



A Year of Resilience

A Global Response to COVID-19





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Dear Friends,

More than a year after the declaration of the COVID-19 pandemic, the virus continues to enact profound social and economic disruption across the globe. It is a crisis not seen before in modern times, has stolen the lives of more than 2.7 million people, and continues to jeopardize the health, wellbeing and economic realities of millions more.

For refugees and other people uprooted, the future remains particularly uncertain. **Nearly 90% of the world's refugees** live in developing countries that often struggle to provide basic services, let alone staunch the spread of a highly contagious virus.

What remains certain is the difference your partnership continues to make for IRC clients, who we are able to reach and help during this time of urgent and unmatched need.

Your support to the IRC has helped to protect families and communities affected by crisis from the most devastating impacts of COVID-19 in more than 40 countries. It has allowed our essential workers and staff on the frontlines to adapt and deliver healthcare services, create access to clean water, provide education to children, and offer economic empowerment services for some of the world's most vulnerable people.

In the coming months, the IRC will continue to keep families already fleeing for their lives safe by playing a vital role in training and supporting local healthcare workers in fragile places to **help ensure equitable access to COVID-19 vaccines**. As we now know, no one is safe until everyone is protected.

On behalf of IRC staff, and particularly the people we serve, thank you for investing in people whose lives are shattered by conflict and disaster. Your compassion, commitment, and generosity are deeply appreciated.



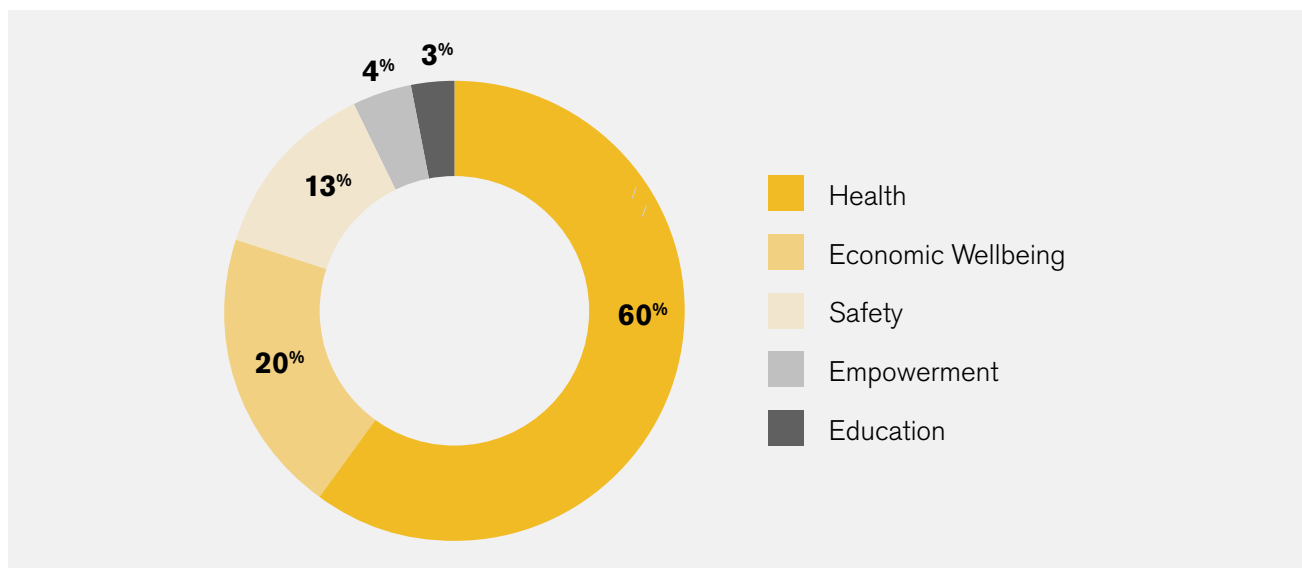
Sincerely,

Dr. Mesfin Teklu Tessema

IRC Global Impact

OUR WORK

Thanks to generous support from you and other critical partners, we met our 2020 goal to raise more than \$30 million to fuel the IRC's global response to COVID-19.



