

Intersections

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As 2021 begins, the COVID-19 pandemic will have been spreading globally for over a year. As of early December 2020, over 64.5 million COVID-19 cases had been reported around the world, with more than 1.49 million related deaths: the pandemic's spread was indeed accelerating in many parts of the world. Health systems in many countries have been overwhelmed by surges in admissions of symptomatic COVID-positive patients. Meanwhile, vulnerable communities experience inequitable access not only to health facilities for testing and care, but also inequitable access to water, hygiene supplies and sanitation. Furthermore, while physical distancing represents a common-sense, standard prevention measure against transmission of COVID-19, people living in overcrowded conditions such as displacement camps or densely populated low-income neighborhoods find it difficult-to-impossible to practice such physical distancing.

Cover: In August 2020, Eva Layman, a volunteer at the MCC East Coast Material Resources Center in Ephrata, Pennsylvania, finishes the seams for protective gowns for staff at Friendship Community, a licensed faith-based services provider in nearby Lititz that supports adults with intellectual disabilities and autism. (MCC photo/Carol Zook)

Bayish Tababa, 21, signs to collect food and soap on behalf of her daughter, Etsub Gizacho, who attends a preschool in Adama (Nazret), Ethiopia, operated by Remember the Poorest. Head kindergarten teacher Madina Abraham supervises the paperwork. (MCC photo/Rose Shenk)

Job and related income losses stemming from economic contractions in the face of lockdown and shelter-at-home orders (essential public health measures for combatting the spread of the virus) have disrupted livelihoods for the world's most vulnerable communities, be they refugees and other displaced peoples or residents of population-dense, low-income neighborhoods or farmers in remote areas. The lives of vulnerable communities around the world have become even more precarious during the pandemic, with socially and economically marginalized peoples disproportionately impacted by COVID-19's health and economic fallout. In this issue of *Intersections*, MCC staff from around the world examine how MCC and its partners have operated during this pandemic, adapting humanitarian assistance, livelihood, health, education and other initiatives to meet the ever-evolving challenges presented by COVID-19.

The health dimensions of the pandemic's impact are perhaps most obvious. Yet across the world, the pandemic and public health measures adopted to stop its spread have had numerous additional consequences for the world's most vulnerable populations, including:

Loss of income and decreased access to food: Overall, MCC hears from its partners that for vulnerable communities, food insecurity and loss of income stand out as larger worries than pandemic-related health concerns. With national and local economies slowing down because of partial or total lockdowns, individuals reliant on daily wage labor or operating small businesses for their livelihoods have struggled to earn an income. Increased unemployment and loss of income mean many families struggle to access food.



Eroded farming livelihoods: In the rural areas of many countries, strict COVID-19 prevention measures, including restrictions on movement between cities and towns, curfews, market closures and limitations on the number of people who can gather, have impeded farmers' access to markets and agro-dealers. Prices of seeds, fertilizers and other inputs needed for crop and livestock production have increased, while in some cases farmers have been unable to access these essential agricultural inputs at critical times of the crop cycle. With markets closed, limited ability to travel to markets and reduced transport of produce to processing facilities, farmers either cannot sell their produce or are forced to sell at much lower prices than they could normally expect. In some areas, people reliant on informal labor for income have been unable to travel to these farmlands to work.

COVID-19 restrictions have also negatively impacted the ability of people in rural communities to support one another. For example, during the agricultural season farmers not only work on their own farmland but help their neighbors as well. Movement restrictions and physical distancing have significantly compromised these traditional communal farming practices. It is also common practice in many countries for farmers to provide support for elders and women farmers during the farming and harvesting season: movement restrictions have also meant reductions in such mutual aid. The disruption of lockdown measures has both immediate and longer-term impact on food security: decreased ability to plant due to lack of seeds or access to one's land will mean deepening food insecurity at harvest time.

Reverse migration putting pressure on rural areas: In numerous countries, rural communities have witnessed an influx of returnee migrant workers, who lost jobs in cities or abroad due to pandemic-related economic upheavals, to villages and farms (primarily men and younger people). This return started during the initial pandemic lockdowns but has increased as economies have continued to contract and as fear of outsiders has grown. People have also returned to their families' traditional rural areas out of a perception that these regions are safer. India is one country where the scale of this migration has been massive, with millions of migrants walking back to their home villages after train services were shut down completely as part of lockdown measures.

These reverse migration patterns have had multiple economic and social consequences. Workers who had earned livings in cities or abroad had often sent remittances to family members in rural areas and now could no longer do so. These rural homelands, however, generally do not have the resources to support such a significant influx of returning people or absorb them into already damaged labor markets. As a result, families have had to split limited household resources among more people. Resentment against returnees for coming back without resources and expecting support has festered in some communities: returnees are sometimes viewed with suspicion, with fears stoked that they are bringing disease back with them. In some communities, women leading female-headed households report feeling unable to say no to welcoming back primarily male relatives returning from jobs in the city or abroad, even when the women also say they are struggling to support even more people.

Displaced families increasingly reliant on assistance: The movement of refugees and other displaced peoples living in camp and camp-like settings has been restricted during the pandemic, with restrictions imposed by United Nations and local government authorities. These public health measures

“ Disruption to early childhood and school-based nutrition programs will have permanent consequences, especially for young children at a critical stage of development.”

“ The lives of vulnerable communities around the world have become even more precarious during the pandemic, with socially and economically marginalized peoples disproportionately impacted by COVID-19's health and economic fallout.”

From Insights to Action: Gender Equality in the Wake of COVID-19. New York: UN Women, 2020. Available at: <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>.

Protect a Generation: The Impact of COVID-19 on Children's Lives. London: Save the Children International, 2020. Available at: <https://resourcecentre.savethechildren.net/library/protect-generation-impact-covid-19-childrens-lives>.

Alliance for Peacebuilding. *An Integrated Peacebuilding Strategy to Prevent and Contain the Global COVID-19 Pandemic and Ensure Stability.* 2020. Available at: <https://www.allianceforpeacebuilding.org/afp-publications/integrated-peacebuilding-strategy-covid19-07-2020>.

in turn make it challenging-to-impossible for displaced persons to earn income through day labor, operate small businesses, gather firewood in areas around camps or forage for fruit or hunt for animals. With these livelihood opportunities constricted, displaced peoples in many contexts have found themselves increasingly reliant on humanitarian assistance.

School closures and long-term negative impact on children: In what the United Nations has called the “largest disruption to education in history,” over 1.5 billion children have had their educations upended by school closures. While difficult for all children, the damage is greatest for low-income children, young children, girls and children with disabilities, with many predicted to suffer lifelong consequences: interrupted education will not just impede learning but will also mean decreased social and economic opportunities and worsened health outcomes.

The digital divide has meant many low-income children cannot access remote learning opportunities available to wealthier families, exacerbating existing disparities in academic performance. Disruption to early childhood and school-based nutrition programs will have permanent consequences, especially for young children at a critical stage of development. School closures have also robbed children of psychosocial support and other protective measures even as pandemic-related stress on families is leading to a rise in domestic violence and abuse, which in turn also have lasting impact. Finally, in many contexts, educational leaders reasonably fear that when schools do reopen, many adolescent girls will never return, undoing hard-earned gains in education rates for young women.

Growing insecurity and frayed social relations: The COVID-19 pandemic has also contributed to heightened insecurity and fractured social relations in many contexts. One MCC program leader observed, “I’ve never seen people treat each other like this before,” citing examples of neighbors calling police on neighbors for supposed violations of physical distancing measures. Suspicions of people outside of one’s family have contributed to a climate in which “everyone is watching everyone.” In numerous countries, wariness of and hostility towards “outsiders,” now viewed as potential disease vectors, have deepened, with increased xenophobia and hate speech against foreigners disseminated via social media.

Increased authoritarianism: In multiple contexts where MCC operates, governments have used combatting the pandemic as a pretext for instituting longer-term restrictions on human rights, using open-ended emergency executive powers to limit rights of assembly, speech and movement, restrictions that human rights advocates argue exceed and will continue on well past what makes sense from a public health perspective. These concerns have been intensified by militarization and abusive and violent policing tactics deployed to enforce public health orders.

In the articles that follow, MCC staff reflect on different ways that MCC and its partners in Cambodia, Canada, Colombia, Ethiopia, Kenya, Malawi, Mexico, Ukraine, the United States, Zambia and Zimbabwe have confronted context-specific disruptions of ongoing humanitarian assistance, education, food security and livelihoods programs and have found creative ways to adapt these initiatives to address changing social and economic circumstances and to implement these projects in a safe manner that allows for physical distancing and minimizes chances of virus transmission. Even as we fervently hope for the timely global rollout of effective vaccines against COVID-19, the

ramifications from the pandemic will certainly be ongoing over the coming months and years, with the nature of the pandemic's impact continuing to evolve in different ways in specific contexts. MCC seeks in all its relief, development and peacebuilding efforts to collaborate closely with churches and community-based organizations to be responsive to local knowledge and wisdom about local conditions: such collaborative partnerships have been and will continue to be the cornerstone of MCC's COVID-19 response.

