

COVID-19 GLOBAL RESPONSE PLAN

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NORWEGIAN CHURCH AID
actalliance

BACKGROUND AND CONTEXT

A pneumonia of unknown cause in Wuhan, China was first reported to the World Health Organization (WHO) in December 2019 and later spread to other countries around the globe¹. On 30th January, WHO declared the coronavirus outbreak a Public Health Emergency of International Concern. By 11th March, after the virus continued to aggressively spread, overburdening health systems, and causing significant loss of life in many countries, WHO declared Covid-19 a pandemic.

According to the WHO situation report of April 22nd 2020², there are nearly 2.5 million confirmed cases of Covid-19 and more than 169,000 deaths as a result of the disease globally. Cases and deaths are confirmed in a majority of NCA countries of operation. NCA is tracking cases and deaths in countries of operation, as well as NCA operational status and response progress through a [dashboard](#).

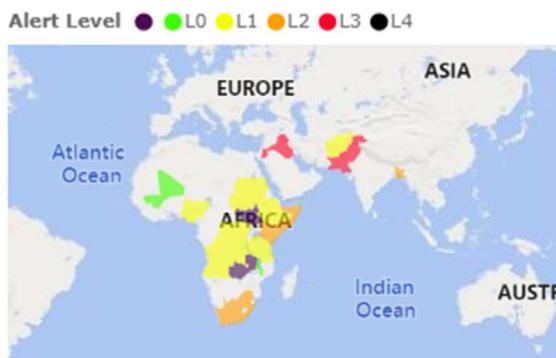
Though the European, Western Pacific, and Americas regions lead the number of cases and deaths, there is serious cause for concern of massive impacts in other regions where health systems are less developed and compounding risk factors create high vulnerability, particularly the African region.

Though confirmed cases may appear low in certain NCA countries of operation, these numbers may not reflect the real caseload as testing rates are very low and in country testing capacity extremely limited. Further, projections of severity in many countries of operation are catastrophic as extremely limited national health systems, weakened by decades of conflict and poverty and lacking infrastructure for intensive care units and equipment like ventilators, will be quickly overburdened by even relatively small caseloads of Covid-19 infections. Many of these countries do not have systems in place for the necessary testing, quarantines, isolation, or treatment of those affected by the disease. For example, Haiti has less than 100 ventilators for a population of 11 million. South Sudan has just 4, and in Somalia there are none.³

Many of NCA's countries of operation also are home to people living in extremely dense populations and crowded conditions with limited infrastructure for appropriate hygiene and sanitation and already limited healthcare and low health seeking behaviours. These areas are very vulnerable to the spread of the virus.

| Country | Confirmed |
|--------------------|-----------|
| Afghanistan | 1,531 |
| Angola | 26 |
| Bangladesh | 5,416 |
| Burkina Faso | 632 |
| Burma | 146 |
| Burundi | 11 |
| Cambodia | 122 |
| Congo (Kinshasa) | 442 |
| Dominican Republic | 6,135 |
| Ethiopia | 123 |
| Guatemala | 500 |
| Haiti | 74 |
| Iraq | 1,820 |
| Jordan | 447 |
| Kenya | 355 |
| Lebanon | 707 |
| Malawi | 34 |
| Mali | 389 |
| Nigeria | 1,273 |
| Norway | 7,527 |
| Pakistan | 13,328 |
| Somalia | 436 |
| South Africa | 4,546 |
| South Sudan | 6 |
| Sudan | 237 |
| Syria | 43 |
| Tanzania | 299 |
| Venezuela | 325 |
| Vietnam | 270 |
| West Bank and Gaza | 484 |
| Zambia | 88 |

Confirmed cases in NCA countries of operation, screengrab from NCA's Covid-19 response dashboard, 27th April 2020



Alert levels in NCA countries of operation, screengrab from NCA's Covid-19 response dashboard, 23rd April 2020

The epidemic also poses a concern of an increase in gender-based violence (GBV) and protection risks. Experience has demonstrated that where women are primarily responsible for cooking and procuring food for the family, the increase in food insecurity as a result of the crises may place them at heightened risk, e.g. of intimate partner and other forms of domestic violence due to heightened tensions in the household. This can also exacerbate other forms of GBV in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence.

