COVID-19 Pandemic

3-Months Update (as of 30 Apr. 2020)

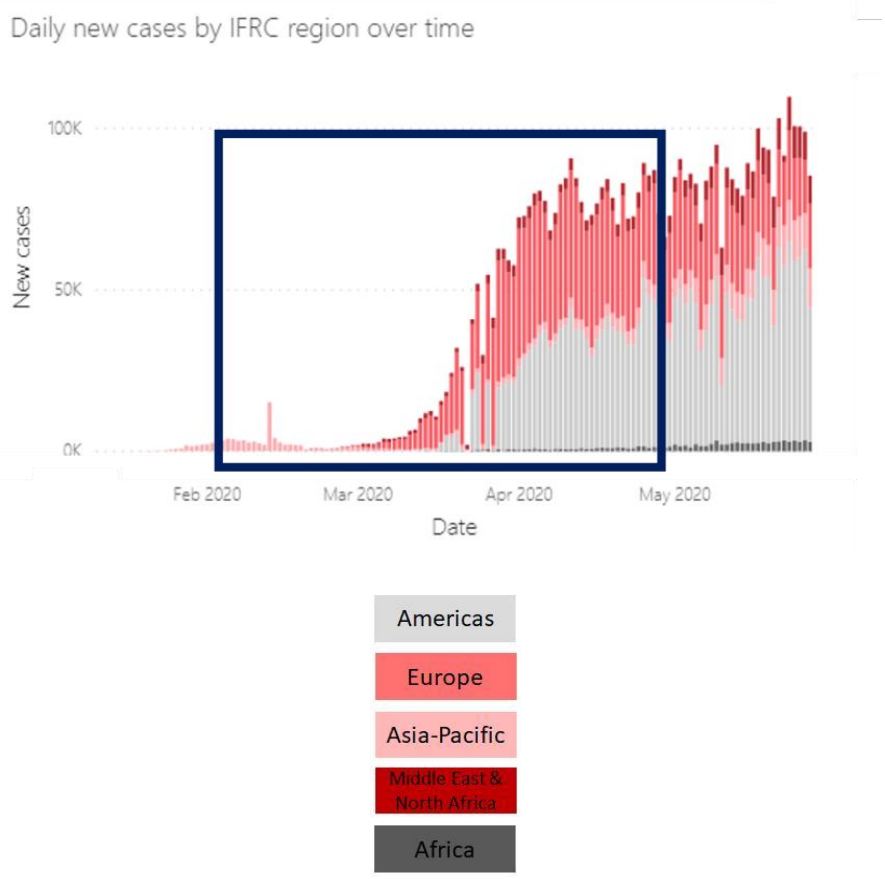
REPORTING TIMEFRAME: 31/1-30/4/2020

Next Update: 12 June, covering May 2020

Situation Update

+4M confirmed cases globally

COVID-19 Global View map with the period in question highlighted



National Society Response

158/192 National Societies reporting engaged in:

138	**143**	**135**
Health	RCCE	Institutional Readiness

Number of National Societies engaged in selected activities:

Health:

- **68** Screening and contact tracing
- **84** Psychosocial Support
- **62** Clinical, paramedical, or homecare services
- **72** Emergency social services for quarantined individuals

Risk Communications & Community Engagement (RCCE):

- **104** Misinformation management
- **78** Community feedback mechanism
- **58** Stigma prevention messaging

Institutional Readiness:

- **92** Contingency Planning
- **65** Business Continuity Planning
- **109** Internal Risk Communications

Click here for the detailed up-to-date information on the situation and guidance documents on **go.ifrc.org**

Previous COVID-19 operations updates

National Society Field Reports are here

Useful Links

Health

- Health helpdesk established to streamline access to information, including guidance, trainings, Q&A, and webinars

Risk Communication, Community Engagement and Accountability

All material is on the Community Engagement Hub. For ease of reference, we have compiled all resources in this table, which we update regularly.

Latest guide (to be translated in multiple languages):

- How to include marginalized and vulnerable people in RCCE (Update #1) EN
- Guidance for NS on safe and remote RCCE during COVID-19 EN
- Interagency Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person EN

The latest WHO sit-reps are here

Visualization and case numbers here and on GO Platform

International Red Cross and Red Crescent Movement appeals for 3.1 billion Swiss francs (3.19 billion US dollars) to curb COVID-19's spread and assist world's most vulnerable amid the pandemic

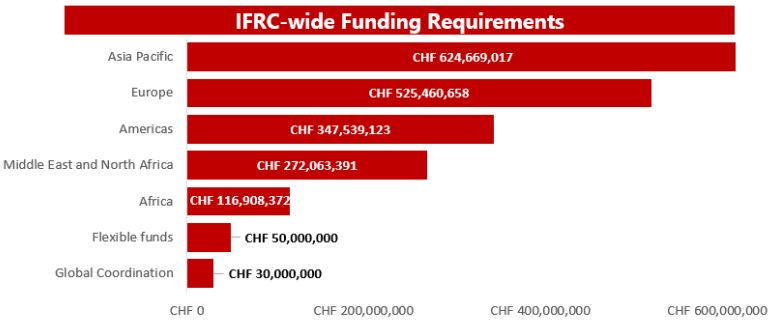
The International Red Cross and Red Crescent Movement is appealing for 3.1 billion Swiss francs (3.19 billion US dollars) to urgently scale up its global response to curb COVID-19's rapid spread and assist the world's most vulnerable people amid the pandemic.

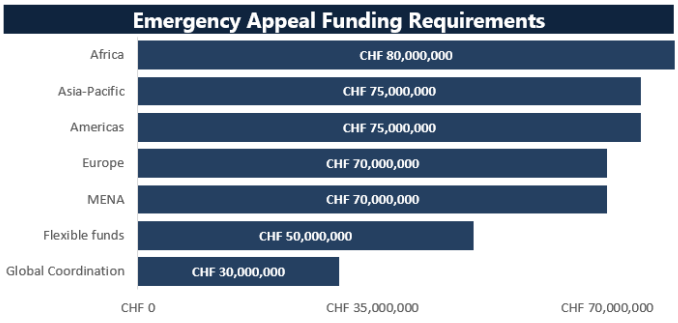
- The IFRC is appealing for 1.9 billion Swiss francs (1.95 billion US dollars) to support National Red Cross and Red Crescent Societies in providing health care, water and sanitation, and mitigation against the socio-economic impacts for the most vulnerable people. The funds will also strengthen National Societies' capacities as key local actors to deliver these critical services and programmes and ensure their volunteers/staff are protected and supported during this crisis. Out of the 1.9 billion Swiss francs, 450 million Swiss francs will be raised through the IFRC Secretariat in support of National Societies.

- The ICRC is appealing for 1.2 billion Swiss francs ($1.24 billion US dollars) to respond in places of conflict and violence, to support medical facilities and places of detention, curb the spread among and ensure medical access for displaced people and detainees, and to support National Red Cross and Red Crescent Societies in their response. This includes 366 million Swiss francs to support its critical and immediate response to COVID-19, and 828 million Swiss francs to support activities to address the broader impact of the pandemic. The ICRC seeks to address the most pressing needs, including ensuring access to clean water and sanitary living conditions; supporting the safe and dignified management of human remains; and enabling communities at risk to have access to life-saving services and information.

International Federation of Red Cross and Red Crescent Societies (IFRC) is unified in its efforts against COVID-19. With National Societies permanently present in the local communities most affected by this outbreak, the IFRC is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, **CHF 1.9+ billion for our global work across three priorities:- Sustaining Health and WASH, Addressing Socio-economic impact; Strengthening National Societies**. Out of this total, this Emergency Appeal specifically seeks **CHF 450 million for multi-lateral assistance** provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions.

The funding going via this revised Emergency Appeal covers both allocations to our member National Societies and funding to support the work of the IFRC Secretariat. It includes allocations to the five regions and to the Geneva Secretariat, as well as CHF 50 million to be managed as flexible funding to respond to the changing nature and focus of the pandemic. This will enable the IFRC network to be able to respond to developing hotspots, second waves and deepening social and economic impacts, that affect the lives and dignity of people and communities in specific countries or localities worldwide and will give the IFRC the capacity to anticipate and mitigate loss of life, livelihoods and dignity.





Contents

Red Cross and Red Crescent activities by Region

Asia Pacific

3-Months Operations Update

224,231 total confirmed cases in Asia Pacific

93,316 total confirmed deaths in Asia Pacific

as reported by John Hopkins University, 30 April 2020.

National Society Response

According to COVID-19 activity monitoring, 28 National Societies are engaged in...

20	**24**	**22**
Health	RCCE	Institutional Readiness

Number of National Societies engaged in selected activities:

Health:

- **16** Screening and contact tracing
- **15** Psychosocial Support
- **20** Clinical, paramedical, or homecare services
- **15** Emergency social services for quarantined individuals

Risk Communications & Community Engagement (RCCE):

- **24** Misinformation management
- **24** Community feedback mechanism
- **24** Stigma prevention messaging

Institutional Readiness:

- **22** Contingency Planning
- **22** Business Continuity Planning
- **22** Internal Risk Communications

Context Analysis

On 31 December 2019, Wuhan city in China reported cases of pneumonia of unknown origin, which was later confirmed to be caused by a new coronavirus now known as SARS-CoV-2. The disease it causes is called COVID-19. COVID-19 continues to spread within Asia and Pacific and around the world. The Imperial College of London has estimated that in the absence of interventions, COVID-19 would have resulted in 7 billion infections and 40 million deaths globally within a year (1). The potential impact of COVID-19 on the world's most vulnerable people already affected by displacement, conflict, natural disasters and climate change makes it the most urgent threat of our times.

The Asia Pacific Region was the first to experience the outbreak. The virus has now spread to most countries in the Asia Pacific region and the world. IFRC is guided by the INFORM risk index developed by the Joint Research Centre of European Commission. This tool assesses the risk of countries from COVID-19, which would exceed the national capacity to respond to the crisis. The data from INFORM clearly shows the range of vulnerability across Asia and Pacific. This includes:

- Countries affected by a history of conflict and other situations of violence (Afghanistan, East Timor, Myanmar, Pakistan and Papua New Guinea).
- The small developing island states of the Pacific.
- Countries host to large numbers of migrants, refugees and displaced people (especially Afghanistan, Bangladesh and Myanmar).

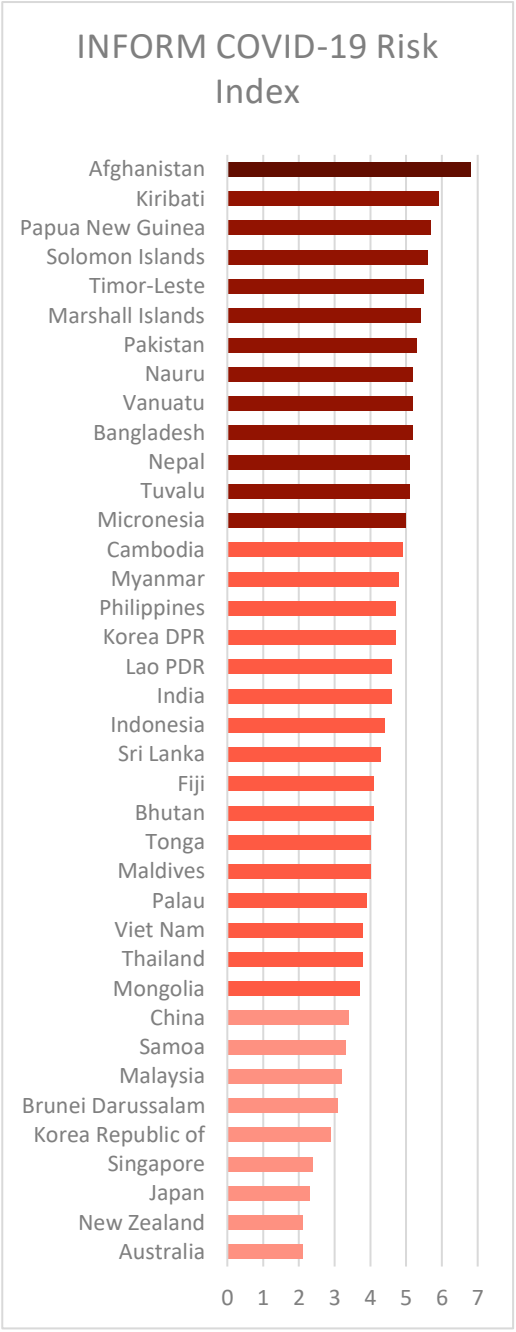
[1] Imperial College COVID-19 Response Team, The Global Impact of COVID-19 and Strategies for Mitigation and Suppression Patrick GT Walker et al, 26 March 2020.

- Those with large populations of urban poor (Bangladesh, India, Indonesia, Philippines).

The IFRC and the 38 Red Cross and Red Crescent National Societies of Asia and Pacific stand in solidarity with communities and are front-line responders to this pandemic. With an extensive network of branches and highly trusted volunteers and staff across the region, the IFRC and National Societies are uniquely placed to support people and their communities to prepare for and respond to this global emergency. The IFRC and its members offer a global outlook and tools, combining expertise as health and humanitarian actors that work in their own communities, with a local presence and domestic response in all regions of the world.

The Red Cross and Red Crescent Movement is unified in its efforts against COVID-19, working together with the ICRC which is supporting public health services in contexts affected by armed conflict and other situations of violence.
The scale of support for each National Society is identified via a consultative and negotiated process, taking into consideration six main factors:

- The current number of confirmed or suspected cases and phase of response.
- Vulnerability and capacity according to the Infectious Disease Vulnerability Index and Global Health Security Index.
- The size of the National Society and indications of readiness to scale up.
- Requests by government for National Society support, and the nature of the requests.
- Proximity to countries with high number of cases, including geographic, trade, tourism and diaspora links.
- Special factors including the impact of sanctions (DPRK), status as a fragile state or presence of conflict or populations of concern.



Coordination

IFRC is providing leadership and technical support among agencies across the region. This helps to ensure a consistent and harmonized approach, leverage the capacities of specialist organizations and ensure that the operation is responsive to needs and gaps. The overall interagency COVID-19 coordination falls under the Early Preparedness Working Group (EPWG) of which IFRC is a co-chair. THE EPWG has established a COVID-19 specific WG structure. The overarching COVID-19 WG is led by OCHA and WHO. IFRC is a permanent member and regularly presents and facilitates the link to other working groups and country structures to enhance interagency coordination.

The key coordination platforms in Asia and Pacific are outlined in the table below. Further information on the nature of this collaboration is mentioned in the respective technical areas.

Table: Summary of Asia Pacific Coordination Platforms where COVID-19 is primary, or major, focus.

Name of platform	IFRC role	Host agency

Emergency Preparedness Working Group	Co-convener	OCHA, ICVA, IFRC
Risk Communication and Community Engagement (RCCE) Working Group	Co-Chair	OCHA, WHO, IFRC
Malaysia Risk Communication & Community Engagement Working Group	Participant	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF
AP Regional sub working group on Civil Military Coordination	Represent IFRC and ICRC	OCHA
Regional Technical Working Group on FbF/EWEA	Chair	FAO, WFP, UNICEF, GRC/IFRC
AP Regional Thematic Working Group on COVID-19, Refugees & Migrants	WG member	IOM
Logistics Meeting (EPWG)	Represent IFRC	UN-OCHA
ASEAN AHA Centre	Participant	AHA Centre
Global Shelter Cluster Strategic Advisory Group (SAG)	Participant	IFRC, UNHCR
AP Regional Cash working group	Co-chair	IFRC, WFP, OCHA

Health and WASH

Case, detection, surveillance and contact tracing

Several National Societies' are actively involved in supporting MoH/DoH in community-based disease surveillance and contact tracing as well as increasing skills on epidemic control amongst staff and volunteers through training. Surveillance, case detection, testing and contact tracing have been supported by the National Societies in camps, quarantine centres, border crossings, and mobile and stationary health clinics.

Examples include:

- Indonesia: Community-Based Surveillance.
- Pacific countries: Epidemic Control for Volunteers training to staff and volunteers.
- Philippines: Establishment of a helpline at National Headquarters with an 'on call' doctor for referral and to support community-surveillance.
- Afghanistan: Screening for suspect cases and referral to designated MoH health facilities.
- Pakistan: Screening and referral at border crossing through mobile health camps.

Clinical, medical, and paramedical services

Several National Societies have been scaling up clinical services in support of respective Ministry of Health and/or Government requests to COVID-19. These include provision of medical tents in hospitals and prisons, support to screening and testing, provision of ambulance services, providing isolation and treatment and laboratory testing services and increasing blood product availability to maintain supply chain.

Examples include:

- Bangladesh: Re-orientation of two primary health care services to provide isolation and treatment services to camp and host communities in Cox's Bazar with mild to moderate illness and a hospital in Dhaka.
- Pakistan: Establishment of a COVID-19 dedicated hospital with 110 beds in Islamabad with support from MoH.
- Philippines: Establishment of (with further planned) Molecular laboratories in coordination with Department of Health and WHO to increase access to COVID-19 testing.

Mental health and psycho-social support (MHPSS) / psychological first aid (PFA)

PFA training to staff and volunteers is being undertaken in several National Societies to build knowledge and skills in helping address increasing levels of anxiety and stress caused by primary and secondary impacts of COVID-19. Several National Societies are reaching out and working with communities providing MHPSS services and/or referral to other support services.

Examples include:

- Bangladesh: PFA training for staff and volunteers to enable them to offer PFA to BDRCS staff and volunteers and PFA and community-based psychological support to host and displaced camp communities in Cox's Bazar.
- AP regional office: Webinar and sharing experience on remote PFA.

Infection Prevention and Control

National Societies are at the forefront of increasing awareness, knowledge and skills in helping to prevent cross infection and transmission of SARS-CoV-2 amongst their staff and volunteer, communities, refugee/displacement camps, urban dwellings, places of detention and health services. Several National Societies are supporting their respective authorities on contact tracing in communities, refugees and displacement camps and through their mobile and stationary health clinics.

Examples include:

- Philippines: Training on use and distribution of face-masks relevant to the activity, PPE kits (N95 masks, face shields/goggles, gowns, gloves, shoe covering) to front line health workers working in health facilities.
- Afghanistan: Training on IPC to mobile health teams.
- Training an implementation of national and/or WHO IPC guidelines in hospital facilities (e.g. WHO SARI guidelines).
- APRO: Webinars on PPE use and volunteer safety.
- APRO: Presentation on 'green response' - PPE disposal and waste management.

Community health, home care and emergency social services

Several National Societies are adapting IEC materials and reaching out, listening and engaging communities addressing risks and misinformation about COVID-19. Some National Societies are also scaling up to provide home-based care by providing training and resources that enable families to remain and maintain safety in isolation. National Societies with high numbers of migrant workers are actively seeking ways to ensure migrant needs are addressed such as shelter, food and health care.

Examples include:

- Maldives: Visiting and conducting assessments in camps accommodating migrants.
- India: Supporting community kitchens and distribution of dry rations in homeless shelters and people in quarantine or home isolation.
- PNG: Mobilizing volunteers' networks and key influencers (i.e. religious and community leaders) to encourage promotion of general health behaviours and address mistrust, misinformation and rumours with actionable and verified information.
- APRO: Webinar - CBHFA – presentation and sharing of experiences among National Societies and inclusion of COVID-19 module.

Health care for ongoing health conditions

Whilst the response to COVID-19 primary and secondary impacts are dominating National Society activities based on evolution of COVID-19 in each country, National Societies are adjusting according to need. In some countries where COVID-19 cases have flattened, the National Societies are slowly reverting back to some of their traditional roles; others where COVID-19 cases are rising (some faster than others), there is shift in the activities from preparedness to suppression and mitigation on the effects of COVID-19.

Countries (specifically Pacific and Mekong) where COVID-19 cases are minimal, National Societies are continuing to support programs on reducing risk to non-communicable diseases.

Several activities that involved community engagement and outreach activities such as vaccination have been suspended due to restricted movement, resources and/or priorities raising concerns of increasing rates of vaccine preventable diseases.

WASH

Establishment and maintenance of handwashing stations at entrances to public buildings, transport hubs and other high traffic areas in alignment with WHO guidelines on universal access to hand hygiene.

- Hygiene promotion, including the use of social media, to encourage behaviour change to reduce the risk of COVID-19 transmission.
- IPC, surface disinfection and solid waste management in health facilities, communities and households.
- Support WASH services in quarantine and in prisons in some countries.
- Distribution of hygiene kits to people in quarantine and also to the most vulnerable in communities affected by the lockdown.

- WASH webinar.

Mass communication and sensitization

IFRC APRO is co-chairing the Asia Pacific inter-agency working group for Risk Communication and Community Engagement with WHO and UNOCHA. The working group is producing outputs related to RCCEA, such as guidance notes on how to include marginalized and vulnerable groups, joint webinars and an inter-agency dashboard to visualize perception survey and feedback data and link this data to resources and key action steps. The wider group has over 200 members and meets monthly (includes National Societies and other national organizations) while the core group with regional leads meets bi-weekly.

National Societies across Asia Pacific have increased their RCCEA activities in order to support communities in preventing and addressing COVID-19. National Societies are collecting community feedback, including perceptions, misinformation and rumours.

IFRC APRO **regularly shares updates and resources with CEA focal points, technical leads and National Societies** directly and has conducted a webinar covering key topics such as feedback collection, good risk communication and rumour tracking. Upon demand a second webinar will be implemented in mid-May covering the same topics and in addition how to implement perception surveys. Several National Societies will share their expertise in the webinar on perception surveys, feedback collection and innovative approaches to engage volunteers and the public through Facebook groups. Thus, increasing regional peer-to-peer knowledge exchange. Further an online ToT is currently being adapted from the global CEA ToT that will be implemented end of May/early June, the ToT will cover topics such as how to train volunteers online, how to address and prevent stigma, CEA and data collection in times of physical distancing and other relevant topics.

Community feedback mechanisms

An increasing number of National Societies are using their existing feedback mechanisms (i.e. Pakistan Red Crescent hotline) or setting up new feedback mechanisms to document and address community feedback (rumours, questions, concerns etc.). National Societies are using multiple channels such as phone hotlines, Facebook groups, face-to-face interaction, info desks (where movement restrictions allow to do so), in order to reach a wide variety of people. Feedback is being addressed through changes in program, social media (i.e. Facebook live and memes), and radio programmes.

IFRC APRO has drafted **an inter-agency platform (partnering with WHO, UNOCHA and Internews)** that can host feedback and perception survey data from National Societies and will link these with bi-weekly recommendations based on community data analysis. Several National Societies are in the process of collecting perception survey data, some in collaboration with other partners such as WHO (i.e. Malaysia Red Crescent Society). IFRC APRO is currently working with several National Societies (i.e. PMI) in order to adapt a regional coding frame to jointly analyse and visualize feedback data in the inter-agency platform.

Misinformation management

National Societies have started tracking and addressing rumours and misinformation. In some countries, such as Nepal, National Societies are collaborating with partners (i.e. UNICEF) to address these rumours. Some CEA focal points have raised that more internal advocacy is needed to highlight the importance of documenting and addressing rumours and in response to that IFRC APRO is including a section on this in the upcoming webinar and National Societies have invited their sector colleagues to attend and learn more about misinformation management.

Stigma prevention messaging

National Societies have been adapting messages from the CEA guidance note on stigma and currently a picture story on stigma by the Japanese Red Cross is being translated into the Myanmar and Bangla language upon request of National Societies. Some National Societies have also produced videos (i.e. BDRCS) and social media content to address stigma.

Protection, Gender, and Inclusion

Preventing and responding to risks of violence, exclusion, and discrimination

Some National Societies are incorporation prevention and response to SGBV elements into their operations, through different channels, messages incorporated in the home visits to communities as Mongolia Red Cross or having hot lines

in place to enable disclosures of violence. A RCRC webinar is being developed with ICRC on SGBV prevention and response and ad hoc is supported is given to some NS who has prioritize prevention against women and children in their plans.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage

An increasing number of National Societies have been part of the sub-regional webinars on PGI and COVID-19 and prevention from violence and are starting to train others in their respective National Society and influence leadership on the importance to mainstream PGI in the COVID-19 response.

Livelihoods and basic needs

Cash and voucher assistance **are being considered across six National Societies** in the region and plans are underway to meet livelihoods and immediate basic needs.

Philippine Red Cross so far has reached 34,732 individuals with hot meals and ready-to-eat meals and 13,927 family food packs were distributed. Pakistan Red Crescent distributed food packages to 3,500 households, while Vietnam Red Cross was able to reach 8,912 people with cash assistance to meet immediate needs. Moreover, **the Bangladesh Red Crescent Society have procured food packs using the EA funds and distributed the total of 40,000 food packages to vulnerable people through 68 branches** and in the Dhaka district. Further, additional procurement of 44,500 food package is underway. While, under the Qatar Red Crescent Society bilateral agreement, the BDRCS is also on process to purchase the total of 8,500 Ramadan food packages to be distributed to Cox's Bazar (5,625 food packs), Raj Shahi and Sirajganj districts respectively (3,225 food pack).

Meanwhile, the BDRCS in partnership with British Red Cross have distributed the 1,200 food packs to host communities' households in Cox's Bazar to mitigate or avoid losses of the previous livelihood cash support due to COVID-19 coping mechanism.

To date, **the BDRCS with BRC support is conducting the Livelihoods Impact Assessment** through telephone verification to host communities in Cox's Bazar to understand the negative effect of COVID-19 and movement restriction to livelihoods while understanding gaps and exploring opportunities on how to support BDRCS beneficiaries while kitchen garden activities is on-going.

Pakistan is in the process of selecting 2,100 households (14,700 people) for the first phase of multi-purpose cash grants to support food and basic needs.

