COVID-19 Global Report
ADRA prides itself on being an established, organized, finely tuned machine, and much of our success over the years has been due to our systems, structures, and technical expertise. But when COVID-19 shifted from an epidemic in one country to a global pandemic, the systems and structures ADRA has come to rely on over the years had to be redesigned and, in some instances, rebooted.

At the start of the pandemic, ADRA established a global COVID-19 taskforce to drive the response. Within a couple of weeks, the taskforce had established a strategy that would give birth to 422 projects in 96 countries, assisting nearly 20 million people. As impressive as these numbers are, what is even more impressive is that the majority of these projects were established in just four weeks, many with minimal to no funding to begin with and the majority in partnership with the church.

At a time when many church buildings were closed, the church and its agency, ADRA, had their arms open! ADRA’s COVID-19 strategy was founded on the principle that we are “stronger together”: ADRA, a global network of 118 offices, and the Adventist church, consisting of local churches, ministries, schools, hospitals, and clinics. Based on this principle, ADRA’s COVID-19 strategy focused on four key areas:

1. **Know your reality.** ADRA can be effective only if we are healthy and feel protected. This means being intentional about helping staff, volunteers, and partners understand their risks and take measures to mitigate them, but also ensuring that ADRA offices understand the short- to long-term disruption on their operations. For many ADRA offices this means pivoting existing projects and their pipeline of future projects to address issues relating to COVID-19, as yesterday’s issues may not be as urgent as today’s.

2. **Love your neighbor.** Due to restrictions and the nature of the virus, COVID-19 has inhibited ADRA’s ability to stretch and scale up. Love your neighbor is about being more intentional with strengthening partnerships with the Adventist church and its entities to both identify and deliver assistance to the most vulnerable members of society, while building connectedness.

3. **Grow local.** At a time when action is critical, but resources are stretched and traditional donors are still figuring out their response, grow local is about being more intentional with mapping the assets and resources available locally when designing response activities. It’s also about understanding the importance of leveraging what little resources are available through scalable partnerships.

4. **Think global.** Recognizing that we are all “stronger together,” ADRA needs to be more intentional about leveraging the strength of the global network and the Adventist church to develop innovative solutions that can be shared and adapted globally within ADRA and the wider development and humanitarian sector.
ADRA prides itself on being an established, organized, finely tuned machine, and much of our success over the years has been due to our systems, structures, and technical expertise. But when COVID-19 shifted from an epidemic in one country to a global pandemic, the systems and structures ADRA has come to rely on over the years had to be redesigned and, in some instances, rebooted.

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Recognizing that we are all “stronger together,” ADRA needs to be more intentional about leveraging the strength of the global network and the Adventist church to develop innovative solutions that can be shared and adapted globally within ADRA and the wider development and humanitarian sector.
In the early stages of the COVID-19 pandemic, ADRA was quick to respond. At the time, the path of the virus seemed narrow and manageable; as the weeks passed, that path widened and extended to multiple countries, and then multiple continents. Our humanitarian response expanded accordingly and continued to chase the virus along its global path of destruction, even as our own organization began to feel the effects. By early March, our programs in 118 countries had to be slowed down or put on hold while we launched a global COVID-19 taskforce to determine next steps and deal with the response in a coordinated manner. Moreover, our offices around the globe all but shut down indefinitely. Staff were asked to continue their tireless work from the safety of their homes.

Today, many of our offices are still closed and our staff are working from home. Despite the uncertainty, the discomfort, and the office limitations, ADRA continues to thrive. These abrupt changes to normalcy have done nothing to slow down how we acquire and process donations and grants, create and monitor projects around the globe, work in partnership with our church, and engage with our communities at home and abroad. Even today, our brave field staff continue to respond to the most vulnerable despite the personal risks. We are still serving refugees and migrants, the elderly, the disabled, and the impoverished, while expanding our work to include those most affected by the global health crisis.

Most importantly, none of these disruptions have obscured the presence of God in our mission. In fact, the opposite is true: these very disruptions have shown that God is at the center of everything. We are reminded in Joshua 1:9 (NIV), “Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go.”

During this pandemic it is easy to be discouraged, but because we have God, we have strength and courage. In the face of this shared tragedy, we at ADRA have emerged stronger and more faithful than ever.

In Christ,
Michael Kruger
President, ADRA International
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**ADRA’s Impact**

### Summary Data

- **Projects**: 422
- **Beneficiaries**: 19,969,120
- **Total Budget**: $25,948,704.53

### Distribution by Region

- **Africa**: 47 projects, $8,013,988
- **Asia**: 75 projects, $1,664,800
- **Euro-Asia**: 12 projects, $150,000
- **Europe**: 32 projects, $687,974
- **Inter-America Division**: 10 projects, $339,008
- **Middle East and North Africa**: 27 projects, $419,000
- **North American Division**: 69 projects, $3,995,517
- **South American Division**: 101 projects, $8,788,623
- **South Pacific Division**: 49 projects, $1,889,793
- **TOTALS**: 422 projects, $25,948,704

### Response by Sector

- **Health**: 103 projects, 5,235,538 beneficiaries, $6,168,410
- **Food Security**: 139 projects, 6,288,064 beneficiaries, $8,489,253
- **Water & Sanitation**: 89 projects, 4,120,807 beneficiaries, $5,620,355
- **Psyco-social Support**: 58 projects, 2,673,399 beneficiaries, $3,646,240
- **Awareness & Health Promotion**: 20 projects, 1,069,067 beneficiaries, $1,230,327
- **Livelihoods**: 4 projects, 164,012 beneficiaries, $223,696
- **Other**: 9 projects, 418,231 beneficiaries, $570,424

### Top 10 Country Responses by Value

1. **Canada**: $1,193,072
2. **Argentina**: $960,000
3. **DRC**: $800,000
4. **Côte d’Ivoire**: $793,939
5. **Paraguay**: $497,000
6. **Inter-America Division**: $339,008
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**Note:** The values provided are in US dollars.
The COVID-19 pandemic was slow to reach Africa, and the cases have also been lower than predicted; however, the continent has had a fair share of disasters in the past two years. The East African region has been hit by a cycle of drought, flooding, and locust infestation, while the Southern African region experienced drought followed by flooding and cyclones. Additionally, West Africa had widespread floods and windstorms. As the continent was trying to recover from the effects of these disasters, COVID-19 arrived, creating even more food insecurity and a refugee crisis due to lockdowns and curfews instituted to contain the spread of the virus.
Global Report COVID-19 curfews instituted to contain the spread creating even more food insecurity and of these disasters, COVID-19 arrived, was trying to recover from the effects floods and windstorms. As the continent has had a fair share of disasters in the past two continent has had a fair share than predicted; however, the cases have also been lower slow to reach Africa, and the Crisis in Context

50% of the population in Africa was already food insecure due to natural disasters, climate change, locust infestation, and economic and political instabilities; this was expected to double by 2020.