¹ [WHO Rolling Update, 31 March 2020](#)

² [WHO Situation Report 93, 22nd April 2020](#)

³ [The New York Times, 18 April 2020](#)

During public health emergencies, resources are often diverted from other health programs to respond to the infectious disease outbreak. Sexual and reproductive health services are likely to be impacted and should be prioritized.⁴ Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centres in tertiary level hospitals when health service providers are overburdened and singularly focused on handling Covid-19 cases. For these reasons, NCA has initiated a multi-sectoral and integrated approach to preventing and mitigating harm from the Covid-19 epidemic.

NCA's added value

In addition to the medical and material response, communities' beliefs and attitudes need to be mobilized to reduce the spread and impacts of COVID-19. Religious actors' status, trust and wide networks can be factors of further danger, or positive change. As an ecumenical organization, NCA is uniquely prepared to add value in the context of the global Covid-19 epidemic. NCA has a particular strength in working with faith-based actors of all faith traditions. The ability to mobilize and engage faith leaders in messaging is critical to implement effective prevention and response to a highly contagious disease such as Covid-19. In many countries around the world, the continuation of religious gatherings as well as myths of religious protection against the virus through prayer have presented a challenge to necessary social distancing measures to prevent the spread of the virus. In many countries of operation, NCA already has deep established relationships with national and local faith-based actors and religious leaders, allowing the leveraging of their social and cultural standing to spread appropriate health and hygiene messaging.

NCA's long history and current wide reach implementing WASH programs around the globe has placed the organization well to immediately respond to Covid-19 through targeted WASH activities. With qualified WASH staff and community infrastructure such as WASH Committees already in place, NCA was able to immediately respond. NCA also implements health programs in several countries of operation. Through these programs, NCA can support health facilities in their prevention measures, such as through training on and implementation of Infection Prevention and Control (IPC) measures and ensuring lifesaving intervention such as safe delivery and family planning. Through its long standing GBV programs, NCA will ensure GBV services continue through adaptations to allow for remote interventions to support GBV survivors without exposing them to risk of infection, such as telephonic case management.

NCA also has a long history of work with national and local partners in countries of operation. This presence allows NCA to continue work in countries of operation despite the new context of international and domestic travel restrictions and evacuations of expatriate staff.

⁴ [UNFPA Interim Technical Brief: COVID-19 Preparedness and Response](#)

NCA'S RESPONSE

NCA quickly pivoted to open funding streams for country offices to prevent the spread of, mitigate harm from, and respond to the effects of the coronavirus.

On 13th March, NCA opened an internal call for proposals for Quick Impact Projects funded by 3 million NOK of NCA's emergency reserve. Country offices prioritized for this funding were those with the ability to immediately implement measures to mitigate impacts of Covid-19, but lacking other funding that could be applied to do so. On 8th April, the Norwegian Ministry of Foreign Affairs approved a withdrawal of 13.9 million NOK of flexible funds under the framework of the strategic partnership with NCA. NCA also contributed 1 million NOK to the ACT Alliance Appeal for the Covid-19 response. NCA's current covid-19 response, including reallocations, totals now 18.7 million NOK.

NCA's humanitarian responses to Covid-19 focus on measures to reduce spread of the virus, mitigate harmful impacts as possible, and ensure lifesaving services such as WASH, GBV prevention and response, and services for adolescent sexual and reproductive health (ASRH) continue. Responses ensure that people have access to information on how to prevent and mitigate the risk of harm from Covid-19 and have the ability to practice hygiene behaviours to reduce the risk of infection and spread of the virus.

| Country Office | Amount allocated (NOK) |
|---|------------------------|
| Afghanistan | 1 605 000 |
| Angola | 200 000 |
| Bangladesh | 200 000 |
| DRC | 1 070 000 |
| Ethiopia (implemented in Addis Ababa and Gambella) | 400 000 |
| Haiti | 535 000 |
| Iraq | 250 000 |
| Kenya | 150 000 |
| Lebanon / Syria | 825 000 |
| Malawi | 200 000 |
| Mali | 300 000 |
| Nigeria | 1 605 000 |
| Pakistan | 2 340 000 |
| Palestine | 621 000 |
| Somalia | 2 172 500 |
| South Africa (implemented in Mozambique and Zimbabwe) | 200 000 |
| South Sudan | 1 872 500 |
| Sudan (implemented in Darfur and Khartoum) | 1 070 000 |
| Zambia | 300 000 |
| NCA contribution to ACT Appeal | 1 000 000 |
| NCA HO | 494 340 |
| Total | 18 694 340 |