Afghanistan is in the process of procuring the food basket intended for 5,647 HHs under EA funds, while food voucher to be funded by Afghanistan Humanitarian Fund (AHF) is in the process of project inception phase to support the total of 5,200 HHs due to COVID-19.

Shelter and Urban Settlements

Shelter and settlements support are starting to emerge for the National Societies as a potential response activity and a way to mitigate the spread of COVID-19, particularly for those National Societies who already have significant capacity in this area.

Some National Societies across Asia Pacific have started to scale up or adapt shelter and settlements activities to help their countries prepare for and mitigate the spread of COVID-19 or are putting in place measures to prepare for potential requests. As a starting point, National Societies have been prepositioning and providing essential household items and basic shelter materials where required (e.g. in collective centres), sharing key messages and guidance. In other National Societies there is advocacy for improved shelter and settlements conditions for marginalized groups.

IFRC is coordinating with colleagues across the regions to map and understand the demands and needs that are being put on National Societies in relation to shelter and settlements needs and providing guidance and key materials to support these emerging needs.

Migration and Displacement

The IFRC Asia Pacific Migration and Displacement team continues to provide regional coordination and technical guidance to National Societies to support migrants, refugees and IDPs at risk from COVID-19 and its primary and secondary impacts. This includes:

- On-going monitoring and analysis of regional trends, risks and vulnerabilities for migrants, refugees and IDPs affected by COVID-19.
- Developing and sharing regional guidance on including migrants, refugees and IDPs in preparedness and response activities (in both community and camp settings).
- Hosting regional dialogues to encourage peer to peer sharing and raise awareness of cross-sectorial technical guidance available to National Societies.
- Providing tailored guidance to National Societies, in undertaking rapid needs assessments and developing relevant and priority activities at the community and national levels.
- Representing the IFRC and National Societies in key regional forums, including the Technical Working Group on COVID-19 and migration.
- Movement Cooperation, including with ICRC at the regional level on RFL, immigration detention and aspects of protection.
- Documenting and sharing best practices, challenges and experiences among National Societies.
- Promoting public communications on key concerns and approaches of the IFRC and National Societies at the regional and national levels.

Key National Societies engaged in supporting migrants, refugees and IDPs in the region include Australian Red Cross, New Zealand Red Cross, Philippine Red Cross, Singapore Red Cross, Thai Red Cross, Myanmar Red Cross, Bangladesh Red Crescent Society, Sri Lanka Red Cross, Maldivian Red Crescent, Indian Red Cross, Nepal Red Cross, Afghanistan Red Crescent and Pakistan Red Crescent.

- The activities of National Societies to support migrants, refugees and IDPs span community and camp settings, and are active along migratory routes – including in countries of origin, destination, and upon return.
- Key activities in support of migrants, refugees and IDPs include: RCCE, health support, humanitarian diplomacy, access to water and sanitation, addressing social stigma and discrimination, shelter and settlements and mental health and PSS.
- Evolving concerns and future risks are connected to protection (including access to international protection, including asylum and resettlement), exploitation and trafficking in persons, lost livelihoods, destitution and loss of remittances for families and communities at home.

DRR

- Technical coordination and engagement across the IFRC network is on-going related to a more risk-informed COVID-19 approach, including multi-hazard preparedness and contingency planning discussions and revisions with COVID-19 **considerations have advanced and/or are in process by National Societies in Bangladesh, Indonesia, Nepal, Pakistan and Philippines, among others.**
- Considering the COVID-19 challenges, the priority has also been to **ensure that FbF projects - especially the early actions - can be implemented under the current restrictions.** Guidance has been developed/adapted for National Societies to implement FbF, including the relevant Early Action Protocols and a 'repository of early actions' lists all FbF early actions and reflects the COVID-19 implications: it indicates if the respective early actions are a) still feasible b) need to be adapted c) are not feasible, or d) a new early action is proposed. FbA by the DREF is awaiting revised EAPs and is working on ensuring additional funding needs.

Strengthen National Societies

Offices have been providing support to National Societies in Business Continuity Planning, with a focus on supporting duty of care and operational capacities. A mapping of issues and solutions is on-going, with a focus on duty of care aspects towards staff and volunteers, especially around insurances. National Societies have also been linked with the global Help Desk on BCP and the region has been actively involved in building up guidance and support documents to National Societies for Business Continuity Planning.

As auxiliary to the government, the National Societies are working closely with governments in the areas of containment, isolation and social distancing activities: distribution of hand sanitizers, flu clinics etc. National Societies are also conducting activities such as in community kitchens, distribution of dry ration, community surveillance and community service, logistic support to quarantined homes and centres, Red Cross Red Crescent ambulances for transporting patients, distribution of masks, gloves, soaps, IEC material, etc. shelter homes, Red Cross Hospitals and isolation centres, establishing link between stranded people and their families, and advocacy and social distancing, some of the National Societies are also involved in dead body management with the Ministry of Health. Many National Societies are conducting blood service as an essential service acknowledged by the government.

Support to Volunteers

- A Volunteer Management Guidance and Checklist document was developed and adapted to the current COVID-19 response and was shared with all National Societies within the region.
- A webinar to address and explain the abovementioned document was organized for volunteering focal points from representatives of National Societies, IFRC COs and CCSTs. Concerns were raised about volunteer insurance from IFRC for COVID-19 infection.
- 26 out of 38 National Societies have personal accident insurance coverage for their volunteers. 17 of which are utilizing the IFRC Global Volunteer Insurance Scheme facilitated by IFRC COs/CCST and APRO.
- Support is currently ongoing for Lao Red Cross to register insurance for their volunteers through the IFRC Global Volunteer Insurance Scheme and reaching to the remaining 11 National Societies to do the same.
- Support for developing a Volunteer Solidarity Fund mechanism was conducted and finalization of the document is ongoing.
- Mapping of the National Healthcare System has been conducted to facilitate the prioritization of establishing Solidarity Mechanism funds for National Societies who do not have free and universal healthcare or only subsidized healthcare.
- Webinar sessions were also facilitated to engage volunteers in discussion and peer-to-peer support on innovative ways of volunteering during the pandemic response.

National Society Financial Sustainability

The IFRC is in the process of developing financial sustainability guidance and tool kit to support the National Societies for them to assess the current situation, to anticipate the challenges and to take action for financial sustainability of the society with an ability to continue with the services for the vulnerable community.
The guidance document would highlight six main areas (both at strategic and operational level) for National Societies to consider in response to COVID-19 and its economic impact. These six areas are as listed below, and details would be supported by toolkits:

- Analysing the economic situation and scoping for possible scenarios and impact on NS (supported by TOOL #2).
- Understanding the current financial sustainability situation and possible risk (supported by TOOL #3).
- Getting ready to scale up and scale down (supported by TOOL #4).
- Investing in emergency fundraising, new and diverse ways to generate income (supported by TOOL #6 and #7).
- Liaising with authorities, partners and donors (supported by TOOL #8 and #9).
- Supporting branches to enhance local actions, partnership and fundraising.

The guidance and tool kits are planned to be launched by early May 2020.

Ensure Effective International Disaster Management

Surge Deployments / remote and in-country

Nineteen Rapid Response members have been engaged so far to support COVID-19 operations. Most of this support was initially provided to CCST Beijing, which was the epicentre of COVID-19 and later the focus shifted to provide technical support for various functions at APRO. One member is providing logistics support to Pacific sub-region. As we write the operations update, ten missions are currently active and eight are providing remote support.

Technical areas supported for CCST Beijing included logistics (general logistics and procurement), communications, emergency health, PMER and PRD. The technical areas of support at APRO included communications, operations coordination, pandemic preparedness, psycho-social support, community engagement and accountability and logistics.

Community engagement and accountability

IFRC APRO has been co-chairing the inter-agency risk communication and community engagement working group together with UNOCHA and WHO. The working group has produced several products relevant to National Societies such as a guidance note on **how to include marginalized and vulnerable groups in risk communication and community engagement** and an **update to the guidance note**. Other national working groups are attended at an ad-hoc basis such as the risk communication and community engagement working groups in Malaysia and Myanmar. Further, links are maintained with the regional migration group. Regular updates inform National Societies about webinars from partners with relevant topics (i.e. CEA in camp-settings) and internal webinars are offered based on needs shared by National Societies. A regular update on recommendations based on research is shared, which helps National Societies to adapt their CEA approach based on the emerging research and grey literature recommendations. The first update covered a range of topics including physical distancing, how to frame prevention messages and more) the upcoming updates will cover religion and COVID-19 and stigma and COVID-19.

Several webinars and a regular Movement-wide CEA call are making sure National Societies can share their expertise with each other and are informed about and can contribute to resources. Several CEA resources have been translated into languages relevant to National Societies in Asia Pacific (simplified and traditional Chinese, Thai, Vietnamese, Bahasa Indonesia, Tagalog, Korean, Japanese, Malay, Myanmar, Hindi and Bangla): guidance on how to prevent and address social stigma, community action guide, key tips for volunteers, perception survey and feedback collection form.

Key challenges have been hesitancy of governments to share information about COVID-19 out of fear that this might cause panic and addressing rumours rather than ignoring them. Additionally, xenophobic sentiments, especially against migrants, and a wide variation of stigma (i.e. against medical personnel, recovered patients, foreigners) are a key issue that is hard to address. Another major impact has been an increasing number of movement-restrictions that have forced National Societies to shift traditional CEA activities from face-to-face interactions to approaches more suited to physical distancing while still including marginalized and vulnerable groups that may not be able to overcome the digital divide. IFRC has worked together with National Societies in coming up with solutions on how to address these issues for instance through discussing different ways to collect feedback in times of physical distancing.

Shelter Cluster Coordination

In countries where IFRC and/or National Societies play a role in the National Shelter Cluster (co-leading preparedness or response clusters/coordination platforms or taking up a shelter related mandate within the National Framework), there has been engagement with relevant actors to share guidance and jointly prepare for any sheltering needs. For example, in Philippines, IFRC is coordinating with the government, sector partners and the Health Cluster to prepare for any potential needs around planning or setting up isolation areas or moving people/families to mitigate the spread of COVID-19.

Logistics Procurement and Supply Chain Management (LPSCM)

Since the start of the COVID-19 operation, as part of the supply chain strategy, the AP OLPSCM has been supporting the sourcing and procurement for not only Asia Pacific but also for the global needs. The global sourcing allows consolidation of needs and enables sourcing without having competing supply chains within the organization, as the source of the supply is the same. The sourcing is being conducted not only for PPE but also for the newly identified item such as quarantine tent, medical equipment, consumables, laboratory testing accessories for the setup of isolation, testing, quarantine centres and also hospitals, as requested by different National Societies in context of this operation.

Information Management

The COVID-19 dashboard for AP region has been developed. The dashboard is visualizing and track reported COVID-19 cases, active cases, and deaths for the Asia Pacific. The dashboard also visualizes the country COVID-19 transmission classification from WHO data. The dashboard is refreshed every day.

To help IFRC staff members in Asia Pacific to plan their travel to a location with cases, countries with their categories according to Business Continuity Plan (BCP) phases of IFRC offices, the travel advisory dashboard also has been developed. The Asia Pacific Regional Office is also supporting the IFRC Philippines to develop their COVID-19 dashboard. The dashboard is visualizing and track reported COVID-19 cases using the figures from the Department of Health Philippines.

To streamline and simplify Federation-wide reporting of National Society response to COVID-19, the new Epidemic Field report on GO platform has been launched. This tool will replace the current COVID-19 activity monitoring (through KOBO). The GO webinar to introduce the new Epidemic field report for AP countries has been conducted on 23 April 2020.

Influence Others As A Leading Strategic Partner

Humanitarian diplomacy with governments, including donors, and the international humanitarian community

National Societies have been supported to leverage and formalize their auxiliary role in COVID-19 operations and to ensure sustained humanitarian access of personnel and relief items despite the increasingly restrictive regulatory environment. This has included a mapping and analysis of emergency measures enacted, humanitarian coordination mechanisms and identifying opportunities for strengthened RCRC advocacy. In the Philippines, the National Society was formally identified as a key humanitarian partner in the COVID-19 emergency measures, enabling them full mobility and access to affected communities. Many other National Societies in the region are part of national and local coordination mechanisms related to COVID-19 response and use these platforms and connections to advocate for humanitarian access and protection of the most vulnerable.

At the sub regional level, Red Cross and Red Crescent are engaging with multilateral bodies to advocate for prioritization of humanitarian access during the pandemic response. In the Pacific, this has included active engagement and leadership in the development of the Pacific COVID-19 Humanitarian Pathway, which has been influenced by IDRL work in the region. IFRC is also looking at how to better influence ASEAN COVID-19 coordination mechanisms and ensure that they ease regulatory barriers (customs/immigration) related to COVID 19 humanitarian assistance. Initial discussions are underway between ASEAN and Movement partners in this regard. Finally, IFRC is engaging with the SAARC secretariat to undertake an analysis of domestic arrangements to facilitate cross border humanitarian assistance for both disaster and pandemic responses in the region.

Planning, Monitoring, Evaluation and Reporting – Learning and Accountability

In an effort to maintain high standards of accountability, the IFRC Asia Pacific Regional Office works in close coordination with the global and regional operation team in developing a streamlined Federation-wide planning and reporting framework. At the regional level, the Asia Pacific planning and reporting has been also been developed and updated aligning to the progress of global approach. Weekly Operations Update, NS Activity Monitoring update, newly introduced COVID-19 Epi field report on GO and 3W country mapping at project level has launched recently to ensure National Societies activities are well-projected through various monitoring and reporting channels. The Asia Pacific regional PMER team is also part of the newly piloted "active learning" approach to carry out real-time learning on targeted areas of the response. The first real time learning effort was focusing on rapid response adaptability. At country level, National Societies are supported on technical capacity in overall planning, monitoring and data collection methods.

Auxiliary role and disaster law

National Societies have been supported to leverage and formalize their auxiliary role in COVID-19 operations and to ensure sustained humanitarian access of personnel and relief items despite the increasingly restrictive regulatory environment. This has included a mapping and analysis of emergency measures enacted, humanitarian coordination mechanisms and identifying opportunities for strengthened RCRC advocacy. In the Philippines, the National Society was formally identified as a key humanitarian partner in the COVID-19 emergency measures, enabling them full mobility and access to affected communities. Many other National Societies in the region are part of national and local coordination mechanisms related to COVID-19 response and use these platforms and connections to advocate for humanitarian access and protection of the most vulnerable. The region has also witnessed regulatory bottlenecks in supply chains, including restrictions on exportations of PPE. National Societies, like Malaysia Red Crescent and Philippines Red Cross, have been active in advocating with their authorities to ease import/export restrictions for essential humanitarian supplies. Advocacy messages and tools have been shared with all National Societies to support their continued advocacy with their national authorities in relation to humanitarian access issues. At the sub regional level, Red Cross and Red Crescent are engaging with multilateral bodies to advocate for prioritization of humanitarian access during the pandemic response. In the Pacific, this has included active engagement and leadership in the development of the Pacific COVID-19 Humanitarian Pathway, which has been influenced by IDRL work in the region. IFRC is also looking at how to better influence ASEAN COVID-19 coordination mechanisms and ensure that they ease regulatory barriers (customs/immigration) related to COVID-19 humanitarian assistance. Initial discussions are underway between ASEAN and Movement partners in this regard

Communications and media

IFRC-produced messaging around preventive measures and looking after physical and mental health have been adapted and translated into dozens of languages by multiple National Societies in Asia Pacific. These have been shared on local and regional social media channels to help support building well-informed communities as well as counter false information and rumours. In some countries, these materials have also been printed so that volunteers can use them in communities that are harder to reach. The Asia Pacific communications team has provided design and technical support to help National Societies create quality audio visual content that gives visibility to their activities on the ground, which is then shared on their own channels, and amplified through the IFRC regional Twitter account. Regional technical experts have teamed up with country-level spokespeople for broadcast social media content focused on specific key issues such as migrant communities, psychosocial support and the effect of COVID-19 on Cyclone Harold response.

The Asia Pacific communications team has worked with National Society counterparts to actively identify and manage reputational risks through the development and sharing of country-level key messages, and technical support in responding to media enquiries. National Societies have been actively working with local journalists to profile their work and their role as auxiliary to government, as well as to share accurate information and advice.

Ensure a Strong IFRC

Business Continuity Planning and Risk Management within IFRC Secretariat

Many IFRC offices across the region remained closed or operating with essential staff only during much of the reporting period, as per Business Continuity Plans that are in place in all offices. Countries in the region are in different phases of the epidemic and monitoring of decisions by the authorities has been ongoing to ensure both compliance and duty of care aspects, putting the health of staff first. Processes to enhance and consolidate guidelines on staff health started in April, covering topics like mental health and psychosocial needs of staff, support to working from home modalities, health guidance and medical evacuations. Further reinforcing of risk management processes and reviewing existing risk registries in view of COVID-19 started during the reporting period, aligning with and supporting new global guidance on risk management. The process will connect all levels of the organization to ensure a good two-way flow between levels of the organization on aspects of risk management.

Security

Information on the security situation and trends were gathered from different sources, reports compiled and shared with Security Focal Points, Clusters and Country Offices on a regular basis. Awareness and coordination sessions with Security Focal Points were held. Security registers regularly updated with identified risks, to ensure proper mitigation measures are in place.

Surge Deployments / remote and in-country

18 Rapid Response members have been engaged so far to support the COVID-19 operations. Most of this support was initially provided to CCST Beijing, which was the epicentre of COVID-19. Later, the focus shifted to provide technical support for various functions at APRO. One member is providing logistics support to Pacific sub-region. To date 10 missions are currently active and 8 are providing remote support.

Internet Telecommunications

Technology is key to reaching affected communities and coordinating efforts during movement restrictions and physical distancing practices. National Societies need suitable hardware and software to continue remote working, reach communities and share information between personnel. IFRC will support National Societies to collect, analyse and share key data and analysis related to the COVID-19 response at global, regional and domestic levels.

Assessment of needs have been completed and implemented or being implemented to ensure that the business continuity is effective. These include the ability to collaborate, share information, share financial evidence and reporting from remote working environments. Systems such as the GO platform, Digital Signatures, and ETC-led initiatives are being scaled up and piloted in a new working modality.

Connectivity scaling up in terms of diverse operational locations, coupled with enhanced information security rollout are being complemented with closer working relationship with service providers such as Microsoft and Cisco to ensure that quality and availability is not compromised. Incidences of outages and security breaches are under control.

Emergency Appeal **Support National Society 3-month picture**

East Asia

Red Cross Society of China (RCSC)

Coordination

RCSC works closely with the national government, especially the National Health Commission, through the Ministry of Foreign Affairs, People's Republic of China. For example, RCSC worked closely with the National Health Commission to encourage recovered COVID-19 patients aged from 18 to 55 years to donate their plasma. As of 7 April 2020, 2,308 individuals (1,568 from Hubei) who recovered from the infection have donated 764,005 ml of convalescent plasma, of which 549,905 ml came from Hubei Province, China.

Health

RCSC has actively been providing ambulatory services since the beginning of the response efforts in China. RCSC Patient Transport Teams provided transportation services from patients' home to hospitals. From 12 February to 22 March 2020, the RCSC Transport Teams provided services to 10,287 patients.

Through the various branches, RCSC have also been mobilised to provide psychosocial support. For example, Gansu, Qinghai, Ningxia, Guangxi, Yunnan, and Zhejiang branches promoted mental health knowledge and psychosocial support for the public through hotlines. In particular, the RCSC branches in Hubei Province – the epicentre of the outbreak – organised 180 psychological counselling volunteers and provided 36,200 sessions of psychological counselling for the public, frontline medical workers and volunteers.

Similarly, since January 2020, the Hong Kong Red Cross Branch of RCSC has disseminated health and hygiene knowledge, provided psychological support to more than 2.8 million people, distributed 46,000 infection prevention kits to vulnerable groups, provided more than 33,000 relief materials to quarantine centres, provided emergency support to 10,000 people under quarantine, and established 24-hour psychological support service.

RCCE

RCSC developed and launched the online course of "Guideline for Coronavirus Public Prevention". The course includes models on knowledge of COVID-19 infection, personal protection, home protection, travel protection, specific place protection, and related knowledge of medical treatment.

RCSC has been a strong contributor in providing resources – experts and anti-epidemic materials – to sister National Societies in the region. For example, a team of five RCSC volunteer experts arrived in Tehran, Iran with a batch of testing kits to support Iranian Red Crescent in the prevention and control of COVID-19 in Iran on 29 February 2020; a team of seven RCSC volunteer experts came with a batch of masks, diagnosis testing kits, traditional Chinese medicine, and other medical equipment (i.e. respirator machines) to support the prevention and control work of Iraqi Red Crescent Society on 7 March 2020; a team of nine experts with 31 tons of medical materials such as intensive care equipment and personal protective equipment to support the Italian Red Cross COVID-19 response; and many more.

Red Cross Society of Democratic Peoples Republic of Korea (DPRK RCS)

DPRK RCS Secretary General activated the National Disaster Response Team (NDRT) for the monitoring of the situation in coordination with MoPH and Central Emergency Anti-Epidemic Command. Now both NDRT and nine Provincial Disaster Response Teams (PDRT) are fully operational throughout the country, they are on 24-hour standby ready to be deployed to provide prompt and efficient support. DPRK RCS has mobilized 11,020 volunteers on the ground in the four target provinces (North & South Pyongan and North & South Hamgyong) close to the Chinese border. Most of these volunteers were already trained on Epidemic Control for Volunteers (ECV) and 1,000 volunteers are newly trained on COVID-19. Based on the key learnings from the trainings, they are now working closely with the household doctors (HHDs) for house-to-house screening of people and health and personal hygiene promotion in the remote areas under the guidance of the local RC branches.

Given the harsh winter and that the communities are quite spread out, the DPRK RCS has also activated the volunteers-on-wheels initiative, volunteers using 700 bicycles to reach the last mile of the remote areas, to disseminate simple and accurate COVID-19

messages. With the added value of this initiative, the DPRK RCS is able to ensure mobility, leading to leaving no one behind in delivering life-saving information.

The National Society has run the emergency preparedness activities across the country. Below are the key figures that represent the national COVID-19 activities of the National Society:

- All the 209 provincials, city and country-level RC branches were mobilized.
- 220 RC paid staff were mobilised from February to 30 April.
- 105,609 RC volunteers on the ground were mobilised for COVID-19 prevention and preparedness
- In total, 37,803 RC volunteers were trained on COVID-19 from February to 30 April
- Through the nation-wide volunteer network, DPRK RCS fully engaged in various health services such as health and hygiene promotion against COVID-19, disinfection and cleaning in association with the national spring hygienic campaign in March and April.

The overall operational objective is to contribute in reducing morbidity, mortality and social impacts of the COVID-19 outbreak by preventing or controlling further transmission of the virus and at the same time assisting affected communities to maintain access to basic social services and for the communities to be able to support themselves with dignity. The planned activities are based on the National Society Influenza Contingency Plan and Preparedness for Effective Response (PER) self-assessment. DPRK RCS is aiming to reach 172,770 people through mobilizing 1,500 RC volunteers and more than 2,700 health workers from 500 health institutions. The main activities are printing of IEC materials, conducting training for RC staff and volunteers, support to quarantine facilities, dissemination of health and hygiene messages, the supply of PPE (masks, hand sanitizers, soap, etc.), WATA electrolysers (for production of sodium hypochlorite solution) and soaps will be provided to health institutions for disinfection and handwashing. To ensure regular water quality test is being conducted, necessary training and materials support will be provided to persons in charge to monitor the water quality in the target areas. As a part of preparedness for future pandemics and disasters, household water filters, vector control items and IEC materials for hygiene promotion will be prepositioned in the Red Cross Disaster Preparedness warehouses in addition to development of face mask production facility and Emergency Operation Centre.

The main government actors are the Ministry of Public Health and the emergency anti-epidemic command with whom DPRK RCS is coordinating closely on a regular basis. On 20 April 2020, a coordination meeting between the MoPH and the DPRK RCS was held at the national headquarters of the DPRK RCS. At the meeting, the DPRK country strategic plan against COVID-19 (developed by government through coordination from international agencies) and the DPRK RCS and the IFRC CO joint emergency plan of action on COVID-19 were presented and the knowledge, experience and lessons learned were shared among participants.

Japanese Red Cross Society (JRCS)

Coordination

At the national level, the JRCS is working closely with the national authorities, especially in the area of medical treatment through the Red Cross hospitals as well as the national blood donation efforts. As the number of donors for blood donation decreased significantly in March 2020, JRCS – in collaboration with the media (NHK) and others – broadcasted the current situation and appealed for the importance of blood donation to the public. The appeal was broadcasted on more than 200 media channels (i.e. newspaper, web news, TV).

Health

Medical response is one of the main activities of the JRCS when disaster occurs. At the request of Ministry of Health, during the early response efforts to COVID-19, JRCS mobilised medical teams to support the passengers and crew on the Diamond Princess cruise ship and mobilised its Red Cross hospitals to care for the COVID-19 patients. After the initial response period, the Red Cross hospitals have played leading roles for caring the COVID-19 patients. As of 22 April, over 50 Red Cross hospitals were involved in the treatment for patients.

MHPSS

JRCS is focusing on delivering the message of how to maintain physical and psychological well-being during this difficult period to the public as well as our staff and volunteers. A Mental Health and Psychosocial Support taskforce comprising of clinical psychologists, a doctor, a nurse, and HQ staff with experience in domestic and international disaster responses was formed; developing guidebooks emphasising the psychosocial risks which COVID-19 brings.