Prepared MCC's Planning, Learning and Disaster Response department.

Navigating pandemic uncertainties in the provision of humanitarian assistance

Declared as a pandemic in March 2020, COVID-19 has had an unprecedented global impact. To say that preventive measures, government lockdowns, movement restrictions, market closures and supply chain disruptions have altered everyone's lives is an understatement. That the impact has been disproportionately felt by the most vulnerable is indisputable. As world leaders, public health officials and the World Health Organization have scrambled to figure out the best ways to prevent and limit the transmission of the virus, ordinary people have struggled to choose between staying safe by following public health guidelines and finding ways to stay alive and put food on the table amidst deteriorating economic realities. As vulnerabilities deepen and needs multiply, global resources for humanitarian assistance have either remained the same or decreased. Accessing the most vulnerable populations, meanwhile, has become more complicated during this global health crisis. Distribution of food and non-food items and other humanitarian and emergency interventions that require in-person meetings create health risks to staff and volunteers responding to needs as well as to the people receiving such assistance.

Like other humanitarian actors, MCC and its partners have navigated a sea of risk and uncertainty, particularly at the onset of the pandemic. Equipped with COVID-related guidelines and recommendations from local health authorities and sector leaders, such as the Inter-Agency Standing Committee (IASC) *Interim Guidance in Scaling-up COVID-19 Readiness and Response Operations in Humanitarian Situations*, and guided by commitments to ensure duty of care to protect staff and volunteers and to uphold the 'do no harm' principle, MCC has worked closely with partners to adapt humanitarian assistance programs to COVID-19 realities. Such adaptation has included the introduction of COVID-sensitive measures that shape how humanitarian assistance initiatives are planned for and implemented.

MCC is supporting vulnerable communities impacted by the COVID-19 pandemic by integrating and, when possible, scaling up water, sanitation and hygiene (WASH) components of its current humanitarian responses. MCC is also assisting partners in their efforts to provide essential health services. In Afghanistan and Zambia, MCC has worked with its partners to secure personal protective equipment (PPE) for frontline health workers. As food security and livelihoods have been negatively affected by the pandemic, MCC likewise focuses on providing emergency food assistance and supporting vulnerable families in rebuilding and revitalizing their livelihoods.

“ Whether interacting with aid recipients at distribution centers or during in-person deliveries, partner staff field questions from recipients about the pandemic, explain the real risks presented by the virus and offer guidance about simple measures recipients can take to protect themselves and their families.”

Thanks to the insights of its partners and the communities in which they serve, MCC’s humanitarian assistance has proven adaptive to pandemic conditions. MCC also gains insights through coordination and information sharing with local and international humanitarian actors about effective ways to undertake humanitarian response adapted to COVID-19 realities. An MCC-supported food assistance project in the Democratic Republic of the Congo, for example, now distributes food rations for one-and-a-half-months, instead of the more common monthly ration, in order to ensure recipients’ access to food for a longer period while also lessening the frequency of distributions and hence the need for recipients to gather in public places. COVID-sensitive measures in food distribution centers include sanitation and hygiene protocols coupled with physical distancing, with smaller cohorts of recipients notified ahead of time to arrive during specific distribution periods. Home deliveries are also arranged for families unable to come to the distribution centers. Training and capacity-building activities originally planned as in-person events have been shifted onto online learning platforms where possible and appropriate. In each humanitarian initiative, MCC works with its partners to assess how to responsibly adjust planned assistance—from design to implementation to monitoring and evaluation—to minimize risk to partner staff and recipients alike.



In late April 2020, young goats wait to be distributed to Lebanese families by staff members of MCC partner Lebanese Organization for Studies and Training (LOST) as part of a program to enhance the income and nutrition of 80 vulnerable families in Lebanon’s Baalbeck-Hermel Governorate. The program for Lebanese women integrates goat husbandry and milk production with training in marketing and women’s empowerment. LOST staff followed government-mandated COVID-19 physical distancing precautions, including the constant use of masks and gloves and 6-foot distancing between recipients as they gathered outside the offloading area to receive the goats. Names of staff withheld for security reasons. (MCC photo/Olivia Osley)

These figures provide a snapshot of MCC's COVID-19 response since the start of the global pandemic:

35 new COVID-specific response projects undertaken

52,060 hygiene kits and 17,062 relief kits shipped

24,936 households provided with locally purchased COVID-19 hygiene kits

1,899 individual health staff and volunteers given personal protective equipment (PPE) for COVID-19 prevention

122,178 people received emergency food assistance (food parcels, canned meat, cash or vouchers) since the beginning of the global pandemic

—as of December 1, 2020

Learn more

Inter-Agency Standing Committee. *Interim Guidance in Scaling-up COVID-19 Readiness and Response Operations in Humanitarian Situations*. March 2020. Available at: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>

MCC's multi-pronged WASH interventions directly respond to the impacts of the pandemic, with the overarching goal of preventing transmission of diseases (including COVID-19) through improved hygiene practices. Provision of hygiene items to refugees, internally displaced people and other vulnerable communities has been a vital part of such WASH efforts, with MCC and its partners distributing hygiene and relief kits in countries such as Syria, Jordan, Mozambique and Ukraine. In many contexts where MCC and its partners had planned to distribute food assistance, essential hygiene supplies were added to food rations to help ensure that families could follow basic hygiene and sanitizing guidelines. MCC also supported partners in building handwashing stations, including in camps or camp-like settings, distribution centers and schools. Whether interacting with aid recipients at distribution centers or during in-person deliveries, partner staff field questions from recipients about the pandemic, explain the real risks presented by the virus and offer guidance about simple measures recipients can take to protect themselves and their families. Across the past several months, local government authorities have often approached MCC's church and community-based partners to help lead COVID-19 awareness initiatives, recognizing that MCC's partners have the trust of the communities they serve and can thus effectively communicate key public health messages and correct widespread misconceptions about the existence, transmission and risks of COVID-19.

Even when an effective vaccine is approved, the multifaceted humanitarian impact of COVID-19 will be felt for years to come. The rollout of any vaccine will be uneven globally, reflecting global inequalities. Economies upended by the pandemic will take time to recover. The increased precarity experienced by vulnerable communities globally due to the pandemic and its economic fallout will continue. Over the coming months, MCC and its partners will continue to adapt their humanitarian responses to meet the pandemic's ever-shifting impact.

Pinky Madrid was a humanitarian assistance coordinator for MCC in 2019 and 2020.

“ COVID-sensitive measures in food distribution centers include sanitation and hygiene protocols coupled with physical distancing, with smaller cohorts of recipients notified ahead of time to arrive during specific distribution periods.”

Three health strategies for preventing COVID-19 transmission in vulnerable communities

 MCC works with local religious leaders to promote behaviors such as physical distancing, mask wearing and handwashing to help prevent the spread of COVID-19.”

Two weeks after the World Health Organization (WHO) declared COVID-19 a global pandemic in mid-March 2020, MCC’s first health response projects were underway in Afghanistan and Ukraine. MCC’s health response has aimed from the beginning to prevent COVID-19 transmission among vulnerable individuals and communities. In line with WHO and Inter-Agency Standing Committee (IASC) priorities, this work has focused on three core strategies:

1. Social and behavior change (SBC) communication to promote understanding and adoption of prevention strategies among at-risk communities;
2. Ensuring adequate personal protective equipment (PPE) and prevention protocols for health staff and volunteers working in high-risk clinical settings; and
3. Supporting basic water, sanitation and hygiene (WASH) infrastructure, supplies and equipment to help at-risk households practice recommended prevention strategies.

The decision to focus on these three interconnected prevention strategies was based on the overlap between emerging best-practices in COVID-19 response and MCC’s shared expertise with partners in contextualized, community-based, public health approaches to health programming.

Social and behavior change (SBC): Nearly a year after COVID-19 was first identified, social and behavioral prevention strategies remain the cornerstone of pandemic health responses around the world. These methods are particularly critical in contexts with weak health delivery systems, where acute clinical care capacity and expensive treatment options are not a viable strategy. SBC approaches are designed to motivate practical behavioral change at the individual, household and community levels to improve health. MCC is particularly well-suited to SBC given our emphasis on contextualization, local ownership and staffing, community-based models and long-term local partnerships. SBC approaches are common across all MCC health projects as well as projects in other sectors, such as peacebuilding.