Thematic Approaches

Water, Sanitation and Hygiene (WASH)

NCA will promote enabling environments for healthy behaviours, particularly handwashing with soap. NCA will ensure vulnerable communities have access to water for meeting sanitation and hygiene needs by rehabilitating

and extending water systems as needed. Country teams will construct handwashing stations at public locations and communal facilities and supply them with soap. Teams will distribute hygiene kits, including items like water storage containers and soap to households in need, prioritizing those especially vulnerable to the impacts of Covid-19 (low-income, unsheltered, elderly, people living with health conditions). NCA and partners will also ensure people in need have access to appropriate hygiene supplies for dignified management of hygiene, including menstrual hygiene. NCA will focus significant efforts on providing vulnerable communities access to information on how to prevent and mitigate the risk of Covid-19. This will involve widespread messaging through safe means such as media broadcasts, social media messaging, mobile loudspeakers, information, education and communication (IEC) materials (billboards, posters, flyers), and training of hygiene promoters and religious and community leaders on preventive measures such as social distancing and proper hand hygiene. Messaging modalities will depend on the country context but will prioritize social distancing safe methods above all else. In countries where NCA and partners work closely with religious actors, NCA will leverage their community status to advocate for safe behaviours to prevent infection transmission

Gender Based Violence (GBV)

NCA will ensure that lifesaving, specialized GBV services, appropriate and relevant to survivors' needs, will continue despite the need for modification to prevent disease transmission. Programming will be adapted to ensure safe service delivery through one-to-one and remote methods. NCA and partners will ensure access to mental health and psychosocial support (MHPSS) services, through remote support as necessary. Hand hygiene measures will be increased at service delivery points, and GBV prevention information integrated into WASH interventions as appropriate and feasible. NCA and partners will provide dignity kits or cash and voucher assistance to reduce GBV risk and promote safety and dignity for women and girls.

Adolescent Sexual and Reproductive Health (ASRH)

NCA will ensure adolescent girls and boys continue to access safe sexual and reproductive health services and adopt behaviour to protect themselves from health risks. NCA will ensure health facilities continue to provide access to safe delivery for pregnant adolescents, with infection prevention and control (IPC) measures in place to reduce the risk of Covid-19 and adequate water supply for hand washing, cleaning, and disinfecting. Adolescents will be provided access to comprehensive sexuality education and modern family planning, using remote methods as necessary.

Working with religious actors

NCA will continue to work together with faith-based actors and religious networks to spread accurate information about Covid-19 and ways to minimize the spread and impacts. NCA will support religious actors with appropriate health and hygiene messaging and mobilize them to sensitize their audiences. NCA will work with faith-based media outlets and their social media presences to further disseminate safe messaging.

Localization, Accountability and Sustainability

NCA will continue to work in collaboration with local actors. The majority of NCA Covid-19 response interventions are implemented in partnership with local and national organizations. NCA will ensure all humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles. NCA will prioritize cash and voucher assistance to provide choice and dignity. NCA will ensure public institutions and facilities (i.e. women and girls' safe spaces, schools, religious centres, distribution centres) are able to implement IPC measures to prevent the spread of Covid-19. NCA will ensure all activities abide by the Core Humanitarian Standards and adhere to the policies outlined in Codes of Conduct, continuing to actively prevent sexual exploitation and abuse, ensure accountability to affected populations through information and complaint and response mechanisms, and promote rights-based and non-discriminatory approaches. All activities will prioritize equal access for women and girls, as well as for people living with disabilities or chronic illnesses. Above all else, NCA will adhere to a Do No Harm approach.