The continent is also set to experience its first increase in two decades in the proportion of people in extreme poverty, with the informal sector, a major source of income and employment, one of the hardest-hit by COVID-19.

It will take years for the population to recover from the effects of the pandemic, which has changed the whole spectrum in livelihoods, households, food eating patterns, and social networks.

Ghana

In Ghana, ADRA, with the support of the church, has assisted tens of thousands of people affected by COVID-19. Among the many initiatives, ADRA has provided food relief to the most vulnerable families and personal protective equipment to frontline workers. Recognizing the importance of keeping frontline medical staff healthy, ADRA provided four medical clinics with 8,500 face masks, 5,000 gloves, 500 protective eye goggles, 325 liters (86 gallons) of hand sanitizer, and 80 infrared thermometers. In addition to this, ADRA has also utilized the church’s media infrastructure through Hope Channel Ghana to increase awareness of the virus and promote practices to reduce the risk of infection.

Tanzania

ADRA has partnered with the Adventist church and has reached 6 million people in Tanzania with health messaging and awareness and health promotion through print and social media, television, and radio. These messages are disseminated with the help of thousands of local Adventist volunteers. In addition, ADRA’s partnership with the church has led to the distribution of pallets of gloves, face masks, and hand-washing facilities.

Mauritania

In Mauritania, COVID-19 response activities were implemented in two regions of the country. In the commune of Selibabi in the Guiddimakha region, 457 prepositioned hygiene kits were distributed to vulnerable households. In the city of Nouakchott in the commune of El Mina, a total of 2,500 hygiene kits and 85 food kits were distributed. At least 12,500 people benefited from the project, 500 of whom received food kits in addition to the hygiene kits. The beneficiaries included migrant communities, women-headed households, and other vulnerable individuals in the two communities.

Mali continued

assistance and hygiene kits, and one hospital (CSREF in Banamba) and nine health centers in the nine districts of Banamba (CSCOM in the nine rural communes of Banamba) received hand-washing stations with soap and hand sanitizer.

Zambia

ADRA Zambia has been working in partnership with the Adventist church in the fight against COVID-19. ADRA has used national and church media (including Hope Channel and Zambia News and Information Services) and television and radio stations, whose coverage reaches over 10 million viewers and listeners. In addition, ADRA used social media (Facebook, Instagram, WhatsApp), which have over 2,000 followers and page likes. Posters have been pasted in public places such as markets, health centers, schools, and bus stations. ADRA and the church also distributed hygiene supplies to more than 3,000 families within Lusaka and about 1,000 families in the areas of operation outside Lusaka. The hygiene supplies included disinfectants, hand sanitizer, hand-washing soap, and face masks.

Madagascar

COVID-19 Initial Response Voucher for Food intervention was conducted in Antananarivo, the capital of Madagascar. The geographical targeting was based on the fact that Antananarivo was the most affected, as the pandemic began in the capital city. A total of 470 households were reached by the intervention. Among these there were 19 households with disabled people and 352 female-headed households.

Sub-Saharan Africa

The Seventh-day Adventist church has nearly 300 urban and rural health facilities across the three divisions in Sub-Saharan Africa. The majority of these facilities provide essential health services in poorly serviced areas. Due to its reputation as a church that provides excellent health care, the communities’ and government’s expectation of the Adventist church during this crisis has been very high.

In partnering with the church, ADRA has identified nine countries in need of medical supplies. These countries include Kenya, Tanzania, Mozambique, Namibia, Zambia, Zimbabwe, Burkina Faso, Côte d’Ivoire, and Ghana. In total, these countries will receive over $6 million worth of medical supplies and personal protective equipment to ensure these facilities are adequately resourced to handle their usual patient load and the potential of an outbreak.

Mali

Mali responded to COVID-19 in Banamba circle in Koulikoro. The intervention was in food security, hygiene kits distribution, as well as awareness campaigns on the prevention of COVID-19. The Banamba circle is located 160 kilometers (100 miles) from Bamako. People travel every day between Bamako and Banamba due to the proximity of these two cities. The Banamba circle is known as a strong migration corridor, hence the presence of the internally displaced people who were among the beneficiaries. To date, 3,186 people benefited from food

Mozambique

ADRA Mozambique is currently responding to COVID-19 in Maputo province and Maputo City, distributing hygiene kits and sensitizing communities on COVID-19 and training families on hygiene. ADRA is also currently implementing emergency response programs of food distribution in Gaza and Inhambane provinces with support from the World Food Programme in six districts. So far, 42,825 beneficiaries have been reached with food, 73,100 with awareness and health promotion, and 620 with hygiene kits.
Ngoza Zulu is a 25-year-old mother of two little children and lives in Kamanga peri-urban area, Lusaka. Ngoza is not working, and her husband only does small part-time jobs, which earn him about a dollar per day. It is a challenge for her to afford hygiene supplies because the little that her husband makes is used to buy food in the home.

Ngoza is one of the young women who benefited from the COVID-19 response distribution in June of this year. She was assisted with two 20-liter (5 gallon) water storage buckets, 3 liters (3/4 gallon) of disinfectant, hand-washing soap, and three face masks. She says, “It has not been easy for me ever since COVID-19 broke out because I am restricted to staying home. Before the virus, I could easily go to people’s homes and work; the money I earned would enable me to support my husband in buying household supplies. The time that ADRA came about two months ago, I was pregnant with the baby I am holding. I did not have any mask, new buckets, nor hygienic soap to use when I would deliver. The items I received have really helped me in washing the baby’s clothes and our hands, and in disinfecting our house and toilet, especially during this COVID-19 period when we are being asked to wash our hands regularly. I am happy that ADRA came to our community to distribute hygiene supplies.”
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Asia was the first region to be hit by COVID-19 before the virus was declared a pandemic, but even before the health crisis, many people within the continent were struggling.