Leaning into our shared SBC experience with local partners, MCC’s COVID-19 health response projects have promoted practical, locally contextualized behaviors for risk reduction. Particularly effective approaches have included working with trusted local faith leaders as promoters of such behaviors, rather than relying on formal health personnel. In many contexts where MCC works, government officials with ministries of health located in distant capital cities have little normative influence at the community level, so formal health messaging is often ignored. A displaced person who participated in the MCC-supported SBC work of the Congolese Mennonite Brethren Church (CEPMC) in Kikwit (Democratic Republic of the Congo), said, “I did not believe what was being said in the media about this new disease. For me, the disease did not exist. But I trust [the church], and since



Nelius Wanjeri, who runs a roadside fast food business, washes her hands at an MCC-funded handwashing station installed by the Centre for Peace and Nationhood (CPN) of the Kenya Mennonite Church on June 2, 2020. Having this handwashing station next to her business in the Mathare settlement of Nairobi, Kenya, helps Wanjeri and her customers protect themselves from COVID-19. (CPN photo/Christabel Awuor)

“In population-dense, low-income communities, MCC has worked with partners to improve access to basic water, sanitation and hygiene infrastructure, supplies and equipment to help at-risk households practice recommended prevention strategies.”

it is speaking of this, I now believe it and will warn my friends and children. I believe the coronavirus is real now.” Similar dynamics can be seen in our response projects around the world. This experience aligns with a large SBC literature which emphasizes the importance of trusted local influencers for catalyzing norm and behavior change, particularly in contexts with low trust in governmental institutions.

While each project is uniquely responsive to local dynamics and partner capacities, all SBC response projects include the same core methods:

- Use of contextualized WHO and ministry of health guidance on prevention strategies, including handwashing, physical distancing, use of masks and raising awareness of known risk factors, symptoms and warning signs.
- Use of trusted local staff, volunteers and community leaders (including faith leaders) as the primary communicators and promoters of behavior change.
- Use of local languages and non-written communication as the primary methods of reaching the most at-risk and least-reached populations.

Protecting health staff and volunteers: Though not a medical NGO, MCC supports neglected clinical health services at the community level in violence-prone and post-conflict settings. These clinical services have stood at the frontline of the pandemic, with little hope of governmental assistance in securing necessary PPE and supplies. MCC worked proactively with 23 different clinical health initiatives to ensure that 1,899 staff and volunteers could sustain life-saving services safely during the pandemic in Haiti, Lebanon, Ukraine, Nigeria, DR Congo, South Sudan, Burundi, Uganda, Kenya, Zambia, Zimbabwe, Afghanistan, Nepal and India. Thanks to MCC support, grassroots clinical health programs have continued operations safely, even during periods of governmental lockdown.

Access to basic WASH infrastructure, supplies and equipment: In most places where MCC works, the recommended prevention measures of physical distancing, use of masks and basic hygiene are often out of reach. In dense informal urban settlements (often called slums), like the Mathare section of Nairobi, Kenya, keeping six feet (two meters) of physical distance from others is nearly impossible. Walkways between homes are often less than three feet (one meter) wide, navigating congested public transport and markets are necessary to earn a living and forgoing day labor means going hungry. Similarly, access to clean water and soap for even basic handwashing is a luxury for many residents. In these contexts, many of MCC’s health response projects included efforts to improve access to basic WASH infrastructure, supplies and equipment to help at-risk households practice recommended prevention strategies.

In some places, like Mathare, this work included deploying public handwashing stations staffed by local volunteers. In displaced people’s camps in Chad, it involved accelerating construction of community clean water points and distributing COVID-19 hygiene kits to the most vulnerable households. Locally purchased COVID-19 hygiene kits included supplies for handwashing stations, soap, disinfectant and, when feasible, donated

reusable cloth masks. These COVID-specific hygiene kits were distributed in 11 countries, reaching 24,936 households.

Lessons learned from COVID-19 health response: While the full impact of COVID-19 and the many response efforts are still unknown, two key lessons from MCC's COVID-19 health response to date stand out:

1. **Impact has been maximized by timely response.** In most contexts where MCC mounted a COVID response, we were ahead of the curve both in terms of local acceleration of cases and the responses of peer organizations. This meant that most MCC partners had few problems securing enough PPE and other supplies, had time to make project adjustments before the crisis fully hit and deployed prevention messaging early, when it could make the greatest impact.
2. **MCC's partners were well positioned for SBC work.** Health crises on the scale of COVID-19 draw vast global resources and involve the biggest players in global health. However, our experience has reinforced the unique role of the small, locally trusted partners that define MCC's work. In many contexts, people in marginalized and vulnerable communities trust the simple, low-cost SBC messaging from faith leaders and the staff and volunteers of community-based organizations more than communications from state health ministries, the WHO or large health NGOs. MCC's exceptional network of long-term relationships with trusted local partners gives us a unique platform for mounting rapid, contextualized SBC work.

Paul Shetler Fast is MCC health coordinator, based in Goshen, Indiana.

Keeping calm and shipping on through COVID-19

In mid-March of 2020, much of the world shut down due to the global COVID-19 pandemic. MCC's thirteen material resources (MR) warehouses in Canada and the U.S. closed abruptly, with instructions to staff and volunteers to stay home. The regular flow of volunteer groups to inspect, process and pack MR items such as canned meat, relief buckets and school kits dried up. Regular donations of MR items came to a grinding halt, while MCC shuttered quilt- and comforter-making rooms. MCC's mobile meat canner ended its operations a month earlier than originally planned and volunteer meat canners left for home.

The global shutdown and the sudden closure of MR warehouses sparked several alarming questions. Would MCC be able to continue to ship essential MR resources to partners around the world? Would MCC have enough inventory to meet growing requests from global partners? Would we be able to load and ship containers while adhering to physical distancing and safety guidelines? Would ports still be open? Would the church-related and other community-based organizations that receive MCC MR shipments be able to clear items from customs and distribute the resources safely? In the fear and confusion following the rapid and unforeseen shutdown of all MR warehouses, several positive answers to these questions provided hope that MCC would be able to continue to ship MR to meet urgent needs around the world.

Learn
more

For information on making and donating hygiene kits, relief kits and more visit: <https://mcc.org/get-involved/kits>.



Since March, MCC has experienced some minor delays in booking containers onto ships due to a global reduction in worldwide trade, but overall shipping of containers with MCC material resources has proceeded smoothly.”

In late March 2020, we received a reassuring message from one of our freight forwarders entitled, “Keep Calm and Ship On.” The message said that while the transport of people was highly restricted, the shipment of goods was not being restricted and that almost all ports were open worldwide. Meanwhile, governments had agreed that trade and the flow of materials were necessary and that local governments had deemed transportation and logistics of goods to be essential businesses. This counsel proved correct: since the start of the global pandemic, MCC has experienced some minor delays in booking containers onto ships due to a global reduction in worldwide trade, but overall shipping of containers with MCC material resources has proceeded smoothly.

While MCC’s 2019-2020 meat canning season ended a month early in March 2020 due to pandemic-related restrictions, most of the production from that season had already been completed when MCC suspended the canner’s operations. Thanks to this supply, MCC has been able to fulfill all partner requests for canned meat in 2020. Canning meat while observing safety protocols is challenging. The mobile canner crew started a new canning season in October 2020, working with fewer and smaller groups to keep volunteers safe. We anticipate the production of canned meat may be 60% of normal levels in the 2020-2021 canning season. While MCC likely will not be able to fulfill all partners requests for canned meat in 2021, we are grateful for the canning crew and committees that find ways to can as much meat as possible under pandemic restrictions.

After a busy winter season of kit and comforter donations, by mid-March 2020 MCC had several warehouses with enough inventory to fulfill all shipments planned for the ensuing four to six months. This inventory allowed us to immediately plan several urgent shipments and get these resources sent out quickly, loading and shipping ten containers of material resources from mid-March to mid-May, with a total of 32 containers shipped in 2020.

As inventory began running low in summer 2020, most MR warehouses found ways to reopen with strict safety guidelines for accepting donations and allowing a limited number of volunteers to return to the warehouse. By keeping calm and physically distanced in our MR warehouses, loyal volunteers have put in extra hours to inspect canned meat, bale comforters and pack kits in a timely manner. We postponed only a few shipments until 2021 and are very pleased that we have been able to fulfill most requests. Here at the end of 2020, current COVID-19 spikes are bringing new challenges leading to some renewed closures and restrictions. We are currently low on hygiene and relief kits and our ability to respond positively to partner requests for these and other items in 2021 is uncertain. While overall inventory donations are lower than normal, we have been thankful for the ongoing generosity of MCC donors to sew comforters at home and drop off kit donations at collection boxes.