RCCE

The JRCS also developed the video “What comes after the virus?” based on “Three faces guide”, explaining the psychological impact of COVID-19. The number of views of the video was more than 1.4 million within a week, the highest record in JRCS channel. Link

Through the JRCS Youth Volunteer corps, an online meeting was organised to discuss how youths can cooperate with each other to contribute to the COVID-19 response. Approximately 70 members participated and agreed to share the information on COVID-19

JRCS official account carried on SNS and tweeted their own behaviours and activities with hashtag #みんなで乗り越える (let's get over together).

Korean Red Cross (KNRC)

As of 29 April 2020, KNRC has fundraised approximately CHF 56.09 million, of which CHF 33.15 million in cash and in-kind donations valuing CHF 22.94 million. KNRC has distributed 12,367,406 face masks, 159,991 personal protective equipment, 3,483,088 medical gloves, 1,013,668 hand sanitisers, 67,538 relief items, 90,670 food packs, and 19,304 relief kits. As international cooperation between nations has become increasingly important under the current pandemic situation, KNRC has played an auxiliary role in coordinating international assistance and cooperation to Korean local governments provided by cities and provinces of China. KNRC has received and delivered CHF 11 million worth of in-kind donations.

Coordination

At the national level, the KNRC is working closely with the national authorities, especially in the national blood donation efforts and Red Cross hospitals. When the national blood stock was the lowest as of 6 March 2020 at 14,944 units, KNRC intensified their blood donation efforts: achieving a sharp increase in the national blood stock of 29,687 units as of 20 March. Similarly, from the early response period, KNRC hospitals played crucial roles of triage and treatment for confirmed cases. Six Red Cross hospitals nationwide were categorized as triage centres for COVID-19 to sort patients in accordance with the criteria given the Ministry of Health. With a few cases among staff, KNRC also strengthened the prevention and control measures for all staff and visitors to KNRC's hospitals, blood centres and blood buses by 1) disinfecting all facilities and vehicles on a regular basis and 2) providing masks and checking the temperature of all visitors.

Health

All Red Cross hospitals are actively coordinating and cooperating with other hospitals to strengthen the capacity of the national healthcare system. Four Red Cross hospitals in Seoul, Sangju, Yeongju and Tongyeong were re-designated as Exclusive Hospitals for the treatment of confirmed COVID-19 cases from other cities and provinces. In response, the hospitals had to transfer all non-COVID-19 in-patients to other hospitals and set-up additional equipment such as negative-pressure rooms to accommodate the patients. From 20 February to 30 April 2020, the Exclusive Hospitals have treated 461 patients. As the overall situation in Korea has become stable, three Red Cross hospitals in Sangju, Yeonghu and Tongyeong have returned to normal operations completing their roles to treat confirmed patients.

In terms of psychosocial support, KNRC provided items such as books and stretching bands to those evacuated from Wuhan, China and quarantined in designated facilities for two weeks. Furthermore, KNRC provided psychosocial programs to 816 people living in near the facilities. In addition, when the Ministry of Health established hot-line centres to provide mental health and psychosocial support via telephone to the people in Daegu, N.Gyeongsang Province. As of 30 April, KNRC has reached 5,543 people with provision of mental health and psychosocial support activities.

RCCE

With the strong relationship established with mass media such as KBS and MK news, KNRC has delivered key messages and statements to raise public awareness on the coronavirus as well as to advocate for physical distancing to contain the virus. Through KNRC YouTube account, KNRC published a series of video clips to promote KNRC's activities related to the prevention and control of COVID-19 (Link). In addition, KNRC launched a campaign song with opera singer Lim Hyung Joo, Honorary Ambassador of KNRC (Link).

Mongolian Red Cross Society (MRCS)

National Coordination

MRCS is participating in the country level coordination through the State Emergency Commission, Humanitarian Country Team meetings and Health Cluster meetings. MRCS will also be supporting in regulating international humanitarian assistance, and to requests for international humanitarian assistance if required. Additionally, preparations are underway as MRCS participated in the national "COVID-19 response exercise and exchange" from 6 to 8 May 2020. The exercise was a simulation to prevent a COVID-19 pandemic, to improve the preparedness of logistical resources, to harmonize management at three levels, to ensure multi sectoral coordination, to improve emergency response strategies, clinical management, clinical pathway, to set appropriate lockdowns and field hospitals for testing IPC practices.

Health

Since the beginning of the COVID-19 response, MRCS volunteers have been providing hot beverages to frontline staff working in emergencies. As of 29 April, 12,000 brochures on psychosocial support messages were produced and distributed to the elderly, pregnant women and children through the National Emergency Management Agency (NEMA). Together with the NEMA and National Center for Mental Health, five different types of posters on stress management and recommendations for children and older persons were developed.

MRCS volunteers are conducting well-being check visits to around 800 people who are self-quarantined at home. MRCS volunteers are providing psychosocial support and delivering key messages that include information such as hotline numbers to receive counselling, rules to adhere to during the quarantine process, and alike.

Approximately 20,000 hand sanitizers, 50,000 face masks, 8,000 hand sanitizers and 6,000 soaps were distributed to individuals working in high-risk environment and key stakeholders such as the Ministry of Health, Border Protection Agency, and more. Furthermore, for the vulnerable, MRCS province- and district-level branch volunteers and staff began the production and delivery of COVID-19 cloth masks. Similarly, mid-level branches of MRCS across the country supported local government agencies such as medical and emergency organizations with 3,245 N95 masks, 2,500 disposable masks, 43,350 cotton masks, 10,126 hand sanitizers, 6,500 anti-bacterial soap, and 134,914 handouts.

As the Government of Mongolia started to repatriate its citizens from foreign countries, isolation wards were needed to be established. Thus, MRCS provided 150 beds and 10 kitchen sets.

RCCE

On a regular basis, MRCS monitors media releases and uploads situational updates, short video content, and prevention and preparedness suggestions onto the MRCS Facebook page, reaching on average 13,000 people per day. Through its Youth Movement, MRCS partnered with actors and singers to prepare five different types of videos to encourage people to use face masks, supporting their immune system and avoiding misinformation.

At the community level, volunteers were mobilised for public awareness, behaviour change and hygiene promotion activities. MRCS also adopted the COVID-19 rapid assessment tool developed by IFRC, UNICEF and the WHO, and is preparing to conduct assessments among the public as part of the community engagement efforts.

Southeast Asia

Cambodian Red Cross (CRC)

The Cambodian Red Cross (CRC) actively supports the National Steering Committee on COVID-19 Pandemic Response Prevention and Control, chaired by the Prime Minister. Until 30 April, CRC has reached at least 83,635 people by providing them facial masks (1,110,878 pieces), face shields (170 pieces), hand soap (72,154 pieces), hand gel (5,063 bottles), alcohol (24,735 litres and 528 bottles), gloves (33,500 pieces), flyers (155,090), posters (66,645), banners (1,723), Krama (local scarf = 8,085 units), rice (375 metric tons), cash grants (totalling approx. CHF 12,150). The above support was given to the most vulnerable people in all 25 municipal-provinces countrywide. In addition, CRC has performed its biggest fundraising event on 8 May 2020 (WRCRC Day) celebration in order to collect funding to continue its activities, particularly to support the COVID-19 response and preparedness by appealing to the public.

CRC aims to reach at least ten thousand people who lost their incomes as a result of the pandemic in recovering their livelihoods in the coming months through (i) provision of food and essential household items in all 25 branches; (ii) public awareness and public education activities; (iii) distribution of masks, hand-soap, hand gel and IEC materials.

IFRC is supporting the CRC with a contribution of CHF 179,961 to enable the National Society to provide support to 50,000 people in 15 provinces. In the meantime, CRC has received in-kind donation from Singapore Red Cross, Vietnam Red Cross Society, and a private Chinese company. Coordination with other stakeholders such as WHO and UNICEF has been actively carried out with IFRC support. The IFRC has co-opted an American Red Cross delegate to support this work.

The Indonesian Red Cross (PMI)

As of 28 April 2020, 9,511 positive cases of COVID-19 have been recorded out of 62,544 tests conducted, with the highest number of cases in the provinces of Jakarta (4,002), West Java (969), East Java (857), Central Java (682), and South Sulawesi (453). The government has imposed large-scale social restrictions in Jakarta, as well as officially banned Eid homecoming nationally to reduce risks of local transmission. However, despite the ban, the government of Indonesia has allowed people to return to their hometowns permanently, especially those who migrated to Jakarta and other big cities to work but have since lost their job due to the pandemic. The Indonesian government projects economic growth at the lowest level since the 1998 financial crisis and wherein up to almost four million people could fall into poverty. As of end of April, 1.7 million people have been rendered unemployed.

PMI has been carrying out fundraising campaigns to fund their national response budget of CHF 13 million, to which they have received cash and in-kind contributions from various partners including the business sector amounting to CHF 2.71 million (including CHF 256,644 out of CHF 4 million sought by the IFRC for PMI). The IFRC CCST Jakarta is supporting PMI in resource mobilization, engaging regional and global funding partners, and humanitarian diplomacy activities with partners within the ASEAN network and UN agencies through the Humanitarian Country Team. The IFRC CCST has also been providing technical support to PMI counterparts to develop its national response and business continuity plans, resource mobilization strategy and coordination mechanisms. Furthermore, Movement coordination at leadership and technical levels are led by PMI, with support

from IFRC. A Movement Statement signed by PMI, IFRC, ICRC, American Red Cross and Japanese Red Cross was released, expressing the Movement's solidarity with the Indonesian people in response to the crisis. PMI is also coordinating with faith leaders to work together on conveying risks of COVID-19 as well as promoting necessary mitigation and prevention actions, such as postponing mass prayer in places of worship.

Since the start of the operation, PMI, with support from IFRC, has been supporting the national and local governments' responses in reducing transmission risks and supporting medical services through the PMI-managed Bogor hospital. To reduce transmission, PMI has disinfected almost 40,000 points (public places) with a population of more than 20 million people. PMI has also been providing health services (including ambulance support) reaching more than 215,000 people and conducting psychosocial support services reaching almost 3,000 people. PMI continues to strengthen its health and hygiene promotion activities to include information on prevention measures, steps to be taken for suspected cases and on dispelling rumors and misinformation. Health and hygiene information dissemination activities has reached almost 1.6 million people through various channels including face-to-face activities, social and traditional media. PMI NHQ continues to coordinate with and support its provincial chapters with technical and material support. Provincial chapters have also continued to receive disinfection spray equipment, hazard suits, raincoats, goggles, masks and boots from the NHQ. PMI community volunteers continue to be the driving force for community-based surveillance, in conjunction with the local COVID-19 taskforces, as well as in risk communication activities. Safety measures are strictly observed by volunteers, particularly during field visits. Volunteers have also started various initiatives, including producing cloth masks to be distributed to communities. Responding to the economic impacts, particularly loss of livelihood, PMI has distributed almost 27,000 food parcels, while also analysing and mapping unconditional multi-purpose cash interventions in support of government response plans.

PMI, with support from IFRC, has also conducted a rapid assessment on information sources and needs, highlighting key areas including COVID-19 information exposure, communication channels related to the virus, trusted information sources, preferred feedback channels, information needs and rumours. The internet and social media remain the main source of information, while health centres and PMI are the most trusted sources. Social media and hotline numbers are the preferred feedback channels.

Lao Red Cross (LRC)

The Lao Red Cross (LRC) has been active in responding to the pandemic in the two most visited cities of Luang Prabang and Vientiane from 28 March to 27 April, reaching 11,675 people through public awareness campaigns using Red Cross volunteers (RCVs)with mobile speakers and distribution of leaflets (4,500) and posters (6,200) to tourists, road-users at traffic junctions, wet markets, and airports. In the meantime, LRC has been involved in disinfection spaying in airports in close coordination with the Ministry of Health.

The IFRC CCST in Bangkok has actively coordinated with LRC and partners in country such as Swiss Red Cross, German Red Cross and ICRC throughout the operation and is assisting LRC with a Domestic Response Plan seeking CHF 121,595 to assist at least 10,000 people in five provinces through public awareness, capacity building for RCVs and distribution of hand-soap and masks to the people most in need. In the meantime, the IFRC CCST is in discussion with LRC to assist the National Society to increasing blood supply which is lacking throughout the country due to the COVID-19 pandemic, by providing blood donation equipment such as mini-vans and mobile blood services, as well as equipment to enable LRC to continue operating during such crises. LRC has also received both in-kind (210,800 masks) and cash donation from the public and partners (Swiss Red Cross, German Red Cross, ICRC, Singapore Red Cross and Viet Nam Red Cross Society).

Malaysian Red Crescent Society (MRCS)

MRCS initiated its response to the COVID-19 outbreak on 31 January 2020, focusing on preparedness and prevention. The National Society was invited to a meeting of the National Disaster Management Agency (NADMA) and the National Security Council as auxiliary to the public authorities. MRCS was requested to provide psychosocial support services (PSS) to foreign citizens who had been stranded in Sabah owing to the evolving situation as well as be on standby to provide PSS to Malaysians who were being evacuated from Wuhan. MRCS is, since then, also complementing the Ministry of Health in prevention activities and public awareness.

Prior to the COVID-19 outbreak, MRCS had been undertaking institutional strengthening measures in four branches (Johor Bahru, Pahang, Penang and Sabah) under the Red Ready project. As such, COVID-19 preparedness initiatives in the four states were initiated as part of the Red Ready project. In total some 400 volunteers have been trained nationwide including in Johor Bahru, Kuala Lumpur, Pahang, Penang, Sabah and Selangor. In addition, links to IFRC online trainings were also sent out to staff and volunteers.

Based on agreement with the Ministry of Health, MRCS committed to have its ambulance services support transportation of non-COVID patients. In this regard, MRCS delivered training of its ambulance crew on safe transportation of patients suspected to have COVID-19 to designated hospitals since. Nationwide training of the MRCS ambulance crew focused on branches is states bordering Singapore (in the south) and Thailand (in the north). MRCS ambulance crew were also equipped with relevant PPE as per Ministry of Health guidelines. As of 28 April, MRCS transported 27 patients to designated COVID-19 hospital in Sungai Buloh.

In addition to ambulance services, MRCS mobilized staff and volunteers with medical background to augment the capacity of Hospital Selayang. Prior to being deployed to the hospital, the staff and volunteers were provided with training by specialists from the hospital. The initial training was held on 26 January 2020 and the second training on 21 February 2020. Furthermore, MRCS has distributed 12 ventilators and other medical equipment to hospitals around the country.

MRCS is supporting authorities in Kuala Lumpur and Johor to deliver specific services to the homeless and migrants, its staff and volunteers supported health screening of 520 people in six different locations within Kuala Lumpur. MRCS also provided food packages to homeless people in Johor as well as to migrant workers in Kuala Lumpur.

The MRCS has been instrumental in leading #responseMALAYSIA, which is an initiative that brings together corporations, civil society organizations and communities to coordinate efforts in alleviating the effects of COVID-19 and together help lift the spirit of Malaysians. Through the initiative, contributions amounting to MYR 8.4 million (CHF 1.8 million) had been received as of 30 April 2020. MRCS is co-leading the Malaysia COVID-19 Coordination & Action Hub (MATCH) which is a platform that connects local civil society organizations, relevant government agencies and donors to enhance coordination and impactful action for COVID-19 response and recovery. The aim of MATCH is to deploy aid effectively, equitably, with speed and avoiding overlaps and redundancies.

Myanmar Red Cross Society (MRCS)

Since February the Myanmar Red Cross Society (MRCS), in close coordination with the Ministry of Health and Sports (MoHS), had mobilized over 2,000 RCVs actively involved from 289 townships its 330 branches across the country providing Risk Communications and Community engagement (RCCE), temperature screening, quarantine services and surveillance activities both in border areas and communities, psychosocial support, handwashing campaign, and disinfection at community levels, including pamphlet distribution, billboards in key township locations to support MoHS messaging and use of loudspeaker. As of 30 April, MRCS had reached 2,131,731 people. MRCS conducted two Epidemic Control for Volunteers (ECV) trainings of trainers (ToT) in Naypyitaw and Yangon (60 volunteers trained in March), followed by multiplier trainings in community-level by 400 RCVs. The RCVs are encouraged to do psychosocial support (PSS) via phone calls, messenger and other similar mobile tools. MRCS's "Go Away Corona Challenge" aiming to provide PSS to both general and vulnerable population and remind people of preventive measures such as hand washing and coughing on elbows, including social distancing, attracted more than 1.3 million views and over 20,000 shares on social media. As resources are being mobilised, volunteers have been given face masks, sanitizers and soap for hand washing. MRCS Township branches are also supported with same materials including fixed fund distribution of MMK 500,000 (approx. CHF 350,000) for operation. So far, 15 townships in border areas have received this support.

Additionally, MRCS has submitted Humanitarian Management Fund proposal 'COVID-19 response in Kayin and Shan States' for USD 891,587, with planned implementation period of 6 months that is planned to cover targeted IDP camps with Health, WASH, NFI/shelter/CCM and protection aspects. The proposal submitted is targeting total of 60,000 people.

ICRC aims to maintain family links, to mitigate the stressful effects of the COVID-19, to surf the Internet - offering a mobile top-up bill service will be included in the coordinated response for measures to ascertain and manage risks of nationals from borders arriving and being hosted at quarantine centres (e.g. Kachin, Kayin, Mon, Rakhine, Shan, Tanintharyi) through the Family links and reunion program.

As a member of the Myanmar Health Sector Coordination Committee (MHSCC), MRCS is supporting government service needs. MRCS is represented by IFRC in the Health Cluster hosted by MoHS and WHO. The IFRC Country Office in Myanmar liaises with WHO, IOM, WFP and UNICEF as well as other health and response actors (e.g. ICRC, HARP). A Risk Communication and Community Engagement (RCCE) group was established to coordinate COVID-19 RCCE activities conducted by the MoHS and partners, with MRCS being named a core partner.

MRCS, IFRC and ICRC are members of the Humanitarian Country Team (HCT) and UNCT that have scaled up efforts to coordinate the response in support of the government of Myanmar to strengthen preparedness and response to COVID-19, while continuing to maintain life-saving operations including in displacement camps and camp-like settings.

All Movement partners in country – ICRC, IFRC, and Partner National Societies (PNS) – have participated in a taskforce established to coordinate the COVID-19 response. Movement partners have been active in planning and reviewing the COVID-19 operation and to raise funds, including with local donors.

Philippine Red Cross (PRC)

Philippine Red Cross (PRC) continues to scale up its response to COVID-19 through its wide network of chapters and volunteers. PRC support is based on its four pillars of response: surveillance, (ii) support to health system and authorities, (iii) community action and (iv) business continuity plan.

PRC has launched a national appeal worth CHF 57.69 million for its COVID-19 response. So far, PRC was able to raise 23 per cent funding (or approximately CHF 13 million) from different funding sources: CHF 3.5 million from domestic fundraising, bilateral and ICRC support. The IFRC Philippines country office has disseminated PRC Domestic Response Plan to in-country partners. The plan which has a current funding requirement of approximately CHF 10 million will support PRC with the delivery of activities against its four pillars of response. To date, CHF 5 million has been committed, along with an in-kind donation of PPE confirmed from the Swiss Red Cross, which will be channelled through the IFRC.

PRC has also entered into a collaboration with UNICEF, which will focus on capacity building activities for staff and volunteers using online platform (in the areas of infection prevention and control (IPC), RCCE, prevention and responding to family separation, concerns on MHPSS, Violence Against Children (VAC), including sexual exploitation and abuse (PSEA)), support to WASH activities, support to the helpline, and establishment of medical tents.

The IFRC country office continues to coordinate closely with ICRC and PNS. PRC calls regular Movement coordination meetings and issues situation updates. The IFRC country office also attends the virtual HCT meetings and engages with relevant clusters for the response.

In the Philippines, one of the needs caused by the community quarantine is the disturbance of livelihoods especially for the poor. PRC is targeting the poor with Cash and Voucher Assistance (CVA). CVA will be integrated with the community surveillance activity (pillar 1) and supported by RC143 as part of a broader community engagement approach. An initial 5,000 families will be under a pilot program, which will then be expanded to families as part of a rollout over coming weeks/months.

There are 101 chapters actively engaged in the COVID-19 response throughout the country where 92 chapters were provided with equipment and tools to be used for regular disinfection. PRC has mobilized 2,000 staff and 4,700 volunteers to respond to the needs brought by COVID-19.

Singapore Red Cross Society (SRCS)

The SRCS is responding to the needs of vulnerable groups affected by the COVID-19 outbreak, with priority on older people, homeless people and migrant workers. As of 30 April 2020, SRCS had committed approximately SGD 2 million for its domestic response to COVID-19.

The National Society has provided essential packages including food, healthcare, hygiene and medical items to 1,000 older people. As part of its Home Monitoring and Eldercare (HoME+) services, SRCS is monitoring its clients and providing social calls to ensure that they are safe. The National Society has also agreed with the Singapore Civil Defence Force (SCDF) that any situation that requires community responders to go to the houses of the older people in need will be handled by SCDF. The volunteers are providing psychological first aid (PFA) to the older people as and when needed. SRCS is also providing vouchers for food and essential item vouchers. The vouchers enable recipients to obtain food and essential items from stores closer to where they live. Finally, as part of its Medical Chaperone and Transport (MCT) service, continues to provide transportation for older people who need to visit the hospital – for other routine checks – at this critical time. All staff and volunteers have been trained and must follow strict protocols because they are handling a group that is fragile and highly vulnerable to COVID-19.

Services for migrant workers: SRCS has provided food and essential item vouchers to 15,500 migrant workers. The vouchers enable the migrant workers to obtain food and essential items from stores that are closer to where they live. The National Society has also prepared to distribute up to 300,000 surgical masks to migrant workers and is planning to scale up services to address a wide range of needs.

Services for homeless people: SRCS is considering providing accommodation for homeless people impacted by circuit breaker – movement control – measures put in place by the authorities. SRCS has piloted this intervention by providing one homeless family with a place to stay at the National Society's campsite. The support will be scaled up based on lessons learned from the pilot.

Pandemic Preparedness Centre for Excellence: In its role of operationalizing the Pandemic Preparedness Centre for Excellence for South East Asia, in March SRCS organized two webinars that had participation of all South East Asia National Societies and IFRC technical leads. The webinars covered four topics. The first topic was Epidemic Control for Volunteers (ECV), which aimed to equip volunteers with basic understanding of epidemics and how they can take measures to protect themselves. The second was Emotional and Mental Well-being, with focus on understanding emotions that individuals may experience and some practical tips for personal self-care and protection. The third was Lessons from China, in which the SRCS staff deployed to China as part of the IFRC Rapid Response Personnel (RRP) shared his experience from the COVID-19 response efforts in China. The last was Business Continuity Planning (BCP), in which SRCS shared their experience in actioning BCP.

Thai Red Cross Society (TRCS)

The Thai Red Cross Society (TRCS) has been actively providing support to home quarantined households in 58 provinces through the distribution of at least 93,090 relief kits (equivalent to CHF 2 million) and drinking water. The request came through its PhonPhai App which is validated by local authorities and Red Cross chapters before reaching to the Headquarter. The relief kits are distributed to the most vulnerable who lack basic necessities and who have not received assistance from any organizations. In addition, TRCS has launched a 10 million facial cloth mask production together with the Ministry of Public Health and Thailand Post aiming to provide masks to village health volunteers and workers and those who conduct home visit of people under quarantine in some provinces.

TRCS has developed its Domestic Response Plan (CHF 1.3 million) with support from the IFRC CCST, to produce an addition one million facial cloth masks for at least 500,000 migrants living in Thailand along with public awareness and blood donation equipment (mobile blood clinics) to increase the blood supply throughout the country, including in rural areas, due to the significant drop in donors and supply due to the pandemic. In the meantime, TRCS has launched its public donation campaign calling for public donations to reach to the most people most in need. TRCS has also received support from ICRC (100,000 masks and CHF 15,000 in cash).

Timor-Leste Red Cross (CVTL)

The Government of Timor-Leste, with guidance from the WHO and other entities, has activated an Integrated Crisis Management Centre to ensure effective coordination and operationalization of response against the pandemic in country. The first positive COVID-19 case in Timor-Leste was identified and announced on 21 March 2020. On 27 March 2020, the President of the Democratic Republic of Timor-Leste declared a State of Emergency. With this declaration, public and private schools were closed, majority of commercial activities are not allowed except for essential services such as for groceries. Mass gatherings (groups of more than 10) were banned. Social distancing was encouraged, and a one-meter individual distance was enforced. The government has also been actively disseminating key messages for COVID-19 prevention on social and traditional media (including TV), highlighting good hygiene practices and promoting social distancing – minimizing physical interactions and maintaining at least one-meter distance. The government also requested all public institutions and private sectors to provide hand washing stations in offices. In addition, as the government increased restrictions on movements throughout the country, the government closed its borders temporarily to all citizens, both foreign and national, from entering the national territory on 13 April 2020. As of 5 May 2020, the cumulative number of COVID-19 cases is 24 with zero deaths. Currently, there is no local transmission detected within the country. All cases are imported cases.

IFRC CCST Jakarta has been supporting the Timor-Leste Red Cross Society (CVTL) in resource mobilization, engaging regional and global funding partners, and humanitarian diplomacy activities including with UN agencies in-country. IFRC CCST has been providing technical support to CVTL counterparts to develop its national response and business continuity plans, resource mobilization strategy and coordination mechanisms. Technical support is also given remotely in health and water, sanitation and hygiene promotion.