Today, our work continues to ensure that the virus does not overcome the safety, security, and infrastructure of the citizens within the region and to also ensure that the gains and momentum we have made over the years are not lost. In achieving this, ADRA is working very closely with the church, governments, corporations, the European Union, UN agencies, and other local partners.
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**Pivoting & Leveraging Resources**

Many ADRA offices in Asia have successfully pivoted existing resources to respond to the pandemic and have leveraged additional external resources from a variety of sources. When COVID-19 struck, ADRA Timor-Leste was able to pivot resources from an existing development project toward training community health volunteers to educate their communities about COVID-19 prevention, a project that reached 13,008 individuals. Similarly, ADRA Cambodia was able to reach over 10,000 households and 800 health workers through COVID-19 projects that focused on community health centers. Screening educational videos in waiting rooms, establishing quarantine facilities, and providing infrared thermometers were some additional support activities.

In addition to pivoting existing projects, significant focus has been placed on leveraging resources. ADRA Thailand leveraged a small initial COVID-19 response to receive a grant of 500,000 euros from the European Union to support activities in refugee camps. ADRA Sri Lanka also leveraged some of their funds to attract support from UNICEF to provide awareness education, personal protective equipment, hygiene kits, and hand-washing basins.

**Working Together With Adventist Church Members**

Many ADRA offices across Asia collaborated with church members and other church institutions to respond to COVID-19. Great examples included the response in Mongolia, where funding provided by several ADRA offices was used to work with church pastors to identify vulnerable community members for financial assistance during lockdown. The success of this collaboration has led to the establishment of a long-term church volunteer program with ADRA. In India, ADRA used funds allocated under the Total Member Involvement program to enable churches across India to provide food assistance to migrant workers who lost employment due to the national lockdown.

In the Philippines, ADRA had already established a strong collaboration with Adventist Community Services to respond to disasters. These relationships enabled ADRA to respond to COVID-19 in communities across the country, even when travel was impossible. Funding from the three unions and the division has been used together with funding from four ADRA offices to raise a total of $120,000. This is being used for a response that includes providing personal protective equipment, raising awareness, and, in partnership with Adventist University of the Philippines, providing psychosocial support for health workers.

**Ensuring the Well-being of ADRA’s Workforce**

As early as January 2020, ADRA offices across Asia identified staff care as a key priority during the pandemic. A regional COVID-19 taskforce was mobilized to provide guidance to the 17 country offices. Weekly regional coordination calls were organized to share information, disseminate guidelines, and understand issues. This was an excellent platform for country offices to voice concerns, learn from each other, and request support from the taskforce. For example, the taskforce enabled ADRA’s personnel across the region to access well-being and mental health support donated by Adventist professionals. ADRA’s theme of “Stronger Together” has been put into practice, ensuring that people don’t have to deal with challenges and stress alone.
Crisis in Context

MORE THAN 70% of parents/caregivers confirmed that their LIVELIHOODS WERE FULLY OR SEVERELY AFFECTED by the COVID-19 pandemic. Loss of livelihood is forcing parents and caregivers to take desperate measures that are negatively impacting children’s well-being. In Bangladesh, OVER 33% OF CHILDREN may be sent to beg or MAY ENGAGE IN HIGH-RISK JOBS, and almost 2% are likely to be married off early. 24% of parents and caregivers shared that the stress due to the pandemic has contributed to children experiencing physical punishment and emotional abuse. 69% OF CHILDREN CONFIRMED that caregivers had used PHYSICAL OR PSYCHOLOGICAL PUNISHMENT in the last month.
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Aklima always had a deep interest in education, but because of poverty her family couldn’t fulfill her dream. Instead, she married young, had two daughters, and was widowed by 2015. The young mother was left to raise her children alone. The year she lost her husband, Aklima attended a community meeting organized by the Capacity Building for Farmer Families (CBFF) project of ADRA in Bangladesh. She decided to join the Shapla Women’s Development Group, a microloan cooperative. Starting with a tiny deposit of just 20 Taka (about 25 US cents) per week, Aklima and the women gradually built up their savings. In time, Aklima received tailoring training along with a sewing machine.

Today, Aklima works as a tailor. She also cultivates vegetables in her courtyard and raises poultry. She now earns enough from these activities to feed and educate her daughters, but that’s not where it stops.

Recently, Aklima played a vital role in her community amid the COVID-19 outbreak by using her sewing skills to produce face masks. She has been preparing face masks for her community to help protect them from infection. This is part of an initiative by ADRA Bangladesh to utilize the skills of women like Aklima to create sustainable local solutions to managing the pandemic. Since most people in Aklima’s community cannot afford or access expensive intensive care treatment if they are badly affected by COVID-19, prevention is essential.

“I’m feeling proud to do something for my neighbors when they need masks the most. Since there’s no specific treatment and medication for this virus, we need to protect ourselves against it by taking precautionary measures,” Aklima said. With ADRA providing the materials for the masks, Aklima has been working to prepare 15-20 masks per day. So far, she has produced 550 masks for ADRA and another 50 on her own initiative. In total, six women from this project have produced over 2,000 masks to help protect their community.

“I have been able to arrange three meals each day for my daughters, and this has been possible through the support of ADRA,” Aklima said. “ADRA is transforming lives by helping people in many ways.”
During the COVID-19 pandemic in the Euro-Asia Division, ADRA and the church joined forces and worked together to establish a strong working relationship at all levels. Employees of ADRA and the church—in the context of the pandemic and project implementation—began to communicate more, exchange information, consult, plan activities, and raise funds for the projects.

Local pastors helped ADRA negotiate with local authorities, many church premises were used as distribution points and warehouses, and church members helped to load and unload all items as well as to form food and hygiene kits for distribution. In many places ADRA worked only through the church because ADRA had not been active in the area.

Currently, ADRA and the church are expanding involvement from relief projects to development and planning educational activities (such as vocational training) with the intention to help people overcome the economic crises caused by COVID-19.
Across Euro-Asia

Working together with the church has revealed the need for training church members. It is important to strengthen the training of pastors and volunteers in response to emergencies. To accomplish this, an operational headquarters was established at the ADRA Euro-Asia office. Through social networks, people learned about ADRA’s volunteer activities and sent requests for help. Applications were then processed and sent to teams of volunteers on the ground for execution.

