

## PfR's COVID-19 project: bridging response to long-term resilience

Implemented under the Dialogue & Dissent programme, May - December 2020

**Strategic Partnership Dialogue and Dissent 2016 - 2020**  
Partners for Resilience (PfR)

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The Netherlands  
Red Cross



**Cordaid**  
BUILDING FLOURISHING COMMUNITIES



Climate  
Centre



**Wetlands**  
INTERNATIONAL

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## Acronyms

CSO	Civil Society Organization
DRR	Disaster Risk Reduction
PfR	Partners for Resilience
PPE	Personal Protective Equipment
WHO	World Health Organization

### **Picture cover page:**

COVID-19 response in Bihar, India. Credit: SEEDS India

## 1. General description of PfR's approach to COVID-19 response

COVID-19 has overwhelmed the capacities of institutions and organizations, across countries and across the globe. The immediate effects of the pandemic are in the health domain, while it also exposed vulnerabilities in other sectors. The pandemic led to a series of quick decisions and policy changes, and many learnings in a short time, requiring everyone to adapt. The pandemic greatly affected Partners for Resilience (PfR), the CSOs, communities and individuals we represent. In many countries, governments declared a complete lockdown, resulting in closed borders and stagnation of (inter) governmental exchanges.

For many countries COVID-19 has affected achievements across the wider development spectrum, with communities suffering secondary effects that stretch to income, food security, access to water, health and hygiene facilities, and gender equality. Vulnerable groups are even more disadvantaged. Consequently, PfR's response to the pandemic was holistic to draw synergies between these different fields, responded to specific local needs of affected communities, and was, where possible, aligned and flexible enough to adapt to specific containment actions of governments. Funded by the Dutch Ministry of Foreign Affairs, based on a revision of the Dialogue & Dissent budget, PfR provided support to the most vulnerable people in PfR working areas.

PfR adopted a number of procedures and principles with regard to the COVID-19 response:

- **Impact assessment of COVID-19 on the 2020 (Dialogue & Dissent) plans:** Partners for Resilience country/ region/ global teams, including Civil Society Organizations (CSO) partners, have discussed where activities could be refocused, postponed and/ or creatively adapted to reach 2020 targets.
- **Alignment with current Dialogue & Dissent programme:** response activities were based on identified needs and focussed on humanitarian assistance for current target groups, as per PfR's focus on (long-term) resilience, livelihoods, ecosystems and climate adaptation to prepare for future disasters.
- **Particular attention to vulnerable groups:** in all activities the specific needs and participation of vulnerable groups was taken into account.
- **Maximize diversity and complementarity:** to ensure long-term resilience as well as immediate response efforts and bridging both, the network and complementarity of the partners was used. Open communication continued to happen to align initiatives and activities, especially through local CSOs/ networks closely coordinate with and aligned to the local and national government efforts (see details in section 3.1 Synergy).
- **Enable double preparedness:** preparing for both COVID-19, as well as for natural disasters (climate-driven and environmental) that continue to occur, was needed. Their occurrence lead to a double-compounding effect on the most vulnerable and their sources of income.
- **Address the systemic nature of the COVID-19 crisis:** PfR strengthened livelihoods across multiple domains (including income generation, health promotion, and access to food, water, hygiene) in line with its community resilience focus.
- **Apply an Integrated Risk Management approach:** The Sendai Framework for Disaster Risk Reduction (DRR) includes health hazards and managing risk as a critical component of disaster risk reduction. COVID-19 presents an opportunity for heightened advocacy on the importance of strengthening and protecting health systems against disaster risks, a topic often left on the margins. There must be increased focus on investing in long-term measures that address root causes of vulnerability, including but not limited to comprehensive health systems, access to sanitation, clean water, social protection, decent housing, and ecosystem protection and management.
- **Allow for flexibility:** in order to support basic needs and adjust to the changing circumstances.
- **Focus on building back better:** integrating PfR's COVID-19 response activities into the longer term resilience programming under Dialogue & Dissent supported the calls by Secretary-General Antonio Guterres and others to create more sustainable, resilient and inclusive societies and to 'turn the recovery into a real opportunity to do things right for the future'.