CVTL is an auxiliary to the government of Timor-Leste and has worked closely with the government since the situation unfolded. On 22 March 2020, CVTL and the Ministry of Health signed a Memorandum of Understanding (MoU) to support the government health response which largely includes mobilization of volunteers for COVID-19 as well as other health support in country such as dengue outbreak prevention and tuberculosis prevention. CVTL national headquarters and branches continue to disseminate COVID-19 information in rural and urban areas across the 13 districts and in the capital Dili. CVTL branches are also monitoring the situation and are meeting with local development partners and government agencies. In Ermera, the CVTL branch has supported the installation of tents in the border of the town with Bobonaro, which are used by medical and security teams to screen people passing through. In Covalima, the CVTL branch has, in cooperation with local partners, installed a water tank for a handwashing station at the police station. While in Dili, CVTL supported the Ministry of Health with disinfecting materials.

Viet Nam Red Cross Society (VNRC)

The Viet Nam Red Cross Society (VNRC) has been an active member of the National Steering Committee on COVID-19 Pandemic Prevention and Control, chaired by the Deputy Prime Minister and other related ministries. The VNRC chapters have also been members of the Provincial Steering Committee for Disease Prevention and Control. Meetings occurred daily in the first four weeks (first wave during March) and weekly from April to date where VNRC could share with and update information from other members for better coordination and reinforce the response plan. As at 30 April, VNRC has reached at least 1,475,667 people (959,183 female; 516,484 male) by providing them with facial masks (2,475,555 pieces); hand soap and gel (352,815 pieces); flyers (15,256); cash grants (8,912 households) and video clips, news and set up information counters in almost 63 provinces nationwide. Through public awareness and public education campaigns, tens of thousands of blood donors have given their blood in spite of blood shortages nationwide, which is acknowledged as a serious consequence of the COVID-19 pandemic. VNRC has also launched a domestic fundraising campaign, its Humanitarian Month of May, by appealing to the public to make donations for the vulnerable people which are affected by the COVID-19 pandemic. It aims to have humanitarian marketplaces in all 63 provinces where vulnerable people will be assisted with both in-kinds and cash donated by domestic businesses and partners. In addition, VNRC

has made in-kind donation of facial masks to Cambodian RC, Lao RC, American RC and cash donation to IFRC Global Appeal of CHF 30,000.
VNRC aims to reach at least one million people (lost incomes as a result of the pandemic, in-patient treatment cases who has difficulty in recovering their livelihoods, elderly, women) in coming months through (i) provision of food and non-food items (Humanitarian Month of May) across the country; (ii) public awareness and public education activities; (iii) distribution of mask, hand-soap, hand gel and IEC materials; (iv) provision of livelihoods support via cash grant and/or vocational trainings and packages. IFRC will support the VNRC domestic plan in the amount of CHF 1.2 million to assist 419,000 people. VNRC expects to raise an additional two (2) million CHF with domestic fundraising (currently at CHF 913,000) to achieve the above-mentioned targets.
VNRC has also received financial support from Partner National Societies of the United States of America, Germany, Singapore, Switzerland and the ICRC.

South Asia

Bangladesh Red Crescent Society (BDRCS)

Since 30 April, BDRCS has reached over 1.3 million people with awareness messaging nationwide. In addition, over 400,000 people with hygiene materials, i.e. handwashing soaps, hand sanitizers, including Cox's Bazar camps. Over 40,000 food parcels/pack distributed nationwide among 40,000 households, an estimated 200,000 people reached. (49,000+ food parcels/packs to be distributed in the coming days. As of 30 April, BDRCS's total food pack target is 88,434.)

Over 2,100 hospitals, health centres, government offices, police stations, bus stations, railway stations and other public places disinfected. Over 90,000 pre-monsoon kits distributed a combination of some hygiene and shelter items by BDRCS MRRO funded by UNHCR in CXB district. Also, among 35,000 households Liquified Petroleum Gas (LPG) distribution in camps and host communities by MRRO and among 30,000 households, solar lamps distributed. Total number of individuals reached through PSS is 1,897. In terms of COVID-19, a total of 89 calls received were through the BDRCS Hotline Number in its national headquarters. Volunteers were engaged from all 68 branches, community volunteers and cyclone preparedness volunteers by BDRCS: Over 13,500 deployed nationwide at peak periods. BDRCS through national fund-raising activities have so far raised about CHF 200,000. BDRCS has also received in-kind goods, such as PPEs from Novartis and bottled water from Coca Cola.

Extensive National Society membership and Movement and external coordination efforts have taken place both at the Dhaka and Cox Bazar levels. These include:

- Weekly PNSs teleconferences.
- Weekly Movement coordination teleconferences.
- Tripartite Meetings: BDRCS/IFRC/ICRC Heads- 2 have taken place with mini-summit and as part of SMCC.
- RC/RC Heads Membership WhatsApp.
- COVID-19 WhatsApp on development of crisis.
- Weekly reporting.
- External Coordination for Cox Bazar (Dhaka, SEG/ Cox Bazar, HoSOG and ISCG).
- APRO teleconferences- weekly heads and daily technical teams.
- Movement National Task Force formed and convened 3/5. It will be fortnightly: BDRCS/ICRC/IFRC and underpinning sectoral working groups in with shared leadership/responsibilities. This is underpinned by nine work groups/solution teams to reinforce the work already happening with a more structured manner to ensure coordination along with a focus on essential parts to support implementation such as coherent cash flow forecasts, risk management, technical support amongst others.

Bhutan Red Cross Society (BRC)

The COVID-19 operation reached out to 752,000 people. More than 4,700 volunteers are in the frontline supporting the communities. BRC's total estimated expenditure amounts to CHF 439,000, including CHF 200,000 from IFRC and CHF 239,000 from its own resources. The aspiration plan of the National Society is estimated to be CHF 500,000 in line with the global guidance for COVID-19.

The number of confirmed cases is limited to only seven as at 28 April. BRC's COVID-19 response has been imperative in the country; 34,000 people had been screened in 51 clinics (disaggregated data yet to be collected); awareness raising; medicines for elderly population; and disinfection of vehicles, social distancing and community water supplies in border villages. Aside to this, Red Cross taxi drivers support in contract tracing and reporting. BRC produced face shields from locally available material are highly used by the volunteers and staff during community interventions.

As an auxiliary body, BRC works with the government in the areas of containment, isolation and social distancing activities, distribution of hand sanitizers, flu clinics. BRCS is also a member in the National Emergency Committee (NEC) and the only agency in the country assigned for dead body management by the Ministry of Health. BRC represents the entire Movement (National Society, IFRC and ICRC) in the coordination forums and with other UN bodies in the country.

Indian Red Cross Society (IRCS)

IRCS's COVID-19 operation has reached out to more than 10 million people in India. There are about 42,000 volunteers in 1,100 branches who are on the frontline, and in the periphery with the local authorities supporting the COVID-19 operation. IRCS has an overall domestic response plan of CHF 13 million, including the resources spent and planned. IFRC's incremental supports transferred and in pipeline estimated to CHF 6 million. There is a trend of rising curve of COVID-19 cases in India with 35,902 active cases, 15,266 cured, 1,783 deaths and one migrated. Phase 3 lockdown is in force up to 17 May. The epidemic has shown significant impact on the lives of migrant, urban poor and other vulnerable sections. Food security, income remain key issues among other needs to protect lives of people.

IRCS being as auxiliary to the government is supporting people in community kitchens, distribution of dry ration, community surveillance and community service, logistic support to quarantined homes and centres, Red Cross ambulances for transporting patients, distribution of masks, gloves, soaps, IEC material, etc. shelter homes, Red Cross hospitals and isolation centres, establishing link between stranded people and their families, and advocacy and social distancing. IRCS's blood service is an essential service acknowledged by the government. Eighty-nine blood banks in country in full action- uninterrupted supply to Thalassemics and other blood transfusion dependent patients

Response summary

- Items distributed include masks: 21,05,900 (Sanitizers: 4,46,185, soaps: 11,85,355 and other items: 2,14,032)
- Food & dry ration: 16,683,472 people
- Shelter homes: 14,814 people
- Isolation/Quarantine Facilities: 8,157
- Blood donation camps: 643 camps
- Blood units collected: 27,410 units
- Blood components issued: 17,300 units
- Psychosocial support: 56,245 people
- Ambulances vehicles deployed: 507 deployments

Coordination among the Movement partners (National Society, IFRC and ICRC) are conducted weekly in addition to specific meetings with the senior management and program staff to strengthen and support the operation. IFRC is also facilitating coordination among the National Society in the region.

Maldivian Red Crescent Society

The COVID-19 operation reached out to 54,000 people. More than 500 volunteers are in the frontline supporting the communities and the migrant workers. MRC's total estimated expenditure amounts to CHF 220,000, including CHF 200,000 from IFRC and CHF 20,000 from its own resources. The aspirational plan of the National Society is estimated to be CHF 750,000.

The country has reported confirmed 519 cases, 17 recoveries, and 1 death. The national public health emergency is extended until 30 May. MRCS is a leading organization in the country providing MHPSS and is a member of NEC. Due to emerging problem of migrants, the National Society is intensifying response by providing food and shelter, established appeal support fund, coordination with the embassies of the respective countries to support the people during the outbreak. MRCS is representing the movement in coordination forums at the government and other coordination forums in the country in addition to weekly coordination meetings with IFRC CCST and regional dialogues.

Nepal Red Cross Society (NRCS)

In Nepal, sporadic cases (as per WHO definition) have been confirmed in the country (99 as at 7 May, with no deaths reported to date), so that the main focus in on preparedness, with three localized clusters of cases (Parsa, Udayapur and Banke (Nepalgunj Sub-Metro) districts). Given the situation, all development projects were put on hold since the end of March and the National Society is now completely focusing on COVID-19-related efforts, for which there is a great cooperation with the Ministry of Health and Population as well as authorities at all levels. This is, to date, mostly a local response, were focus on continuity of essential services: blood transfusion and ambulance (236,000 pieces of PPE distributed, 148 ambulance drivers oriented, with most of the 242 ambulances having enhanced their IPC features, etc.)

In addition, risk communication and community engagement (awareness sessions directly reaching 163,026 persons, 126 radio programs produced and daily social media presence). More than 500,000 IEC materials were distributed, and the NRCS hotline received 362 calls and responded. This also includes reaching more than 6,000 people with hygiene promotion and distributing more than 15,000 bars of soap in the country. NRCS support to quarantine sites established by the government (more than 160 hand washing stations built and around 18,000 NFI/WASH items provided to quarantine sites).

Furthermore, NRCS supported in the initiation of PSS activities (274 persons benefitting from psychosocial first aid). Institutional preparedness, including the preparation of necessary policies and tools, ECV training, integrated planning process for COVID-19 and monsoon preparedness. The NRCS COVID-19 Preparedness and Response Plan is being finalized as of late April, based on an Approach Paper developed in early April providing the main directions for all COVID-19-related interventions.

Pakistan Red Crescent Society (PRCS)

PRCS was called to action soon after Pakistan reported its first case of CVOID-19 by the end of February. Working auxiliary to the government, the society provided emergency support by dispatching 10 medical support vehicles with volunteers and logistic

support at the quarantine centres at the Iran and Afghan borders along with key entry points in major cities i.e. Islamabad, Karachi and Lahore. The first screening camp of the Government of Baluchistan at the Pakistan - Iran border, Torkham was facilitated by PRCS volunteers to screen pilgrims and helped the transfer of suspected cases to quarantine facilities established at the border. PRCS mobilized volunteers and health staff at Peshawar and Karachi Railway Stations for the screening of passengers (over 20,000 people were screened by PRCS staff and volunteers). Furthermore, in terms of preparedness, a nationwide well trained PRCS Muhafiz force of volunteers deployed in 17 major cities of Pakistan (Punjab: 11, Sindh: 1, GB: 1, Baluchistan: 1, AJK: 1, ICT and Rawalpindi: 1). Data of 24,993 HHS were registered through Muhafiz Mobile Application. Total 3,114 families have received food packs throughout the country. The force has so far distributed IEC material to thousands of beneficiaries and made over 1,068 announcements from mosques, churches and temples as part of community awareness.

The Corona Crisis Management Unit established at national headquarters and all seven provincial headquarters has so far referred 1,394 suspected cases to designated facilities. A 24/7 Virtual Call Centre at national headquarters and an AHAGI Call Centre in Sindh established to provide Coronavirus-related information to the callers. Some 1,272 PPEs and 49,150 N95 masks have been distributed at the government health facilities.

Sri Lanka Red Cross (SLRC)

The COVID-19 operation reached out to 500,000 people. More than 570 volunteers are in the frontline supporting the communities. SLRC's total estimated expenditure amounts to CHF 908,000, including CHF 300,000 from IFRC and CHF 608,000 from its own resources. The aspiration plan of the National Society is estimated to be CHF 2 million.

Sri Lanka has seen 771 confirmed cases and 71 deaths from COVID-19. Containment, social distance and medical response activities are in full swing. The National Society is actively engaged in Social Behaviour Change Communications (SBCC), IEC material distribution, awareness campaigns, volunteer capacity development, PPE manufacturing in technical collaboration with the Government of Sri Lanka and the garment industry.

SLRC is representing the Movement in coordination forums at the government and other coordination forums in the country in addition to weekly coordination meetings with IFRC CCST and regional dialogues.

Pacific

Cook Islands Red Cross Society (CIRCS)

There are no confirmed cases in Cook Islands. The National Society response has been focused on health and hygiene messaging through social and mainstream media.

Fiji Red Cross Society (FRCS)

Fiji has recorded a total of 18 COVID-19 cases since the pandemic started. Fourteen patients have been recovered. The government has introduced travel restrictions and limited public and social gatherings. FRCS has trained 58 volunteers from 15 branches on basic messaging for COVID-19. They have been able to reach 2,976 people in 24 communities through COVID-19 awareness activities. Due to travel restrictions limiting access to communities, FRCS has produced COVID-19 information and awareness videos and translated them into the four common languages. The video has been shared through social media, local television and advertising screens in the main city area.

Kiribati Red Cross Society (KRCS)

There are no confirmed cases in Kiribati. Due to restrictions in movement and travel, KRCS response has been focused on community health and hygiene messaging.

Marshall Islands Red Cross Society (MIRCS)

There are no confirmed cases in the Marshall Islands. MIRCS is actively providing health, hygiene and solidarity messages through social media. The National Society is also represented in the Public Information Dissemination on COVID-19 meetings with partners and communications stakeholders.

Micronesia Red Cross Society (MRCS)

There are no confirmed cases in Micronesia. MRCS is represented in the National Emergency Taskforce. The MRCS head office and state offices in the states of Chuuk, Kosrae and Yap have been actively engaged in community health and hygiene messaging.

Palau Red Cross Society (PRCS)

With no confirmed COVID-19 cases in Palau, PRCS's focus has been on providing an auxiliary support function in preparing for cases imported to the country and to support rapid containment of localized outbreaks should they occur. PRCS is an active member of NEC which provides technical advice and coordinates all COVID-19 preparedness and prevention plans in the country, while PRCS

is also a member of the NEC Planning and Logistics Sub-Committee. PRCS has worked in partnership with Ministry of Health (MOH) for the printing and dissemination of IEC Materials. Through IFRC coordination, the support of Australian Red Cross (ARC) and ICRC through funding communications activities related to COVID-19 and initial set up funding for training of volunteers and mobilization was secured.

PRCS focus has been on streamlining and promoting public awareness on key messages to the public from the MoH, Office of the President and IFRC through social media, supporting MoH in printing of IEC materials and translation of IEC Materials for dissemination to the community.

Papua New Guinea Red Cross Society (PNGRCS)

There has been a total of eight sporadic COVID-19 cases in the entire country. All of them have fully recovered and there are no deaths due to COVID 19. PNG Red Cross Society (PNGRCS) has been engaged in RCCE since the outbreak of the virus in its six branches with a plan to expand it to 11 branches by end of June 2020. PNGRCS has been able to reach out to 7,766 individuals so far, providing awareness sessions on COVID-19 and on the importance of personal hygiene, social distancing and adhering to local health advisories.

PNGRCS aspirational budget is CHF 100,000, out of which CHF 90,000 have been allocated. IFRC Country Office, along with PNGRCS, are in discussion with DFAT Australia, Australian Red Cross, Coca Cola, Nestle and some local donors for collaborations. Regular weekly meetings are being held as part of SMCC to strengthen Movement coordination and collaboration in getting prepared and responding to the potential COVID-19 situation in PNG.

Samoa Red Cross Society (SRCS)

There are no confirmed cases in Samoa. SRCS has been conducting public awareness on COVID-19 through television and radio programs and through community outreach. The community outreach focused on household assessments on WASH and other health needs. The National Society also assisted communities to identify isolation units within their households and communities in case they have confirmed cases. SRCS reached a total of 8, 075 people from 15 communities through public awareness.

Solomon Islands Red Cross Society (SIRCS)

There are no confirmed cases in Solomon Islands. SIRCS has provided COVID-19 trainings for 38 volunteers from branches and has been collaborating with town councils and health promotion teams to conduct public awareness on COVID-19. The teams have been able to reach 43 communities.

Tonga Red Cross Society (TRCS)

There are no confirmed cases in Tonga. The National Society has been conducting health and hygiene messaging through social media and distribution of leaflets. TRCS has distributed 13,211 COVID-19 awareness and preparedness leaflets in over 70 communities.

Tuvalu Red Cross Society (TRCS)

There are no confirmed cases in Tuvalu. TRCS has been involved in community health and hygiene awareness through the printing and distribution of IEC materials. A total of 91 staff have been trained on COVID 19 response.

Vanuatu Red Cross Society (VRCS)

There are no confirmed cases in Vanuatu. Tropical Cyclone (TC) Harold affected Vanuatu as a Category 5 cyclone in April and caused significant damages to four provinces (Torba Sanma, Penama and Malampa). As such, VRCS focus has shifted to the TC Harold response. However, COVID-19 messaging continues in other provinces and has been integrated into TC Harold response in affected provinces.

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Africa

3-Months Operations Update

45,916 total confirmed cases in Sub-Saharan Africa

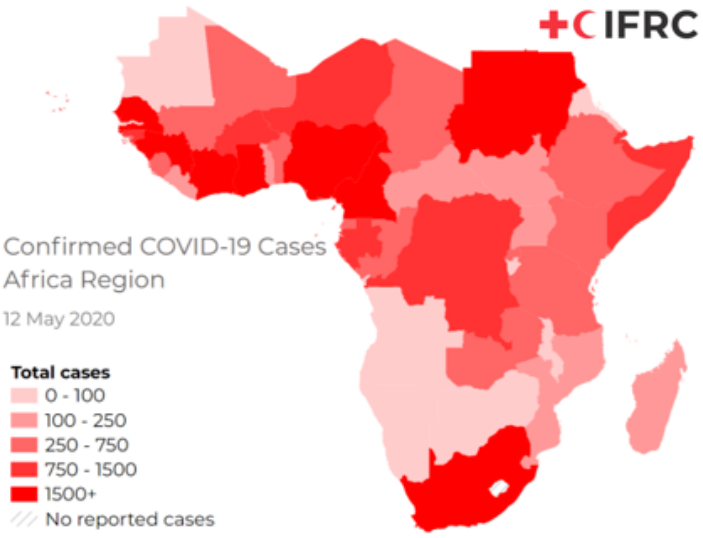
1,108 total confirmed deaths in Sub-Saharan Africa

as reported by WHO, 13 May 2020

National Society Response

According to COVID-19 activity monitoring, 44 National Societies are engaged in...

32	44	32
Health	RCCE	Institutional Readiness



Number of National Societies engaged in selected activities:

Health:

- **21** Screening and contact tracing
- **17** Psychosocial Support
- **9** Clinical, paramedical, or homecare services
- **8** Emergency social services for quarantined individuals

Risk Communications & Community Engagement (RCCE):

- **44** Face to face Social mobilization
- **32** Community feedback mechanism
- **26** interactive Radio shows

Institutional Readiness:

- **30** Contingency Planning
- **24** Business Continuity Planning
- **25** Internal Risk Communications

Context Analysis

The COVID-19 virus reached the Africa region later than other regions, and though the numbers of cases in most countries have remained below the initial trajectory given, they are on the rise and at an alarming rate in some countries. The World Health Organization (WHO) Regional Office, in a newly released study, has predicted a prolonged outbreak in Africa, with the possibility of 29 to 44 million people being infected in the first year of the pandemic if containment measures fail. Further, the WHO study finds that 3.6 to 5.5 million people affected with COVID-19 would need hospitalization, of which 82,000–167,000 would be severe cases requiring oxygen, and 52,000–107,000 would be critical cases requiring breathing support. The study predicts 83,000 to 190,000 COVID-19 related deaths in Africa[2]. The prolonged period of the outbreak and a high number of cases will overstretch the current weak health systems in most countries that are already characterized by heavy disease burdens including HIV/AIDS, cholera, measles, Ebola. WHO data released 13 May show that 23 countries have confirmed community transmission, 15 countries have clusters of cases, 10 countries have sporadic cases and Lesotho was the last country in the continent to confirm COVID-19 case in Sub-Saharan Africa with one imported case.

With an estimation of five ICU beds per one million people in Africa[3] and some countries such as Angola, Burkina Faso, Burundi, Central African Republic, Cote d'Ivoire, Congo Brazzaville, Guinea Bissau, Lesotho, Malawi, Mali, Mozambique, Niger, Sao Tome and Principe, Seychelles, South Sudan, and Zimbabwe having no ICU beds at all to treat COVID-19, the majority of the COVID-19 cases in Africa will likely be unable to access much needed health services. In the cases of the critically ill, ICU services can mean the difference between life or death. There have also been growing concerns over the increasing number of health workers who are getting infected by COVID-19 in Africa. This is likely to put pressure on health systems that are already underfunded and stressed by other diseases.

Given the risks and vulnerabilities in Africa, coupled with the rising epidemiological caseload, IFRC Africa's operational strategy has shifted towards increased focus on supporting NS's with pre-clinical care interventions (testing and initial

[2] https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled
[3] https://www.afro.who.int/news/covid-19-pandemic-expands-reach-africa

triage, support to management of mass confinement and isolation centres, organization of such centres in rural areas, psychosocial support and post-isolation and hospital discharge support, etc). For this, the IFRC is 1) Preparing guidance to the NS's on how to engage and support national Health Authorities on these response interventions with NS volunteers and staff.; and 2) Seeking to build up material support to the NS's in support of realizing these critical interventions. The above is being done in addition/integrated to our six pillars described below.

Role of the RCRC in Africa

In all countries in Africa, National Societies are recognized as auxiliary to government and are playing key and integral roles in the overall country response. In some countries, the National Society is officially tasked as leader of one of the pillars of the national response (for example, Risk Communication and Community Engagement), and in others, they are tasked by the government to provide ambulatory, testing or other essential response and health services. The unique and critical role that NS's and especially their volunteers play in the response to COVID-19 is recognized by national governments through national plans, as well as the exemptions which NS's have been given to some of the restrictions on movement and activities. The ability of volunteers to interact with their communities, pass on critical information, engage in prevention and health promotion activities, and provide clinical services, is well recognized and continues to fulfil needs which would otherwise go unmet.

The overall operational objective of the COVID-19 response in Africa is to reduce mortality and morbidity from COVID-19 while protecting the safety, wellbeing and livelihoods of the most vulnerable. This will be done by supporting efforts to contain, slow or suppress transmission of the virus, helping to maintain access to essential healthcare services, and strengthen gender-sensitive protection and socio-economic well-being. The IFRC strategy in Africa has shifted from a focus on helping African National Societies to prepare for COVID-19 to supporting emergency response, in coordination with public authorities, around six main pillars:

- **Health and care**, which may include ambulance and pre-hospital care, the provision of essential supplies such as test kits and personal protective equipment, support to cohort isolation and quarantine programs, implementation of infection prevention and control measures, point of entry screening, psycho-social support to vulnerable populations, contact tracing and community-based surveillance.
- **Risk communication and community engagement** such as mass media and public communication campaigns to promote safe behaviours and programs that build trust and counteract misinformation and panic by administering community feedback mechanisms and rumour tracking
- **Livelihoods**, to mitigate the socio-economic impact of the pandemic through programs to maintain access to food and basic needs, protect livelihoods and household assets. These interventions will be implemented through cash, vouchers or in-kind assistance, depending on the specific operational context of different countries and will be of a long term nature, spanning over two years and integrating whenever possible and feasible actions in response to the other disasters, notably floods, droughts, other health emergencies, consequences of which converge with those of COVID-19 pandemic.
- **Migration and Displacement**: Provide COVID-19 information and other material support to refugees, asylum seekers, IDPs, returnees, migrants and host communities.
- **Shelter and Settlement**, including the provision of households' items to support decongestion and mitigation of COVID-19 in fragile sheltering settings.
- **National Society Development** – as in all interventions, an overarching and a fundamental element of the IFRC's global mandate and value-proposition, which builds the capacity of local Red Cross and Red Crescent Societies to manage operations well and better position themselves to prepare for and respond to future crises that may arise. This crisis presents a major opportunity to strengthen the National Societies auxiliary role through their multi-faceted action, providing recognition of the public authorities and public at large.

Coordination

Given the scale of this emergency operation, the IFRC in Africa has prioritized the provision of strong coordination support to our membership and the broader Movement. This is to not only ensure a harmonized response, which capitalizes on the individuals' strengths of our membership but to exhibit the strength of the IFRC in the fulfilment of its coordination role vis-à-vis Secretariat membership. As such, one of the first bodies established following the outbreak

of COVID-19 was the Movement Operations Group, which meets weekly to coordinate the Movement's response action across the African Continent and actively involve all partners in operational coordination. More than 30 representatives of Partner NSs and ICRC take part in this weekly call. Similarly, given the wide footprint the Movement has across Africa, considerable effort is being made to augment the IFRC's COVID-19 coordination architecture by integrating Movement partners with representation and active support to the ongoing COVID-19 operation in countries where IFRC has no physical presence. The Movement Operations Group provides a strong platform to coordinate these initiatives, discuss operational successes and challenges, and promote coordination and collaboration amongst Movement partners. In addition, the Regional Directors of IFRC and ICRC are engaged in weekly coordination calls, which helps to ensure a strongly coordinated effort between the IFRC and ICRC across the African continent.