Maintaining physical distance means limiting the number of volunteers, which in turn makes loading containers challenging. Jon Lebold, MR program coordinator in Ontario, loaded a full container of resources for Jordan on April 23. He reported: “To be able to safely load this container it was loaded at night when the building was empty and instead of the typical team of six to eight people, we had a small crew of three. Together, we worked to load the container while masked and gloved and while maintaining a safe distance from each other, tagging out and taking turns being in the container packing.”

Jon goes on to say: “Being able to continue shipping through this pandemic has been an absolute blessing and has been a reassurance that we are indeed doing God’s work! Loading a container with two other people in an empty building while the world seems to be shut down sounds like it may be discouraging, but to be honest it was one of the most fulfilling moments of my career. We know the requests continue to grow daily and being able to continue responding is truly a gift from God. I pray for those receiving the items that they can feel God’s Love and Peace and know that we have not forgotten about them in these trying times.”

Tom Wenger is MCC material resources coordinator, based in MCC’s Akron, Pennsylvania, office.

“ The mobile canner crew started a new canning season in October 2020, working with fewer and smaller groups to keep volunteers safe. We anticipate the production of canned meat may be 60% of normal levels in the 2020-2021 canning season.”

The sew must go on!

March 11, 2020: that was the last time a volunteer group came to the MCC Central States Material Resources Center (MRC) in North Newton, Kansas, to serve for the day. It felt like a normal Wednesday: sewing machines humming, conversations about gardens and grandchildren floating around, coffee pot working overtime, welcoming hugs, sewing project show-and-tell, the “beep-beep-beep” of the reversing forklift faintly in the background. No one was yet talking about physical distancing, sewing facemasks or contact tracing. I was scheduled to go on vacation the following day, so my mind was anywhere but the fact that this could be the last time that our beloved “Wednesday group” would be interacting in this way.

Things have changed for all of us since March 2020, including here at the North Newton MRC. We have gone from having no volunteers in the workroom (and focusing on take-home projects only), to allowing two groups per week, and then back to no volunteers at all again. We are constantly monitoring case numbers, infection rates and state guidelines, while also staying in contact with our volunteers, who have been so patient with ever-changing rules. I miss the routine, the warmth and the energy of the pre-pandemic MRC, but this is a time for adjusting, creative problem solving and keeping each other safe.

The work of MCC goes on, even during an unprecedented global pandemic. People still need their basic needs met, disasters like war, flooding and drought continue, oppression deepens, vulnerable populations experience increased exposure to harm. The need for material resources—the canned meat, comforters, hygiene kits, relief kits and more that are checked and assembled by volunteers in our MRC—is still there, if not increased. What does it look like to continue fulfilling partner requests for assistance when the physical space that has housed these activities is not open to the public? It looks like dedicated volunteers finding new and creative ways to carry on these essential ministries, volunteers like:

- Liz, dutifully stringing school kit bags on her couch every night before bed.
- Kara, turning her basement into her own “MCC Workroom,” using boxes of fabric scraps to create stunning comforter tops, all while trying to keep her three elementary aged children on task.

“ The essential work of meeting basic human needs through material resources has gone on throughout the pandemic, thanks to the dedication and commitment of MCC’s volunteers.”

- Rick and Doug, building sturdy shelves that will store comforters.
- Nancy, sending out group texts to members of the Wednesday Group so we can check in and keep updated on our personal lives, prayer requests and sewing projects.
- Gary and Gladys, stopping by every week to take home school kits to check and comforters to bind.
- Carlos, a participant in MCC’s International Volunteer Exchange Program (IVEP), who came to the MRC every day during the pandemic until the end of his term to bale clothes for recycling, headphones on and music blaring.
- Shirley, disinfecting and lugging home the fabric cutting machine from the workroom so she can cut thousands of five-inch squares for others to sew together.

The essential work of meeting basic human needs through material resources has gone on throughout the pandemic, thanks to the dedication and commitment of MCC’s volunteers. In this centennial year, where nothing looks like what we thought it would, there are still sounds of sewing machines humming—only now, the hum comes from people’s basements, kitchens and home offices. The sew must go on!

Kaitlyn Mast is workroom supervisor at the MCC Central States Material Resource Center in North Newton, Kansas.

Equipping Cambodian partners to carry out work safely during a pandemic

“ The church scattered pick-up times so that two participants were never present at the same time, thus minimizing the chances of virus transmission.”

In March 2020, the Cambodian government reported its first case of COVID-19 in the capital city of Phnom Penh. As industries in Thailand and Malaysia laid off workers, Cambodian migrant laborers in those countries returned to their traditional homelands in the Cambodian countryside. As borders closed to trade and people began to hoard provisions, food prices spiked, accompanied by food shortages in local markets. Necessities like rice and fish, staples of the Cambodian diet, doubled and tripled in price while items like salt and sugar disappeared from store shelves. With the number of COVID-19 diagnoses in Cambodia rising, the prime minister’s office publicly raised the possibility of declaring a state of emergency and initiating a two-to-three week nationwide lockdown to curb the spread of the disease. Local churches notified MCC that desperately poor and marginalized families, including individuals with HIV and AIDS, had begun struggling to secure food and could not safely remain in their homes during a lockdown without support.

In response, MCC partnered with eleven congregations across three provinces to distribute food relief to vulnerable families. The primary goal was to equip poor and vulnerable families with non-perishable, nutritionally balanced provisions that would enable them to shelter safely in their homes during a lockdown. MCC also used this initial response as an opportunity to gain practical experience with the best ways to distribute humanitarian assistance within the Cambodian context amidst the pandemic.

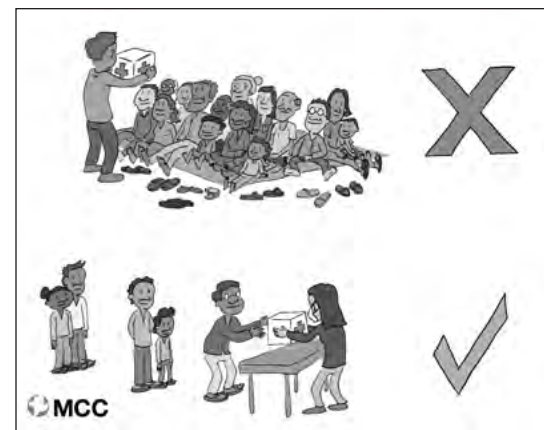
MCC assisted Cambodian churches in outlining two COVID-19 distribution models for food relief. After determining the best food items to address both hunger and nutritional needs for families, MCC purchased those items in bulk and assembled them into family-sized packages. In the first model of distribution, for those with access to transportation, churches scheduled times when recipients could pick up the food packages. The church scattered pick-up times so that two participants were never present at the same time, thus minimizing the chances of virus transmission. In the second model of distribution, for those without transportation, the church selected a lay leader trained by MCC on disinfecting food relief and on practical ways to prevent COVID-19 transmission. The elder then delivered food assistance by truck, going house to house in the countryside.

In both models, MCC provided church relief workers with disinfectant and personal protective equipment as part of carrying out the distributions safely. MCC also translated resources like World Food Program distribution and physical distancing guidelines into Khmer for use by its community-based and church partners. Part of MCC's work with Cambodian churches and community-based partners on safe food distributions included promotion of separate disinfectant processes for the interior and exterior of food relief packages to prevent chemicals from leeching into the food. MCC documented guidelines for such distinct disinfectant procedures and translated them into Khmer. As MCC developed and translated COVID-19 resources into Khmer, it shared them not only with its Cambodian partners but also more broadly through the Cooperation Committee for Cambodia, a Cambodian NGO networking group.

MCC staff did not simply disseminate information to partners but met with partners to train them and think through challenges and conflicting messages partners were receiving from different directions. One challenge that MCC and its partners worked to address was determining appropriate physical distancing guidelines: MCC advised that people coming to receive food assistance be kept two meters apart while other agencies advised one or one-and-a-half meters. Another challenge faced by MCC and its Cambodian partners was that personal protective equipment was in high demand and short supply. MCC decided not to purchase protective equipment at exorbitant prices, pushing demand higher, but instead to follow COVID-19 prevention measures that did not require protective equipment when possible. This included avoiding unnecessary contact and observing physical distancing guidelines.