IN 2020* WE:

- Offered health, water and sanitation, and nutrition support to more than **25 million people**.
- Provided **5,096,273** health consultations to keep families and communities safe from COVID-19 and other illnesses.
- Provided Infection Prevention and Control (IPC) services for at least **2,600 health facilities**, including additional staff, PPE, and improved water and sanitation to prevent COVID-19 and other illnesses.
- Delivered critical information about preventing transmission of threatening conditions, such as COVID-19, and where to seek support services to **3,795,526 people**.
- Rehabilitated or improved clean water sources to help prevent the spread of COVID-19 and other diseases for **2,589,692 people**.
- Adapted our lifesaving and life-changing programs to the realities of COVID-19, including:
 - Teaching remotely and providing safe spaces to benefit more than **816,053 refugee children and youth**.
 - Providing emergency cash support to meet survival needs for more than **1,305,300 vulnerable people**.
 - Offering livelihoods support to more than **235,373 clients** -- 58% women or girls.
 - Providing mental health support and other confidential care for **116,344 survivors of violence**.

**Fiscal Year Oct. 1, 2019 - Sept. 30, 2020*



Innovating all the way

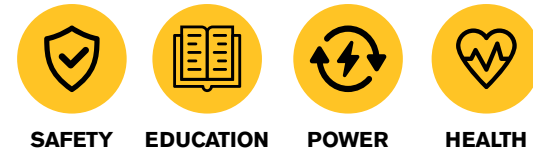
With your support, the IRC has been able to adapt our lifesaving programs while combating the spread of COVID-19 in 40 countries worldwide, giving refugee and other vulnerable families a lifeline of hope.

SINCE MARCH 2020 WE HAVE:

- Protected families and communities by developing new interventions, including COVID-19 infection prevention & control programs;
- Adapted the ways in which we can effectively deliver emergency cash, education, livelihoods training, and protection services for survivors of violence; and
- Developed new collaborations with local, national, and international actors to safely and remotely manage services to sustain program quality for our clients.

Shared below are seven examples of the ways in which the IRC and our partners have risen to the historic humanitarian challenge of COVID-19—through ingenuity and dedication—to deliver on the promise of rescue for the people we serve.

Strengthening Syrian refugee families



More than 6.6 million Syrians have been forced to flee their country since 2011 and another 6.7 million have been driven from their homes but remain trapped inside the country. In response to COVID-19, countries in the region installed strict measures, including nationwide curfews and social distancing, disrupting access to humanitarian services, such as Ahlan Simsim.

A partnership between Sesame Workshop and the IRC in Iraq, Jordan, Lebanon and Syria, Ahlan Simsim provides a lifeline for children affected by the Syrian war, by healing emotional and developmental wounds with critical early childhood development programming.

As of October 2020, 21,519 children and caregivers were reached by Ahlan Simsim via WhatsApp.

As in-person programming was halted due to safety concerns during COVID-19, IRC staff quickly shifted Ahlan Simsim programming away from group settings and home visits, re-designing education curricula and piloting **digital tools** to reach refugee and vulnerable children and their caregivers. Using characters and animation from a regional Ahlan Simsim TV show, the team created interactive messages that caregivers received via **WhatsApp**, which they could read and watch at home to understand COVID-19 prevention measures, manage their own stress, and create a nurturing and predictable home-learning environment to foster their children's resilience.



Talia says: "I'm drawing someone washing their hands. I learnt from Elmo that you have to wash your hands for twenty seconds and I always sing the alphabet song when washing them which helps me know it's been twenty seconds"



"During the coronavirus, I miss studying the most. Before I wanted to have my own sweet shop when I'm older but now I want to be a doctor because it's a humanitarian profession." – Muhammad (second from left), a Syrian refugee whose family has received support from the IRC in Jordan.

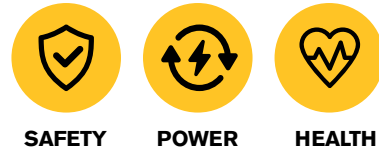
Boosted by the use of local languages, such as Kurdish and local dialects as opposed to Modern Standard Arabic, and the integration of images and videos for a positive user experience, caregivers reported they were able to successfully teach their children the alphabet, talk about emotions, and ultimately pass on the skills they need to heal and thrive.