## 2. General description of the new activities

Taking the guidelines and principles as earlier described into consideration, the PfR response aimed to address short-term needs, and to bridge and support to long-term resilience, through its CSO partners and global to local networks. The undertaken COVID-19 response activities can be broadly divided into the following categories:

### 1. Infection Prevention and Control

- Infrastructure and goods for handwashing and clean water.

- Purchasing of prevention equipment (Personal Protective Equipment – PPE/ IPC materials), mainly for volunteers and community workers.
- Production of masks to support protection of targeted groups.
- Sensitization and information provision and (mass/ targeted) awareness campaigns on preventing and slowing the spread of COVID-19 including hygiene promotion.
- Safe and dignified burials.

## 2. Food security/ livelihoods/ alternative income generation

- Food security in affected communities/ vulnerable groups.
- Cash transfers to the most vulnerable.
- Monitor nutrition needs.
- Farm inputs to support climate- and eco-smart livelihoods during lockdown.

## 3. Psychosocial support

- Support on coping with stress for different target groups in communities.
- Psychosocial support for health workers/ volunteers.

## 4. Surveillance

- Monitoring at borders, markets, bus stations, communities for COVID-19 symptoms.
- Checking upon needs of most vulnerable people.

## 5. Risk reduction/ capacities

- Mobilizing community members to take preventive actions guided by government and WHO.
- Capacity building/ training of staff and volunteers (community engagement) on various COVID-19 related topics.
- Use of (already trained PfR) youth in prevention/ response activities in communities as they are less vulnerable.
- Synergy with response preparedness programmes developed over the years (financed by MoFA/ DSH).

## 6. Coordination

- Assistance and support to various government departments and coordinating UN agencies/ national taskforce on COVID-19.
- Planning, Monitoring, Evaluation, Reporting surge capacities.
- Risk assessments.
- Running emergency operations centre/ work on COVID-19 response plans.
- Supporting our partner CSOs to respond and engage with government on behalf of vulnerable communities.



Distribution of food during the COVID-19 crisis, in Bihar, India. Picture credit: SEEDS India

### 3. Progress made in PfR's response to the COVID-19 crisis

In the first weeks and months of the pandemic, the most acute needs in the PfR programme implementation areas became clear. With identified shortages of personal protective equipment and handwashing stations, an absence of information campaigns, and growing food insecurity, PfR planned to respond to the pandemic crisis. In May 2020, PfR received approval from the Dutch Ministry of Foreign Affairs to shift a total amount of €1,397,199 from the ongoing [Dialogue and Dissent programme](#) towards COVID-19 response.

The planned programme was based on observed immediate needs, centred towards four outlined objectives:

- The most vulnerable people in targeted communities are assisted to cover their basic food, water, hygiene, protection and mental needs.
- PfR partner CSO's have the capacity to carry out COVID-19 prevention and response activities in close coordination with other (national) stakeholders.
- Targeted communities have improved livelihoods and improved response preparedness capacity.
- PfR and its partner provide a bridging function between response, recovery, preparedness and improved resilience.

The below table shows how many people/ households have been reached:

Infection Prevention & Control	<b>1,105,874</b> people reached through COVID-19 awareness raising & prevention activities
Infection Prevention & Control	<b>26,544</b> of handwashing facilities with clean water and soap deployed
Infection Prevention & Control	<b>22,136</b> of community (health) workers and volunteers provided with Personal protection equipment
Food security / livelihood	<b>98,290</b> households provided with livelihood support, non-food items and food distribution
Psycho-social support	<b>387,340</b> people reached with mental health services
Surveillance	<b>31,990</b> community engagements on COVID-19 including monitoring actions organized by trained response teams
Risk reduction/ strengthened capacities	<b>270</b> CSO partners with strengthened Disaster Management capacity to respond to Covid19 and other emergencies
Coordination	<b>431</b> of COVID-19 coordination meetings attended with government, UN agencies and other relevant actors

The below overview provides detailed information about the activities and results of PfR's COVID-19 response:

- **Awareness raising & prevention activities:** Communication and awareness raising on the new COVID-19 virus, and on prevention measures was provided. Information was shared on social distancing, face mask use and handwashing. This was done in various ways, for example by printing posters, leaflets, using radio airtime, using theatre or music groups and using megaphones. Local partners and their volunteers played a key role in awareness raising on do's and don'ts during a pandemic. Local volunteers know their own community members best; therefore, they were able to bring the message across, using language which is familiar and well understood locally. In the Philippines, all networks and partners recognized the crucial importance of the IEC efforts, and were extremely resourceful and creative in activating this area of work through physical media, radio, TV and online platforms. In Mali, community preparedness increased through the example set by local champions, and communications through proximity radios and a whatsapp group, leading to a high rate of adoption. The scope of the outreach was a result of PfR's investment in enhancing cooperation between various actors through local networks. In Indonesia, Red Cross volunteers distributed cloth masks; the mask itself could be seen as a property which the volunteers could use to start a conversation with their peer community members to share key messages related to COVID-19. Communication was crucial to inform people on this new virus and also to avoid stigmatization, support people with symptoms to search medical assistance and to combat fake information.
- **Handwashing facilities:** In many locations handwashing stations were installed. To make sure people would use them they were launched during special organized events, and they were made attractive e.g. through paintings. The provision of hand wash stations with potable water and soap was supported with

health and hygiene education which is essential to protecting human health during all infectious disease outbreaks. Kitchen sets were distributed in order for people to be able to cook themselves instead of going to the large communal kitchens. This was important to create social distance. Water storage at household level had similar effects, especially in dryer areas, as people did not have to go to community water points (India).

- **Personal protection materials:** Personal protective equipment was distributed to staff and volunteers involved in COVID-19 response. Protection materials such as masks, as well as infection prevention and control equipment, e.g. hygiene kits, cleaning materials and soap were distributed at large scale.
- **Livelihood support:** As many people lost their income, it was crucial to provide support to people who were without any safety net. Support was provided through food distributions, cash vouchers or cash, food kitchens, and by providing farm utensils and seeds (especially to people also affected by locust in some countries in the Horn of Africa). Making face masks provided alternative livelihood activities: among others in Indonesia and India local women groups and volunteers took the opportunity to make masks. In South Sudan, where youth employment is very high, 10,075 masks were made through organizing and training young producers, who gained employment and income.
- **Psycho-social support:** Psychosocial support has been able to enter the humanitarian agenda during this pandemic, and a large number of people have been reached with psycho-social activities. Due to the pandemic itself, and the economic and social consequences of the lockdowns, it was felt important to also consider mental health issues in the response activities. An important aspect linked to people's well-being was to provide people with trustful information and to fight fake news that would create more insecurity and unrest. In Kenya for example, action was undertaken to provide credible and authentic information on prevention and response. Awareness was created against misconceptions, myths, fears and stigmatization that could cause mental stress. This was done through joint radio talk shows with the Samburu county government using radio Serian, Mchungaji and Watch reaching more than 300,000 people, including people in bordering counties of Laikipia, Isiolo and Marsabit and Baringo.
- **Surveillance:** Community workers and volunteers were trained and equipped to engage with local communities, even in the remotest parts of the country. Surveillance and house visits were crucial to get a good understanding of people's needs, concerns, and how best to respond to those. PfR's established local networks appeared to be a major asset to reach out to the most vulnerable.
- **Risk reduction/ strengthened capacities:**
  - **Supporting volunteers and local staff:** Important were the efforts of local staff and volunteers who have been trained on how to deal with COVID-19 and to assist the communities. Supporting local staff members and volunteers was done in various ways e.g. with protection gear, health insurance, and communication support to enable them to talk to colleagues. Additional staff was recruited and per diems paid for volunteers to scale up surveillance, house visits and risk assessments. Psycho-social support was often an important topic, both for the sanity of the local staff members as well as for the local population.
  - **Partner CSOs have taken an active role in COVID-19 response:** Building on capacities strengthened in PfR, partner CSOs expanded their expertise to COVID-19 prevention and response activities for the most vulnerable population, increasing their legitimacy as stakeholders in the field of disaster risk reduction.
  - **Support to government:** screening centres were set up at markets and border posts to avoid spreading. In Uganda, the Red Cross was given a special mandate to substantiate on government's efforts to conduct screening of people and vehicles on major borders. Ambulance services have been supported in several locations.