As the pandemic progressed, the Cambodian government introduced guidelines that banned in-person meetings and restricted travel between provinces. MCC also closed its offices in Cambodia and provided personnel with internet stipends so they could work from home. Most local partners also closed their offices and began to work remotely. Some continued to conduct activities in the countryside, following guidelines provided by the Cambodian Ministry of Health, while others experimented with using social media and video conferencing as alternatives. Because of these protective measures, MCC switched from in-person to online support for its Cambodian partners as they adapted their MCC-supported relief and development initiatives.

Cambodia is still recovering from the Khmer Rouge regime's mass murder of the country's educated class during the 1970s. While literacy rates have improved across the country overall in recent years, basic literacy does not necessarily translate into an ability to absorb technical instructions. This gap presented a challenge to MCC: how to communicate technical messages



Visual commissioned by MCC Cambodia in 2020 to explain COVID-sensitive humanitarian aid distribution procedures to MCC partner staff and to aid recipients. Created by Chris Clemens

“ MCC promoted separate disinfectant processes for the interior and exterior of food relief packages to prevent chemicals from leeching into the food.”

about COVID-19 prevention measures in an accessible way? For help in addressing this problem, MCC approached Chris Clemens, who had worked in Cambodia for a year with MCC's Serving and Learning Together (SALT) program, and who during that year had developed language-independent visual aids with child protection and peacebuilding messages. Clemens put together context-sensitive visual aids that communicated World Food Program distribution guidelines without words and underscored the essential message that all recipients of aid have the right not to be sexually exploited and abused.

Throughout the pandemic, MCC and its Cambodian partners have found creative ways to respond to the new needs and challenges generated by the pandemic. In April, as the Cambodian dry season came to an end, MCC partner Organization to Develop our Village distributed agricultural aids and supplies to enable returnee migrant laborers, who had lost their jobs in other parts of the region, to plant vegetable crops. Jonathan Ngarama, a participant in MCC's Young Anabaptist Mennonite Exchange Network (YAMEN) program from Kenya, assigned to work with a local fair trade NGO, connected with the World Fair Trade Organization to access resources for developing a disinfectant and for updating procurement and packaging workflow to prevent accidental contagion. With the health and economic fallout of the pandemic certain to continue in Cambodia over the coming months and years, such creative adaptation will remain essential.

Charles and Crystal Conklin are MCC representatives for Cambodia, living in Phnom Penh.

Accompanying Colombian Anabaptist partners in adapting work in the face of COVID-19 realities

“By building its capacity to deliver trainings online, Edupaz has not only continued to resource people who were already part of its training program but has expanded its reach to hundreds of new participants from all over Colombia and beyond.”

The first case of COVID-19 was confirmed in Colombia on March 6, 2020. From the end of March until September, the country was under a national lockdown that limited non-essential activities and prohibited all intercity travel. The isolation and inability of people to leave their homes have worsened existing social and economic inequalities. In Colombia, 82.3% of workers are self-employed or earn their living in the informal economy on a day-by-day basis. Millions of people have lost their jobs, while many others could not work because of restrictions on mobility, especially during the first three months of lockdown. With schools closed, many children have had their educations disrupted. Domestic violence has increased, with gender-based violence spiking during times of crisis and with many people trapped in the same physical space as their abusers. Compounding all these challenges, despite a peace agreement between the government and the FARC (previously the largest militant group in the country), the armed conflict continues, especially in rural regions.

As the pandemic spread and as the economic impact of COVID-19 became painfully real, MCC Colombia's Anabaptist partners have sought to adapt their education, agriculture, humanitarian assistance and advocacy programs to new realities of movement restrictions and deteriorating economic conditions. In the area of advocacy and peacebuilding, MCC's partner Edupaz (Foundation for Education for Peace and Conflict Resolution) has

continued its activities with schools, youth, churches and communities in urban and rural areas, despite restrictions on in-person gatherings. Edupaz has strengthened its presence on social media and its digital capacity, making it possible to share knowledge through online discussions, webinars and certificate courses on such platforms as Zoom and Facebook Live. Through social media, Edupaz has created online campaigns to raise awareness about and to counter gender-based violence and child sexual abuse and to advocate for conscientious objection to mandatory military service. By building its capacity to deliver trainings online, Edupaz has not only continued to resource people who were already part of its training program but has also expanded its reach to hundreds of new participants from all over Colombia and beyond.

The Teusaquillo Mennonite Christian Church, meanwhile, has adapted its work, begun in 2019, to support Venezuelan migrants to Colombia who have turned to the church in search of refuge. The church provides both emergency humanitarian aid and pastoral accompaniment to these Venezuelan migrants. Due to COVID-19 restrictions, the church had to suspend its weekly communal meal and aid distribution. Instead, the church began to make cash transfers to migrants so that they could afford to pay rent, one of the biggest barriers that migrants arriving in the country face. They have also financially supported people in emergency situations, including those with underlying health conditions. The congregation also developed an agreement with a food bank in Bogotá, allowing the church to buy a greater variety of food in larger quantities and at lower prices. This arrangement in turn has meant that the church can distribute larger food baskets that last longer to the migrants with whom it works, reducing the number of distributions and thus also minimizing the risk of transmitting the virus.

The Childhood Training Center (CCN) in Soacha, meanwhile, has adapted its support for preschool-aged children and their families. CCN is located in a so-called “invasion neighborhood” (a marginalized community built in a zone unfit for construction), where residents do not receive all public services from the government. In this area, the Mennonite Brethren church operates CCN to support the developmental growth of preschoolers, teaching them values and offering academic instruction and healthy meals as part of a church-based preschool program. CCN was committed to providing continued support for these children during the national lockdown. With MCC assistance, CCN teachers have delivered weekly snack packages and educational materials to families at the beginning of each week, making it possible for parents and children to continue education at home. CCN teachers also created multimedia resources that they share with parents through WhatsApp as a complement to the children’s learning at home.

These experiences of contextualized adaptation have reinforced once again for MCC that its community-based partners are the experts who know best the realities facing the communities they serve and the most effective approaches to address those realities. Colombia’s Anabaptist partners have responded to the challenges presented by the pandemic by creatively adapting their work. MCC in Colombia has been privileged to support these churches in their vital ministries.

Sara Melgarejo is project coordinator for MCC Colombia and Ecuador.

“ Due to COVID-19 restrictions, the Teusaquillo Mennonite Christian Church had to suspend its weekly communal meal and aid distribution. Instead, the church began to make cash transfers to migrants so that they could afford to pay rent, one of the biggest barriers that migrants arriving in the country face.”

Heightened vulnerability for migrants on the Mexico-U.S. border during the COVID-19 pandemic

The COVID-19 pandemic has exacerbated vulnerabilities faced by marginalized communities around the globe. MCC has witnessed this stark reality in its work along the border between the United States and Mexico as the pandemic has intensified the stress that migrants, asylum seekers and displaced persons face.

In much of the world, the pandemic has left people feeling trapped in their homes. Migrants have been trapped not in their homes but in shelters or in transit. This situation of being trapped in transit holds true for those seeking asylum in the United States and for those who have decided to return to their countries of origin but cannot, due to international border closures. The U.S. government has used COVID-19 as a pretext to implement Title 42 of the United States Code 265 (issued in March 2020) which effectively shut down movement across and therefore immigration at the border from Mexico to the U.S. Based on the Migrant Protection Protocols, individuals seeking asylum in the United States are required to stay in Mexico until their petitions are heard in U.S. immigration courts—yet courts have suspended hearing these cases due to the pandemic, leaving a large population of migrants in complete limbo in Mexico. Meanwhile, due to concerns over COVID-19 transmission, many migrant shelters in Mexico have closed their doors to protect current residents. Shelters that have on-site ability to quarantine residents have managed to keep their doors open to new guests. Through grants for the purchase of humanitarian assistance and through MCC material resources, MCC Mexico and MCC Central States have supported shelters and other partner organizations along the border in assisting these migrants who find themselves in greater limbo and vulnerability than before.

In Mexico, MCC has worked with shelters welcoming migrants as they have adapted to pandemic conditions. Mexican migrant shelters with which MCC works have requested assistance in offering psycho-social support to migrants unable to move forward in their journeys due to pandemic disruptions. With MCC assistance, Casa Tochan in Mexico City added a psychologist to its team to work with migrants and has mobilized volunteers to offer Zoom classes for its migrant guests on topics ranging from boxing to sewing.