Continuously improving with integrated client feedback, IRC teams are now partnering with Viamo to enhance two-way communication with caregivers, as well as New York University to measure the success of the content and channels used to disseminate early child development and resilience messages during COVID-19. Additionally, a pilot in Jordan that provided twice weekly,

half-hour calls between caregivers and IRC-trained facilitators to provide emotional support, parenting guidance, and referrals, has expanded across the region.

Against the backdrop of COVID-19, the successful development of **practical** new materials and **diverse** delivery modalities has elevated a **model for child development programming in crisis-affected places**. By working with local partners, including the Jordan Ministry of Education, to support and equip caregivers and prepare children—the caretakers of tomorrow—it has positioned the Ahlan Simsim program for sustained reach, engagement, and collective impact through the pandemic and beyond.

Fighting a double epidemic in the Democratic Republic of Congo



The Democratic Republic of Congo (DRC) has spent decades in the grip of violent conflict and economic unrest, where over 5 million people have been displaced and today 15.7 million require urgent humanitarian assistance. In April 2020—one month after the outbreak of COVID-19 was deemed a global threat—a second outbreak of the deadly Ebola virus was declared in DRC.

Between January and September 2020, an estimated 67,000 people in DRC received IRC health messaging.

Backed by long-standing operations in DRC, IRC teams could leverage existing expertise, resources, and strong local networks developed as part of our experience combating outbreaks of Ebola, to fight misinformation about COVID-19 and widely protect at-risk communities.

Many of the key approaches in tackling Ebola, such as contact tracing, infection prevention

and control (IPC), and isolating patients and suspected cases, became core to the IRC's COVID-19 response in North Kivu.

Ebola response activities continued to be relevant, but targeted adaptations ensured teams could help prevent the spread of COVID-19 too.

As part of a multi-pillar approach, IRC teams:

- Expanded existing triage isolation units at five key health facilities to care for patients with either Ebola or COVID-19 and strengthened referrals to these centers;
- Trained and supervised health workers and traditional healers to respond to COVID-19;
- Provided hygiene supplies at hand-washing stations and personal protective equipment (PPE) including face masks, shields, and gloves in all 54 supported health facilities for health care and construction workers.

Community focal points also played a **crucial role in building trust within communities** and in allaying fears that emerged from COVID-19. Through radio broadcast campaigns or by speaking at



During the Ebola outbreak, people have fallen prey to rumor and misinformation. Benjamin, the head of an IRC-supported “children’s parliament” in Beni, eastern Congo, leads an Ebola awareness session for teens pre-COVID-19.

public gatherings, these focal points quashed misinformation, shared effective ways to prevent infection, provided information on available healthcare services, and monitored and responded to protection concerns, which escalated with the outbreak of COVID-19.

Before COVID-19, focal points were trained by the IRC to respond to protection concerns from survivors of violence or child abuse, and vulnerable individuals impacted by Ebola. Now, in close coordination with IRC staff, focal points have been able to maintain **direct contact with people in need of protection**, either by phone or in person (while respecting hygiene and social distancing measures) to ensure timely referral to safety and health services.



Lifesaving cash support in Yemen



POWER



HEALTH



ECONOMIC
WELL-BEING

The pandemic arrived in Yemen after more than five years of conflict that has displaced over 3.6 million people and placed the country on the brink of famine. Precautionary measures in response to COVID-19 created travel restrictions, closed markets and businesses, and disrupted access to humanitarian assistance that resulted in inflated prices for both food and other essential survival goods. Research findings from the IRC and the wider humanitarian sector determined that cash assistance in Yemen would save lives.

Equipped with personal protective equipment (PPE) and trained by the IRC health team on the importance of hygiene practices and social distancing, frontline workers charged with allocating cash distributions were able to capitalize on these opportunities to deliver key messages on ways to mitigate risk and prevent the spread of COVID-19.