To coordinate the IFRC response operation across the African Continent and provide continuous support to our membership, the Africa COVID-19 Team was established with technical representatives and focal points assigned at the Regional, CCST, and Country-levels. Reporting through the Head of Operations to the Africa Region's strategic management cell, chaired by the Regional Director, this team is charged with oversight and monitoring of the operation, technically guiding African NS with preparedness and response efforts for COVID-19, and coordinating with the IFRC structures to ensure alignment with the global strategy. This structure is fully integrated in the existing organic chart of the Africa Region and, as such, has not created a parallel response structure for COVID-19. Rather, it utilizes existing staff and augments unit capacities as necessary to strengthen the Region's HR structures sustainably.

Health and WASH

Community health and hygiene promotion activities

- Together with CEA, the health unit developed a merged training package for COVID-19 focusing on ECV and RCCE for use by the NS. National societies engaged in community-level health and hygiene promotion activities are encouraged to use either this package or add on the eCBHFA COVID-19 module to existing CBHFA programmes. National Societies are encouraged to pick the packaged they are the most comfortable with.
- 44 National Societies are actively supporting community-level health and hygiene promotion activities, focusing on promoting positive behaviour change centred around handwashing, safe cough etiquette, physical distancing and what do if they or someone they know fall sick.
- Guidance developed by the Regional office specific to Africa NS for working in congested settings (such as camps, and densely populated urban areas), volunteer safety and staff protection and testing has been shared to support National Societies running programs in these areas.

Clinical, medical and paramedical services

- Nine National Societies are providing clinical or paramedical service to supplement health system or provide specific COVID-19 care
- National Societies are supporting existing Red Cross Red Crescent (RCRC) health facilities to be better prepared for COVID-19 associated risks in health care settings, this includes ensuring that staff are trained and equipped in Infection Prevention and Control (IPC) measures for COVID-19. The focus is on ensuring these health facilities can remain operational to ensure that other essential health services continue to be available to communities.
- National Societies are supporting existing RCRC ambulance services in support of Ministries of Health in the transport of suspect and confirmed cased of COVID-19 to designated treatment and isolation facilities. This includes ensuring that staff are trained and equipped in Infection Prevention and Control (IPC) measures for the transport of COVID-19 patients.
- Twelve (12) National Societies are providing infection prevention and control and other health-system interventions to improve care or access to care.

Case, detection, surveillance and contact tracing

- More than 17 National Societies are providing screening and contact tracing services to support ministries of health at both central and local governments.
- At the request of Ministries of Health, National Societies are supporting contact tracing services by making trained volunteers available to support the tracing and monitoring of contacts of confirmed cases of COVID-19.
- National Societies are also supplementing with volunteers to support screening initiatives at points of entry, and strategic points of interest as requested (including hospitals, health centres, distribution sites, and marketplaces).

Mental health and psycho-social support / psychosocial first aid

- More than 15 National Societies are providing psychosocial support (PSS) to affected people as well as quarantined persons.

Community health, home care and emergency social services

- Eight National Societies are providing emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items).

Risk communication and community engagement

- National Societies are conducting a range of hygiene and health promotion activities tailored to their local context, their access to communities and their capacities. Most trusted and efficient communication channels are being used, prioritizing those that allow for two-way communication and interactive discussion of the most relevant topics related to COVID-19 and the response.
- A total of 26 National Societies are conducting interactive radio shows. During these shows, health experts, opinion leaders and community members are discussing topics and answer questions of listeners.
- Social media is also used to engage communities and provide them with correct information on COVID-19. Twenty-eight (28) National Societies are using social media as part of their RCCE approach, 10 National Societies have produced radio jingles and 14 have been sharing videos on COVID-19 via radio, TV, social media and WhatsApp.
- A range of guides and resources have been produced to support a tailored, harmonized and realistic approach to social mobilisation across the region. For example, a guide to safe and remote social mobilization for National Societies was finalized and published. It covers how to carry out face-to-face activities safely, how to advocate to Government and Ministry of Health for continued access during lockdowns, and options for remote community engagement when physical access is no longer possible.

Community feedback mechanisms

- National Societies are supported to find appropriate and innovative ways to systematically track community feedback to counter rumours and misinformation in the community relating to COVID-19, as well as listen and respond to communities' suggestions and concerns. Thirty-two (32) National Societies are already systematically collecting and analysing community feedback related to COVID-19.
- The CEA team is coaching National Societies as well as cluster colleagues on how to manage, code and analyse community feedback data. Several National Societies have already published their own feedback reports, such as Mozambique RC, Nigeria RC and Cameroon RC.
- The community feedback shared by National Societies is collated and analysed at the regional level. Six weekly feedback reports providing the main trends across the countries of the IFRC Africa region have been published and shared internally as well as externally with the broader response and humanitarian partners.

Responding to community feedback

- Communities' concerns, questions, suggestions and rumours are systematically documented to inform social mobilization activities as well as operational decisions.
- Six factsheets addressing main rumours and answering most common questions and concerns of communities for staff and volunteers have been produced and shared widely, making sure communities' questions are answered with the right information and a uniform way across the region. Six short videos featuring Dr Ben, our head of health and care, have been produced to talk about main rumours and questions on COVID-19 and shared via social media and WhatsApp.
- National Societies are also supported to work with media to ensure communities receive the information they need and rumours and misinformation are tackled and webinars with journalists have been organized together with partners such as Internews, BBC media action, WHO and OCHA

Stigma prevention messaging

PGI team has developed technical guidance note on how to consider protection, gender and inclusion in the response to COVID-19 for IFRC and NS staff involved in the response especially PGI and health focal points. Also, a basic guidance note with key messages on PGI and COVID 19 to be used by all staff and volunteers in National society and IFRC staff. This has been shared with all National Societies for Staff and volunteers to be sensitized and use it to ensure the response ensures dignity, access, participation and safety of the community.

Protection, Gender and Inclusion (PGI)

Preventing and responding to risks of violence, exclusion and discrimination

- The PGI team are part of the regional Gender Based Violence (GBV) working group for East and Southern Africa and contributed to developing guidelines on priority actions for GBV clusters and working group during COVID-19 to be used by GBV actors in different countries in the region. The GBV regional working group is a network of humanitarian organizations that work on GBV currently hosted by UNFPA. The PGI team is also actively taking part in the monthly GBV regional working group to discuss how to strengthen prevention and response to SGBV during COVID-19. The working group is made up of different humanitarian actors working in prevention and response to GBV in Africa.
- IFRC and ICRC protection teams held two joint webinars on addressing protection and inclusion in COVID 19 pandemic in English and another in French and Spanish. PGI focal points in Africa attended the webinars.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage

- The PGI focal point persons in Somali Red Crescent was able to integrate PGI considerations into the training that was attended by health workers, volunteers, and coordinators
- PGI team in the region and cluster have been able to offer technical support to National Societies through review of Country plans to ensure PGI is mainstreamed and factored in the COVID-19 response. PGI team developed questions to be included in the activity monitoring tool.
- PGI team in Mozambique Country office supported Mozambique Red Cross in training on protection and PSS for COVID-19 volunteers and community leaders in Sofala, training staff working in centres for the elderly on COVID-19 including PSS and stress management to better support the elderly. They are also coordinating with the Ministry of health to provide IEC material with messages on protection to vulnerable and high-risk groups.

Livelihoods and basic needs

- The livelihoods unit supports the NS through technical guidance on assessments and analysis to enable them to carry out livelihood recovery interventions including agricultural livelihood recovery interventions, market assessments, procurement and contracting of Service Providers to provide Unconditional/multipurpose cash distributions.
- Selection of priority NSs, which have previous experience in CVA programming and expressed willingness to apply CVA assistance in the ongoing emergency operation.
- Assessment of possibilities for CASH/IM support to selected NSs through Netherlands RC Data & Digital support initiative.

Shelter and Urban Settlements

- The shelter unit is putting in place support to National Societies to implement programs linked to decongestion and mitigation of COVID-19 in fragile sheltering settings, through rental assistance programs, the construction of temporary shelters to support quarantine or self-isolation and distribution of household items in a way that avoids spreading the disease and maintains the dignity of the targeted population.
- In addition, the unit will provide technical support to NSs to adapt ongoing programming or fulfil new shelter-related mandates as part of the auxiliary role, including those relating to urban environments
- A Regional Guidance Note on Shelter and Settlements and COVID -19 was developed and further guidance on urban settlements and camp and camp-like settings has been developed and shared with African national Societies in the Region team in French and English
- Further contributions and liaison with Geneva Shelter Unit is taking place to organise a webinar on COVID-19 and Urban Informal Settlements to highlight the work and learn from interventions from National Societies in the Region.

Migration and Displacement

- Included Migration and Displacement related AOF/intervention design in the plans and budgets including coordination and collaboration with regional shelter coordinator.
- Contributed to the development of guidance at National Societies with the aim of enhancing protecting, assisting and advocating for refugees, internally displaced people, migrants and host communities as a group at high risk and particularly vulnerable to the COVID19 pandemic (available on Sharepoint).
- The GVA migration unit and regional counterparts, is putting in place plans to support NS to ensure that Internal Displaced Persons (IDPs), refugees, asylum seekers, returnees, migrants, as well as host communities have access

to essential information, testing and treatment irrespective of their legal status. The unit is planning to support National Societies to have the capacity and tools to make this happen.

DRR

- All of Africa's 21 active operations have developed contingency plans relevant risks in the various contexts. This exercise will be continued at field levels as per the evolving situation. Any revisions of operational strategy in key responses (i.e. DRC Ebola, Mozambique TC Idai/Kenneth, Niger Complex Emergency and Southern Africa Food Security) will be communicated per IFRC SOP through an Ops Update.
- Technical reviews of COVID-19 Country plans and budgets to encourage National Societies to consider DRR activities especially for countries expected to experience a Multi-Hazard operation.
- The DRR team with support from NSD started putting in place support to National Society preparedness for other hazards that might affect some of the regions amid the COVID-19 pandemic.

Strengthen National Societies

National Society Readiness

- The Regional Office is supporting National societies to develop their Business Continuity Plans as well as Contingency plans. Twenty-four (24) National Societies have Business Continuity Plans in place while 40 have contingency plans in place.
- National Societies have also been giving guidance to staff and volunteers such as staff/volunteer health guidelines, travel guidance, risk communications, when to use/not use PPE and guidance on media focal points. In addition, National Societies have been mapping out high-risk activities with risk of exposure and plan for adaptation to reduce risk.
- The National Societies recognizes the gaps in execution of auxiliary role and humanitarian diplomacy. The realities of COVID-19 effects on RCRC influence on governments and key stakeholder's decision making and guiding humanitarian support towards priority needs have been observed as either absent or lacking and denying National Societies the opportunity to be recognized as the partner of choice in humanitarian field. It is in this regard that IFRC worked and delivered to the NS Humanitarian Diplomacy guidance tool that will enable the NS leadership to have confidence and greater leverage on negotiating and deploying persuasive skills when interacting with the governments and key stakeholders

Support to Volunteers

- The National Societies Development (NSD) team has established a baseline data questionnaire and Volunteer insurance survey which will help to inform the establishment of a viable Volunteer Insurance model for the ANS and the development of a comprehensive response and support strategy for National Societies on NSD, PGI, Volunteering and Information Management focused support.
- In addition, the NSD team has been coordinating with National Societies to respond to their challenges which include the development of business continuity plans and response plans for COVID–19 especially around RCCE and Volunteer engagement. Support towards duty of care has been given centre stage with ***Maurice de Madre fund*** now available to provide ***compensation in case of death of volunteers while on COVID- 19 duty***. Whereas this will solve the key aspect of duty of care with any cases of fatality, the Africa Region PSK unit is also engaging with other regional insurance service providers to broadly source for comprehensive medical cover for the regional NS volunteer networks involved in voluntary activities beyond COVID-19.

National Society Financial Sustainability

- Several NSs have identified the challenge of the unfolding economic crisis to their overall organizational sustainability, accountability, and risk management (financial sustainability), and requested specific support in this area.
- IFRC is putting in place support to NSs across the Region to ensure reliable financial mechanism are available for National Societies for long-term development programs in using and adapting the global Guidance and Toolkit for NS Financial Sustainability in response to COVID-19 and its economic impact to National Societies. This is in addition to promoting engagement with local and national authorities to institute scenario planning on organizational and financial sustainability.

Ensure Effective International Disaster Management

Surge Deployments/remote and in-country

- The Surge response team with have deployed 6 surge profiles across the continent with some working remotely due to the current travel restriction.
- Where possible, surge staff who have been deployed under other operations and whose contracts are coming to an end are being reoriented to support the COVID-19 response.
- IFRC Regional office is working closely with Partner NS to establish operational support in ANS where IFRC does not have an in-country presence.

Community engagement and accountability

- The regional CEA team is leading on internal and external coordination of RCCE activities. The CEA team co-chairs the interagency RCCE technical working group (TWG) for East and Southern Africa. The TWG held discussions on how agencies can share resources and respond collectively to issues around RCCE in complex settings and how to carry out remote community engagement when access is restricted.
- The regional CEA team also chairs the interagency community feedback sub-working group for East and Southern Africa and co-chairs the community feedback sub-working group for West and Central Africa. An approach and tools for collecting, analysing and discussing the main trends in feedback collected across agencies was developed and put into practice. Presentations of community feedback trends and recommendations on how to address them have been produced and shared widely.
- Globally, IFRC, WHO and UNICEF have secured funding to strengthen interagency coordination on RCCE. This will include establishing a cell at global level and in East and Southern Africa, and West and Central Africa who can provide a collective service to agencies, for example on coordination, feedback collection and analysis, social science research, country-level coordination support and information management. IFRC will host the coordination cell in East and Southern Africa

Shelter Cluster Coordination

- The Shelter, Settlements and Urban Humanitarian Response unit is providing support to National Societies that are involved in National Shelter Cluster Coordination activities in their respective countries:
    1) Technical support is being provided for the development of national contingency and mitigation plans for COVID linked to shelter and settlements
    2) Dissemination of guidance and learning and exchange platforms being shared to support national societies to disseminate further with their shelter partners

Logistics Procurement and Supply Chain Management (LPSCM):

- Despite the global slow-down in activities across different sectors, including, manufacturing and transport which are key in procurement and logistics, coupled with the increasing demand for COVID-19 related items, the logistics team is actively supporting the COVID-19 through mapping, sourcing and procuring items as well as putting in place logistics to support operations across Africa. The team is also providing technical support to COs and CCSTs and actively liaising with the LPSCM team in Geneva to coordinate globally.
- The team has so far completed procurement plan for Coca-Cola grant for the 15 NS supported by the grant as well as worked with 4 NSs for the Novartis donation of PPE and Hygiene Packages. The team has also conducted market assessments for local procurement in Dakar, Yaoundé, Johannesburg and Nairobi for required PPE such as gloves, N95 respirators, surgical masks, thermometers, hand sanitizer and other PPE materials.

Information Management

- The Information Management (IM) worked with Operations team to create a tool that structures their process of funding allocation to increase transparency and accountability of the decision-making process, whilst optimizing and simplifying the manual work of allocating and tracking decisions. The tool was validated by the Operations team and different pillars and has been used in the round 2 cycle, as well as subsequent earmarked contributions.
- In collaboration within the regional Operations team, PMER and thematic sectors and global colleagues, the IM team has implemented relevant global IM requirements, including the creation of country emergency pages on GO for documents like field reports. Work has been undertaken to align regional IM efforts multilaterally, between the region, as well as in line with new global standards from Geneva, for example, the new aligned 3W

matrix. Also, the creation of information materials (e.g. the weekly sitrep) with PMER and Operations team has been supported
- Identified and worked on regional data and IM needs, including support developing the Africa regional data collection tool, activity mappings and Activity/PRD/Partner dashboard. Analysed all African country PoAs and inputted them into a single matrix as a baseline.
- Worked with the Netherlands Red Cross 510 team on a data/digital support package for several National Societies in Africa.

Movement Coordination
See "Coordination" section above.

Influence Others as a Leading Strategic Partner

Coordination with external stakeholders
- IFRC is actively coordinating with key agencies such as Africa Union, Africa CDC, UNOCHA, WHO. Joined, Regional Humanitarian Partners Team (RHPT) meeting on 22 April and positioned the IFRC and African NSS's special roles under localization agenda and axillary roles for COVID-19 response.
- The regional Health and CEA teams are actively participating in interagency coordination meetings, including the Regional Health Partners meeting, as well as technical working groups (TWG) focused on: RCCE (co-chaired by IFRC and UNICEF), community feedback (led by IFRC), surveillance, mental health and psychosocial support (MHPSS), and case management. At the country level, National Societies and IFRC are actively participating in Government-led coordination structures and are observers to, and participate in, meetings of the HCT and Inter-Cluster Coordination held both during disasters and non-emergency situations.

Humanitarian diplomacy with governments, including donors, and the international humanitarian community
- Negotiations have been going on with some governments to ensure that Red Cross/Red Crescent volunteers can perform their duties despite restrictions in movement and access due to COVID-19.
- Numerous negotiations have been had with donors to ensure the flexibility to re-orient or expand the scope of existing projects to also support the COVID-19 response.

Planning, Monitoring, Evaluation and Reporting – Learning and Accountability
- The PMER team is worked with Operations team, IM, Health and CEA team to put in place the needed Monitoring and Evaluation plan that will consolidate all the pieces of data and lessons learned during this operation.
- The unit was part of the first real-time learning that was conducted across all regions. The report was shared at global and regional levels.
- The unit has produced 5 situation reports with input from sectorial heads and is shared weekly across the region. Additionally, the unit has worked with NS to collect weekly narrative of activities that is used to input to the weekly global operation update.

Auxiliary role and disaster law
- The Disaster Law Programme (DLP) has provided technical guidance to National Societies in securing humanitarian access and space for the effective exercise of their auxiliary role in the context of this pandemic. In this regard, the DLP has conducted a comprehensive regional mapping on COVID-19 measures to prepare and inform RCRC actions. Moreover, humanitarian diplomacy packages have been developed to guide the advocacy efforts by NS in requesting IDRL legal facilities to enable effective operations in compliance with their mandate.
- In support of NS advocacy efforts, the following activities have been conducted so far:

    1. The DLP has mapped the emergency decrees and related COVID-19 measures adopted in 47 countries in Africa, identifying main gaps and opportunities for the exercise of the National Societies' humanitarian functions
    2. Development of advocacy packages for National Societies in English and French containing:
        - Key messages on the Auxiliary Role and humanitarian Access/IDRL
        - Key Messages for National Societies' advocacy efforts to enact disaster laws and policies facilitating preparedness and response to the COVID-19 pandemic
        - Flowcharts on access and IDRL

- A template letter for NS to request legal facilities to operate in the country
- Template letter advocating for the extension of medical insurance coverage to RCRC volunteers

3. A section on Humanitarian Access has been incorporated into the Community Engagement and Accountability Guidance Note for National Societies.

Communications and media

- In line with establishment of a common RC narrative on COVID-19, the Comms Unit is focusing on more aggressive external communications to capture the media space and position the Red Cross as a lead in this operation. As such, an Africa Communications Strategy for COVID-19 is drafted and under final review, with an expected release next week. To provide additional support to the Communications unit, a communications delegate has been brought on board as the Communications focal point for COVID-19.
- On 16 April 2020, Dr Simon Missiri, the Regional Director for IFRC Africa Region, joined Dr Matshidiso Moeti (WHO Regional Director for Africa) and Elsie Kanza, (Head of Africa, World Economic Forum) in an online media briefing on COVID-19 in Africa. The event was attended by journalists from across the world and Dr. Simon's contribution during the briefing was quoted in 9 other media channels. Additionally, the Regional Director authored an Op-Ed article published by Thomson Reuters, The fight against COVID-19 in Africa: Reasons for worry and for hope, and was quoted by several media stories including CNN.

Ensure a Strong IFRC

Business Continuity Planning and Security within IFRC Secretariat

- All CCSTs and COs have developed their BCP. Sixty percent (60%) of them are in extraordinary phase meaning that localized transmission had been established in the country and that government has closed schools and non-essential public services. Majority of shops in those countries are also closed.
- The other countries of operations are in particular phase meaning that there are some restrictions and transmission in the countries.
- 72% of offices are closed and the rest are open to essential staff only to limit transmission amongst staff.
- 24 National societies have developed their BCP.

Security

The Regional Security Unit has been actively supporting Cluster and Country Offices and well as National Society Security Managers and focal point through information gathering/sharing, providing security guidelines, security coordination and cooperation within the RC movement as well as with external partners and the humanitarian community. Desktop security assessments and analysis are carried out to ensure that security risk registers and mitigating measures are current and implemented as well as updated security plans across the regions.

IT

- Remote working arrangements were facilitated for all IFRC staff.

Emergency Appeal Support National Society 3-month picture

Angola Red Cross	**For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan. The NS submitted a PoA which contained several activities in the areas of Health, RCCE, PSS and NSD. The NS trained their volunteers on prevention of COVID-19, as part of the Government strategy to fight the pandemic in-country.**
Red Cross of Benin	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid

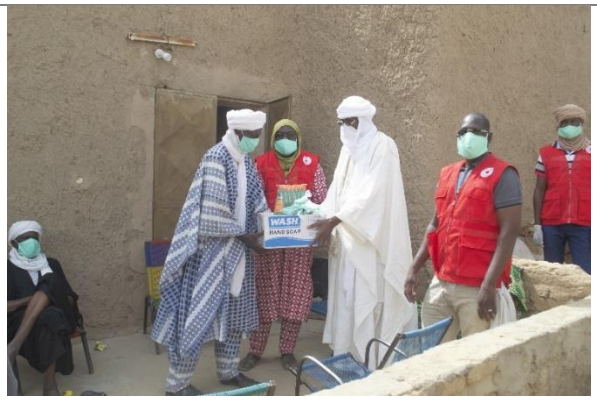
	assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust.
Botswana Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities, targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement health system in cases where capacity is exceeded or provide specific COVID-19 treatment as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
Burkinabe Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection as well as infection prevention and control and other health-system interventions to improve care or access to care.
Burundi Red Cross	The National Society put in place COVID-19 contingency plan. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The necessary RCCE coordination structures and RCCE training have been undertaken by the National Society. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities.
Red Cross of Cape Verde	The NS submitted a PoA which contains several activities in the areas of Health, RCCE, PSS and NSD. Health activities included the provision of PPE, support in health facilities and treatment centres, running of an Emergency health centre and contact tracing of infection. They also worked with the Ministry of Health to support screening services and provide disinfectant/chemicals as well as provision of first aid services and chlorine for hand-washing facilities. They also provided information, education and communication about COVID-19 to support people to adopt safe practices and address rumours and misinformation via Mass media and Print media to raise awareness on COVID-19. In conjunction with the Ministry of Health and the Cabo Verde Psychological Association they are operating a toll-free phone line which serves as both a feedback mechanism, as well as a free psychosocial support service. To help facilitate these activities, they are planned to train volunteers in RCCE, health and hygiene, mass media communication.

Cameroon Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection. 
Central African Red Cross Society	The NS submitted a plan which incorporates both health and RCCE activities, supported by NSD. For health activities, they aimed to distribute handwashing kits to the open public buildings. They also aimed to disseminate COVID-19 information, education and communication materials to support people to adopt safe practices and address rumours and misinformation. They also planned to carry out social mobilization through volunteers with leaflets, posters, motorbikes with sound, handwashing locations and outreach to community leaders. They also planned to maintain a feedback mechanism which would capture rumours and community information to inform health approaches and messages to inform content of key messages and actions (focus groups, leaders, national and UN radio shows, handwashing locations).
Red Cross of Chad	The NS through its large network of volunteers across the country invested in the prevention of the disease through communication and awareness. Awareness was raised in communities, schools, markets and places of worship.
The Comoros Red Crescent	The NS submitted a PoA which outlines activities which span from Health, RCCE and NSD. The NS conducted several activities to support the plan above. Specific activities carried out on RCCE were mass sensitization on barriers behaviour to people and setting up of community engagement committees in high-risk villages. Additionally, volunteers were put in charge of tracking and addressing rumours and misinformation through social media platforms such as WhatsApp groups for volunteers, WhatsApp groups for community coordination and Facebook. The NS also carried out trainings on COVID-19 to volunteers, the civil society and the local committees.
Congolese Red Cross	For institutional readiness during the COVID-19 pandemic, the National society put in place COVID-19 contingency plan and identified activities with a high risk of exposure and plan for adaptation to reduce risk or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities, targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided psychosocial support to affected populations or quarantined people.