In Agua Prieto in Mexico's Sonora state (bordering Douglas, Arizona), MCC partner Centro de Atención al Migrante Exodus (CAME) had to change its procedures to help prevent the spread of the virus. At the beginning of the pandemic, CAME made the difficult decision to close its doors to new migrants, end in-person volunteering, limit the number of staff who interact with residents and restrict the ability of its migrant residents to leave the shelter, limiting such trips only to medical appointments. Some residents chose to stay at CAME in the hope that the border would soon open and their numbers would be called by U.S. immigration officials for asylum hearings. As the months have passed, some CAME residents have chosen to return to their home communities. One Central American migrant traveled to Chiapas (a southern Mexican state bordering Guatemala) where she could stay with her mother and sister in a shelter there. Even as the number of migrants in transit through Mexico from Central America to the United States has declined, CAME is regularly approached to provide shelter for

“ Mexican migrant shelters with which MCC works have requested assistance in offering psycho-social support to migrants unable to move forward in their journeys due to pandemic disruptions.”

more people than it can safely accommodate. CAME nevertheless continues to find ways to welcome families into the shelter in COVID-sensitive ways.

MCC Central States, meanwhile, partners closely with groups operating on both sides of the national border running along the Rio Grande Valley between Brownsville, Texas, and Matamoros, Tamaulipas, in Mexico. The Angry Tias and Abuelas group and Team Brownsville are two networks of extraordinary women who mobilize to support an encampment of migrants in Matamoros. This informal camp sprang up in summer 2018, as the U.S. Department of Homeland Security instituted the so-called “Remain in Mexico” provisions of the Migrant Protection Policy, forcing migrants to stay in Mexico while awaiting asylum hearings in U.S. immigration courts. At the start of the pandemic, around 2,500 people from countries such as Honduras, El Salvador and Nicaragua as well as other parts of Mexico were living in the camp. MCC has accompanied our partners along the border with grants to purchase food and hygiene products for distribution in the Matamoros encampment and with immigration detainee care kits with clothing and basic hygiene items prepared by MCC supporters and distributed by MCC’s partners to asylum seekers in transit. Fortunately, COVID-19 cases at the Matamoros encampment were very low in the initial months of the pandemic, with organizations supporting the camp in promoting prevention protocols. In July, however, Hurricane Hanna largely destroyed the camp, with the Rio Grande/Rio Bravo River overflowing into the levee where the camp is located, with asylum seekers who had made the camp their makeshift home losing most of their minimal belongings and shelter. Following the hurricane, MCC responded through its partners to provide 300 backpacks full of clothing and hygiene products along with 100 school kits for children.

MCC’s work along the Mexico-U.S. border has been shaped over the past months by new pandemic realities of constrained movement and increased vulnerability for migrants of different kinds who have found themselves stuck in transit. There is an expectation that migration will increase when Central American countries begin to lift COVID-19 border restrictions. The humanitarian situation in vulnerable communities in the region has continued to deteriorate due to the economic impact of the pandemic and the devastation of Hurricanes Eta and Iota. The humanitarian assistance provided to vulnerable migrants by organizations such as CAME and Team Brownsville will remain vital. MCC will continue to collaborate with its partners along the border as they adapt their relief efforts to migrants rendered more vulnerable than ever due to the pandemic.

Ana Hinojosa is education coordinator for MCC Central States. Emily Miller is project coordinator for MCC Mexico.

Pandemic relief to Anabaptist congregations in the United States

“I know that the LORD secures justice for the poor and upholds the cause of the needy.” (Ps. 140:12, NIV)

When MCC planned its centennial celebration, it certainly did not anticipate a global pandemic. While responding to COVID-19 over the past year, MCC has been reminded of how essential it is for Anabaptist churches to witness in the name of Christ by meeting basic human needs both close to home in the United



Residents Sandra, Enrique and daughter Hetze (last name was withheld for security reasons) practice handwashing at Centro de Atención al Migrante Exodus (CAME), a migrant shelter in Agua Prieta, Sonora, Mexico, on May 1, 2020. (MCC photo/Kiernan Wright).

“As the pandemic progressed, the disproportionate impact in the United States along both racial and class lines also became clearer.”

States and globally. In mid-March, COVID-19 began to disrupt operations as usual in the United States, with shelter-in-place orders leading congregations to close their doors to in-person worship and to businesses slowing down operations and laying off millions of workers. Unemployment claims skyrocketed while local food banks struggled to keep up with demand. As the pandemic progressed, the disproportionate impact of the pandemic along both racial and class lines also became clearer. How would Anabaptist churches respond these turbulent realities?

At the end of March, MCC committed to a partnership with Mennonite Disaster Service (MDS) and Everence to establish a Congregational Relief Fund, an initiative that has carried on the long history of the three institutions in promoting mutual aid among Anabaptists. MDS (which emerged from within MCC) contributed the bulk of the fund's finances, with MCC and Everence also committing financial resources and with the three organizations urging congregations and individuals to contribute to the fund as well. The three agencies agreed that the fund would focus on assisting Anabaptist congregations across the United States representing and dedicated to serving economically marginalized and vulnerable communities, including communities of color. Over the course of six months, the Congregational Relief Fund has provided support to 174 congregations across the U.S. (including Puerto Rico) with a total of US\$860,000.

A committee with representatives from MDS, Everence and MCC met three times a week for the first several months of the pandemic to review applications from congregations. The committee prioritized support for economically disadvantaged congregations, with congregations whose budgets were under \$50,000 annually receiving top consideration, followed by congregations with budgets between \$50,000 and \$100,000. In the process of reviewing over 400 applications for assistance, the committee heard moving stories of congregations devastated by the pandemic, including reports of extensive job loss across congregations' members, concerns about food insecurity and heightened health concerns.

MCC canned turkey distributed in Harlan, Kentucky, on April 20, 2020, through Christ's Hands food pantry to community members who have been adversely affected by the COVID-19 pandemic. A long-time partner of MCC's Sharing With Appalachian People (SWAP) program, Christ's Hands provides food, shelter and other assistance for local residents. MCC canned meat is also sometimes used in the hot meals that their soup kitchen prepares. (MCC photo/Stephanie Broersma.)



The committee allocated grants to congregations ranging from \$3,000 to \$5,000. Some of these grants went to cover essential congregational costs like church mortgages and pastoral salaries, as so many members of these low-income congregations had lost their jobs, with congregational giving in turn hard hit. The committee spoke with the pastor of a small Hispanic Brethren in Christ congregation in Florida who shared that the pandemic-related drop in tithes had threatened the congregation's ability to make mortgage payments on the church's building. When the pastor heard from the committee that his church would receive support from the Congregational Relief Fund, he rejoiced, because he had just been on the phone with a bank representative pressing for a mortgage payment from the church. The committee also provided grants to supplement congregational efforts to extend mutual aid among their members, including distribution of food and medical supplies and assistance in covering expenses, such as funeral and burial costs.

The committee also determined early on that it would reserve funds for congregations of color in New York, one of the hardest-hit states in the first months of the pandemic, even if some congregations might not be able to pull together an application right away. One grant from the fund provided support to an immigrant Garifuna congregation in New York City that had twenty members and others with close ties to the congregation die due to COVID-19-related complications.

The Congregational Relief Fund has provided support across the broad spectrum of Anabaptist churches, from Mennonite, Brethren in Christ, Mennonite Brethren and many more. Churches receiving assistance from the fund also highlight the diversity of Anabaptist churches across the United States, with congregations representing African-American, Bhutanese, Nepali, Burundian, Congolese, Haitian, Hispanic, Indigenous Native American, Nigerian and Vietnamese communities. Thanks in part to assistance from the Congregational Relief Fund, these congregations have been able to continue their vital ministries. The economic and health fallout from the pandemic will likely continue well into 2021 and even beyond. Together, MCC, MDS and Everence will continue to pray for and discern how best to accompany Anabaptist congregations across the U.S. serving in Christ's name in response to the devastating impact of the pandemic on their churches and communities.

Dina González-Piña is executive director for West Coast MCC.

Adapting agricultural livelihoods initiatives in East Africa to pandemic realities

Communities across East Africa have faced significant economic and social challenges since the COVID-19 virus began spreading in the region in March 2020. Borders between countries closed, governments imposed curfews and physical distancing measures and people who had been working in cities returned to family homesteads in rural areas. In countries like Ethiopia and Kenya, pandemic restrictions have wreaked economic havoc, leading to delayed supply chains, constricted opportunities for sale of crops due to the closure of local and regional markets, decreased access to essential farming inputs from government and private sector providers and a breakdown of support structures like aggregation groups through which individual farmers normally increase their ability to market their produce. In the absence of reliable and



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In addition to carrying out its own COVID-19 response in partnership with churches and community-based organizations globally, MCC also supported and gave leadership to Mennonite World Conference's COVID-19 relief efforts with Anabaptist churches globally. As of early December 2020, this MWC initiative had supported 46 humanitarian assistance responses carried out by 54 national Anabaptist churches in 29 countries and brought Mennonite, Mennonite Brethren, Brethren in Christ, Conservative Mennonite and other members of the Anabaptist fellowship together to support Anabaptist churches ministering in their contexts amidst the pandemic.

regulated market systems, brokers have taken advantage of desperate farmers by purchasing crops and livestock at reduced rates. Meanwhile, food insecurity at the household level has increased as school children and university students who normally would have received a meal at school now depend on eating all meals at home. In the face of these pandemic-related economic disruptions, MCC and its partners support marginalized rural communities in Kenya and Ethiopia to maximize income and food security.