#### 4. Risk assessment – mitigation measures taken

Risk	Mitigation
<i>Duration of COVID-19 crisis</i>	The COVID-19 crisis has not been over within the timeframe of PfR's response programme. Therefore, all activities have been done in close coordination & cooperation with local stakeholders who can take the

	activities forward. In many places, partners could mobilize additional support to continue the COVID response activities.
<i>Crisis moves from a health crisis into an economic crisis</i>	The lock-downs in many countries have led to serious concerns regarding people's livelihoods. Therefore activities in support of livelihood restoration were part of the programme. In Uganda the COVID-19 lockdown coincided with the onset of the second planting season; as markets were closed, PfR distributed 3,000 kgs of black Lango beans for planting. In several places, cash for work programmes were set up to support families income.
<i>Natural disasters/ conflict continues to impact the most vulnerable</i>	Double preparedness was often required: COVID-19 response as well as preparation for natural disasters that continue to occur. Therefore, the alignment and synergies with the current PfR Dialogue & Dissent programme was essential In Kenya for example, next to the COVID-19 pandemic, the country faced a locust invasion and floods; India was hit by several disasters, like floods and heavy storms; in the Philippines, several typhoons hit the country. Partners had to take all these different hazards into consideration, e.g. during evacuation.
<i>Local partners may get infected by COVID-19, as they may come into contact with some people who do not know if they are carriers of the virus or not.</i>	Strict protocols for all stakeholders have been applied, in line with WHO guidelines and requirements. Personal protection gear was distributed to staff members, local community workers and volunteers. Where possible insurances to health workers/ volunteers have been arranged.
<i>The price of relief items/ livelihoods may raise up significantly, due to limited supply at the local level</i>	Assisting local producers at village level to produce the items by locally available raw materials and building connection to neighbouring suppliers.
<i>The COVID-19 response may cause the increase of harmful and contagious medical and non-medical waste which may bring further risks to community.</i>	Apply the "Do No Harm" principle in delivering the humanitarian response by minimizing the provision of disposable items for support, and ensuring better waste management to avoid further risks to environment and people. Mobile hand-washing stations have been installed in many places. Those were aligned with awareness campaign regarding hygiene, broader than handwashing alone.
<i>Restricted mobility due to enhanced community quarantine protocols inhibits access</i>	Negotiations with the national government regarding ensuring humanitarian access for organizations responding to the health emergency. It is important to note that in many countries' movement restrictions for Red Cross and Cordaid staff and volunteers have been officially lifted to allow them to do COVID-19 response activities.

## 5. Insights and learnings

- Multiple-risks:** Additional challenges arose in some countries were natural hazards took place simultaneously. How to evacuate people in times of social distance? How to ensure access to water during the dry season, and during times of heat waves? Those additional challenges required attention as well, as they posed additional threats to already vulnerable communities. In India for example, COVID-19 awareness campaigns were linked to disaster preparedness messages, which led to enhanced public awareness and behavioural change in 6 States where outreach messages combined COVID-19 messages with do's and don'ts on heatwaves and flooding. People reached benefited from the twin message on safeguards for COVID-19 and the associated messages on the need to preserve water and to harvest rainwater. This has helped to strengthen resilience of poor communities to COVID-19 and to heat and water-related disasters.