Red Cross Society of Côte d'Ivoire	For institutional readiness during the COVID-19 pandemic, the National society put in place COVID-19 contingency plan and identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and Volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities, targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. In addition, the National society provided psychosocial support to affected populations or quarantined people. 
Red Cross of the Democratic Republic of the Congo	Volunteer training on RCCE, community feedback mechanism and community-led planning was provided. Specific RCCE activities undertaken include, development of a rumours tracking system through the WhatsApp platform of CP3 team members, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes and setting up community feedback mechanism. The NS is a classic example of how IFRC mainstreamed COVID-19 into the existing Epidemic Preparedness (CP3). The CP3 project supported the printing and distribution of COVID-19 IEC materials, capacity building of the existing CPs staff and volunteers in a bid to integrate COVID19 in the package of key messages delivered by volunteers. The volunteers were able to reach out to people in the CP3 targeted areas in DRC.
Red Crescent Society of Djibouti	Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The necessary RCCE coordination structures and RCCE training have been undertaken by the National Society. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection.
Baphalali Eswatini Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. RCCE strategy has been established and volunteers trained. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection as well as infection prevention and control and other health-system interventions to improve care or access to care.
Ethiopian Red Cross Society	

	The National Society put in place COVID-19 contingency plan. Further guidance was shared on staff and volunteers can protect themselves during this period. This includes travel guidance, risk communications and when to use or not to use PPE. The necessary RCCE coordination structures and RCCE strategy were put in place. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities. 
Gabonese Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include countering rumours and misinformation with facts shared through trusted channels and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection.
The Gambia Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society put in place COVID-19 contingency plan and identified activities with a high risk of exposure and plan for adaptation to reduce risk or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement the health system in cases where capacity is exceeded or provide specific COVID-19 treatment. Besides, the National society provided psychosocial support to affected populations or quarantined people. 

Ghana Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. The necessary RCCE coordination structures and RCCE strategy were put in place as well. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities. In addition, the National society provided psychosocial support to affected populations or quarantined people. 
Red Cross Society of Guinea	To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection. The NS submitted a PoA which contained RCCE activities, linked with NSD capacity building. In the area of RCCE they planned to provide social mobilization sessions through volunteers (handwashing; wearing a mask) using megaphones, leaflets and posters to support people to adopt safe practices and address rumours and misinformation. They also planned to engage community leaders to further social mobilization, as well as disseminate information and communication via social media (WhatsApp, Twitter, Facebook).
Kenya Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities, targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement health system in cases where capacity is exceeded or provide specific COVID-19 treatment as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
Lesotho Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. Volunteers and easy-to-reach communities were trained on the creation of tippy taps for handwashing. Additionally, all the divisions were introduced to Risk Communications and Community Engagement (RCCE). The NS Divisional Secretaries were part of the Government preparedness plans. Additionally, the Communications Manager was invited to be part of Risk Communications Sector of the government's Command Centre.
Liberian Red Cross Society	The NS was able to integrate COVID-19 messaging into existing WASH interventions in schools and community in programmes supported by the Swedish government. LNRC is also part of the multi-stakeholder coordination committee coordinated by the National Public Health Institute of Liberia. Some of the RCCE interventions done by the NS printing and distribution of flyers, posters, stickers, banners and t-shirts. Also, house-to-house awareness in communities was done. The flyers and posters were distributed by the volunteers at the handwashing stations. The Lebanese Community in Liberia also distributed rice, tins of vegetable oil and cartons of Clora through the Liberian RC to people living in the poor neighbourhood in Monrovia. The NS supported the installation of handwashing points at strategic locations. Besides, the NS provided face masks to the Liberia Joint Security (Army, Immigration, and Police) to promote safety in Monrovia. The NS also supported in

	efforts to identify vulnerable people including old folks' homes, blind and disabled institutions to receive items donated by the Lebanese Community. The items included rice, Clorox bottles and gallons of vegetable oil. The NS has been engaged by the MoH to provide ambulance service to pick up suspected cases from health facilities to the testing centres and treatment hospital.
Malagasy Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. RCCE strategy has been established and volunteers trained. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels and setting up community feedback mechanism. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities. In addition, the National society provided psychosocial support to affected populations or quarantined people. 
Malawi Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The necessary RCCE coordination structures and RCCE training have been undertaken by the National Society. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, setting up community feedback mechanism and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement health system in cases where capacity is exceeded or provide specific COVID-19 treatment as well as infection prevention and control and other health-system interventions to improve care or access to care. Besides, the National society provided psychosocial support to affected populations or quarantined people.
Mali Red Cross	Staff and volunteers have been trained in RCCE. The NS carried out face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection. Interactive sessions, question/answer sessions (to listen to and manage community feedback) were conducted and were broadcast in local languages (Bozo, Bambara, Peulh and Sonhrai) on practical demonstrations on handwashing with soap, wearing masks and gloves, etc. Handwashing equipment were also distributed. 
Mauritanian Red Crescent	The NS submitted its country plan which focused on RCCE and health interventions. 120 staff and volunteers will be trained in preventive measures, surveillance with contact tracing and RCCE. The NS also planned to carry out infection prevention interventions including providing handwashing materials. They are also supporting surveillance and contact tracing of COVID-19 cases. They planned to train their staff and volunteer on preventive measures, surveillance with contact tracing and RCCE.

Mauritius Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society put in place COVID-19 contingency plan and identified activities with a high risk of exposure and plan for adaptation to reduce risk or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The necessary RCCE coordination structures and RCCE training have been undertaken by the National Society. The National Society partnered with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities. Clinical, paramedical, or homecare services have also been provided to supplement health system in cases where capacity is exceeded or provide specific COVID-19 treatment as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people. 
Mozambique Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities and targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided psychosocial support to affected populations or quarantined people.
Namibia Red Cross	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities and targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
Red Cross Society of Niger	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities and supported the government in screening, contact tracing and other services related to surveillance and case detection as well as infection prevention and control and other health-system interventions

	to improve care or access to care. Besides, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
Nigerian Red Cross Society	 For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities, targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement health system in cases where capacity is exceeded or provide specific COVID-19 treatment as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
Rwandan Red Cross	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection.
Sao Tome and Principe Red Cross	The National Society put in place COVID-19 contingency plan. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include countering rumours and misinformation with facts shared through trusted channels and partnering with trusted mass media channels to reach more people. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items).
Senegalese Red Cross Society	The NS trained volunteers on social mobilisation in the community and point of entry screening in various locations. Consequently, on the request of MoH, the NS is currently engaged in screening at various entry points. Additionally, volunteers from the NS who were trained on IPC and well equipped by MoH were involved in the disinfection of the COVID-19 treatment centres. The NS also successfully mobilized medical doctors and volunteer nurses to support the MoH staff in Touba and Diamniadio treatment centres.
Seychelles Red Cross Society	The NS activated its COVID-19 contingency plan. In terms of interventions the NS set up clinics around the island to conduct tests and for point of entry screening in the borders. They also engaged volunteers to support the MoH health personnel with contact tracing. The NS handed camp beds to the police to promote social distancing. They

	also provided food items which included: vegetables and fish, to the most vulnerable households and patients in hospitals.
Sierra Leone Red Cross Society	The NS activated its Business Continuity Plan. The NS has been supporting the government with surveillance in border entry points in Kailahun, Kambia and Freetown. They also distributed water and other essentials to medical personnel and vulnerable people. In terms of RCCE activities, the NS sensitization campaigns COVID-19 in various locations. Additionally, they facilitated the training of hotline officers and some of their staff from the HQ on feedback and complaints system. Subsequently, they were able to collect rumours through the hotline number.
Somali Red Crescent Society	The NS set up community feedback mechanism. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement the health system in cases where capacity is exceeded or provide specific COVID-19 treatment.
The South African Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The necessary RCCE coordination structures and RCCE training have been undertaken by the National Society. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. In addition, the National society provided emergency social services and support for quarantined or movement-restricted communities (e.g. food and non-food items) and psychosocial support to affected populations or quarantined people.
South Sudan Red Cross	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities. Besides, the National society provided psychosocial support to affected populations or quarantined people.
The Sudanese Red Crescent	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection.
Togolese Red Cross	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust.

The Uganda Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed its business continuity plan and COVID-19 contingency plan. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the National Society carried out targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities and supported government in screening, contact tracing and other services related to surveillance and case detection. Clinical, paramedical, or homecare services have also been provided to supplement the health system in cases where capacity is exceeded or provide specific COVID-19 treatment.
Tanzania Red Cross National Society	The necessary RCCE coordination structures have been established. Specific RCCE activities undertaken include countering rumours and misinformation with facts shared through trusted channels and promoting local dialogue and social cohesion to increase acceptance and trust. Clinical, paramedical, or homecare services have also been provided to supplement the health system in cases where capacity is exceeded or provide specific COVID-19 treatment. Besides, the National society provided psychosocial support to affected populations or quarantined people.
Zambia Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. Guidance and communication to staff and volunteers have been made to ensure they are protected and are aware of essential measures. These include health guidelines, travel guidance, risk communications and when to use and not to use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms and community-led planning. The National Society also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include, carrying our rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors that could help or hinder an effective response, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society carried out active Community-based Surveillance (CBS) activities and targeted community health programming (e.g. ECV, CBHFA) in coordination with RCCE and PSS activities as well as infection prevention and control and other health-system interventions to improve care or access to care. In addition, the National society provided psychosocial support to affected populations or quarantined people.
Zimbabwe Red Cross Society	For institutional readiness during the COVID-19 pandemic, the National society developed their business continuity plan, COVID-19 contingency plan as well as identified activities with a high risk of exposure and plan for adaptation to reduce risk, or protection where exposure cannot be eliminated. National Society provided staff and volunteers with health guidelines, travel guidance, risk communications training as well as guidance on when to use and not to use PPE. RCCE strategy has been established and volunteers trained. Specific RCCE activities undertaken include, face to face social mobilization through door-to-door visits or activities in public places while leveraging existing health promotion and community engagement programmes, setting up community feedback mechanism, partnering with trusted mass media channels to reach more people and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the National Society supported the government in screening, contact tracing and other services related to surveillance and case detection. 

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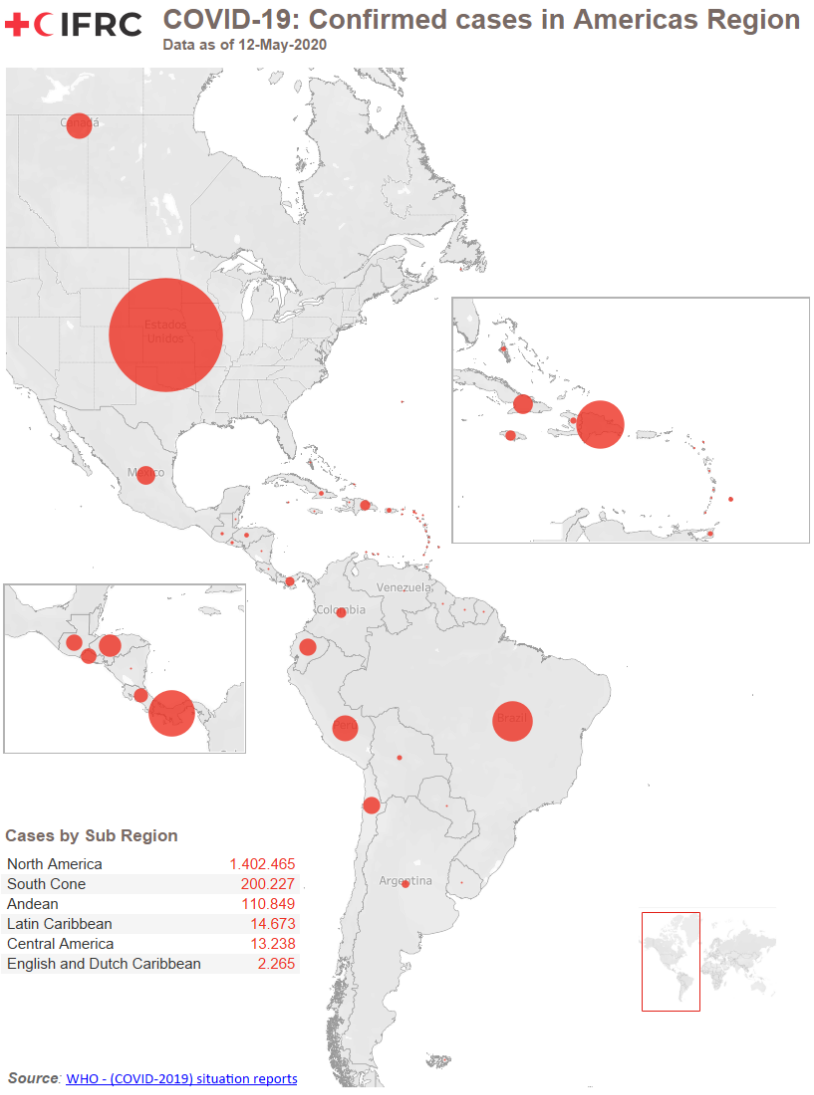
The Americas

Americas figures

1,781,564 total confirmed cases

106,504 total confirmed deaths

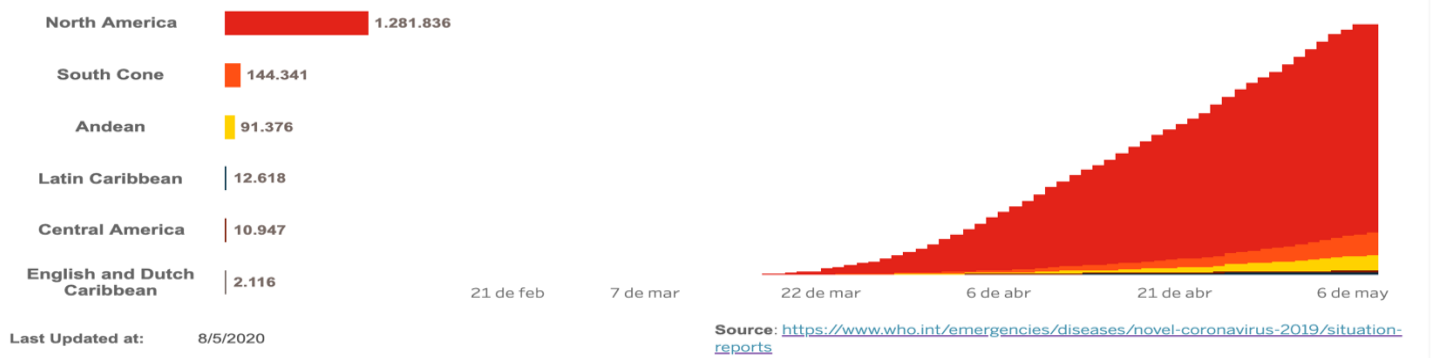
as reported by WHO as at 2 pm Panama time, 13 May 2020



Context Analysis

Similar to other regions, America has experienced uneven growth with very different patterns of case growth and reported deaths across the region. About 80% of cases and deaths during the time period of the update correspond to figures from the United States of America. At the same time, in other countries and territories, the epidemic ranges from widespread community transmission in most countries, and territories still categorized as clusters of cases. The broad contribution of North America has caused that in global figures, the region has already surpassed Europe in confirmed cases. At the same time, in declared deaths, there is still a difference between areas, probably related to the different population distribution by age, especially in Latin America and the Caribbean, or the early measures took. Still, nothing definitive is really known on how different determinants and actions affect evolution.

Limiting factors to the accuracy of the context update, continue to be the weakness of the epidemiological surveillance systems in many countries and, therefore, the consistent under-reporting of both cases and deaths. It is essential to note the precariousness of many health systems, as well as about the limited coverage and inequity in accessing health services, is also an issue.



Coordination

From the onset of the COVID-19 emergency, the Region has been actively coordinating both with host National Societies, PNS', and ICRC. Weekly coordination calls take place weekly for one hour in Spanish and one hour in English as a way to disseminate critical information to the network of 35 NS'. Additionally, the Emergency Operations Centre remains activated with participation from key PNS' and ICRC. Additional bilateral support to NS' is ongoing with various technical focal points.

Health and WASH

Clinical, medical and paramedical services

- During the three-month timeframe, an intensive campaign among RCRC movement staff and volunteers to disseminate appropriate messages on the use of personal protective equipment (PPE) and personal hygiene has been conducted. Staff and volunteers' safety have been a priority to make health workers feel safe and comfortable to provide quality services at every level of care.
- Some NS are providing prehospital care for both COVID-19 suspected and confirmed patients and non-COVID-19 conditions. NS are supporting in optimizing the differentiated circuits of patients from alert to delivering at health facilities.
- Some NS have been requested to develop their auxiliary role in strengthening and helping health systems, stretching their support in areas not typically addressed by the NS. IFRC is encouraging NS societies to keep supporting national health systems and alleviate the burden of the epidemic through strong community health component and support to primary health services. So far, there have not been reported collapses of health systems in the region, although the situation in Brazil, Ecuador, Venezuela, and Haiti is closely monitored.

Case, detection, surveillance, and contact tracing

- Capacity building on epidemic control has been conducted among some staff and volunteers, although there is a need to boost and reinforce this component.
- It seems crucial for the next phase of the operation, when confinement measures are lifted, that those NS, which are to play a role in epidemiological surveillance, reinforce their auxiliary role as community agents to strengthen the detection and isolation of cases, and contact tracing.

Community health and Public Health:

- NS have developed prevention actions to reduce COVID-19 transmission, focusing on the needs of high-risk groups, promoting prevention measures, and supporting communities to prevent COVID-19 while maintaining access to health care for other emerging and urgent clinical situations at the community level.
- Most NS have developed actions to attend to the health and social needs in the community, caused by or affected by COVID-19, strengthening the response to health and psychosocial needs of the populations subjected to confinement, especially towards those groups that are more vulnerable to the disease, such as elderly and migrants, and those who may be disproportionately impacted by control measures, including women, children. NS have provided specialized care in some cases at assistance spaces (hospitals and clinics), urban and rural health care spaces, home care actions and community activities, epidemiological surveillance activities, risk communication actions (CEA, CBHFA, ECV, etc.).
- NS have provided support in activities aimed at the entry points or checkpoints of each country and pre-hospital care services. Some NS have provided transportation of confirmed or suspected cases of COVID-19 with ambulance activities of confirmed or suspected cases of COVID-19, management of the dead, and the mobilization of volunteers for hygiene promotion.
    - Some examples of those described activities have been the development and adaptation of shelter facilities such as care and isolation hospitals for patients with COVID-19 with mild symptoms, or vulnerable people such as migrant groups. Health and hygiene promotion have been provided at Pisiga camp in Oruro, Bolivia, near the border with Chile, to a group of almost 500 Bolivian nationals. The Bolivian Red Cross provided health care facilities and isolation, hygiene, and disinfection.

- Another example of community health activities developed by NS is the development of health care services for affected population related to the COVID-19 in Ecuador (Guayaquil provinces of Pichincha, Azuay, El Oro, Los Ríos, Santo Domingo, Manabí and Esmeralda) focused on the disinfection of areas, prehospital care and Ministry of Health (MOH) support in the triage of COVID-19 patients. The Ecuadorian Red Cross has developed in-depth training in COVID-19, protective health care protection for volunteers, and has activated its prehospital emergency care (PHEC) system to provide service to communities.

Mental health and psycho-social support (MHPSS) / psychosocial first aid (PFA)

- A permanent working group with MHPSS NS focal points (67 people identified) was established to provide technical advice and guidance about MHPSS, support to strengthening their emergency response and, promote an exchange of experience and material between the NS. An IFRC MHPSS WhatsApp group with the NS is available and an MHPSS info bank where all NS can upload content produced and be used by other NS. IFRC Americas Regional OFfice MHPSS organized an intensive capacity building program, principally for NS staff and volunteers and for other partners through Webinars. So far, over 1,000 volunteers and staff have received PSS and PFA training.
- An MHPSS during COVID-19 tool was disseminated, and focal points are adapting the tool for massive communication campaigns that are linguistically, culturally, and contextualized to their country. Most of the NS are implementing PSS activities to maintain the well-being of the volunteers and staff during the COVID-19 response. A mapping was carried out by the MHPSS group and 33 NS of the region reported to be carrying out MHPSS activities addressing the needs of the general population and vulnerable groups such as migrants, health workers, first-line responders, elders, RC volunteers and staff and indigenous populations.
- About 12 NS are running telecare/online services to support the vulnerable population such as health workers, RCRC volunteers- staff, migrants, and people affected by COVID-19. More than 16 NS set up PSS and PFA training for volunteers, staff, and other partners by webinars and other media resources. Some NS like San Vicente and the Grenadines, Trinidad and Tobago, and Guatemala are distributing PSS care packages with stress balls, a comic books on COVID-19, a comic journal for family interaction, and a recipe book for activities for families.

Infection Prevention and Control

- Almost all NS are carrying out awareness campaigns promoting hygiene and disinfection measures, some providing support at control points or with the installation of handwashing stations and disinfection.
- WASH teams are providing support in temporary shelters, distributing water, disinfection material, sharing sanitation information, and hygiene promotion key messages to the population and reinforcing handwashing messages. Some NS are also distributing hygiene kits.
- IFRC is providing support in inter-agency meetings and coordination with the United Nations system, Regional WASH LAC Group, and S.O.S. Children's Villages, among others. IFRC is also providing technical support to Venezuelan Red Cross for the purchase of WASH equipment and material to the Panamanian Red Cross in the Darien border to migrants in la Peñita community that have been detected with Corona Virus.

Community health, home care and emergency social services

- IFRC has provided coordination and support in the translation of the CBHFA module of COVID-19 materials. Webinars in English and Spanish have been scheduled for mid-May on the CBHFA module with NS.
- IFRC is also organizing a webinar about the CBHFA COVID-19 module on the implementation in prisons for all those NS that are running actions in this sector.

Since the beginning of the operation, the following quantities of PPE have been sent under the COVID-19 Regional Appeal to the following NS:

	Nitrile Gloves	Respirator Masks	Surgical Masks	Coveralls
Argentina	5,000	1,000	2,500	50
Belize		500		100
Bolivia	5,000	500		50
Colombia	5,000	1,000	2,500	200

Costa Rica	5,000	3,000	2,500	200
Dominican Republic	5,000	3,000	2,500	200
Ecuador	5,000	3,000	2,500	300
El Salvador	5,000	3,000	2,500	200
Guatemala	5,000	3,000	2,500	200
Guyana	5,000	500	2,500	50
Haiti	5,000	3,000	2,500	300
Honduras	5,000	3,000	2,500	450
Jamaica		500		50
Nicaragua	5,000	3,000	2,500	200
Panamá	5,000	2,000	2,500	200
Paraguay	5,000	3,000	2,500	200
Perú	5,000	1,000	2,500	100
Suriname	5,000	500	2,500	50
Uruguay	5,000	500	2,500	200
Venezuela	5,000	4,000	2,500	150

Risk communication and community engagement (RCCE)

Risk communication and sensitization

- IFRC supported the creation of more than 25 graphics and several animation and graphic style videos with captions in both English and Spanish which have been shared across the Americas through social media, . Some of the topics covered in these products were: Masks (Using and Caring for), Working From Home Tips, Tips for Managing Social Isolation, Stress Management for Children, Public Service Announcements (PSAs) (Dominica and St. Lucia), Support to British Virgin Islands Red Cross (Graphics on Stocking up during Quarantine).
- Four videos produced and published on the actions carried out by the Ecuadorian Red Cross and the Salvadoran Red Cross. The videos reflect actions on working with migrants, water and sanitation and humanitarian assistance. Work began alongside the Jamaica Red Cross towards an anti-stigma video COVID-19, which is being created in partnership with Bay-C. The video will use Red Cross COVID-19 key messages.

Community feedback mechanisms

- A WhatsApp Support Line for COVID-19 was launched with IFRC support in Peru to gather the community feedback on the Peruvian Red Cross response. By the end of April 2020, it had more than 12,300 messages sent to 652 users. Inquiries varied from COVID-19 symptoms, prevention measures, and economic support. This WhatsApp line is also providing support to several programs of the NS, such as the Cash Transfer program jointly with the IFRC, and the line is helping to identify possible beneficiaries and helps to solve questions about the use of the card.

Misinformation management

- Capacity building remains central to the work of the IFRC communications team for misinformation management much of the work remains one-on-one with the communications and CEA focal points in the national societies. A webinar on supporting the Red Cross from Social Networks was well attended by representatives from the Caribbean and Latin American National Societies for a breakdown of using social media and managing situations of fake news.
- The IFRC Communications Teams has also provided support in handling rumours, for which has created a Rumour Tracking Table and is monitoring the situation reported by NS. During April, 19 rumours were reported by 9 National Societies. Some of the rumours directly involved the Red Cross, where there were alleged actions taken by National Societies and required an immediate response to protect the institutional image.

Stigma prevention messaging

- Together with the team of Protection, Gender and Inclusion (PGI), a Social Inclusion animated video campaign was developed, consisting of six short videos for social media in the following topics: Domestic Worker, Informal Work, People with disabilities, Migrants, Elderly and Domestic Violence. These videos included key recommendations for NS to consider the needs of the mentioned populations better.

Protection, Gender and Inclusion

Preventing and responding to risks of violence, exclusion and discrimination

- The PGI ARO team, jointly with the Communications team developed a Regional Social Inclusion Campaign. For more information, please refer to the Social Inclusion Messaging section under Health.
- A mapping of Red Cross services for migrants together with protection services (gender-based violence support, PSS teleassistance lines, child protection services) was developed together with Information Management (IM) of the Regional Migration Cell Operation to support NS actions.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage

- Regional coach meetings with the NS PGI focal points have been settled to share new tools on PGI and COVID-19, answer requests of direct support, map out NS actions and exchange national innovative initiatives. In addition, a repository of PGI thematic material has been created.
- Bilateral support has been provided to specific national societies which are planning their own PGI context-adapted responses:
  - Argentina: Technical support and review of their PGI Technical Guidance for their collective centre in Tecnopolis.
  - Costa Rica: Support for the development of their plan and briefing of PGI and COVID-19 for staff.
  - Colombia: Support to develop the PGI scenario for their COVID-19 Contingency Plan.
  - Guatemala and CCST Central America: Elaboration of a national and a regional campaign to sensitize about the situation of migrant returnees during COVID-19 response.
  - El Salvador: Support with materials of child protection and COVID-19.
  - Venezuela: Feedback provided to messages related to gender-based violence and COVID-19.
  - Peru: Support to develop the national plan of the Peruvian Red Cross and incorporation of the PGI sector.
  - The Bahamas: BRCS was supported in planning COVID-19 related food security and relief response including defining vulnerability criteria and targeting as well as development of additional materials on coping with stress including referral contacts for psychosocial support.
- Technical coordination has been maintained with other IFRC Areas of Focus to work on PGI issues:
  - *Shelter:* Integration of PGI recommendations into the "Recommendations for special adaptations to Covid-19 in collective centres".
  - *Migration:* Incorporation of PGI into the *"Including migrants and displaced populations in preparedness and response activities to COVID-19 Guidance for Americas National Societies"*
  - *Health-PSS:* Development of the *"You Have My Support Strategy"* dedicated to IFRC ARO staff mental wellbeing.