COUNTRY RESPONSES

Eastern Africa

Ethiopia

The Ethiopia country office is responding to Covid-19 in Addis Ababa and in the refugee camps in Gambella. In Addis Ababa, teams are collaborating with faith-based organizations and paid youth volunteers from faith communities to raise public awareness about the risks and prevention strategies. NCA is providing hand sanitizer to quarantine centers, and hygiene items like soap to vulnerable groups such as the elderly and homeless populations. Teams are also working with transport facilitators to help them improve the safety of public transport options, including materials and training for more frequent sanitizing. In Gambella, NCA is installing handwashing stations (tippy taps) in public places and institutions, advocating for enough provision of water, providing hygiene items to households and public institutions, and distributing soap to vulnerable groups such as the elderly and pregnant women.

Kenya

Through the regional peace program, the Kenya office is disseminating mass media messaging on Covid-19 in Nairobi through faith-based radio stations and social media platforms, highlighting especially the need to avoid gathering for worship and promoting alternative socially distant methods. IEC materials on hygiene and social distancing are also being produced with theological references. The office is also mapping faith groups that tend to resist government and health authority guidance. Specialized messaging will be developed, deriving from scripture, to sensitize these groups to necessary health information. Additionally, the country office is advocating the Kenyan government economic cushioning measures, particularly for informal settlements and urban areas

Somalia

In Jubaland, Puntland, and Banadir (Mogadishu) regions of Somali, NCA is focusing on mass messaging on hygiene promotion (i.e. handwashing and social distancing) to prevent and mitigate impacts of Covid-19. NCA is engaging media personalities and spreading information through media including TV, radio, and mobile loudspeakers depending on network coverage in each region as well as through SMS and IEC materials posted in public locations. Complementing this messaging is the construction of handwashing stations at public places and facilities and communal latrines in IDP settings, provision of soap / chlorine to facilities, rehabilitation of water supply systems and support to water companies, and distribution of hygiene kits and soap to vulnerable households. Groups including hygiene promoters, community mobilizers, community education committees and water committees are also receiving training on hygiene promotion and GBV prevention where appropriate. NCA will ensure services continue for survivors of GBV, including provision of case management and psychosocial support services, remotely as needed to ensure social distancing. NCA will also provide dignity kits and cash vouchers to GBV survivors in Garowe and Mogadishu.

South Sudan

Through a mix of direct implementation and working through partners, NCA South Sudan provides support in WASH, GBV and Health/ASRH in the areas of Mangateen camp, Jur River, Jongelei, Nuba Mountains (South Kordofan) and Eastern Equatoria. WASH interventions include messaging to raise awareness on social distancing and hand hygiene, provision of hygiene supplies (including vouchers for soap), ensuring availability and access to safe water, and repairing and maintaining water points and training communities on maintenance. GBV interventions include provision of MHPSS services (including remotely), activities (remotely as appropriate) at women's and girls' safe spaces, and provision of dignity kits and/or cash and voucher assistance to women and girls. NCA will also support health and sexual and reproductive health services for adolescents by ensuring health

facilities are equipped with IPC for Covid-19 prevention measures and providing protective gear to front-line staff to ensure their safety and well-being.

Sudan

In Darfur and Khartoum, NCA will implement directly and through partners to help vulnerable communities affected by protracted conflict better protect themselves against Covid-19 by enabling improved health care services, earlier detection, improved hygiene, faster responses and containment of the pandemic.

Health response includes capacity building for frontline health staff, ensuring functional triage systems, training of staff, and provision of materials and supplies including PPE and ICU beds. NCA will also ensure appropriate disinfection of clinical equipment. Community-based health workers also receive training, and educational materials are developed for communities.

WASH response activities include hygiene promotion focusing on handwashing and ensuring sufficient WASH infrastructure at primary health centers with adequate water supply and soap. NCA is also ensuring adequate water supply for washing and drinking in high density areas such as IDP and refugee camps. Public education campaigns, in coordination with community religious leaders and local media, dispel myths and promote hygiene.

Southern Africa

Angola

NCA is implementing hygiene promotion measures in the Lovua refugee settlement and surrounding host community villages in Lunda Norte province. Interventions include establishing facilities for hand washing with soap alongside complementary hygiene messaging and training of community health workers. Water fountains will be constructed in selected villages lacking water draw-off points. Social distancing measures will be established at water draw off points and workers' pay desks to reduce congestion.