Belarus

ADRA created a software platform for fundraising in Belarus, using crowdfunding to support the ongoing work of ADRA and the church, including production and distribution of personal protective equipment, distribution of food and water, and access to psychosocial support.

Russia

The COVID-19 response project in Russia was unique, as the project combined relief activities and job placement of people who lost their job because of lockdown. By employing jobless people to sew protective face masks, ADRA accomplished two goals with one project: job security for the vulnerable and production and distribution of much-needed face masks.

ADRA has served nearly 100,000 people in Euro-Asia through our COVID-19 response.

ADRA established an operational headquarters at the Euro-Asia office to train Adventist church members during the COVID-19 response.

ADRA hired people in need in Russia to help sew protective masks.
RUSSIA ranks THIRD IN THE WORLD for most cases of COVID-19.

Civil society organizations in Russia have reported an INCREASE IN THE NUMBER OF CASES OF DOMESTIC VIOLENCE during the COVID-19 pandemic.

61% OF YOUNG UKRAINIANS between the ages of 18 and 29 were CONSIDERING EMIGRATING ABROAD for employment.

Katya felt the weight of the world on her shoulders as she walked toward home. She had no job due to COVID-19 and no prospect of getting a job in Vyborg, Russia. Business after business had closed their doors due to the quarantine. Companies sent thousands of people home with unpaid leave. With a bad economy and children to feed, Katya was filled with anxiety and questions about the future. How long would the crisis last? What would become of her family? How would they survive?

Fortunately, one of her friends told her that a global humanitarian organization called ADRA was hiring seamstresses to make face masks and other protective gear. Katya phoned ADRA and described her situation.

At the time, she didn’t realize that ADRA is all about serving as the hands and feet of Jesus. Nor did she know that the products that she was paid to make were donated to hospitals and other institutions that were fighting COVID-19. As part of this project, ADRA planned to sew and distribute 70,000 protective face masks in Russia. In addition, their goal was to help people financially who lost their jobs during the crisis.

At first, sewing face masks was just an opportunity to receive a salary so that Katya could feed her children, but as she spoke with coworkers and ADRA employees, she began to understand that this was more than just a job. Thanks to her work, many doctors and health care professionals would be able to perform their duties and treat people without getting sick themselves.

Not long after, Katya’s mother-in-law became so ill that Katya called an ambulance. When she saw the paramedics coming into her home, she was ecstatic to see that they were wearing the face masks she had sewn while participating in the ADRA project.

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Much of ADRA’s role in Europe has been to leverage funds locally to work on behalf of the most vulnerable in developing countries around the world, as well as those in need within European borders. The COVID-19 pandemic changed that paradigm. Instead of focusing heavily outside its borders, ADRA has invested more deeply in working to support the vulnerable all across Europe, even in developed countries that have traditionally needed little support from ADRA.

The COVID-19 crisis has proven that vulnerabilities exist in all structures of society, even those considered developed. By pivoting existing projects and creating new ones to fight COVID-19 alongside our partners and our church, ADRA has the resources to serve many more communities for the first time. This broadens and deepens our global capacity and provides hope and life to many more men, women, and children than ever before.

**at-a-glance**

- 42 thousand beneficiaries of COVID-19 projects
- 32 projects designed to respond to COVID-19
- $688 thousand total value of projects

**Response Highlights**

**Romania**

In Romania, ADRA is delivering food, hygiene products, medicines, and protective equipment to the most vulnerable families. In addition to basic food supplies, ADRA and the church have worked together to provide hot meals, adequate shelter, clothing kits, and business support for entrepreneurs. Throughout the crisis, ADRA continues to offer social support and psychological counseling to those suffering physically and mentally.

"Because the COVID-19 crisis has severely affected European countries, it is a joy to see ADRA workers and volunteers responding so quickly," said Joao Martins, executive director of ADRA Europe. "All of them have found ways to support those who are most vulnerable and suffer the most in this situation. ADRA Romania was one of the first to respond by offering not only medical goods and services, but also counseling and psychosocial support. In times of crisis, we can better affirm the work of ADRA that serves humanity so that everyone can live as God planned."

**Italy**

The collaboration between ADRA and the church has always been strong. For years, local churches have been a hub for community support services and community engagement. During ADRA’s COVID-19 response, these churches became a beacon of hope for families in need of food and essentials. In addition to this, ADRA provided personal protective equipment to medical professionals and psychosocial support to families most affected.

**Slovenia**

Children everywhere are struggling to continue school online, especially those who lack the resources to connect virtually. In Slovenia, ADRA is working to provide computers to those unable to afford them so children can remain connected to classes and schoolwork. Natasha is the mother of two such children—one in fifth grade and the other in eighth grade. The lockdown triggered by the pandemic kept children and parents at home and dependent upon technology to handle schoolwork. The smartphone Natasha relied upon to help her kids wasn’t sufficient, however. With the assistance of ADRA in Slovenia, her children—and others like them—are able to continue their education.
Much of ADRA’s role in Europe has been to leverage funds locally to work on behalf of the most vulnerable in developing countries around the world, as well as those in need within European borders. The COVID-19 pandemic changed that paradigm. Instead of focusing heavily outside its borders, ADRA has invested more deeply in working to support the vulnerable all across Europe, even in developed countries that have traditionally needed little support from ADRA.

The COVID-19 crisis has proven that vulnerabilities exist in all structures of society, even those considered developed. By pivoting existing projects and creating new ones to fight COVID-19 alongside our partners and our church, ADRA has the resources to serve many more communities for the first time. This broadens and deepens our global capacity and provides hope and life to many more men, women, and children than ever before.

**Response Highlights**

**Romania**

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**FOOD BANKS AROUND EUROPE FEED THOUSANDS OF FAMILIES IN NEED DURING THE COVID-19 PANDEMIC.**

**ADRA AND THE ADVENTIST CHURCH ARE WORKING TOGETHER DURING THE PANDEMIC TO PROVIDE FOOD IN THE CZECH REPUBLIC.**

**FIRST RESPONDERS IN SLOVENIA ARE THANKFUL TO ADRA FOR THE SUPPLIES OF FOOD, PROTECTIVE EQUIPMENT, AND HEALTH SUPPLIES.**
Crisis in Context

The total number of PEOPLE INFECTED BY COVID-19 IN EUROPE IS MORE THAN 2 MILLION, of which nearly a million are from just four countries; Spain, United Kingdom (UK), Italy, and Germany.