Livelihoods

- NS in the region are responding to the COVID-19 pandemic. These responses are at different stages and vary from context to context. Main activities are: analysing the situation and evaluating impact and people's needs, communities and markets, advocacy with governmental response institutions to prioritize activities addressing the socio-economic impact of COVID-19, designing plans, interventions, and actions, adapting current food security and agricultural livelihoods (FSAL) interventions to respond to new needs caused by COVID-19 pandemic, contributing to the food security of most affected persons by distributing food parcels or trough cash and voucher assistance, producing guiding documents and disseminating them to branches. IFRC is holding biweekly meetings with NS FSAL focal points to discuss Livelihoods related issued to COVID and to identify variables or indicators to monitor FSAL interventions. So far, 10 NSs have participated in these meetings.
- Several specific resources referred to COVID-19 have been produced and made available globally to National Societies by the Livelihoods Resource Centre (LRC). Different products have been shared with NS:
  - Resources: Sharing reference documents developed either by the RCRC Movement (Livelihood Centre, British RC, FICR and ICRC) related to Food Security and Livelihoods, or external stakeholders (WFP, FAO, ANALP, CEPAL, SICA, etc.). A paper aimed at discussion and a collective search for alternative courses of action with respect to livelihoods has been produced by the Livelihoods Resource Centre (LRC): "COVID-19 pandemic: more than a health issue in Latin America and the Caribbean (LAC)". The document has been translated to Spanish and

English with the support of the Caribbean Disaster Risk Management Reference Centre (CADRIM) and shared with NS.
    - Infographics: Summary of key messages and main recommendations related to Food Security and Livelihoods in the COVID-19 context. These materials are available in four languages (English, French, Spanish, and Portuguese).
    - Helpdesk: Remote technical advice/guidance provided by FSL experts from the Livelihood Centre and the British RC. This service is available for all staff and volunteers of National Societies, the IFRC Secretariat and the ICRC on all aspects related to FS, Livelihoods and nutrition.
- A technical training and awareness session were held with the Argentine RC to feed its "National Programme for Strengthening and Sustaining Livelihoods. A Response Plan to COVID-19", with more than 150 participants.

Shelter – urban settlements

- The IFRC Shelter team has shared interim guidelines from different agencies (IASC, IOM, UNHCR) related to Shelter & Settlements Response in the region. The shelter team has begun to consolidate key consideration points from all the guidelines, to produce a document with infographics, to support the responses of National Societies that are helping in collective centres, camps, or transitory centres.
- Some NS, such as Bolivian Red Cross, are receiving requests from governments for management and support of temporary shelters. Since the 4 April, the Bolivian Red Cross has supported the management of transitional shelters on the border between Bolivia and Chile to receive returning families. The government has opened a transitory centre for people in quarantine before entering the country. The shelter team is systematizing lessons learned from different National Societies to maintain a continuous process of strengthening emergency response. A webinar "*Sharing experiences - Management of Collective Centres facing Covid-19*" was presented by the Bolivian Red Cross. with the support of the CREPD.
- IFRC is participating in coordination meetings with the Camp Coordination and Camp Management (CCCM) of Temporary Shelter Sector Group and with the REDLAC-Shelter working group for Latin America and the Caribbean to identify the current status of shelter and settlements in the region during COVID-19. The context and panorama of the sectorial roundtables are activated in nine countries of the region (Mexico, El Salvador, Honduras, Venezuela, Colombia, Ecuador, Peru, Bolivia and Paraguay) with the government and coordination mechanisms in the framework of the response for refugee and migrant flows, which function in a parallel to the sectorial roundtables of CCCM and with different target audiences.

Migration

- People in situation of human mobility in the Americas are one of the most vulnerable groups in the context of this pandemic, particularly affected by the measures related to access to health services and those regarding freedom of movement. The measures such as border closings have led to people stranded and restrictions on economic activities have generated the loss of livelihoods and risks related to the inability to obtain basic services, including shelter. This situation is compounded by uncertainty regarding legal status, difficult access to information, stigma and discrimination. In some border regions (Northern Triangle of Central America, Chile-Bolivia, Ecuador-Colombia-Venezuela and Dominican Republic-Haiti), there is an increase in returnees to countries of origin as consequence of concern over COVID-19 combined with the socio-economic situation in transit and destination countries and local measures taken in these. These migration flows increase the health and protection risks, causing challenges to preventive healthcare and the use of informal border crossings. Some National Societies have reported that some of these return flows are not voluntarily undertaken, rather groups of people have been pressured to leave transit and destination countries.

- The National Societies in the Americas, with IFRC support, have implemented the following response actions:

    - To support NSs the document, *"Including migrants and displaced populations in preparedness and response activities to COVID-19/Guidance for Americas National Societies"* has been produced in Spanish and English. The document offers the key risk and activities be considered in the field during the assistance the population on the move in the current context of the pandemic.
    - Central America CCST, CREPD and CEPREDENAC organized a webinar focused on needs and vulnerabilities of Migrants in the context of COVID-19 in which governments, civil society organizations and the NSs participated. The webinar which presented by Central America Integrated System (SICA) Secretary General and the technical topic was presented by the IFRC regional migration team.

- Northern Triangle Central America NSs (Guatemala, Honduras and El Salvador) have adapted their migration response to provide health prevention messages in migration points and to returnees.
- Guatemala Red Cross has conducted a field assessment about migrants needs for developing a strategy to implement Migration activities in the Coatepeque branch, a location where quarantine centre (Transfer Centre – COATEXPO) is functioning.
- Costa Rica Red Cross established an interdisciplinary task force to analyse and respond to the migration and displacement issues in COVID-19 context. In addition, the NS is reinforcing its actions in the Temporary Attention Centres for Migrants (CATEM) to provide accurate information in English, Portuguese, French and Spanish.
- Panamanian Red Cross has conducted a multi-sectoral assessment in Darien province to identify the change from transit flow to a permanent flow of migrants. Its general objective was to "assess the unmet priority humanitarian needs of the migrant population in the Darien region, specifically in La Peñita, Bajo Chiquito, Lajas Blancas and Nicanor". This assessment is published is Go under the Americas: Population Movement operation documents.
- **Chilean Red Cross:** Most of the Bolivian citizens trying to return to their country are seasonal workers in the agricultural and wine-growing areas of central and northern Chile. The work season, which is between September and April, ended abruptly due to the economic slowdown caused by the pandemic, thus leaving them without work and with no means to survive. In addition, many longer- term residents have decided to reunite with their families in Bolivia due to the lack of work in Chile. The majority of the population that aims to return to Bolivia is composed of families with young children, pregnant women and elderly members.
- **Mexican Red Cross,** as part of its regular work and with support from the ICRC and with the use of proper health protection measures, continues to provide care to migrants along the migration route. This includes first aid, water for consumption, basic psychosocial support, messages for self-care, prevention of COVID-19 and use of biosecurity equipment. RFL is one of the services that continue to be provided to migrants.

- The Communication and Migration teams are working together to create and produce a communication strategy to make visible the actions conducted by the RC to attend to the humanitarian needs of people in situation of human mobility. This will be used in different countries, starting in May, to create awareness about the importance of continuing funding the operations in migration transit countries, through video messages, pictures, articles, among others.

Disaster Risk Reduction (DRR)

This operation builds upon previous DRR actions and incorporates additional components since many of the countries in the Americas face multiple hazards that currently, and will continue, to coincide with the COVID-19 pandemic. The DRR team is supporting NSs and communities in high-risk areas to prepare for and respond to the pandemic and other large-scale disasters or crises using multi-hazard approaches, and adopt climate risk informed and environmentally-responsible values and practice, through the following activities:

- Development of targeted messages using multi-hazard approaches to the pandemic and other large-scale disasters or crises. A communication campaign focused on the 2020 hurricane season and floods is currently in preparation, as well as key messages for children on preparation.
- An online exchange session "Café Virtual" in Spanish was held with NSs in the Americas on 7 May to discuss DRR and working with communities in the context of COVID-19. The virtual session allowed for a peer-to-peer learning experiences among NS while providing the organizers with valuable information on good practices, opportunities and gaps identified in the implementation of DRR community-based activities.
- A follow-up exchange session "Café Virtual" will be held to address issues and discuss experiences related to climate change; as well as an upcoming session related to Preparedness for Effective Response.
- A webinar, in partnership with Central American partner CEPREDENAC, will be held on 22 May, around the theme: "Rethinking DRR and community work".
- The DRR team in the Americas is drafting an opinion paper on rethinking DRR and community work, in the context of COVID-19 pandemic.

The DRR team, in coordination with NSs and other IFRC teams, have identified the following challenges:

- Guidance on how to continue with DRR-related activities in consideration of the COVID-19 pandemic and the "new normal".

- NS are anticipating the preparedness measures they should undertake in preparation of the 2020 hurricane season and the possibility of other events (floods, earthquakes), but their resources and capacity are strained due to the COVID-19 pandemic.
- NS capacity building is required to support the continuation of ongoing projects in the new normal and build back better once the recovery phase has started.
- Limited HR capacity to undertake all the necessary activities.

Strengthen National Societies

- **National Society Readiness**
- Mapping of comprehensive NS capacities and Movement external coordination structures is in progress
- IFRC ARO developed a template for Contingency planning and shared with NS and all 35 NS have developed their Contingency Plans.
- A mapping of NS capacities is being carried out and constantly updated by the National Society Development team in coordination with IM.
- IM has developed a Dashboard of the Americas Region: COVID-19 Outbreak - Red Cross Movement Mapping and Funding. The information is being updated continuously by regional Movement partners.

Support to Volunteers

- **Launch of SOKONI.** In the letter sent by the IFRC Secretary General and IFRC President to all NSs regarding the launch of this new webspace for NSs and volunteers, they stated: "The situation in relation to COVID-19 changes rapidly and requires us to be agile and informed to adequately respond to the needs of vulnerable people whilst protecting our volunteers who are at the frontline and ensuring they have access to information and resources necessary to respond in the most effective manner. Today we are pleased to announce the launch of the global space called "SOKONI", which in Kiswahili means 'market place', for exchange of experience, knowledge and information among our members. Hosted by the existing Volunteering Development Platform developed by the IFRC Regional Office for Americas, SOKONI serves as the primary public space where volunteers and staff of National Red Cross and Red Crescent Societies can interact on all matters related to COVID-19 pandemic and their response. SOKONI grants immediate access with one-stop registration and provides automatic translation of content in more than 60 languages."
- **Webinar with RC Volunteers from the Americas Region.** With the participation of more than 1,000 volunteers from the region, this webinar was a positive opportunity for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This opportunity also served to share the main online tools (SOKONI, Americas Volunteering Development Platform, GO and FedNet) where volunteers can obtain and share information. An open discussion among participants was held regarding insurance, security, motivation and involvement of volunteers in decision-making processes.
- **Meeting of the Volunteering Development National Directors/Coordinators from the Spanish-speaking countries.** With the presence of 12 National Societies from Honduras, Costa Rica, Argentina, Uruguay, El Salvador, Panama, Perú, Ecuador, Brazil, Nicaragua, Guatemala and México, this online meeting served to discuss issues related to the response during the pandemic. Discussions and sharing of information took place in relation to the use of VODPLA, SOKONI, national webinars, peer-to-peer support and tailored support to NSs.
- **Support to NSs to obtain private insurance for volunteers.** Support was provided to the CCST Buenos Aires to help the NSs from Uruguay, Argentina and Brazil to negotiate with a private insurance company. This will help the NSs to provide this support to volunteers during the pandemic.
- **Survey about the insurance situation of volunteers in the region.** A total of 25 responses from NSs and Overseas Branches (OBs), via the National Volunteer Managers/Directors, to this survey contributed to obtaining relevant information about volunteer insurance and healthcare in relation to COVID-19. The data collected provided a clear vision of the importance of continual support to NSs for the improvement of protection and security of RC volunteers.
- **Support to Costa Rican Red Cross.** A webinar was organized with the aim to explain to all Volunteer Managers in the country about the use of the new tools in the Volunteering Development Platform (VODPLA) in relation to COVID-19. Answers were provided on how to add humanitarian actions to the online map in order to motivate and support volunteers in the field.

- **Youth Commission (YC) follow-up meeting**. With the presence of the Youth Commission Americas' representatives, this monthly meeting was held to analyse how the YC can support the current COVID-19 related activities. Participants shared information regarding the support of young people in NSs' emergency actions and campaigns.

National Society Financial Sustainability

At the onset of the operation, using a risk-informed approach, the region established a risk register to identify risks associated with scaling up the COVID-19 operation. The CO/CCSTs provided information in this register, which is a live tool to guide operational decision making and contribute elements for mitigation plans.

Ensure Effective International Disaster Management

Surge Deployments / remote and in-country

In the framework of the COVID-19 pandemic response operation, the surge team in the Americas has deployed a total of 13 people in remote support and on-site response to provide support in different technical areas.

- Information Management (IM): deployed and formed a team of information management and data visualization consisting of 3 people deployed as rapid response personnel in support of the IM regional team.
- Mental Health and Psychosocial Support (MHPSS): deployed two mental health professionals from the Costa Rican Red Cross and the American Red Cross who provide remote support to the ARO health team for three months.
- Public Health in Emergencies: deployed one specialist in Public Health in Emergencies, from the Costa Rican Red Cross, who is providing remote support to the ARO health team for three months.
- Epidemic and Pandemic Preparedness: We have deployed an Epidemic and Pandemic Preparedness specialist to Panama with the support of the Spanish Red Cross for a period of 3 months to support the health regional office team.
- Communication: With the support of the Canadian Red Cross, a person has been deployed to support the CCST Port of Spain in communications in the framework of COVID-19 operation.
- Community Engagement and Accountability (CEA): deployed two specialists in CEA, both from the Ecuadorian Red Cross, to work with the communications team to support the Nationals Societies in the framework of this operation.
- Planning, Monitoring, Evaluation and Reporting (PMER): A PMER specialist who had previously deployed to the ARO is now supporting this operation. Two additional persons have been remotely deployed to support the CCST Port of Spain and to the ARO DCPRR.

Shelter Cluster Coordination

The REDLAC Shelter Working Group (Americas Shelter Cluster) regularly meets to share guidance and identify gaps in the shelter and settlements response to COVID-19. The group provides the platform for shelter actors in the region to more effectively advance and address current gaps in the response. REDLAC-Shelter is translating and adapting available global guidance into Spanish and currently drafting a response and recovery strategy for COVID-19 in the shelter sector.

Logistics Procurement and Supply Chain Management (LPSCM):

The Americas Regional Logistics Unit (RLU) continues to actively work in the supply chain management for the operation, working with Geneva counterparts for upcoming requests. A second round of shipments to the National Societies were dispatched from the warehouse in Panama; arrivals have been confirmed with the NSs. The second tender process for PPE was performed and purchase orders were placed with suppliers, with expected delivery time in 17 to 25 days. Several items already have been received in Panama. The third tender process for PPE was launched, closing on 12 May for more than 24 LRs requests in the Region. The fleet unit drafted a Vehicle Request form (VRF) for ambulances for South America, Central America, Caribbean and Hispaniola, to review if estimates are in line with the operational and budgetary requirements. The RLU continually supports the DCPRR team to secure the easy flow of the logistics tools in the region.

Information Management

The Information Management team is actively supporting the operation at regional level. Additionally, the regional IM team has strengthened its capacity with three Rapid Response IM staff (fully remote) from National Societies of Argentina, Chile and El Salvador. The Rapid Response IM team focuses on delivering data visualization products, aligning with Surge Information Management Support (SIMS) standards and procedures.

Extended IM team (Regional and Rapid Response) currently provides support to operational staff and other IFRC units during COVID-19 response with maps, infographics, dashboards and other information products.
In support to National Societies, the IM team created a GO emergency page for COVID-19 response for all 35 National Societies. GO emergency pages are planned to be updated by the leadership of National Societies with regional IM team support. National Societies will benefit from GO features, such as hosting information products (maps, infographics, dashboards), a centralized place for COVID-related field reports and response documents.

Influence Others as a Leading Strategic Partner

Humanitarian diplomacy with governments, including donors, and the international humanitarian community

PSK and Communication teams developed a Toolbox for National Societies that aims to highlight, collect and organize the work and efforts undertaken by the Red Cross in the Americas in response to the pandemic. The Toolbox had the inclusion of advocacy key messages and letter templates, developed by the Americas Disaster Law Programme (DLP), to be addressed by National Societies to the government authorities, to enable RC Humanitarian Access.

Planning, Monitoring, Evaluation and Reporting – Learning and Accountability

The PMER team, in coordination with the DCPRR and PRD, throughout the Americas continues to provide technical support to National Societies who request assistance in the drafting and revision of domestic response plans, concept notes and project proposals for donors. Additionally, it has conveyed the guidance on the use of planning and reporting processes to ensure global alignment and to better reflect the Federation-wide response in this operation. These are ongoing commitments to the membership that will be reinforced and further rolled-out throughout this operation.
The Americas PMER team also contributed to the first Real-Time Learning (RTL) exercise focused on surge and longer-term human resources required for this operation. Some of its findings are contributing to the general shift to the use of local capacities from National Societies and strengthening strategies related to human resources in this first phase of the operation and in the future. The PMER team will continue to contribute to global initiatives to identify learning and provide input that improves practices, as well as the constant commitment to accountability. This will be done with further RTL exercises, the establishment of monitoring and evaluation (M&E) plans with National Societies and Secretariat staff and working with all sectors to contribute to more efficient and effective planning and reporting. Furthermore, action is underway to identify and create innovative mechanisms that will reconfigure traditional M&E methods to be more suitable to contexts in which travel is difficult and do no harm might entail the use of remote monitoring and evaluation tools.

Auxiliary role and disaster law

The Americas Disaster Law (DL) team continues to undertake actions to provide support in the COVID-19 context:

- Legal mapping and legal support provided to DCPRR/Ops, PSK GVA and the Americas**,** in relation to the response to COVID-19, to understand the scope and impact on Red Cross Humanitarian Access of the emergency decrees and other extraordinary measures adopted in the Americas, and how the auxiliary role is being recognized.
- Development of (i) key advocacy messages to provide the legal foundations for the National Societies to request the public authorities' special facilities and exceptions to the travel restrictions and lockdown measures; (ii) letter templates, for both National Societies and IFRC, to be addressed to the competent authorities. These documents greatly informed a Joint Statement made by the IFRC and ICRC Presidents sent to PM to the UN in Geneva to urge governments to ensure Red Cross and Red Crescent humanitarian access for essential lifesaving work and humanitarian assistance. This was done with the participation of the Americas Disaster Law team in coordination and with technical support from the Global Disaster Law Coordinator.
- Organization of the webinar "Securing the Humanitarian Access of the Red Cross in the Caribbean", which aimed at sensitizing Caribbean National Societies to the possible impact on Humanitarian Access for the RC, due to the restrictions provided in emergency decrees and other extraordinary measures adopted by governments, as part of their efforts to contain the spread of COVID-19. In the webinar, the content of the advocacy key messages and letter templates to request the express inclusion of the RC among the categories exempted to the restrictions on freedoms of assembly and movement within the emergency decrees were presented. Nine NSs participated in the webinar, which provided an opportunity for a peer-to-peer exchange. As a result, NS of Belize and Grenada requested, after the webinar, technical assistance with the drafting of letters to the MoH based on the letter templates provided. The webinar provided an opportunity to showcase positive experiences such as the one of the Bahamas RC Society in successfully requesting such exemptions from its government.
- Technical/legal support provided to Belize Red Cross, Jamaica Red Cross and Trinidad and Tobago Red Cross Society to adapt the letter templates addressed to their respective government authorities to request humanitarian access, exemptions to emergency decrees, and to support their preparedness and response efforts

to COVID-19. Some of the results have included the recognition of the auxiliary role of the National Societies in their respective countries and the granting of legal facilities to operate in the response to the COVID-19 pandemic.

Communications and media

The communications team in the Americas has been active in producing, dissemination and training others with materials related to COVID-19.

Several **media releases** were prepared with National Societies to continue to highlight the work of the Red Cross, both with COVID-19 and on wider issues, such as migration. The online magazine *Voices of the Americas* was created and distributed in English and Spanish to the international Red Cross audience and general public. The last edition (April 2020) of the magazine featured the Red Cross work on COVID-19 across the Americas. It also shared success stories from some of the National Societies around the region. To date, it has received 426 hits/ been read.

Social Network management workshop for volunteers: As a follow-up to the "volunteering in times of COVID-19" programme, the Comms team organized the "Supporting Red Cross from your Social Networks" webinar. This webinar provided tips and guides about the correct use of personal social networks to disseminate information about the work of the Red Cross, as well as the management of fake news. Approximately 900 people participated in the event which was simultaneously broadcast in Spanish and English.

Scripts for radio spots about COVID-19 and Dengue were adapted. Both documents, in English and Spanish, were shared to support to the work of the region´s National Societies.

Support was provided to the Venezuelan Red Cross to create different **graphic materials for the prevention of gender-based violence and for psychosocial support**. These materials later were adapted and shared with the whole region. Similarly, messages were developed about house cleaning and protocols prior to entering the home. With there being more and more countries requiring masks to be worn, IFRC Americas developed a Q&A document for mask use as well as two infographics (how to wear a mask and how to care for a cloth mask, ensuring people remain safe and healthy while wearing a mask.

Perception online-survey: An online survey about the perception of COVID-19 was created, together with a guide for its development and use, to improve the communication strategies of the National Societies and to provide relevant information about COVID-19 (dealing with doubts, rumours, questions and concerns). This tool was created to support the work of the National Societies that are unable to travel to the field for interviews. They can use the online survey through their social media, WhatsApp, email and other electronic media to be able to monitor the communities´ perception and its changes.

In the Caribbean, an online COVID-19 perception and impact survey received feedback from 1,400 people. Information gathered will be used in recovery planning. Also, individual National Societies in the Caribbean are looking to adapt this survey to meet their own assessment and feedback needs from the communities.

Ensure a Strong IFRC

Business Continuity Planning and Security within IFRC Secretariat

The Business Continuity Plan team in ARO developed the continuity plan for the ARO, serving as a model for the rest of the offices in the region to adapt to their contexts and measures taken during COVID-19, particularly assessing continuity of operations and programmes and measures for staff. All offices have their own plan that they can update according to the volatility of the context. In May, a mission was conducted to evacuate two people who were in Venezuela on a humanitarian mission, while humanitarian cargo was being brought into the country. This involved coordinating the application of humanitarian diplomacy in both Panama and Venezuela.

The regional office's Business Continuity Plan (BCP) team meets weekly to monitor the situation. In the past months, in addition to the plans, guidelines have been provided on issues to be followed for human resources, personal protection equipment, infographics on the use of the emblem, among others. The BCP Coordinator maintains constant coordination with the Business Continuity Plan Team in Geneva for alignment and to ensure that the guidelines are followed; discussions recently began on a phased plan to return to work in the office location when security (that includes healthy and safety) conditions are apt.

Security

The Regional Security Unit has contributed to the coordination of BCP during the COVID-19 by ensuring synergy between the different units/areas and to promote the duty of care. The Security Unit has created several infographics for use and adaptation by other offices on the correct use of the emblem, communication with security bodies, a guide

to protection in the event of suspected cases of COVID-19 , organizational charts of the BCP and the Crisis Mitigation Committee, among others.

IT

Technology and Digital Platforms are the key component that permit the IFRC to deliver service and value to National Societies and communities. Being competent with teleworking has enabled the continuity of Americas Region operations through:

- Ensuring IT department has an adequate teleworking environment to guarantee availability, reliability, timeliness and accuracy of IT services for everyone anywhere.
- Validated and made adjustment so all staff have adequate equipment and connectivity for teleworking.
- Access to Regional Office stock to respond and replace faulty laptops or mobile phones within 24 hours, in alignment with social distance protocols.
- Provided back up to the Service Desk to remotely support the high demand of user's requests and incidents.
- 14 satellite terminals are active in main IFRC sites/locations within the region.
- Partners and suppliers' relationships are maintained to anticipate changes and mitigate risks in case their commercial activities are suspended.
- Identified and reported that the procurement of technology consumables is a challenge due to suppliers' approach of migrating to online stores and the lack of flexibility of IFRC to buy online.
- Promoted the use of Microsoft collaboration tools and cloud storage to increase productivity, availability and security of information.
- Started procurement of equipment for emergency preparedness.

Contact information in the IFRC Regional Office

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Emergency Appeal Support National Society 3-month picture

North America

American Red Cross (AmCross)	AmCross is: • Setting up a health screening process for everyone coming into the shelter - Creating an isolation care area in the shelter • Providing masks, tissues, and plastic bags throughout the shelter • Following social distancing practices, as much as possible, by staggering mealtimes and adding extra spacing between cots, chairs, tables, etc. • Providing additional handwashing stations, in addition to normal restroom facilities • Increasing wellness checks to identify potential illness, including self-monitoring and checking temperatures of both shelter residents and staff. • Enhancing both cleaning and disinfecting practices throughout the shelter. We are working closely with public health officials to ensure the safety of local communities and our workforce, while still providing the help and hope they need should disaster strike. The American Red Cross has also provided assistance to evacuated citizens that were placed in quarantine after returning to the United States. AmCross teams provided relief items such as blankets, comfort kits, and children's toys to partners managing these quarantine facilities.