DRC

In south and north Kivu, NCA is implementing directly and working with partners to shift recently completed Ebola prevention efforts to Covid-19 prevention. This includes maintaining handwashing facilities at health centers, schools, and public places alongside a hygiene promotion package. NCA is also mobilizing faith actors who manage schools, health centers and hospitals to dialogue with their audiences on Covid-19 prevention (handwashing, social distancing and quarantine in case of symptoms or contact with infected people).

Malawi

NCA Malawi is expanding work in Thyolo district, where GBV activities are already ongoing, with a particular focus on protection of adolescents from Covid-19. NCA is providing handwashing facilities in GBV service institutions, as well as promoting handwashing and preparing partners for increased cleaning. Health facility staff are trained on IPC and use of PPE. NCA is also providing preventive materials to schools where NCA operates a program for adolescent girls, youth, and women, as well as training schoolteachers on infection prevention. NCA is publishing messages on Covid-19 prevention and care through IEC material, radio and TV, and engaging opinion leaders and influencers.

Mozambique

Through local church structures and networks, NCA is implementing interventions in Mozambique's Cabo Delgado and Tete provinces. The project provides information on preventive measures to prepare these areas before outbreaks may occur and targets rural isolated minority communities normally left out of key interventions. This involves coordination with local government authorities on the response, the establishment of an Ecumenical

Emergency Coordination Centre, translation of information products into local languages, and messaging through means such as radio programmes.

Zambia

NCA is preventing and mitigating harm from Covid-19 in Mantapala refugee settlement and surrounding host communities in Zambia's Luapula province. NCA is training 30 hygiene promoters to sensitize communities on preventing the spread of Covid-19 spread through household visits, as well as distributing hygiene materials such as liquid soap

Zimbabwe

Through local church structures and networks, NCA is implementing interventions in Zimbabwe's Midlands and Matebeleland provinces. The project provides information on preventive measures to prepare these areas before outbreaks may occur and targets rural isolated minority communities normally left out of key interventions. This involves coordination with local government authorities on the response, the establishment of an Ecumenical Emergency Coordination Centre, translation of information products into local languages, and messaging through means such as radio programmes.

Western Africa

Mali

In the regions of Kidal and Menaka in the district of Bamako, NCA is mobilizing women and youth as changemakers to ensure the most vulnerable communities have access to water services and information to protect against Covid-19. Information on Covid-19 is being shared in six local languages through TV, radio, newspapers, and social media. NCA is also equipping public places with hand washing facilities with soap, repairing broken handpumps and water trucking where there are access gaps, and distributing supplies for household handwashing to vulnerable members of IDP and host communities. Teams are also training water committees on Covid-19 mitigation measures at water points such as regular disinfection of taps and hand pump handles.

Nigeria

Implementing through partners and directly in Borno state, NCA is preventing the spread of Covid-19 through early information sharing in different local languages while maintaining access to critical services through improved hygiene practices and access to relevant and appropriate life-saving WASH interventions. Interventions focus on increasing awareness on the Covid-19 symptoms and prevention through mass campaigns on messages including hand hygiene and social distancing, while expanding access to safe water and basic hygiene and sanitation items. NCA is also ensuring timely access to critical GBV services, through the provision of remote GBV case management and psychosocial support services and mass dissemination of key GBV prevention messages integrated into prevention messages on Covid-19, with specific sessions targeting boys and men. NCA is providing dignity kits and stockpiling equipment and supplies for the continuation of income generation activities. Adolescent girls receive delivery kits to be used in health facilities during the outbreak as well as mobile sexual and reproductive health education.

Middle East / South Asia

Afghanistan

Working directly and through partners in Kabul, NCA is implementing an integrated WASH and GBV prevention approach to mitigating harm from Covid-19. NCA is focusing on hygiene promotion measures such as handwashing and safe water storage and engaging religious actors to raise awareness, particularly on the need for social

distancing, to reduce spread of the virus. NCA is installing and rehabilitating water schemes at community and household level to increase handwashing access, as well as distributing hygiene kits and dignity kits and/or cash and voucher assistance to reduce GBV risk. NCA is also establishing an MHPSS help desk to provide remote psychosocial support services, as well as information regarding the virus and lockdown.

