



Colombia

# COVID-19 Pandemic: 2020 Impact Report

As the coronavirus began to spread across the globe in early 2020, AmeriCares dedicated every resource to save lives and slow transmission, especially among people in low-income communities, who continue to be at greatest risk. To accomplish this, we invested in three key areas: **access to critical supplies**; **access to ongoing health services**; and **access to skills** through education, including credible safety information and training for health workers.

AmeriCares used our worldwide network of partners, including local safety net clinics, to reach communities most in need. For low-wage essential workers and the newly unemployed and uninsured, these clinics are a lifeline to critical health services. Keeping clinic doors open with budget-relieving supplies and support for health workers is critically important during the COVID-19 crisis.

As the pandemic enters its second year, AmeriCares will continue to address the gaps that most affect disadvantaged communities. This includes continuity of quality health services, access to essential medicine, education for health workers and community members, and support for mental health and vaccine readiness. We will also continue public education campaigns around safety, including masks.

While we act on our mission to save lives and improve health during the pandemic, AmeriCares also seeks to contribute to a resilient global health safety net that can provide care equitably during and long after the pandemic.



Philippines



United States



# Access to Supplies

# 14M

supplies, including PPE  
and disinfectants

# 565

global health  
partners

Throughout 2020, AmeriCares provided personal protective equipment and other essential supplies to health centers in COVID-19 hot spots in the U.S. and worldwide. These supplies helped protect health workers and patients from infection to ensure facilities could stay open and provide essential health services that low-income communities depend on. For some, AmeriCares deliveries were their only source of items like gloves and masks; for others, the donations were critical budget relief during a time of instability.

Globally, AmeriCares distributed PPE from our stocks and also sourced products where it was most efficient. We continue to provide critical supplies to our growing partner network, which includes hospitals, clinics, local health organizations, ministries of health and local and international nonprofits.

By year-end, AmeriCares had provided over 14 million infection-prevention supplies to 565 health partners in 30 countries.



“We have the confidence of our patients because of what you provide. We cannot achieve this level without AmeriCares support.”

—Maqsood Ahmed, MD, Program Director, VCare, Houston, Texas

“

COVID has exposed fractures in the safety net. Patients that have insurance and capacity to obtain insurance are [fewer], and patients without insurance and capacity to get insurance are growing way too fast. It's very difficult, but it's possible when everybody works together.”

—Nilda Soto, MD, Medical Director,  
Open Door Health Center, Homestead, FL



+ **United States:** AmeriCares provided nearly 320 tons of medical supplies for health centers serving low-income people in all 50 states, as well as Puerto Rico and including Native American communities, where people died from COVID-19 at twice the rate of white Americans.

+ **India and Asia:** Across 17 states and union territories, AmeriCares India distributed more than 6.5 million COVID-19 prevention supplies and supported hospitals with essential medical equipment including ventilators, oxygen concentrators and pulse oximeters. Similarly, in the Philippines, AmeriCares team distributed more than 100,000 masks and other safety products to partners across nine provinces.

+ **Central America:** In Santiago de María, El Salvador, AmeriCares Clínica Integral de Atención Familiar donated critical medicine and supplies to 26 health partners in east El Salvador to help maintain health services and safety throughout the region during the pandemic.

+ **Middle East:** AmeriCares shipments of medicine and safety supplies also reached insecure environments in Syria and Yemen, where partner health organizations are seeing an increase in patients seeking care due to COVID-19 in an already fragile health system.

# Access to Services

## 498

water infrastructure improvements, including hand-washing stations, in eight countries

## 291,059

patient visits provided in Colombia, El Salvador, India, Peru and Connecticut

The COVID-19 pandemic increased the barriers to care that low-income uninsured people experience every day. With clinics closed or on reduced hours, patients who already struggled to access care risked complications and even death from untreated chronic diseases and other health problems. AmeriCares COVID-19 response helped ensure that patients at both AmeriCares-own clinics and those of our partners had safe access to health services.

**Telehealth:** AmeriCares clinics in Colombia, India and the U.S. quickly pivoted from in-person appointments to care by telephone, resuming in-person care when rules allowed. In El Salvador, the government allowed AmeriCares clinic to continue in-person care throughout the pandemic.

