CANADIAN RED CROSS SUPPORT TO STRENGTHENING COMMUNITY RESILIENCE FOR COVID19 RESPONSE

Overview of CRC Experience and Coordination

As auxiliary to the Canadian Government, the CRC has played a major role during disasters and crisis in Canada and around the world. Its role during past pandemics, such as H1N1 and Ebola, at national and international levels, has enabled CRC to garner lessons learned and have strong experience supporting public health measures including actions taken by individuals designed to protect themselves and others as well as community-based approaches aimed at protecting groups and the community at large.[1]

As a member of the International Red Cross and Red Crescent Movement, CRC is guided by seven fundamental principles: humanity, neutrality, impartiality, independence, voluntary service, unity and universality. The CRC ensures adherence to the seven fundamental principles along the implementation of all emergency response operations as well as within the frame of all long-term development programs. In particular, the principles of neutrality, impartiality and independence enables us to have access to places where others do not, and to provide assistance based on need alone.

Across our relationships and collaboration with Indigenous communities, the CRC is committed to reconciliation. We support the process of reconciliation through the CRC Indigenous Peoples Framework, which is guided by our fundamental principles and has four major pillars:
- Committing to reconciliation.
- Maintaining cultural safety by recognizing the needs of the community and doing no harm.
- Collaborating with Indigenous leadership, communities, organizations and partners.
- Ensuring the delivery of services that increase the capacity of Indigenous communities.

CRC will also commit to:
- Ensure all Virtual team members uphold cultural safety.
- Ensure all Virtual team members are trained in protection approaches and instruments when working with all affected people and in particular, for those in Indigenous communities. They will also receive the CRC mandatory training on the prevention of sexual exploitation, abuse and harassment
- Ensure CRC data privacy policy is reflective of the Indigenous rights-based tools for information management.
- Communicate with clients and partners transparently.
- Implement a complaints and feedbacks process for communities and individuals receiving assistance that is context and culturally appropriate to ensure meaningful opportunities to participate, provide feedback and contribute to solutions.
- Ensure further accessibility, through a small core group of virtual responders who speak Cree, Ojibway, Oji Cree and Inuktitut.

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[1] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html

To ensure CRC efforts contribute to an effective humanitarian response, CRC participates, where appropriate and possible, in coordination and planning structures at local, P/T and National levels. As such, CRC works closely with authorities and the relevant Nation/Community government to ensure our support is aligned and delivered with the priorities and goals of the community leadership and members. In addition to the Nation, Community or other Indigenous leadership, CRC will also coordinate with multiple levels of government including Indigenous Services Canada (First Nations Inuit Health Branch) Assembly of First Nations, Inuit Tapiriit Kanatami, Metis Nation of Canada etc. as well as associated provincial layers of Indigenous government. This collaboration and cooperation will ensure services are targeted to those most affected and to avoid duplicating efforts by other actors in Canada.

Background:

The COVID-19 pandemic is unprecedented in recent history. It is both a public health crisis, and a humanitarian crisis that is impacting the lives, health and livelihoods of people around the world. The global impact of COVID-19 has already been significant, and it represents the most serious global health threat resulting from a respiratory virus since the 1918 influenza pandemic. The WHO officially declared COVID-19 as a pandemic since late January 2020, with a high and proven potential to cause catastrophic health system impacts and loss of life, in addition to profound socio-economic impacts, in even the most advanced economies and well-resourced health systems. Secondary health system impacts are expected to reduce access to healthcare even further for millions of people, compounding vulnerabilities for those who were marginalized before the pandemic[2].

The COVID-19 outbreak and response has been worldwide accompanied by a massive "*infodemic*" that makes it hard for people to find trustworthy sources and reliable guidance when they need it - this in turn is increasing panic and misinformation. Understanding of this virus and the resulting outbreak is rapidly evolving, but information gaps have led to misconceptions, rumours, mistrust and uncertainty that is being filled by speculation and contradictory health evidence and information.

However, it is clear that primary and higher levels of care will be stretched beyond capacity in the heaviest hit communities, reducing access to ambulances, basic preventative services, safe blood supply, and other critical health services. This will be and already has been coupled with profound economic losses and social impacts with negative effects on livelihoods and resilience, mental health and psychosocial wellbeing. These impacts will be magnified in the most vulnerable communities with an increase in protection risks such as exploitation and abuse. In Canada, while Government through Public Health authorities continue to put in place measures to contain and respond to the presence of COVID-19, it is well forecasted that some community groups may be further negatively impacted or became more vulnerable in the event of an escalation of the pandemic across the territory, such as those in Indigenous communities, recognizing that these communities also have longstanding resilience in dealing with all types of crises.