- **CSO's capacities strengthened under the Dialogue & Dissent programme supported effective response:** it can be concluded that the interventions have been very timely and effective. The capacity strengthening on integrated risk management, risk analysis, community risk reduction planning, the disaster risk reduction committees earlier established and trained, and linkages established with local authorities helped to quickly coordinate and engage in intensive awareness raising campaigns, and the identification of the most vulnerable communities. This made the required support easier, quicker and more effective. In Mali, [coalitions](#) formed and capacitated by PfR, played an important role in the COVID-19 response. Local partners organisations in all countries were a great asset to set up awareness campaigns to reach even the remotest communities, among others in Haiti where young people were trained and played a vital role in information sharing in their respective communities. The large presence of PfR partners and their volunteers, and the strong acceptance at the level of communities, contributed positively to the programme; local communities already knew and trusted the people now involved in the awareness campaign and COVID-19 response.
- **Strong network in place:** Because of built up partnerships, strengthened capacities and good relations and proximity to target communities and local government, PfR was able to reach out to people most vulnerable. Trained staff and volunteers, earlier involved in community risk assessments, could use their skills to get a good understanding of people's most urgent needs. Vulnerable groups, often already identified during the PfR programme, were targeted. Besides new vulnerable groups were identified, like migrants (e.g. migrants living on the Maldives who couldn't return home), people who lost their jobs due to transport restrictions, and people who lost their source of income due to the lockdown. Strong local networks have enhanced communities' social structures that have demonstrated their value in the disaster domain and beyond. The support to COVID-19-affected communities largely benefitted from the access and capacities that these networks provided and are essential to Build Back Better.
- **Importance of Early Action Protocols:** During the present crisis, early action protocols were put in practice, also linked to cash interventions. In Uganda, the unconditional Cash Voucher Assistance was well appreciated by the beneficiaries because of its flexibility in terms of meeting basic human requirements.
- **Dealing with a pandemic:** After being a year in a global pandemic, organisations worldwide - including PfR - have gained many new learnings regarding the way to look at disasters and health risks:

  - Health should be an integral part of countries national disaster risk reduction policies and plans; plans should incorporate health as well, e.g. how to deal with a pandemic like COVID-19.
  - Besides, in disaster management plans, multiple hazards should be taken into consideration, especially those who can take place simultaneously; more emphasis is required on multi-risk emergencies instead of sector plans.
  - Working in multi-stakeholder partnerships is beneficial to deal with such a large crisis as a pandemic; as we see in the present crisis health is not the only concern. The crisis causes many other problems that require attention, e.g. lack of income, shortage of food and water.
  - Psycho-social support has been able to enter the humanitarian agenda during this pandemic. Psycho-social support modules needs to be deepened and local partners need better training in order to be well prepared for such support.
  - There is a need to better understand the relations between the environment, disaster & climate risk, and health. In COVID-19 response, due attention should be paid to Green Recovery. In Bihar, India, the example of providing food security support through paying man-days labour to revive eco-systems, showed this is well possible – even in the early response to the crisis.
  - The recognition and value of data was obvious, and enabled organisations to better respond to the situation (e.g. in the Philippines).
  - Localization is key for the success in this COVID-19 response. Many local volunteers were able to assist, which is interesting in the light of the localization agenda/ Grand Bargain commitments. The capacity strengthening delivered by PfR to national and local partners has paid off. For example, the improved capacity for policy dialogue: PfR partners in Maumere, Indonesia facilitated the making of COVID-19 policies and actions in the region. In Haiti, the involvement of youth volunteers increased considerably in COVID-response. The coalitions in Mali, formed and supported by PfR, took an active role in especially COVID awareness campaigns.

## 6. Additional information

- During the pandemic, PfR made this [Podcast](#): listen to the voices of ordinary people in various communities around the world. The lockdown in many places has led to increasing vulnerabilities to people who are already living in difficult situations. These few voices speak for millions.
- Around the world people adapt to COVID-19. [These videos](#) show how different people around the world are impacted by the COVID-19 pandemic, and how they try to deal with this new reality.
- Publications of alliance members:
  - PfR's exhibition [Faces of Resilience](#)
  - Cordaid: [PfR's/ Cordaid COVID-19 response](#)
  - Netherlands Red Cross blog: [COVID-19, Climate & Resilience](#)
  - Wetlands International blog: [Impact of COVID-19 to the Coastal Communities of Demak](#)
  - CARE Nederland: [Resilience work in Uganda in times of Corona](#)
  - Climate Centre: [Climate-related extreme weather events and COVID-19](#)