In the eastern semi-arid regions of Kenya, MCC has addressed the economic fallout of the pandemic through partnerships with the Utooni Development Organization (UDO) and Sahelian Solutions Foundation (SASOL). In collaboration with these Kenyan organizations, MCC has assisted farming communities through land conservation, food security and livelihood initiatives, with an emphasis on scaling up conservation agriculture efforts with 4,000 households (around 24,000 individuals) to diversify livelihoods and increase home-based food production through promotion of kitchen gardens and raising of chickens and goats. MCC-supported rural livelihoods work has included the mobilization of village savings and loan associations (VSLAs), with farmers incentivized to participate in these proven methods for building household capital by receipt of poultry and a Galla goat. These rural livelihoods programs have also encouraged crop diversification through distribution of certified seeds. As SASOL and UDO expanded these rural livelihoods initiatives, they also collaborated with the Ministry of Health to promote physical distancing and handwashing with running water and soap, with follow-up visits confirming widespread adoption of these practices.

Bahati Neema, Sifa Furaha and Mariamu Sela (left to right) wait for an MCC-supported food distribution on August 28, 2020, as they stand inside the marked circles distanced from each other to help prevent transmission of COVID-19. The women are in the town of Baraka in the South Kivu Province of the Democratic Republic of the Congo. (MCC photo/Jacob Sankara)



In Ethiopia, MCC and its partners have collaborated with government bodies to encourage safe farming practices amidst the pandemic. Among small-holder farmers in Ethiopia, farming is a communal enterprise. Farming families manage their small fields (averaging between half to one hectare in size) using only physical labor and ox-drawn plows. The labor requirements are often too much for one family to handle, especially if the farm is managed by a female-headed household. Through communal collaboration called *debo*, multiple families come together to complete tiring, time-consuming and time-sensitive tasks like plowing, planting, harvesting and threshing quickly. Once a task is completed at one farm, the group moves on to the next. Insufficient information and rumors about the deadly COVID-19 virus threatened the practice of *debo*, with many farmers avoiding their neighbors. With *debo* not happening, farmers could not prepare their fields for planting during the critical months of May and June.

To address this situation, MCC and its Ethiopian partners coordinated with local governments to provide accurate information about COVID-19 prevention, including details about virus transmission, appropriate physical distancing guidelines and hygiene recommendations. Model farmers, self-help groups and farm training centers identified and formed through the Scaling Up Conservation Agriculture (SUCA) initiative supported by Canadian Foodgrains Bank and Global Affairs Canada became conduits not only for promoting conservation agriculture but also for effective dissemination of accurate COVID-19 information. Equipped with accurate information, Ethiopian farmers could resume *debo* practices, modified to allow for physical distancing.

MCC's conservation agriculture partners in Ethiopia also modified their trainings to comply with government restrictions on gatherings of four or more people, shifting away from large, centralized workshops that had brought together scores of farmers towards smaller and more frequent trainings held deeper within rural areas. Ethiopian partners increased extension visits to farmers and added weekend work days so that they could continue to offer the same quality of training to the same number of farmers as originally planned.

As part of the CFGB and Global Affairs Canada SUCA initiative, MCC and its partners in both Kenya and Ethiopia are assisting small-holder farmers in strengthening livelihoods undercut by COVID-19. These multi-pronged efforts include: using online (SMS) platforms for government extension officers to pass on vital information to farmers despite physical distancing restrictions; promoting the use of hermetically sealed bags for safe storage of produce without chemicals until farmers can secure an ideal sale price; and distribution of poultry and small ruminants like Galla goats and sheep through VSLAs in Kenya and self-help groups in Ethiopia that small farmers can either keep as household assets or sell for much-needed cash. With the economic impact of the pandemic expected to be felt in East Africa well into 2021, if not beyond, MCC and its partners in countries like Ethiopia and Kenya will need to continue to find creative ways to support families in maintaining their livelihoods and food security while also mindful of ever-shifting public health guidelines in their contexts.

Bruce Buckwalter is MCC representative for Ethiopia. James Kanyari is the food security field officer for MCC Kenya.

“ Equipped with accurate information about COVID-19 and about how to prevent its transmission, Ethiopian farmers could resume communal farming practices [*debo*], modified to allow for physical distancing.”

“ Food insecurity at the household level has increased as school children and university students who normally would have received a meal at school now depend on eating all meals at home.”

Accompanying marginalized communities in southern Africa during the COVID-19 pandemic

“Online learning is not an option for most children in rural Zambia. MCC worked with BICC schools and the Ministry of Education to develop a radio literacy curriculum and corresponding reading work packs that children could use at home.”

Although Zimbabwe, Zambia and Malawi have experienced lower numbers of confirmed COVID-19 cases and related deaths compared to many other parts of the world, the downstream economic, social and emotional impact of pandemic-related restrictions have exacerbated previously challenging conditions in these countries. For example, well before the arrival of COVID-19, half of Zimbabwe's population depended upon food assistance to survive. All three of these southern African countries face food shortages and insecurity linked to climate change, drought and high unemployment. COVID-19 has worsened these preexisting conditions. In all three countries, MCC has discerned with its partners how they can creatively counter the pandemic and strengthen sustainable livelihoods in ways adapted to pandemic realities.

In Zimbabwe, MCC has partnered with Score Against Poverty to train frontline rural health workers in remote parts of the country's Mwenezi district to communicate accurate information about how the pandemic is transmitted and how physical distancing can reduce transmission. Score has also deployed mobile technology for the rapid communication of public health messages about COVID-19 prevention and response. Through Compassionate Development Services and Kulima Mbobumi Training Centre (KMTC), MCC has rehabilitated boreholes to ensure good water supplies as part of efforts to promote proper handwashing as an essential measure to fight the spread of COVID-19. KMTC, meanwhile, adapted its MCC-supported food assistance efforts to comply with COVID-19 guidelines from MCC, the Zimbabwean government and the World Health Organization. Another partner in Zimbabwe, the Ecumenical Church Leaders' Forum, brought together churches and church organizations to appeal to the government to ensure easy passage of food and essential services during lockdowns, to create more isolation centers to make quarantining possible for people contracting the virus and to decentralize testing centers in order to encourage more testing and to minimize potential exposure to the virus as people traveled to testing centers.

In Malawi, MCC has partnered with the Mennonite Brethren Church to provide handwashing stations and soap to 4,000 vulnerable residents of Dzaleka Refugee Camp, measures aimed at reducing potential transmission within the camp's crowded conditions. The church has also communicated information about transmission prevention and other health and hygiene matters through broadcasts on local radio and pamphlet distribution.

“Adhering to restrictions on movement proves difficult because a lack of savings, shortages in the market and basic market infrastructure force many people to purchase goods daily as a means of survival.”

In Zambia, MCC has supported the Brethren in Christ Church in reaching out to thousands of rural elementary students whose schools had closed their doors. Online learning is not an option for most children in rural Zambia. MCC worked with BICC schools and the Ministry of Education to develop a radio literacy curriculum and corresponding reading work packs that children could use at home. MCC also funded cleaning supplies, thermometers and face masks and shields for students and teachers, with in-person instruction focused on children in critical examination years. Through this hybrid approach, MCC and BICC schools have enabled education to continue under safe, physically distanced conditions.

MCC and its partners in southern Africa face significant challenges in responding to COVID-19. First, adhering to restrictions on movement proves difficult because a lack of savings, shortages in the market and basic market infrastructure force many people to purchase goods daily as a means of survival. Second, maintaining physical distancing is foreign to traditional cultures in Malawi, Zambia and Zimbabwe, which revolve around social and communal events such as church services, weddings, festivals, naming ceremonies and funerals. The inability to participate in such activities and corresponding isolation negatively impact people's emotions and mental health, including their sense of core identity. Another major challenge involves proper mask usage. Sharing is a critical part of traditional culture—sharing food, clothes, salt and more—and people have borrowed masks from each other to get into shops that require masks. Meanwhile, people undermine the effectiveness of masks by hanging them around their necks, only to pull them up when they see security personnel and by pulling down masks while talking. Finally, all three countries have experienced shortages in personal protective equipment (PPE) and testing materials. Amidst all these challenges, it remains a miracle that the spread of the virus in these countries has been relatively minimal in comparison to other contexts.