In April and May, SPAIN lost visits from more than 15 million tourists, SEVERELY CRIPPLING a key part of their economy.

SWEDEN, whose softer approach to fighting COVID-19 DREW GLOBAL ATTENTION, has one of the European Union’s highest rates of new cases.
Over the past five months, ADRA UK, through its I AM Urban initiative, has worked with 73 community hubs linked to local Seventh-day Adventist churches and eight civil society organizations, under The Umbrella Project, to tackle the fallout of COVID-19.

The United Kingdom is ranked as one of the top six nations in the world economically; however, the nearly 347,000 people infected with the virus and the 41,550 deaths recorded from COVID-19 not only locked down the country but highlighted pockets of need, especially in urban spaces in the inner cities.

The Houndsfield Community Hub opened its doors as soon as quarantine was announced. Although the doors of the sanctuary remained shut, the church in the community became the hands and feet of Jesus. Working alongside their parent, the Edmonton Seventh-day Adventist Church in north London, they created a dedicated COVID-19 feeding program, providing the community with donated food from a large sandwich supplier.

Working tirelessly during the first weekend, they fed nearly 500 people. This included key workers, such as nurses, paramedics, and mental health workers; the elderly; families on low incomes; and the unemployed. Since then, their services have expanded, and they not only run The Bread of Life Food Pantry, but have been commissioned by the local council to run a cooked food program called Made in Enfield, whereby they supply meals twice weekly to small frontline charitable organizations caring for the most vulnerable individuals.

Nicola Lauder, hub leader reflecting on the expansion of their hub’s impact in the community, said, “We were contacted by ADRA UK in early March. One of the largest sandwich suppliers in the country had offered them food stuffs, and as they were in our area, they put us in touch with them. We were able to open the hub the next day, which was Sabbath. Despite not having in-church worship, we have met so many people that we would never have connected with if our church was still open, and we have not only been able to give people food; we have also deliberately sought to give them hope.”
The ability to pivot from existing projects—and create new ones—to target the fallout of the pandemic has been a strength of ADRA globally, and that is true of our work in Inter-America. In the region, our pre-pandemic work to bolster food security, support migrants and refugees, and promote health is continuing, with the addition of targeted projects to protect the most vulnerable during the pandemic. This includes health information campaigns, support of the disabled, food drives for those in need, and much more. Whether we are pivoting from existing projects to more targeted COVID-19 related ones or leveraging new funds and partners to expand our work, ADRA is tirelessly fighting the effects of the pandemic in Inter-America.
Colombia

Hundreds of Seventh-day Adventist employees throughout the church in Colombia recently donated one day of their salary to assist vulnerable families affected by the disruption of employment during the pandemic crisis. “We proposed to appeal to church employees to donate one day of their salary, and the idea was well supported by all,” said Jair Flórez, ADRA Colombia director. “Some not only donated one day but three days of their salary. We didn’t have enough funds in ADRA to supply for the needs of so many families, so that’s why we desperately appealed to church employees.” The assistance distributed by ADRA Colombia went to help families in the community and in the church.

Honduras

More than 3,000 families across Honduras received food baskets as a result of joint efforts by ADRA in Honduras and church member volunteers. The initiative was made possible thanks to funds from ADRA and local church emergency funds collected to assist in the COVID-19 pandemic crisis. Vulnerable families were identified with the help of district pastors and church member volunteers as well as municipal leaders, who helped survey the most vulnerable in their conferences and missions. ADRA volunteers made house deliveries and also gave out food at assigned distribution points in several farming communities. Twelve nursing homes also received nonperishable food items and hygiene kits, as well as masks, gloves, and antibacterial gels. Other groups of families received food vouchers.

Mexico

ADRA distributed thousands of antibacterial gel bottles to persons over 65 with chronic diseases and special needs. More than 180 ADRA volunteers, most of whom are church members, took to the designated homes and busy streets in Mexico City to bring about more awareness of the preventive measures put in place to combat the spread of COVID-19. Dozens of church member volunteers also distributed informative flyers and 5,000 specially marked hand sanitizers to elders, health professionals, and patients in hospitals, as well as government personnel who are working around the clock to provide safety measures in cities and communities.

HUNDREDS OF SEVENTH-DAY ADVENTIST EMPLOYEES THROUGHOUT THE CHURCH IN COLOMBIA RECENTLY DONATED ONE DAY OF THEIR SALARY TO ASSIST VULNERABLE FAMILIES AFFECTED BY THE DISRUPTION OF EMPLOYMENT DURING THE PANDEMIC CRISIS.
Teleworking may ease some of the direct economic impacts of lockdowns, but it can also widen inequality; more than 6 OUT OF 10 HOUSEHOLDS with per capita income in the lower quintile of the income distribution DO NOT HAVE ACCESS TO HIGH-SPEED FIXED BROADBAND CONNECTION needed to support working and studying.

The HUMANITARIAN CRISIS impacting Colombia’s chronically overcrowded and under-resourced prison system shows no sign of softening. At the Villahermosa prison in Cali, 480 INMATES AND 48 STAFF HAVE CONTRACTED COVID-19.

The GOVERNMENT OF JAMAICA, through the Ministry of Industry, Commerce, Agriculture and Fisheries, has DEVISED A NUMBER OF INITIATIVES geared at assisting local farmers to weather the COVID-19 crisis. To date, more than JMD $1 billion (USD $6.8 million) has been allocated to the agriculture industry to stem the tide of losses that the sector is currently experiencing.
In northern Colombia, the indigenous Wayúu community has been forced to follow COVID-19 quarantine guidelines, and many have therefore been unable to work and earn money for food.

In partnership with the Seventh-day Adventist church in Colombia, ADRA selected 100 of the most vulnerable families to receive regular food baskets during the pandemic.

“The needs in the indigenous communities are very relevant,” said Eliezer Taboada, district pastor of the Maicao district in La Guajira department. “Many of the people sell handmade coal, but since the police restricted their mobility, they have not been able to work.”