Bangladesh

NCA supports a national partner that runs health clinics in the refugee camps in Cox's Bazar. Through emergency response funds, NCA will provide personal protective equipment (PPE) to health clinic staff. NCA is also providing information and materials such as hand sanitizer and soap to help both staff and visitors to the health facilities maintain hygiene.

Iraq

In Duhok and Ninawa governates, NCA is taking an integrated approach to supporting WASH, livelihoods and reducing risk of GBV. NCA is supporting the Directorate of Health to procure PPE and health and hygiene kits for hospitals, establish quarantine sites, secure laboratory facility needs, and engaging cleaners and volunteers. NCA is providing handwashing facilities for safe spaces and health facilities, including soap and hand sanitizer. NCA is producing IEC materials in Arabic and Kurdish aligned with WHO and MOI guidance, and training hygiene promoters and community outreach workers with hygiene promotion and handwashing messaging. NCA is also providing cash support to a small number of ultra-poor woman headed households who are unable to earn livelihoods as a result of lockdown.

Pakistan

Working through local implementing partners in Islamabad Capital Territory (ICT), Rawalpindi and Lahore in Punjab, Hyderabad and Mirpurkhas in Sindh, Peshawar, Mardan and Swat in Khyber Pakhtunkhwa, NCA ensures communities access lifesaving WASH services to improve hygiene and mitigate risks of Covid-19. NCA is disseminating information in local languages through several avenues: 1) through radio in consultation with the health Ministry, 2) through mobile megaphones, flex posters, and printed IEC materials in local languages with hygiene messaging from the Ministry and WHO 3) engaging faith leaders to mobilize communities through religious sermons, and 4) by training youth to raise awareness on personal hygiene at household level. NCA is also distributing basic hygiene kits with critical items such as soaps and towels, and providing cash and voucher assistance for hygiene items, particularly to the most vulnerable and elderly members of the population. Households in areas with poorer hygiene conditions (i.e. slums and rural areas) are receiving cleaning kits. Additionally, NCA is installing handwashing stations at public places with adequate water supply and repairing hand pumps to ensure water availability in water scarce regions of Sindh province.

Palestine

Working directly and through partners in the West Bank, including East Jerusalem, NCA is promoting the spread of accurate information and dispelling rumours about Covid-19. NCA is leveraging the impact of social media, and the ingenuity of youth, through social media challenges for adolescents and graduates to devise innovative awareness raising and mitigation strategies to reduce the spread of coronavirus. NCA is promoting key messages about hygiene, social distance, mental health and PSS through information and community sensitization campaigns and distributing brochures in braille for the visually impaired. NCA is also engaging youth groups in to procure and deliver sanitary and hygiene supplies to families in need.

Lebanon / Syria

Prior to the epidemic, NCA and local partners had been implementing a WASH intervention in Lebanon, with an overall goal to prevent WASH related diseases among people displaced by the conflict in Syria and vulnerable Lebanese host communities. With a top-up fund, NCA and partners are helping individuals in North Lebanon and Bekaa valley (80% Syrian refugees) increase safety and hygiene through improved awareness of Covid-19 prevention measures and distribution of hygiene materials. NCA is also equipping municipality teams and frontline

staff with PPE so they can safely conduct awareness sessions, coordinating with primary healthcare centers and municipalities on referrals, disseminating widespread messaging on social distancing, and providing municipalities with liquid chlorine for sanitation. NCA and partners are also already engaging in GBV prevention and response programs in six governates. With additional funds, partners are scaling response in light of Covid-19, distributing hygiene and dignity kits to vulnerable and potentially infected families, continuing case management services through safe methods, and distributing leaflets and WhatsApp messages with information about Covid-19 and mental health and psychosocial support.

Latin America

Haiti

Working with partners in the Big South Region of Haiti, NCA is providing lifesaving WASH services to reduce spread and impact of Covid-19. The intervention largely focuses on hygiene promotion through installation of handwashing stations with soap in strategic public locations, encouragement of household handwashing, distribution of hygiene materials (soap, chlorine), and providing cash to women to access hygiene supplies. Hygiene promotion will be encouraged through development of IEC materials adapted to the Covid-19 context, radio spots and mobile loudspeakers, and work through hygiene committees.