two weeks. Beyond the immediate threat to life and wellbeing, the now more than nearly 40 million worldwide bring about additional harms, including escalation in local conflict and political instability, food insecurity, gender-based violence and prolonged economic hardship. **The call for action on behalf of the international community has never been clearer or more urgent.**

“ *Crises fall disproportionately on the backs of the most vulnerable, and the COVID crisis is no exception. This disease of the connected world will only be contained when national leaders look beyond their borders in the fight against COVID.* ”

- David Miliband,  
President and CEO of the  
International Rescue Committee

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This is why the IRC launched our COVID-19 response in March. We are working around the world to inform communities on how to stay safe, where to get support for basic needs, and how to stop the spread of misinformation. From building the first treatment center in Cox's Bazar refugee camp in Bangladesh, to innovating methods to address gender-based violence exacerbated by lockdowns in Uganda, the IRC is on the front lines every day. We have listened to our clients and host communities, redesigned programs to safely deliver essential services, and provided more cash assistance than ever—ensuring that clients can make decisions on what is best for them during these unprecedented times. By supporting the IRC, you are ensuring people around the world have access to vital resources as they face unprecedented challenges.

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## The IRC is dedicated to fighting the impacts of COVID-19 by

- Providing fast, flexible financing to respond to COVID-19 wherever it spreads
- Removing constraints to humanitarian action and service delivery, whether it be conflict-driven or bureaucratic
- Developing an inclusive and integrated response, built on lessons learned, to support the specific needs of the each community
- Strengthening a harmonized global response to enable people in fragile and conflict-affected states to to fight a global pandemic
- Prioritizing underlying causes of crisis to mitigate secondary and long-term impacts of this outbreak and prepare for future crises



## THANK YOU

To our supporters and partners, thank you for making the work we do around the world possible. It is because of you that we were able to help so many families survive, recover and rebuild their lives in the face of COVID-19.

When we needed you, you stood up and helped us deliver in more than 40 countries around the world.

*Cover photo: Thabit and his son greet an IRC staff member in Yemen. One of Thabit's children is currently receiving treatment through the IRC's COVID-19 adapted nutrition programming. Page 1: The IRC in Colombia provides primary health care, antenatal care, post-natal care and more to vulnerable Venezuelans near the Colombian border. Page 2 (top left): The IRC in Colombia provides lifesaving health services to Venezuelans while adapting programming to COVID-19 safety measures. Page 2 (top right): IRC health teams unpack essential medical supplies in response to COVID-19. Page 4: Jordan's health clinics in the Azraq and Za'atari camps remain open in spite of a national lockdown. Page 5: A child has her temperature taken for COVID-19 precautions. Page 7: The IRC is providing health services and educating vulnerable communities on ways to protect themselves and access support if they become ill. Page 9: IRC Uganda teams set up "Tippy Tap" handwashing stations during the COVID-19 pandemic. Page 10: Twins, Lian and Leen, receive malnutrition treatment in the nutrition mobile health team in Aden. Page 11: Community health workers educate children on good hygienic practices at an IRC mobile clinic. Page 14: IRC paramedics screening a client at a triage center at the Kutupalong refugee camp in Bangladesh. Page 15: In Colombia, the IRC's Comprehensive Community Center is working to mitigate the risk of COVID-19 contagion. Page 16: IRC staff provide health services to Venezuelans near the Colombian border. Page 21: Makbola and her daughter live in a camp with 12,000 displaced people in Greece. Page 23: IRC Colombia adapts to COVID-19, while continuing lifesaving health services to Venezuelans. Page 24: IRC Colombia staff provide legal assistance, psychosocial support and health services at the Attention Center for Migrants. Page 25: A child at a medical checkup conducted by the IRC's mobile medical unit at a camp in Syria.*



The International Rescue Committee (IRC) helps people affected by humanitarian crises to survive, recover and rebuild their lives. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls. Founded in 1933 at the call of Albert Einstein, we now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas.

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