Pastor Taboada, who also oversees the work of the church in the Paraguachón municipal district near Venezuela, said that many have been harshly affected as well. “Their economy depends solely on the sale of goods on the Colombia-Venezuela border, and since it’s been closed since March 14 due to COVID-19, there is a serious economic crisis, and more so with the basic needs increasing,” he explained.

The groceries—an assortment of rice, beans, lentils, flour, eggs, pasta, milk, salt, and oil—were distributed in collaboration with the Samaritan Foundation and members of the SDA church, who have donated their own resources to help the Wayúu community.

Cecilia Uriana Epiayu was among those in the Wayúu community who received food. “I thank God and the church for remembering us. God has been so good, and we have been able to have food at home,” she said.

“I thank God and the church for remembering us.”

—Cecilia
The Middle East and North Africa Region (MENA) covers 20 countries in this vast region.

ADRA is currently present in Lebanon, Iraq, Sudan, Syria, Tunisia, and Yemen. As the pandemic affected all regions, ADRA started working in the countries where it is present and also collaborated with the Adventist church in countries like Egypt, Turkey, and the United Arab Emirates, reaching and supporting more people in need.

As COVID-19 has a deep impact on the lives of everyone, ADRA immediately worked with its donor base to obtain approval to pivot project resources to combat the pandemic. ADRA looked for new strategies and new local partners, which included the government, the Adventist church, and civil society. ADRA increased awareness of COVID-19 in the population and distributed food, protection materials, and hygiene kits. ADRA, in its different country offices, also applied protection protocols and started studying how to do its business within what is being called “the new normal” as it seeks to continue to serve people.

**at-a-glance**

260 thousand

27 projects

$419 thousand

Beneficiaries of COVID-19 projects

Designed to respond to COVID-19

Total value of projects
Regiona Volunteers

Beyond the resources that were made available to respond to this humanitarian crisis, in all countries in the region where ADRA implemented projects it also had the support of volunteers. These generous volunteers received proper training to respond with protection to themselves and those they served. Without the volunteers, some projects could not be implemented. The volunteers also sacrificed by going from house to house to select and serve people in need.

ADRA Sudan

ADRA Sudan had the opportunity to create materials for the awareness campaigns it implemented together with the Ministry of Health, including cartoons that aired on national television and musical jingles written in seven different dialects. Additionally, ADRA Sudan has helped families like 38-year-old Burie and his 6 children, who are suffering because of the pandemic. By providing soap for handwashing and establishing farmer’s groups for seed distribution, ADRA is meeting the emergency needs on the ground.
MENA region is suffering from different emergencies. There is a prolonged civil war in Yemen, where 80% of the population—or 24 million people, according to the UN OCHA report on Yemen—are in need of humanitarian assistance. In Syria, a country devastated by 10 years of civil war, an estimated 11.1 million people need assistance. The Syrian crisis has created more than 5.5 million refugees and displaced a further 6 million in the country. In these two countries, the COVID-19 pandemic is severely impacting the population, as the health systems are beyond the capacity to respond to not only the pandemic but other diseases like cholera.

Lebanon is on the brink of collapse after almost a year of economic crisis, devaluation of its currency, unemployment, and—last month—the blast that destroyed thousands of homes and businesses, leaving 300,000 people without a home.
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Sometimes great moments come unplanned. One of the most impactful stories that ADRA came across during their COVID-19 response project in Tunisia was something spontaneous. At the end of a long day of emergency distributions, one of the volunteer teams was headed home for the day when they saw a woman pushing a handmade wooden cart. Inside the cart was a handicapped young man, her son. Both of them looked not only poverty-stricken but also exhausted. As the team walked behind her, she stopped to make a phone call, unaware of their presence. The team listened as she expressed sorrow and despair: “I don’t have anything, not even food to feed my son or diapers for him,” she said to the person at the other end of the call.

The ADRA team stopped, approached her, and began asking about her situation. When the team visited her home, they were shocked to see her living conditions. It was an old house without anything to support basic life. Her situation was already difficult before the COVID-19 pandemic, but her situation grew exceedingly unfavorable because of the negative impact on the economy caused by the results of the pandemic.

ADRA Tunisia’s COVID-19 response project was able to intervene with encouragement and much-needed assistance, including cash vouchers to buy food and supplies. One of the team members said, “To be there at the right place and at the exact time to hear her vent her frustration through the phone was truly nothing short of a miracle.”

I don’t have anything, not even food to feed my son...

—ADRA Beneficiary
For decades, ADRA has worked in developing countries around the world to improve the lives of the most vulnerable. During the COVID-19 pandemic, some of those most vulnerable have included our own brothers and sisters in North America.

By partnering with the North American Division of the Seventh-day Adventist Church (NAD), ADRA has been able to donate nearly $4 million in medical supplies, food, and cash to support the work of the NAD in North America. This includes connecting to the network of Adventist-run food pantries in the United States and Canada, as well as some of the hardest-hit medical systems in divisions across the United States, such as Texas, New York, and Washington.
North America

In partnership with Adventist Community Services (ACS) of the North American Division, ADRA has provided funding to expand the services of more than 200 Adventist food pantries across the U.S. This three-month, $150,000 project will help meet the increasing demand for food essentials from families and individuals who have been hit the hardest by massive layoffs caused by the COVID-19 pandemic, and also people who have been left homeless. Food relief operations will take place at ACS-owned food pantries and will focus on communities that have been left vulnerable. ADRA is allocating this food assistance through ACS to 25 operating food pantries, including Allegheny East, Arkansas-Louisiana, Carolina, Central California, Central States, Chesapeake, Georgia-Cumberland, Greater New York, Lake Region, Michigan, Nevada-Utah, New Jersey, Northeastern, Northern California, Oregon, Pennsylvania, Potomac, South Atlantic, South Central, Southeastern, Southern New England, Texas, Upper Columbia, Washington, and Wisconsin.

White Oak Medical Center

In partnership with Adventist Community Services (ACS), ADRA delivered more than 20 pallets of essential medical supplies and protective gear to health care workers at Adventist HealthCare White Oak Medical Center in Silver Spring, Maryland, United States. The 180-bed acute care hospital has been serving critically ill patients affected by COVID-19 in Montgomery and Prince George's counties since the pandemic began.