**+ AmeriCares India:** 35,678 telehealth consults and more than 1,800 prescriptions through mid-August.

**+ AmeriCares Free Clinics, Connecticut:** 6,710 telehealth consults from March through December 31, 2020 – each one for a low-income, uninsured patient.

**+ Peru:** 21,000 patient consultations at 38 health facilities. AmeriCares doctors and nurses are providing surge support in hospitals and primary care clinics, as well as COVID-19 testing at fixed and mobile health centers.

**Water for Safety:** In eight countries, AmeriCares collaborated with local health partners to improve water infrastructure to improve sanitation, promote hand hygiene and reduce the spread of COVID-19, including:

**+ Malawi:** AmeriCares installed water towers and secure pumps at four clinics as well as 71 handwashing stations in nearby communities.

**+ Philippines:** AmeriCares installed water towers and sinks in health centers and paired the equipment with training for staff and the public.

**+ Haiti:** At health centers in Carrefour and Pestel, AmeriCares installed foot-powered handwashing stations and an innovative solar-powered system that provides supplemental oxygen, eliminating the need for deliveries of tanks, which can be unreliable.

“

The handwashing stations help so much. When we do outreach in the community around COVID-19, if we do not have the actual tools to promote the message we are trying to get across, it is almost as if we are doing nothing.”

—Dr. Waly Turin, AmeriCares Project Officer in Haiti



“

A group of people came to educate us on the importance of the water buckets, and a mobile radio was also spreading the message. The water buckets are increasing cleanliness amongst us because we now wash our hands frequently.”

—Lexus Uliya, market customer, Chikwawa District, Malawi

## Events and campaigns engage and inform

AmeriCares elevated conversation around the pandemic with public education campaigns, including in-person health promotion, social media and print campaigns and livestream presentations. In-person public education reached more than 73,000 people in five countries. In May, a pro-bono ad campaign promoting nurses' roles in the pandemic response reached an audience of 2.2 million. AmeriCares hosted an October livestream which showcased the demands on and achievements of health workers. In all, AmeriCares COVID-19-related livestreams have been viewed in more than 80 countries.



# Access to Skills

# 379

training sessions

# 29,900+

training participants

Americares provided health workers with training and education so they have the knowledge and skills to stay safe and healthy and treat patients during the pandemic. Training covers four areas: preparedness; mental health and psychosocial support; infection prevention and control; and water, sanitation and hygiene. Along with training for health workers, Americares provides public education on hygiene and COVID-19 safety.

**Mental health:** Americares created 12 training modules in English and Spanish specifically for health workers in the context of COVID-19. The training delivers tools to identify and manage COVID-19-related mental health concerns in patients, while also giving health workers resources to identify and address their own mental health needs.

**Preparedness:** Americares developed a COVID-19 response plan template and infectious disease plan checklist for health centers, so they can continue providing critical care to vulnerable communities. Health workers in the United States, including Puerto Rico and the Philippines have taken part.

**Infection prevention:** Americares created 13 infection prevention and water, sanitation and hygiene webinars to help health workers promote infection prevention, sanitation and hygiene education and behavior change in facilities and the surrounding community. Health workers including midwives in Syria, health surveillance assistants in Malawi and health workers in Puerto Rico participated in 2020.



Philippines

**Community education:** Americares supplements hand-washing stations with community education and outreach on hygiene, including:

- + **India:** 18,000 phone alerts to parents with COVID-19 awareness information, reaching on average 4,400 students and 5,150 parents each month from June to December 2020.
- + **El Salvador:** 20,000 telehealth consultations in November and December 2020, providing information about mental health, hygiene and noncommunicable diseases.
- + **Peru:** Radio ads that reached an estimated 158,000 people with messages about hand washing, COVID-19 symptoms and social distancing during the holidays.



“After the [training], the midwives in Syria reported that they [felt] more deeply connected to what was happening globally in terms of infection prevention and control. The midwives expressed gratitude for tailored conversations that were based on the true-to-life reality that they were experiencing. One midwife said, ‘Somebody cares about what is happening to us.’”

— Dr. Pandora Hardtman, global midwifery specialist