Responding to disaster events in Indigenous communities is complex and requires navigating through the variety of ways of working including differing treaties and governance in places across Canada. The

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[2] https://media.ifrc.org/ifrc/emergency/global-covid-19/

Canadian Red Cross (CRC) places the Indigenous assertion of self-determination at the core of our work and our response approaches acknowledge or intersect with Indigenous title, rights, and sovereignty. While Canada stands as a world leader with regards to its efforts towards ensure health equity through its universal health-care system and internationally through alliances building and collective action, it is recognized that there is   need for further investment as deep inequities persist across all social determinants of health and there continues to be a lack of access to health care for Indigenous populations[3]. This will be further reflected within all aspects of the pandemic that is being faced and has the potential not only to overwhelm the health system but cause severe impacts for those already at risk.

CRC has a long history working with Indigenous communities. This has increased into a deeper relationship based on respect, trust and collaboration. Through the CRC's approach and holistic work in Indigenous communities, it is clearly evident that the deep-rooted impacts of colonization, gaps in services relative to the social determinants of health and the often-remote geography, create much higher risks in times of emergencies. These experiences translate into more complex short and longer-term impacts when faced with other crises which will also occur in the COVD19 Pandemic leadership

Reports have shown that Canada's Indigenous populations were disproportionately impacted by the 2009 H1N1 influenza virus[4], especially remote communities. A "remote" community is defined as one located over 350 kilometers from the nearest service centre having year-round road access; while, an "isolated" community is defined as only accessible by planes year-round. As of the 2016 census, Indigenous **peoples** in **Canada** totalled 1,673,785 people, or 4.9% of the national **population**, with 977,230 **First Nations** people, 587,545 Métis and 65,025 Inuit.

Taking the lessons learned from the national H1N1 response in 2009[5], it is clear that support to Indigenous communities is critical and is referenced in our considerations below. Further, the recent unrest from the pipeline protests across the country has left both Indigenous communities and Canadians with an understanding of how critical it is to ensure a dedicated and specific approach to collaborating with Indigenous communities that is fully led by them and which reflects their long history of resilience.[6]

CRC has conducted an initial rapid assessment of areas requiring support by an external agency. This is based on feedback and information from key partners such as the Assembly of First Nations, Assembly of Manitoba Chiefs, First Nations Health Authority, Federation of Sovereign Indian Nations, Nishnawbe Aski Nation, Government of Nunavut as well as individual Nations coming directly to the CRC. Based on these inputs, CRC has designed the approach to consider:

- How to best to prevent outbreaks, delay spread, and slow and stop transmission
- Ensuring our guidance promotes local leadership action and capacity while allowing regional and local variations in Indigenous communities to be reflected.
- Creating a fluid planning frame that allows immediate information and technical guidance to occur in real time; this can be evolving and expanding going forward for the first three weeks then continuing for the next three weeks and beyond.

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[3] www.thelancet.com Vol 391 April 28, 2018
[4] Nadia A. Charania & Leonard J.S. Tsuji (2011) The 2009 H1N1 pandemic response in remote First Nation communities of Subarctic Ontario: barriers and improvements from a health care services perspective, International Journal of Circumpolar Health, 70:5, 564-575, DOI: 10.3402/ijch.v70i5.17849
[5] Nadia et al
[6] https://policyoptions.irpp.org/magazines/march-2020/a-tale-of-two-fundamentally-different-crises-in-canada/

- Consideration of what supports we can provide to procurement and supply chain management to secure key safety materials into homes and communities with recognition on decreased access to stock due to shortages across the country.
- Supporting people out of community and unable to return due to mobility restrictions.