“We are grateful to ADRA and Adventist Community Services for their donations of medical supplies,” said Anthony Stahl, president of Adventist HealthCare White Oak Medical Center. “Supplies like gowns, masks, and gloves help White Oak Medical Center continue to protect our health care workers, care for the sick, and meet the other health care needs of our community.”

Canada

Few divisions in the world have demonstrated better partnership between ADRA and the church than Canada. Since the beginning of the pandemic, ADRA and the church joined forces to ensure that those who are most vulnerable get the help they need. Since then, 510 Adventist volunteers from 39 churches across the nation have delivered food, hygiene kits, psychosocial support, and cash vouchers to nearly 30,000 people. In addition, the partnership provided personal protective equipment to emergency response heroes, as well as more than 1,000 hot meals to those fighting on the front lines of the pandemic.

In total, the volunteer commitment during the pandemic totals nearly 6,000 hours.

“No one should be left behind without this basic right for food. We hope that we will continue to build this ongoing partnership and be of service as needed to the commendable work this food bank is doing to make a difference in people’s lives in this area and surrounding communities,” said Sonja Fraser, stewardship coordinator for ADRA Canada.

Crisis in Context

- There are **5.5 MILLION CONFIRMED CASES OF COVID-19** in Canada and the United States.
- Canada and the United States have recorded **180,000 COVID-19 DEATHS**.
- After months of pandemic-related unemployment, **MILLIONS OF PEOPLE** in North America face financial, job, and food insecurity.

510 ADVENTIST VOLUNTEERS FROM 39 CHURCHES ACROSS CANADA HAVE DELIVERED FOOD, HYGIENE KITS, PSYCHOSOCIAL SUPPORT, AND CASH VOUCHERS TO NEARLY 30,000 PEOPLE.

ADRA DONATED NEARLY $2.5 MILLION IN MEDICAL SUPPLIES, FOOD, AND CASH TO SUPPORT THE WORK OF THE NAD IN NORTH AMERICA.

IN PARTNERSHIP WITH ADVENTIST COMMUNITY SERVICES (ACS), ADRA DELIVERED MORE THAN 20 PALLETS OF ESSENTIAL MEDICAL SUPPLIES AND PROTECTIVE GEAR TO HEALTH CARE WORKERS AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER IN SILVER SPRING, MARYLAND, UNITED STATES.
LA SIERRA UNIVERSITY VOLUNTEERS DISTRIBUTED 5,000 ADRA SCHOOL BACKPACKS WITH SCHOOL AND PROTECTIVE SUPPLIES TO HELP FAMILIES IN LOS ANGELES COUNTY, CALIFORNIA, WHO WERE FINANCIALLY AFFECTED BY THE PANDEMIC.

ADRA VOLUNTEERS FROM THE BARRIE SEVENTH-DAY ADVENTIST CHURCH IN ONTARIO, CANADA, HELPED TO PREPARE FOOD AND HYGIENE KITS FOR LOCAL FAMILIES FINANCIALLY IMPACTED BY THE PANDEMIC.
Naom is a client of and a volunteer translator for the Parker Street Food and Furniture Bank in Halifax, Nova Scotia. A Syrian refugee who found safety in Canada with her husband and 9-year-old son, Naom relies on Parker Street to provide fresh and nutritious food for her family.

Parker Street is even more important now that she has lost her job due to the COVID-19 shutdown.

“Thank you so much to all who sponsor and donate to support [the food bank],” Naom said. “Thank you to the staff who put their lives aside and come to serve us. We really appreciate that. God bless you all.”

Cynthia, the promotions and donor relations director, shared a reminder of the value of food banks: “Most people don’t think that food banks are on the front line, but we are because we are supplying a need. Food banks, including Parker Street, are able to fill that gap because of support from our supporters and organizations like ADRA. I heard one of our clients say, ‘People coming to the food bank are not just coming for themselves; they are coming to fight for the survival of their families.’ For some people, going to a food bank is a knock on their pride, but they swallow their pride to keep their families fed. A food bank is vital to any society because it gives the vulnerable in society a fighting chance.”
The link between ADRA and the Adventist church in South America has never been stronger, nor more necessary, than right now. As the COVID-19 pandemic continues to destabilize the eight countries in the region, ADRA and the church continue to strengthen and adapt the response to meet the growing need.

Still, the suffering is great. According to a United Nations report on Latin America, “COVID-19 is causing the worst health, economic, social and humanitarian crisis in the region in a century.” To meet this unprecedented tragedy, ADRA and the church must respond with unprecedented innovations, strategies, and partnerships. These include developing new technologies, adapting pre-pandemic projects, and working more closely than ever with our church and our partners, both locally and globally.
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**Peru**

Currently, Peru represents one of ADRA’s largest commitments of the region, with 15 projects and more than a quarter of a million beneficiaries. ADRA is working with the church in the sectors of food security, health, livelihoods, water, sanitation and hygiene, and psychosocial support, while simultaneously developing a proposal to strengthen public health services at the community level for the next two years. Current activities include a food collection and distribution campaign; medical assistance; community health campaigns; livelihoods assistance; public stations for hand-washing; and psychosocial support.

**Brazil**

Like much of the rest of the region, ADRA is working to provide food security and water, sanitation, and hygiene (WASH) throughout Brazil to fight the effects of the pandemic. Currently, ADRA is implementing 25 projects for the benefit of nearly 80,000 people. In addition, ADRA is using social media, music, and collaboration in Brazil to bring hope to millions in lockdown, as well as to raise funds for those in desperate need. In partnership with Novo Tempo, the Hope Channel affiliate in Brazil, ADRA hosted a live concert series featuring popular Adventist musicians; 20,000 people watched the event live, and since then, nearly a quarter of a million people have watched it on YouTube. The event helped raise more than $200,000 for our response to COVID-19 in Brazil.

**SAD Region**

ADRA is working with the Adventist church’s information technology infrastructure to develop a cellphone application for psychosocial response. Still in the development stages, this app will connect thousands of trained Adventist volunteers with potentially millions of people in need of support. By using features popularized by apps like Uber and Grubhub, this app will provide users with access to resources, guidance, or just a listening ear—depending on their needs.
48 MILLION South Americans are UNDERNOURISHED.

77% OF LATIN AMERICANS earn low or middle-low incomes and are at increased RISK OF FALLING BELOW THE POVERTY LINE as a result of the COVID-19 crisis.