The pandemic may have longer-term negative consequences beyond the immediate and shorter-term economic impacts. The spread of misinformation about the virus has eroded trust among the general population in public health bodies. Shelter-at-home restrictions, meanwhile, have been correlated to increased domestic and sexual violence. MCC has worked with the Brethren in Christ Church in Zimbabwe and Zambia to equip its staff to address increases in sexual- and gender-based violence as communities navigate lockdown realities. In both the shorter- and longer-term, MCC in southern Africa will continue to accompany Anabaptist churches and other partners as they address the health, social and economic impact of the COVID-19 pandemic.

Amanda Talstra is MCC representative for Zambia and Malawi and lives in Lusaka, Zambia. Monica Tapkida is MCC representative for Zimbabwe, based in Bulawayo, Zimbabwe.

COVID-sensitive humanitarian assistance in Ukraine

While adapting its program to meet the challenges presented by the COVID-19 pandemic, MCC partner New Life Charitable Foundation in Nikopol, Ukraine, has overcome several obstacles to continue providing humanitarian assistance to the most vulnerable. Due to the dedication of its team, remarkable organizational adaptability and a rapport with city authorities earned through years of cooperation, New Life managed to remain open to the public during the pandemic lockdown and a nationwide emergency declaration. While most social services in the area were forced to close due to lockdown measures, New Life's emergency response (in partnership with MCC) was quick, effectual, COVID-sensitive and coordinated with local authorities.


New Life's emergency response evolved in three stages. First, New Life adapted and expanded its distribution of food, comforters and other basic supplies to include face masks and hand sanitizers. Next, New Life restructured its lunch



Esnat Christopher washes her hands before an MCC food distribution in Chikwawa in southern Malawi. Responding to COVID-19 realities, MCC added a water, sanitation and hygiene component to its humanitarian food aid distribution of maize, beans and oil to families affected by Cyclone Idai. (MCC photo/Vivian Bertrand)

services for homeless persons to allow for physical distancing. In the third stage of its response, New Life addressed deeper and more complex impacts of the pandemic by delivering food packages to those who had lost earnings as the pandemic forced many businesses to close and by providing emotional and legal support to people facing domestic violence.

New Life certainly encountered many challenges as this multifaceted, evolving response took shape. When the Ukrainian government declared an emergency in March 2020, it introduced strict lockdown measures to slow the spread of COVID-19. While an essential public health measure to curtail transmission of the virus, lockdown also had a negative social and economic impact on almost every citizen in Ukraine. Social service organizations whose activities brought together groups of more than ten persons were required to close. In normal, pre-pandemic times, New Life operated two Houses of Mercy and a sewing social enterprise; served lunches five days a week to homeless people in Nikopol; provided food and other humanitarian assistance to the city's most vulnerable groups; offered after-school care in a club for children from families in economic crisis; and gave legal and medical support to people with HIV and AIDS and persons released from prison. The people served by New Life come from Ukraine's most vulnerable populations and many of them have compromised immune systems and are at high risk for contracting the novel coronavirus. "At some point fears started creeping up. Information overload, rumors about shops closing, panic among people in the community—all these things started causing emotional pressure," shares Natalia Mezentseva, the director of New Life. Mezentseva and her staff faced uncertainty, potential health dangers and the need to adapt their operations quickly.

 **To ensure physical distancing and maximum safety, New Life's social workers wear protective gear, clean and disinfect surfaces after each group of lunch guests and allow no more than three persons to eat in the canteen at a time (compared to up to 30 persons before COVID-19). These adaptations extend work time considerably for New Life staff."**

Although team members at New Life regularly interact with people living with contagious diseases like tuberculosis, hepatitis and herpes, they initially felt unequipped to confront the novel coronavirus. Nevertheless, they were convinced that the services they provide to vulnerable people were more relevant than ever. "We simply could not close the foundation for lockdown," shares Mezentseva. "Otherwise these poor people would have nowhere to go. They would be totally neglected."

Mezentseva made several phone calls to negotiate with city officials and advocate for the interests of the people who depend on New Life's services. The argument for New Life to continue operating during the lockdown was that the foundation not only addressed the immediate needs of socially excluded groups, but its continued work would help limit the spread of COVID-19 in the city. Homeless people in Nikopol are a group whom neither the city executive committee, nor social services, nor hospitals can trace, locate or control. If New Life continued monitoring health conditions of homeless people in the city, it would help to prevent the spread of COVID-19 among this group. Thanks to this advocacy, New Life received approval from local authorities to provide hot lunch services for homeless people and to adapt New Life's sewing social enterprise to allow for physical distancing and to focus on producing cloth masks for distribution to local medical institutions and to the vulnerable individuals accessing New Life's services.

New Life's team was determined to find ways to continue their work and keep staff and clients safe. Homeless individuals and families coming to New Life's canteen receive information about how they can protect themselves from COVID-19 spread, gain access to soap and water, hand sanitizers and protective masks, and, for those exhibiting COVID-19 symptoms such as fevers, can be referred for medical care. New Life took its duty of care for

staff and project participants seriously, seeking to ensure maximum safety for the team and the beneficiaries. This meant restructuring many of New Life's activities to make physical distancing possible. MCC also assisted New Life in purchasing no-contact thermometers, cleaning and disinfecting supplies and protective gear for New Life's team. To ensure physical distancing and maximum safety, New Life's social workers wear protective gear, clean and disinfect surfaces after each group of lunch guests and allow no more than three persons to eat in the canteen at a time (compared to up to 30 persons before COVID-19). These adaptations extend work time considerably for New Life staff. But as Mezentseva reflects, "Other people during lockdown can stay in their homes, they can protect themselves, take care of themselves and afford enough food, while our beneficiaries—they don't have any of it, they would be left completely unprotected." All lunch guests have their body temperatures measured. Lunch guests with fevers or other symptoms are referred for medical care and accompanied to those appointments by one of New Life's workers. So far, none of New Life's clients referred to the hospital have tested positive for COVID-19.

“ While most social services in the Nikopol area were forced to close due to lockdown measures, New Life's emergency response (in partnership with MCC) was quick, effectual, COVID-sensitive and coordinated with local authorities.”



In March 2020, Larisa Smagina sews a protective mask in the sewing room of MCC partner Nikopol Charitable Fund (also known as New Life) in Nikopol, Ukraine. The mask was one of many distributed by New Life to recipients of MCC material assistance. New Life has observed all physical distancing guidelines from the Ukrainian government, including mask wearing and maintenance of 1.5 meters of physical distance between people engaged in New Life's activities. (MCC photo/Nataliya Mezentseva).

New Life did have to stop receiving children for afterschool activities. To maintain connection with the children and their families, social workers contacted parents by phone, asking if they needed anything like masks or hand sanitizers. Through these phone calls, New Life's staff learned about an emerging issue—families with low income experienced extreme financial pressure due to lockdown and openly asked for food. Many single parents were forced to leave work to stay at home with their kids, turning into homeschool teachers overnight. The lockdown also increased household food expenses because before the pandemic children would eat lunch at school. Some people who lost their income could have received compensation or a subsidy from the government, but due to lack of information, skills and access to legal assistance were unable to do so.

To tackle this problem, New Life, in partnership with MCC, increased humanitarian assistance to reach out to affected families. Local social services provided New Life with lists of people in Nikopol and nearby villages who were in the most critical financial need due to COVID-19. When food was purchased, New Life mobilized young people from the local church community to help with packing and delivering food packages to people's homes.

Additional problems emerging among families in economic crisis were anxiety and increased cases of domestic violence. Men lacking healthy coping mechanisms, confined to their homes because of shelter-in-place orders and confronted with helplessness, started retreating to aggression. Women and children in these families were forced to spend more time with abusive family members. Since its staff did not have professional expertise to address this issue, New Life engaged a lawyer, so that people in critical situations could get legal assistance for free through New Life. The foundation also created a new staff position dedicated to calling families in crisis and providing them with emotional and informational support. Some people just needed a listening ear, to be reassured that someone cares for them. Others needed humanitarian assistance. Still others, unfairly treated at work or affected by domestic violence, were referred for legal support.

When the pandemic began, it was impossible to predict all possible outcomes. Although feeling unprepared, New Life showed a great capacity to assess the emerging needs and to adapt. As a result, many people in the Nikopol area who found themselves lost, helpless or vulnerable in this new situation have received much needed humanitarian, legal and emotional support. The stress of caregiving and heavier workloads for New Life's team for the last few months have not gone unnoticed. Nevertheless, New Life staff report that implementing this emergency response has proven deeply rewarding.

Nadiya Tykhovod is program coordinator for MCC Ukraine.

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