Trauma impacted communities are already experiencing low coping resources due to colonization and resulting harms. At this critical time in the pandemic and moments of escalation, the need for consistent, appropriate and targeted psychosocial support in all Indigenous communities is vital to fostering safety and wellbeing. The CRC is already hearing of individuals at increased risk of self-harm and suicide due to the heightened fear and stress of COVID-19. Stabilizing communities within the robust Mental Health/Psychosocial continuum of services the CRC offers is critical.[7]

> *Specific areas of specialization:*
>
> *1. Global leaders in peer-to-peer psychosocial support which is non-therapeutic and designed to be leveraged locally.*
>
> *2. National social emergency teams already contracted and/or working in communities in Canada. CRC will ensure our most specialized social emergency responders to our Indigenous Peoples Virtual team to support increased reports of self-harm and deaths by suicide.*

Health (human) resources are limited in communities even during non-emergency times. Most Public Health emergency plans require medical professionals to be on-call for bigger populations and provide rotations at major hospitals. This will limit the availability of health personnel even further. In addition, there must be anticipation that at least a percentage of health care workers will get COVID-19 themselves which will case a greater strain on a system with existing shortages.

In the event of an outbreak, implementing a containment strategy and optimizing health care within a context of overcrowded households and limited community health structures for isolation or quarantine needs, is critical. The unique needs of those who live in places where there are service and space challenges will require desk support to officials and leaders of communities.

> *Specific areas of specialization:*
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> *1. The guidance by CRC's Global Health Unit ensures CRC planning and preparedness responds to guidelines and processes to better ensure the safety and protection of communities and its members. Planning tools for this public health emergency factor in the overcrowded conditions and compromised access to appropriate facilities and treatment.*
>
> *2. Provision of support, including public health guidance, related to adaptive Infection Prevention and Control and other health guidance specifically for a variety of Indigenous contexts. Such support includes implementation of protocols on Infection Prevention and control (IPC) and PPE to be used in all places providing care and to both households with no ill members and households providing care to sick people.*

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[7] Aguiar, W. & Halseth, R. (2015). *Aboriginal peoples and Historic Trauma: The process of intergenerational transmission.* Prince George, BC: National Collaborating Centre for Aboriginal Health.

Distance: Many Indigenous communities are at a distance from the general population. However, when community members travel, it is usually by air. Preparing people to handle COVID19 principles of containment when mobile is important. The community practices of spending time together in times of distress is also challenged by health emergencies given the need for physical isolation.

Specific area of specialization:

The CRC Virtual Operations Team will provide dedicated support from health information to referrals to targeted and relevant education and learning opportunities for families and communities.

Food Security and Access to routine preparedness, response and supplies can be challenging, with orders only being delivered once a month for most Northern communities, this can pose a major strain when other parts of the Canada are also vying for the same resources.

Specific areas of specialization:

1. CRC has logistical and supply management expertise that can be leveraged to support communities with supply chain advice; advocacy, and further services as required.

2. CRC's relationships with Northern Stores and Co-ops can be mobilized to raise awareness and share the infection control guidelines for supply chain management, and will also identify additional partnership opportunities with relevant actors/stakeholders anticipating the demand for this service will grow.

Immediate Response Offering to Communities:

CRC's service offerings are built upon the vast experience that the CRC holds as a major actor for humanitarian response and preparedness, at international and local levels, and builds on the ongoing collaboration with Indigenous communities in Canada. It combines to contribute to collective efforts to reach the ultimate outcome of reducing COVID-19 impacts among Indigenous communities in Canada, by ensuring that all COVID-19 response services are taking into account existing and emerging needs as well as being delivered in a way that addresses commitments to cultural safety and the principle of do no harm. The CRC response will build on existing relationships and capabilities of providing support by addressing three main pillars: (i) risk reduction, (ii) promotion of health services, and (iii) linking community and individuals to virtual support. In relationship, the CRC will continue to identify potential solutions to unmet needs and will augment its response offer by including its global expertise in health and emergency response, through service delivery modalities that ensure equitable access to all segments of the Indigenous population.

The approach to deliver response services addresses protection and safety guidelines including the requirement to self-isolate. As such, the modality for service delivery is heavily reliant on virtual support to ensure that CRC actions and engagement do not put people at further risk.

HELP DESK

Information and Referral

CRC Communication services are supportive of this response and can be extended to support the broad and diverse information needs of Indigenous peoples in relation to COVID-19. Through the Help Desk supportive communication will be shared to increase access to relevant information supporting effective and appropriate epidemic response, wellbeing, and mitigates negative consequences related to misinformation and stigmatization.

CRC provides internal and external referrals to practical and appropriate supports. These referrals aim to help address immediate needs, access available services, reinforce self-determination and coping, and re-establish connections to traditional forms of social support and other positive ways of coping found in the community. It is anticipated that additional referrals to external agencies to address serious mental and physical health issues will be required for some individuals.