COVID-19 CONTINUES TO BE EXACERBATED by the start of influenza, as well as dengue and malaria. 1.6 million cases of dengue have been reported.
ADRA’s mobile service unit in Brazil completed four years of work on June 26, 2020, reaching the milestone of 20,000 people assisted.

Created to serve communities affected by disasters, the mobile aid station has served victims of tragedies such as the January 2019 Brumadinho dam disaster in Minas Gerais and landslides in São Paulo, and now in support of the fight against COVID-19.

During this period, the vehicle passed through more than 40 Brazilian cities, served more than 107,000 meals, and washed 112 tons of clothes.

“The ADRA Brazil truck was created with the aim of bringing relief in the midst of suffering,” said ADRA Brazil director Pastor Fábio Salles. “In the midst of the pandemic, with the increase in poverty and unemployment, our truck continues to guarantee essential services to maintain the dignity of the humblest Brazilian families.”

The adapted truck has nearly 500 square feet of floor space and is divided into three compartments; the first is used for preparing hot food, with a capacity for up to 1,500 meals per shift; the second is intended for washing and drying clothes, with the capacity to deliver up to 800 pounds of clean clothes per day; and the third is designed for psychosocial support.

In response to the pandemic, ADRA’s mobile unit has already taken action. In 20 days of operation in Salvador, Bahia, it served more than 10,000 meals and washed 5 tons of clothes for people on the streets. In Rio Grande do Sul, the truck served 3,000 meals and washed 6 tons of clothes. In Espírito Santo, the truck is preparing 12,500 ready meals, in addition to completing 20 tons of washed clothes.
Cases of COVID-19 in the South Pacific Division are low relative to the rest of the world, but many of the debilitating effects of the pandemic are felt in equal measure. Poverty, hunger, job insecurity, and misinformation continue to destabilize already marginalized communities across the region.

ADRA and the Adventist church are working together to combat these detriments. Already existing projects have pivoted to meet the needs specific to the pandemic, and new projects have been created to support the tireless work of ADRA, the church, and the many partners who strengthen our work.

The partnership with our church has proven most exciting. Together, we are working through the church to support marginalized communities in Tonga, New Zealand, Fiji, and many other communities where the church network is strong. In some cases, ADRA is working in new communities for the first time because of the strength of the local church.

**at-a-glance**

- 125 thousand beneficiaries of COVID-19 projects
- 49 projects designed to respond to COVID-19
- $1.9 million total value of projects

**Response Highlights**

- Through a program called “Love Thy Neighbor,” 4,087 families in New Zealand—many of whom are out of work and without an income—have received grocery gift cards, essential food packs, and mobile phone credit.
- ADRA worked to provide for those most affected by COVID-19 and Cyclone Harold in Fiji.
- ADRA has served more than 124,000 people in the region as a result of the COVID-19 response.
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**Papua New Guinea (PNG)**

With over 800 language dialects, the most in the world, PNG has huge challenges in raising awareness and educating their communities about COVID-19. For this reason, ADRA has implemented multiple communication and education campaigns at both provincial and national levels to ensure that communities understand the threat and reduce their risk of infection. These campaigns include community meetings, the dissemination of print media, and radio broadcasts. In addition, hand-washing stations in high-traffic public areas have been constructed and safe hygiene practices are being promoted. ADRA is also improving livelihoods in PNG by teaching women and other vulnerable community members to make soap, masks, and other products to sell.

**New Zealand**

ADRA New Zealand, in partnership with their union, conferences, and Sanitarium Health Food Company, has worked with a network of 35 churches throughout the country to identify vulnerable families in need of support. Through a program called “Love Thy Neighbor,” 4,087 families—many of whom are out of work and without an income—have received grocery gift cards, essential food packs, and mobile phone credit.

**Samoa**

Coming out of a state of emergency caused by a measles epidemic just three months prior, Samoa and its government took the news of the COVID-19 outbreak very seriously. As they did with the measles outbreak and on many other occasions, the government turned to ADRA for support. Within weeks ADRA had commenced six projects, including activities in health and hygiene awareness, provision of hygiene kits, and safe motherhood and food security programs. As a result of these initiatives, ADRA has been able to support over 10% of the entire population—a number that continues to grow. To date, Samoa hasn’t had any infections.
Crisis in Context

25% of Fijians are at RISK OF LOSING JOBS due to COVID-19.

ALL COUNTRIES in the South Pacific have enforced some level of social distancing, travel restrictions, and other public health regulations, further THREATENING JOB SECURITY AND ACCESS TO SOCIAL SERVICES.

An estimated 20–30% of the economy in the South Pacific comes from tourism. COVID-19 has EFFECTIVELY ENDED ALL TOURISM for the foreseeable future.

Joseva has had a difficult year. COVID-19 has caused shelter-in-place orders in Fiji, reducing access to work and community services. In addition, Cyclone Harold caused widespread damage, including to the roof of his home. For Joseva and his wife, both of whom are disabled, the combination of the pandemic and the storm has been debilitating.

"If you enter our home and look up, part of the roof has been blown off," he said. With part of the roof destroyed, and much of the economy stunted by COVID-19, Joseva had few options. "I woke up this morning and prayed to God that there would be sustenance and provisions for my family," he said. "[I] was not expecting that by evening my prayers would be answered."

The answer to his prayers came in the form of an ADRA representative, who gave Joseva cash vouchers to survive the coming weeks. In Fiji, as in most other countries in the South Pacific, ADRA works to provide for those most affected by COVID-19 and exacerbating factors such as storms, disability, and poverty. ADRA provides cash vouchers, food, water and hygiene, livelihood training, and more.

"I am very thankful for the great help that comes right to our home and acknowledge the great help on behalf of my family," Joseva said. "Thank you."
Joseva has had a difficult year. COVID-19 has caused shelter-in-place orders in Fiji, reducing access to work and community services. In addition, Cyclone Harold caused widespread damage, including to the roof of his home. For Joseva and his wife, both of whom are disabled, the combination of the pandemic and the storm has been debilitating.

“If you enter our home and look up, part of the roof has been blown off,” he said. With part of the roof destroyed, and much of the economy stunted by COVID-19, Joseva had few options.

“I woke up this morning and prayed to God that there would be sustenance and provisions for my family,” he said. “[I] was not expecting that by evening my prayers would be answered.”

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