Between March and September 2020, 3,463 vulnerable households benefited from cash assistance—a 30% rise above our normal reach.

Prior to COVID-19, IRC staff in Yemen had built a **strong cash and voucher program**, with partner financial service providers in the governorates of Abyan, Aden and Al'Dhale, which has reached nearly 100,000 clients with cash and food assistance. Complementing its cash program, the team had in place robust mechanisms to understand client needs and feedback. It was **well positioned to quickly adapt** when the COVID-19 outbreak was declared.

In Al Dhale, top-up emergency cash assistance was provided in March and April 2020 to a total of 1,000 households who had recently completed a six-month cash assistance program and were therefore already registered. In Aden, the identification of 1,305 vulnerable households in need was adapted, expedited, and completed before the lockdown. While it used to be conducted in person through door-to-door verification processes, during COVID-19, it was conducted



“With coronavirus my responsibilities as a father have changed. Now most of my time at home is taking care of all the precautions like handwashing with soap in the right way, wearing masks, and keeping social distance to avoid bringing the virus home, and preventing my children from going outside when it is not necessary. Children are gifts for us and we need to take extreme care of this gift. We all want the best for our kids and for kids all around the world. We can only guide them towards the right path and then give them the full support they need to accomplish in their lives.”
- Thabit Hassan Qaied, a 35 years old Yemeni father whose family received support from the IRC

by phone to minimize staff-client contact or through relief committees to reach the most vulnerable people: those who did not have phones. As a result, IRC’s clients were able to sustain their purchasing power and none of them reported resorting to negative coping strategies, such as rationing meals.

While remote processes were initially difficult for communities to adhere to, due to misinformation and uncertainty, **local stakeholders**, such as village relief committees, were engaged and supported by the IRC in choosing accessible distribution points, disseminating key

information, and reaching out to the most vulnerable people.

The existing IRC cash program set the team up for successful adaptations in response to COVID-19 and allowed them to lead timely cash relief—with integrated health and protection messaging—in targeted areas. The IRC team’s efforts working with local authorities to get permission to conduct activities, combined with adequate staff preparation to remain safe and manage remote processes played a key role in providing comprehensive assistance to vulnerable families in Yemen.

Smart solutions in Cameroon



While hand washing is one of the central ways to stop the spread of viruses, an assessment conducted by the IRC in northern Cameroon in February 2020 found that only 51% of respondents had access to clean water (and soap). In a country where violence has left approximately 6.2 million people in need of humanitarian aid, IRC prioritized developing new solutions to help protect communities and contain the spread of COVID-19.

"The presence of the hand-washing stations at the Biamo Health Center will help prevent and fight against COVID-19. This project came at the right time as my community is facing health and hygiene problems. In the past, we did not have hand-washing facilities at the health center for patients and visitors, and now we have been able to make sure that all visitors and patients at the Biamo Health Center use the hand-washing kit." - Avbadam Seini, Deputy Head of Biamo Health Center

IRC water and sanitation (WASH) and logistics teams worked with a local supplier to design and prototype a hand-washing station that could be operated by a foot pedal. The purpose of the station was to help with sanitizing hands without physically touching the water tap and soap dispensers, thereby reducing the potential for contamination in public places, while allowing

both children and persons with disabilities to also access the facilities.

Built with locally available materials such as iron tubes and motorbike brake cables, this scalable and sustainable solution was tested in Kousseri and then rolled out in the targeted communities of Afade, Biamo, Makari and Fotokol. A total of 50 stations were set up near schools, health facilities, and community structures—and replicated by other humanitarian organizations.

The effectiveness of the stations after installation were ensured by community volunteers or security guards – all trained and equipped by the IRC with the necessary protective equipment to orient communities to the hand-washing stations and ensure supply of water and soap.

Building on early success, IRC teams have worked to incrementally improve station operations and facilitate its maintenance by reducing the size of the water tank so it can more easily refill, identifying more robust materials to create more durable faucet taps, and replacing liquid soap with solid soap as it is five times cheaper and less likely to transmit diseases.