To ensure accessibility, CRC also is able to provide a small core group of virtual responders who speak Cree, Ojibway, Oji Cree and Inuktitut.

Response Planning & Preparedness

Preparedness and Response Planning support reflects WHO recommendations on response planning, including tools and standards recognized by ISC and other authorities, including community leadership. Services delivered through the Help Desk will guide the community through harmonized planning tools allowing for community assessments (continuous) to inform plans by including assets and gap analysis, identification of immediate and emerging needs as well as understanding the risk perceptions, behaviors and existing barriers to potential service / response requirements. The approach followed by the community can include fluid mapping to inform scope, scale and documentation of prevalence. This includes micro-planning for longer term needs such as the potential for immunization campaigns that will need to be rolled out across P/T including in remote communities.

Support to planning related to health services is reflected in the Response Planning & Preparedness service line to ensure appropriate CRC support to community planning that reflects government guidance and alignment with WHO standards and direction. Qualified personnel, as part of the Health Desk, can provide advice/expert opinions on care in the community and options for COVID-19 patients sheltered at home or other identified community space, as well as the provision of advice/expert opinion on protecting and caring for non-COVID patients at home. Such support also provides guidance on public health measures that can support individuals and families across a wide range of contexts and environments.

The approach has been adapted from the World Health Organization's 8-pillar Operational Planning Guidelines to support Community Preparedness and Response to COVID-19. The purpose of this guide is to provide practical advice from an Indigenous perspective to prepare and respond to COVID-19. The guide outlines priority steps and actions to be included in plans across major areas of public safety and public health preparedness and response including:

- Community level coordination, planning and monitoring;
- Risk communication and community engagement;
- Surveillance, rapid-response teams;
- Points of Entry;
- Laboratories;
- Infection prevention and control;

- Case management; and
- Operations support and logistics.

Community Wellness & Protection

CRC will support the design and implementation of specific education and learning activities to amplify awareness, foster connections, promote skills to promote safe(r) behaviour, and mitigate specific risks for different groups within a population (children, youth, seniors, Elders, families, LGBTIQIA, those with disabilities etc.) Communication and learning activities will consider the impacts of the pandemic and particular vulnerabilities to ensure the needs of those most at risk are considered. Where cases require, specialized support for individuals who are in significant distress or require additional support due to complex issues, can be referred to specialized physical and mental health supports and protection authorities.

Immediate service offerings that can be deployed by Nation/Community or CRC can deploy directly if requested will include:

- Material to support coping, well-being and safety. CRC in its community work has an approach that considers reduced services in smaller communities and ensures "safety in place" for child, youth and adult relational safety.
- Psychological First Aid which promotes peer-to-peer level supportive care within family and community.
- Family activities to get through this period of containment.
- Spotlight learning sessions for children and youth that can be self-directed and/or led by CRC via technology platform partners. These topics can include:
  - Online safety
  - Understanding communication and conflict in stressful times
  - Safe spaces and safety planning
  - Support mapping, etc.

Public Health Measures

As mentioned, public health measures must include actions taken by individuals who are both healthy, and towards those potentially exposed, and those with COVID-19. As noted above, the history and experiences of Indigenous populations translate into more complex short and longer-term impacts that may require adaptation of public health measures. Culture and traditional practices can provide a holistic frame for those adaptive strategies and optimize the strengths, resilience and capacity of individuals to reduce transmission of the virus within their communities. The Help Desk can engage with communities to support adaptation of key public health measure mitigation strategies at the community level, specifically:

- Guidance, resources and training on protocols for Infection Prevention and Control (IPC), including Personal Protective Equipment (PPE), to support all places providing care and to all households. The focus would also include exchange of practices on how different communities are experiencing challenges to implementing measures such as hand hygiene and social distancing.

- Guidance, resources and training on the principles of self-monitoring, self-isolation, isolation and quarantine to support and assess the readiness of communities to implement these measures and identify adaptations that will bet enable them to reduce transmission
- Guidance, resources and training on measures to ready facilities and protect workers.
- There is a recognized opportunity to provide extended and targeted **ICP Training including PPE** to support community structures for example through virtual training. This will build on supports provided through the Health team attached to the Help Desk. Training is developed based on international and Canadian guidelines as well as considerations from the current COVID-19 response. The design will further take into consideration the audience, cultural context and will be responsive to learning styles to enhance skill retention and meaningful participation.