By focusing on client-centered solutions, flexible funding made this timely innovation possible. By making the solution cost-efficient to maintain and locally sourced, we have ensured its effectiveness for communities for years to come.

Remote learning in Pakistan



SAFETY



EDUCATION



HEALTH

Pakistan's long-lasting challenge of ensuring that school-age children attend, stay, and learn in school has been further exacerbated by months of school closures during the COVID-19 pandemic. While necessary restrictions have helped to enforce social distancing measures, they have also had a considerable impact on students' learning nationwide: an estimated 79% percent of children in Pakistan will not learn to read by age ten.

This grim reality required the IRC's Pakistan Reading Project (PRP) team to make urgent adaptations this year to ensure that thousands of children and teachers have been able to continue to read and learn while at home.

The Pakistan Reading Project (PRP) is a seven-year project aimed at improving learning and reading outcomes by improving classroom learning environments, education policies, and community-based support. In close partnership with the Government of Pakistan, the project was completed in June 2020 and achieved its expected outcomes by reaching 27,176 teachers and 1,716,502 elementary age learners, and strengthening government systems across the seven provinces of Pakistan.

To ensure minimal disruption of support during the pandemic, **the PRP team utilized technology to deliver educational content, along with COVID-19 awareness messages**, to teachers, parents and students through diverse mediums, including WhatsApp, SMS, interactive voice

response (IVR) system, and online webinars with impressive reach, including:

- Producing content in seven different languages, such as Urdu, Pashto, and English;
- Recording 88 stories in an audio format for 70,000 recipients who accessed content through an IVR system—an automated storytelling system—that allows people who do not have smart phones to use landlines or other phones to call and select their preferred stories in their primary language;
- Leveraging the **WhatsApp mobile platform** to channel both key information about COVID-19 safety measures and educational content, which was accessed 570,000 times by the end of the initiative in September 2020;
- Organized **16 online webinars for 2,432 teachers' professional development** during the pandemic, which was recorded and further shared with approximately 48,000 additional recipients.

Dr. Naeem Sohail Butt, who led the project, credits the success of the Reading project to the team's ingenuity and flexibility in leveraging technology to adjust conventional approaches when the pandemic posed numerous practical challenges – from limited access, to time constraints, to financial difficulties—to make home-based education a reality.

Safe support to survivors of violence in Uganda



SAFETY



POWER



HEALTH

Every year in Uganda more than one million women experience violence. With the nationwide lockdown instituted by the government and Ministry of Health due to the outbreak of COVID-19, survivors of abuse have been confined in the same space with perpetrators, which makes it harder for them to seek support discretely, if at all.

The devastation of survivors has been further exacerbated by transport restrictions and poor access to contraceptives, family planning services, and legal support. As a result, the number of cases of intimate partner violence dramatically increased in the Karamoja region of Uganda, as well as the number of survivors seeking support this year from the IRC and our local partner KAWUO.

to respond to violence by developing strong district and community networks, and improving the quality and accessibility of clinical care and recovery services for survivors. Given the urgency of the current environment, IRC teams have acted swiftly to think creatively about novel ways to support women and girls at risk of violence in a safer manner without exposing them to more risks and harm.

To sustain safe access to critical violence prevention and recovery services during COVID-19, the IRC and KAWUO began providing **remote psychosocial and medical support** to survivors, as well as support to those seeking **legal redress**. The IRC's technical team trained and coached

As of September 2020, 1,246 survivors of violence received direct support or referrals to legal, law enforcement, health providers or livelihood services.

Since the beginning of 2015, the IRC has been closely collaborating with the Ministry of Health, the Ministry of Gender Labour and Social Development, and the Karamoja Women Umbrella Organization (KAWUO)

KAWUO's 617 team members bi-weekly via **teleconference calls** about protection principles, secure data management, and survivor-centered case management.



“The IRC has trained us to take care of girls forced to marry, especially those who get pregnant. After giving birth, they have to go back to school. We have to take care of these girls.”

- Jemimahi Sadia, a 54-year-old South Sudanese refugee. She founded Togoleta, a women's activist group in Uganda that provides counselling to refugees in the camp to prevent violence and help women and girls recover from abuse.

Through these sessions, KAWUO case managers learned to directly engage with survivors to establish **‘verbal passwords’** at the beginning of every call, to signal that it is not safe for the survivor to speak on the phone, so the caseworker can re-direct the conversation to safe topics – such as COVID-19 preventative measures. KAWUO also implemented the use of a **‘phone beep system,’** which corresponds ‘beeps’ with planned caseworker responses.

The long-standing engagement of the IRC (and our partner KAWUO) in impacted communities, combined with the teams’ resilience and commitment to continuously adapt and respond to the needs of the affected population, have helped successfully overcome restrictions to meet the needs of survivors of violence.

Telemedicine in Colombia



POWER



ECONOMIC
WELLBEING

An estimated 1.3 million Venezuelans have sought safety in Colombia, with more than 35,000 reaching official crossing points every day to seek work, purchase food, and receive vital medical assistance. When Colombia's government locked down the country in late March 2020 in response to COVID-19, movement restrictions made it more difficult for vulnerable people to access basic health and reproductive health services.

In addition, thousands of those who first fled have been heading back to Venezuela by

"We're educating. We're screening for COVID-19. We have a specific unit that treats patients with respiratory issues. It's fundamental for us to understand that COVID-19 does not discriminate. To understand that we, as human beings, need to unite and complement each other and refugees always have the capacity to contribute more than people admit." - Dr. Edna Patricia Gomez is a doctor employed by the IRC and Venezuelan refugee providing women's health and triage support to stranded travelers in Cúcuta, Colombia

foot as they were no longer able to find work, increasing the number of people entering and leaving the country, and thereby increasing the risks of transmission.

In response, the IRC developed a comprehensive health intervention in Colombia to deliver primary and reproductive health care during the lockdown, including through unique telemedicine services, to make healthcare accessible to migrants and host communities.

To respond adequately to the crisis, the IRC Colombia team hired more staff and trained them in telemedicine. When clients called, they were either attended to immediately or given a medical phone appointment for a later date. In cases where specialist care and medicines were required, the team coordinated with known health service providers and pharmacies easily accessible to clients.

To ensure success in pivoting to remote services, IRC teams applied a range of strategies, including:

- Collaborating with **community networks** (developed through a community mobilization strategy in Cúcuta and Medellín) to effectively disseminate information about existing services and COVID-19;



Staff at the IRC's Comprehensive Community Center in Cúcuta, Colombia provide lifesaving health services, including primary, maternal and reproductive health care for vulnerable individuals near the Venezuelan border.

- Leveraging social networks and WhatsApp to maintain communication with leaders and grassroots organizations to help clients access remote services;
- Activating new phone lines and disseminating flyers about the availability of services; and
- Moving health services, including COVID-19 testing, closer to the Colombia-Venezuela border to attend to more than 4,000 migrants and returnees.

The IRC's number of health operations MORE THAN DOUBLED during COVID-19.



The Way Forward

While the coming months are critical to saving lives and keeping vulnerable families afloat economically, the IRC knows that COVID-19 will continue to have long-lasting effects worldwide. In addition to our emergency response to the virus, the IRC is leveraging our strengths in resilience-building, systems-strengthening, and innovative program design to plan for the COVID-19 reality of tomorrow.

From **training community health workers** to deliver vaccines, to expanding our **global digital information platform** Signpost, to modeling, testing, and scaling **remotely-delivered education, job-training, and protection programs**, the IRC is already identifying and investing in the services that will be critical over the next five years to getting the hardest-hit communities back on their feet. We know that investments we make today will allow us to quickly scale up these programs when the world is ready to leave their homes again.

Thank you

With generous and timely support, the IRC continues to be able to train health workers, deploy mobile health teams, support health facilities with protective gear, provide clean water and sanitation services to fight COVID-19, and continue other essential programs in places where the virus continues to spread. We are doing this globally – including Europe and the United States, but importantly in dozens of fragile places around the world.

Thank you again for your generosity and vital partnership in providing the value of rescue.

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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