Canadian Red Cross (CRC)	With the support of the Vancouver Foundation, the CRC has been engaged to provide Psychological First Aid (PFA) services to charity organizations. Through PFA, the CRC offers prevention and coping strategies & mechanism for dealing with stress resulting from various types of trauma; emphasis is placed on self-care and personal protection CRC is supporting the Yorkton Tribal Council, the Peter Ballantyne Cree Nation and the Standing Buffalo Firs Nation by supplying emergency response materials, cots, blankets, hygiene kits, pillows and clean up kits At the request of the Public Health Agency of Canada (PHAC), CRC is providing care and comfort services at designated sites in BC, AB, SK, MB, QC, ON, NB, NS, and NL to travellers who upon arrival declare sign/symptoms of COVID-19 and are not within a 12-hour drive from their home location or do not have the means to transport themselves via private transportation to their final destination. CRC is providing virtual relief support to asymptomatic returning Canadians who cannot complete the self-isolation period in their home. This support will be provided virtually utilizing local Personal Disaster Assistance (PDA) teams within each province. Referrals will be received from Canada Border Services Agencies (CBSA) in coordination with PHAC. The CRC is also working with Employment and Social Development Canada (ESDC) to support local community organizations with funding, PPE training and equipment. The CRC's community granting program will provide emergency funding to support organizations to adapt frontline services for vulnerable Canadians during COVID-19 with a focus on non-registered charities Other engagements include activating the Community Partnership Program for grants for COVID-19 service delivery adaptations for active flood and fire partners. At the request of provincial governments, the CRC is: Engaged to coordinate up to 3 homeless lodging sites in order to reduce risk of contagion in current shelters in Quebec. Providing additional support to existing Community Health & Wellness clients through telephone safety and wellness checks, with a focus on seniors to reduce heightened impacts of isolation due to COVID-19. Supporting registration for individuals in Alberta who have been affected by recent flooding and may require assistance with lodging, food and personal items. In partnership with Indigenous Services Canada and First Nations Inuit Health Branch (FNIHB), CRC will work with communities to provide relevant and current health and emergency guidance to amplify ongoing care of their communities, thereby contributing to community resilience and sustainability in approaches to address pandemic risk across the key areas of focus: Health Planning and Preparedness, Health Guidance (partnering with FNHMA), and Community Wellness and Protection Provincial CRC teams in are providing additional support to existing Community Health & Wellness clients though telephone safety and wellness checks, primarily focusing on seniors, to reduce the heightened impacts of isolation due to COVID-19. CRC has also been engaged under existing Medical Equipment Provision Program (MEPP) contract to provide Health Loan Equipment, notably hospital beds for non COVID patients. In support of Health Emergency Management BC (HEMBC), First Nation Health Authority (FNHA), Northern Health Authority (NHA), CRC is engaged in supporting planning efforts related to community isolation and field hospitals. At the request of the British Columbia Emergency Management Department, CRC is providing support to asymptomatic returning foreign travellers without adequate self-isolation plans and who are not supported under the federal programs. CRC has been engaged by the CIUSSS de l'Ouest-de-l'Île-de-Montréal, Nord-de-l'Île-de-Montréal, Centre-Ouest-de-l'île-de-Montréal and the CISSS de Laval to respond to the outbreak of COVID-19 in the long-term care homes within its territory. CRC provides support in the areas of recruitment; training; infection prevention and control (IPAC), and loan of materials and equipment (field hospital) for LaSalle Hospital. CRC has been engaged by the City of Montreal to coordinate up to 3 homeless lodging sites (rooms and other individual areas) in order to reduce the risk of contagion in current shelters. CRC has been engaged by the Ontario Community Support Association (OCSA) to support in connecting eligible seniors and individuals with physical disabilities to access food delivery programs and/or essential needs service delivery. CRC has been engaged to coordinate the provision of essential services delivery (i.e., grocery, medications) to low-income individuals who have tested positive for COVID-19 or are awaiting COVID test results. CRC has been engaged by FNIHB, along with additional community stakeholders to provide planning support for Indigenous communities, support sourcing and distribution of cleaning supplies (soap, hand sanitizer,

	masks etc.), and coordinate the distribution of emergency response materials including cots, blankets, hygiene kits and pillows to Tribal councils. CRC has been engaged by various provinces to support emergency relief services through the coordination and distribution of food supplies, personal items, hygiene kits, medical supplies, cots, and blankets. CRC has been engaged to support emergency relief services through establishing call centre support for Registration and Inquiry and mobilizing community resources to provide food delivery to homeless and vulnerable populations. CRC is providing emergency relief services through Information and Referral, safety and wellbeing, and coordination of lodging and clean up kits. CRC is also providing virtual support for people isolated due to COVID-19. CRC personnel are available over the phone to provide information and referrals, and safety and wellbeing to support individuals and families through their isolation period. On behalf of the Governments of Quebec (through the Temporary Aid for Workers Program), New Brunswick (in coordination with the Department of Post-Secondary Education, Training and Labour), Nova Scotia (in partnership with Dalhousie University) and Prince Edward Island (registering applicants for the Special Situations Fund), the CRC is assisting with the registration and distribution of funds for eligible residents whose income has been impacted by COVID-19. This includes self-employed individuals, international students, individuals who have lost their job due to COVID-19 and others who are otherwise not eligible for employment insurance and unable to work or continue with studies as a result of the impact of COVID-19. CRC is supporting all over the world in its bilateral project initiatives to address COVID19 preparedness and response and lobbying with its donors to such initiatives. So far, CRC is engaged in COVID-19 efforts in 17 countries. Discussions with donors are underway to allocate funds from preparedness and migration intervention to support National Societies on the action proposed under their contingency plans. CRC launched a public COVID-19 global appeal to support the global response to the outbreak. In response to the IFRC Rapid Response alerts, CRC is supporting the deployment of Canadian Rapid Response personnel in Africa, MENA, and the Americas region.
Mexican Red Cross (MRC)	MRC has set up a Clinical Assessment Centre (triage) to support suspected coronavirus patients and refer them to health hospitals for specialized care. MRC has equipped 98 ambulances with bio-contingency capsules to attend to suspected or severe cases and follow a protocol when it is detected symptoms of COVID-2019. MRC has installed 20 orientation modules to take the temperature of people with infrared thermometers, explain hygiene measures, and provide information on COVID-19 at metro stops and main squares in the country's capital. MRC continues to conduct awareness campaigns in schools about prevention measures with hygiene promotion and sharing awareness material through social media. MRC continues to strengthen protection measures for doctors, nurses, and emergency medical technicians in the institution. MRCS permanently participates in the State's Health Committee.

Central America

IFRC in close communication and coordination with Central America National Societies has mobilized exiting funds to respond to the emergency. Discussions with donors continues to allocate funds from preparedness and migration intervention to support National Societies on the action proposed under their contingency plans.

Under the leadership of the Central American Cluster and in cooperation with CEPREDENAC, two educational sessions on COVID-19 have been developed for humanitarian organizations, National Red Cross Societies, and Civil Protection Systems, with more than 500 people reached. Also, in coordination with CEPREDENAC, an online resource box was developed so that the region's civil protection systems can access information on COVID-19. This is hosted on the Reference Centre's website and is organized by thematic areas, e.g. PPD, PGI, APS, Migration.

Within the framework of the regional DIPECHO programme for Central America (Guatemala, El Salvador, Honduras, and Nicaragua), technical assistance continues to be provided remotely to the NS. As of today, Preparedness for Effective Response (PER) action plans are adapted to COVID 19's operations and are part of the recovery process, including the National Societies' business continuity plans.

All the National Societies in Central America have completed their response plans. The proposed actions focus on the following programmatic areas:

a) Information: all activities related to information sharing (symptoms, differences with flu and other similar diseases, among others).
b) Response: active participation in the respective national plans for this crisis, prehospital services, psychosocial services, and support to shelter (quarantine and others), support to local authorities with competencies for the response.
c) Staff and volunteer management: self-protective measures, internal arrangements for National Societies services, procurement of PPE and first response equipment.

Communication: internal and external communication with a strong component of operational communication and socialization of the key messages in the mass media.

Costa Rica Red Cross (CRRC)

CRC delivered 5,468 family food packages, 3660 hygiene kits in support of the Coordination of the National Commission for Risk Prevention and Emergency Care (CNE).

Awareness campaigns aimed at the population through loudspeakers and CRC personnel continue to be carried out with talks, using the Microsoft Teams platform. In addition, volunteers and staff who have been in contact with suspected and confirmed COVID-19 patients continue to be monitored to determine whether they are developing symptoms and have been attended to with 296 sessions of psychosocial support. To date, 4,359 hours of peripheral walking have been accumulated in the communities with messages referring to the need to "stay at home" and some advice on hygiene promotion and mental health during social distancing.

Through the 9-1-1 Emergency System, 4,056 incidents related to COVID-19 have been attended. 653 persons who met the parameters agreed upon by the Ministry of Health and the NS have been transferred to medical centres.

Mental Health and Psychosocial Support Campaign - CRRC

The distribution of Personal Protective Equipment to our pre-hospital personnel continues, with 1280 boxes of gloves, 175 glasses, 720 PPE kits, 200 overalls (Tivek), 72 masks, 16,734 gallons of disinfection and cleaning products, 3,410 N95 masks, 2,400 surgical masks and 5,530 gowns sent to the regions. Distribution of hygiene and cleaning supplies for CRC committees or affiliates also continues as part of the donations received from SINAGER.

The preparation of a Water, Sanitation and Hygiene Promotion Contingency Plan for response to the COVID-19 emergency was completed (it is currently being revised). And key messages focused on the rational use of water have been developed.

Work has been done to develop a contingency plan for migration. During the last week, 289 migrants have been assisted (92 minors and 197 adults). Of this number, 122 were treated at the Temporary Care Centre for Migrants (CATEM) in the north and 167 at CATEM in the south.

CRC staff (a group of doctors, nurses and psychologists) visited the CATEMs to check up on the migrant population. The vaccination of migrants has been coordinated with the Costa Rican health authorities.

Humanitarian supplies were purchased to strengthen the capacities of both CATEMs, with funds from the IFRC, as well as supplies for RFL. A donation of 1,400 deodorants for hygiene kits was received. Seven RFL cases have been dealt with, of which six were resolved. The Instituto Tecnológico de Costa Rica (TEC) and CRRC are collaborating in the development of a dismantle mobile unit protection system. Experts from TEC's School of Materials Science and Engineering are developing this system that will serve as a protective barrier to minimize the risk of exposure among the occupants of the CRRC's ambulances and patients with infectious diseases such as COVID-19.

CRRC has transported through its trucks and in support of the National Emergency Commission, 68.4 tons of food and non-food assistance to communities in all regions.

A total of 3,564 incidents related to this COVID-19 have been attended to by telephone. 505 people have been transferred to medical centres that meet the parameters agreed by the Ministry of Health and the NS.

The NS continues to conduct awareness-raising campaigns targeting both the population and CRC volunteers and staff and has been replicated in all regions. CRC has 4,179 hours of peripheral walking accumulated in the communities sharing messages regarding staying at home and some advice on promoting hygiene and mental health during social distancing. CRC held 95 training in the different regions to prepare for and prevent infection of COVID 19, and campaigns on the use of personal protection equipment are continuing.

CRRC staff and volunteers who have been in contact with suspected and confirmed COVID 19 patients are followed up to determine whether they are developing symptoms, testing for infection, and a total of 199 psychosocial support sessions have been completed.

Distribution of hygiene and cleaning supplies for our committees or branches continues as part of the donations received from the National Risk Management System through the Regional Operational Coordinators. CRC

	branches in each region are distributing the PPE received under the IFRC Regional Appeal, according to the criteria of the number of cases attended in the areas of responsibility, including instructions on their use. The National Technical University of Costa Rica designed and will produce, within the framework of a cooperation agreement with CRRC, 500 polycarbonate protective masks for volunteers providing pre-hospital care. CRRC liaised with UNICEF to conduct a national survey to address the needs of youth and adolescents related to COVID-19. These results will guide the development of targeted messages for this group population. CRRC has begun to support the distribution of food assistance in communities and for families that were selected through the Municipal Emergency Committees. CRRC continues to conduct awareness campaigns targeting the general population and its service personnel, both volunteers and staff, which have been replicated in all regions. Distribution of informative materials about COVID-19 and PSS in Portuguese, Spanish, English and French for the two Temporary Care Centers for Migrants. The distribution of Personal Protection Equipment (PPE) to pre-hospital care personnel continues, with Tivek suits, N95 masks, surgical masks, nitrile gloves, disposable gowns, alcohol gel, disinfectant, hand soap and chlorine being sent to the branches. Also, it is distributing hygiene and cleaning elements to branches as part of the donations received from the National Risk Management System. CRRC held 81 training in preparation and prevention of the COVID 19 outbreak in the different regions. CRRC continues participating daily in the virtual meetings of the National EOC, Regional and Municipal Committees. The National Directorate of Doctrine and the ICRC have coordinated resources for the procurement of personal hygiene and general cleaning supplies for migrants in temporary migrant holding centres.
Guatemalan Red Cross (GRC)	The San Marcos delegation of GRC in coordination with the Municipal Coordinator for Risk Reduction (COMRED), distributed food kits and alcohol gel in the Municipality of Tacaná and the Sacapulas delegation of GRC distributed basic food kits for 1 week to families affected by informal trade. Medical assessment and delivery of medicines to volunteer and permanent staff active during the Covid-19 emergency in the Purulha, Coban and Peten delegations has been carried out, serving a total of 53 volunteers and permanent staff. In addition, sessions of Psychosocial Support, Self-care, Stress Management and Emotion Management were developed in which 36 volunteers and permanent staff participated. It was possible to detect alterations at the cognitive and behavioural level, reflected in their state of mind, in the poor management of stress and at emotional level. Likewise, it was detected that each participant has entered a crisis and this is reflected in a high level of panic within the Delegation and is reflected in its social and community core. In the last two weeks, 325 units of blood have been collected, to support the supply at hospital level. And 128 transfers of people with symptoms of COVID-19 have been carried out to care centres. A virtual chat "Environment and COVID-19" was held during the weekly call to delegations. Feedback on the climate perspective was given to SN Delegation Volunteers and its impact on the care of the COVID-19 Coronavirus emergency. Due to the beginning of the rainy season, the Disaster Coordinators are monitoring the communities affected in previous years and are monitoring the climate perspective through the data from the Insivumeh. The 7 Disaster Coordinators developed exercises to calculate crop losses due to flooding and the basic structure of the Contingency Plan for the event "2020 Rainy Season" was shared with the Delegations. The delegations of Puerto Barrios, Sacapulas, Mazatenango have started the elaboration of the Contingency Plans for the 2020 Rainy Season. The following meetings and trainings have been carried out • 2 virtual meetings to update about the definition of cases and reference of cases, 218 volunteers and people participated. • Workshop Pre-hospital care in response to COVID-19, where several topics were developed, with special emphasis on PPE, cleaning and disinfection of surfaces and triage areas. Forty-three people participated. San Carlos University of Guatemala donated 75 face protectors, thanks to the efforts made to ensure the safety of volunteers and staff of GRC GRC continues providing humanitarian assistance to returnees by land, providing safe water, hygiene kits, snacks, anti-bacterial gel, and COVID-19 guidance. Psychosocial support has been provided to the GRC team that attends to returnees during the emergency.

GRC volunteers are distributing hand disinfectant (alcohol gel) in coordination with the Municipal Coordinator for Risk Reduction (COMRED) and providing humanitarian information on the containment measures promoted by the Ministry of Public Health and Social Assistance. Also, explaining correct handwashing, ways of cough to avoid contagion, and proper application of the antibacterial gel.

GRC collected 140 units of blood to support the hospital's level supply and transferred 102 patients to care centres.

GRC 138 (82 men and 56 women) volunteers from 15 delegations and staff from the GRC management team, participated in a virtual meeting to update case definition, case reference.

Volunteers from Puerto Barrios, Cobán Alta Verapaz, Retalhuleu were trained in:

- Data collection and systematization of information according to the Damage and Needs Assessment.
- Collection of information such as population, weather conditions and health conditions, as part of preparedness and to have this information available for emergencies or disasters.
- Elaboration and filling of forms to be used as processes and tools for Disaster Risk Reduction

Under the Migration projects, Tecún Uman, San Marcos, and San Benito branches in Petén, provided humanitarian assistance to people in transit and returning by land: hygiene kits, basic food, safe water, guidance and information on COVID-19 prevention measures.

GRC Quetzaltenango branch provides humanitarian assistance to returnees by land: hygiene kits, basic food, guidance and information on measures to prevent COVID-19. In addition, support is provided to the Hogar Nuestras Raíces return and quarantine centre for children and adolescents, which provides hygiene kits, guidance and information on hygiene measures to prevent the virus. Printed material has been provided on information and prevention of the COVID-19 virus. And psychosocial support is provided to the CRG team that attends to returnees during the emergency.

In the GRC Coatepeque delegation, humanitarian aid is delivered to the shelter in Coatepeque, including snacks, hygiene kits, pre-hospital supplies and antibacterial gel.

GRC continues to analyse and follow up on information related to trends and forecasts for the rainy and hurricane season in the country, with national and regional authorities on the subject.

GRC developed a colouring book for children from 4 to 9 years old, the Doctors Perla and Albert, on how to beat the COVID-19. This material aims to provide recommendations for children to recognize the symptoms of COVID-19 and ways to prevent it.

GRC has provided humanitarian assistance to returnees by land, providing safe water, hygiene kits, snacks, anti-bacterial gel, and COVID-19 guidance. Psychosocial support has been provided to the GRC team that attends to returnees during the emergency.

The NS has held sessions to update the cleaning and disinfection procedures with first responders (change validation practices) and with 30 volunteers to update infection control and prevention procedures (at Headquarters). GRC held a virtual meeting with 106 volunteers and staff (16 delegations and management team) to update case definition, registration formats, and responsible.

Several workshops and sessions were held to update volunteers and staff:

- Planning and execution on Prehospital Care in response to COVID-19 for Volunteers and First Responders (38 people participated).
- Code of Ethics and Conduct (a second session will be held next week).
- Safer Access on the Migration project was prepared for all staff and volunteers involved in the actions of the program to reduce vulnerability to COVID-19 infection.
- Regional Webinar on Volunteering.

GRC, as part of local capacity building, promotes basic online training on disaster preparedness and has printed material on information and prevention of COVID-19.

GRC participates in coordination meetings through the Emergency Operations Centres for actions related to the COVID19 pandemic, under the responsibility of local authorities. GRC continues participating in the Health, the WASH and the Nutrition Clusters in Guatemala.

Honduran Red Cross (HRC)

Following the agreement signed by HRC with the Inter-American Development Bank (IDB) and the Permanent Commission on Contingencies (COPECO), 2,411 families (already identified) will be reached with food rations, initially as a result of the drought and now as a palliative for COVID-19. HRC has begun the process of quoting and purchasing food kits and they have a distribution plan.

Self-care messages were disseminated, mental health care was provided, self-care workshops focused on (reduction of stigma and discrimination, dance/therapy) and PHC sessions, reaching a total of 143 people among health care providers from two comprehensive health centres, the Enrique Aguilar Hospital, the Association of Architects of Honduras, pre-hospital council staff and family members of HRC staff.

PSS sessions for HRC volunteers. Source: HRC

HRC developed the COVID-19 prevention guide in administrative areas of HRC headquarters, and is in the process of developing a training package for National Intervention Teams in epidemic control in the context of COVID-19

In addition, support has been provided to the Honduran Ministry of Health (SESAL) in the transfer of medicines and vaccines to various comprehensive care centres, and epidemiological channels have been donated for monitoring COVIS-19 and arbovirus cases and PPE for health providers for the San Pedro Sur comprehensive health centre. The Choluteca council donated PPE, information registration material to the Las Acacias Comprehensive Health Centre.

HRC is implementing community awareness campaigns for the prevention of COVID-19, through social networks with key messages of prevention, stigma and non-discrimination, mental health and psychosocial support in COVID-19 contexts. Training to CRH staff in protection measures, prevention and care of the patient with COVID-19 at home.

HRC is one of the institutions implementing the Response Plan in the WASH sector, to provide safe water to families affected by COVID-19 at the national level. In addition, support is planned for 42 Temporary Isolation Centres. Through the Choluteca council, 30 barrels of water storage have been delivered to 21 families in two neighbourhoods of the city of Choluteca. CRH is carrying out hygiene promotion and proper use of biosecurity equipment with health personnel using digital tools.

Among one of the DRM actions in the context of COVID-19, CRH has elaborated 9 departmental and municipal maps using a geographic information system, an action coordinated with COPECO department of Valle.

In Tegucigalpa, 141 people have been reached at the community level, with the following actions of support to the board of trustees and CODEL of the Santa Rosa de Sampile neighbourhood, in actions of disinfection in the delivery and exit of the neighbourhood, delivery of masks, antibacterial gel and disinfectant materials to the network of young people in the Las Arenas neighbourhood, a diagnosis was made in the Los Pinos community to know the degree of stigmatization due to COVID-19. Training processes have been carried out on how to make homemade masks, as well as a talk on values to strengthen family life, dissemination of self-care messages to community leaders and some psychosocial care.

Water, Sanitation and Hygiene support is planned for the Temporary Isolation Centres (CAT in Spanish), which will be gradually installed nationwide

Awareness-raising sessions on basic knowledge and measures to prevent the spread of COVID-19 for HRC volunteers and staff have been held in 48 councils, and virtual seminars on COVID-19 guidelines for health staff have been held, with 103 people already being trained at the national level. In addition, a training curriculum on Epidemic Control in the context of COVID-19 is being developed for National Intervention Teams.

HRC established biosecurity measures for the prevention of COVID-19 in the offices and headquarters and is supervising their compliance. It also has set procedures for the protection, prevention, and care of patients with COVID-19 at home.

	Guidelines for access to the emergency fund for volunteers and staff infected with COVID-19 have been developed (but are under review). Coordination and negotiations are underway with the Resource Mobilization Management for food aid to volunteers and staff in need. HRC is supporting vulnerable groups (elderly, people with HIV, among others) in the transport of medicines for chronic diseases. HRC 315 volunteers have been recruited for the emergency and received aBasic HRC Induction Course. Accountability actions include weekly updates of the Emergency Response Plan for International Cooperation and representatives of the Movement. HRC supported 35 migrants returned (32 men and 3 women) by land from Guatemala. A total of 268 humanitarian aid and reception services have been provided, and 487 telephone calls have been facilitated to the same number of returned migrants through the reception and isolation centres. 8 returned migrants (2 men and 6 women) are in the process of reintegration and are receiving and participating in individual sessions of psychosocial support and self-esteem.} Telephone call services have been initiated at the Isolation Centre in Tegucigalpa. New volunteers have been trained in RFL to strengthen the national team and meet the suitability requirements established in the institutional regulations and to participate in COVID 19 response actions. Key messages about maintaining contact and family care are also being disseminated. Following the agreement signed by HRC with the Inter-American Development Bank (IDB) and the Permanent Commission on Contingencies (COPECO), 2,340 families (already identified) will be reached with food rations, initially as a result of the drought and now as a palliative for COVID-19. HRC has begun the process of quoting and purchasing food kits. HRC continues with the training of health professionals in the COVID-19 Guidelines for Integrated Care continues and follow-up of HRC staff on COVID-19 symptoms through the medical staff. People from the institution are treated and given psychosocial support. HRC is doing the follow-up to cases transferred by COVID-19 (suspected, probable, and confirmed). HRC is providing advice to the Secretary of Health and the Permanent Contingency Committee in the construction of the Work Plan for the management of Temporary Isolation Centres. HRC developed a proposal to provide medical and psychological support remotely to 911 personnel and people in the community. HRC has also prepared a joint proposal with UNICEF for a psychosocial approach to children and adolescents during the COVID-19 pandemic, which includes Education in Emergencies in the context of COVID-19. The network of HRC branches at the national level continues to develop coordination and support actions in the delivery of humanitarian assistance. HRC maintains a presence and supports the country's initiatives at the National Water, Sanitation, and Hygiene Roundtable, from which actions are coordinated for the benefit of the Honduran population. HRC volunteers have set up 24-hs shifts at the National Emergency Operations Centre in COPECO, from where the different response actions at the national level are coordinated. The institutional National Monitoring Centre remains active, generating reports and providing follow-up to the different actions developed in the framework of the response to COVID-19. HRC has shared key messages in support of the communities with which HRC works to raise awareness among Community-Based Organizations.
Nicaraguan Red Cross (NRC)	NRC carried out workshops and sessions on: • Use and application of the Protocol and Procedure Manual on Infection Control in Pre-Hospital Care. • Psychosocial Support (PSS) sessions for volunteers and staff members to manage panic, stress, and stigma reduction. PSS focal points have been appointed in each branch to provide emotional support to volunteers and members. • Promotion of prevention measures and health control for staff and volunteers by the medical team of NRC (taking temperatures, evaluation of symptoms, evaluation of the emotional aspect). NRC has developed a washing and disinfection policy for the transportation units, and space has been built between the driver area and patient care. NRC has produced 1,125 litres of liquid alcohol has been produced. The NS has delivered hygiene kits (including soap, detergent, chlorine, and alcohol) and water storage buckets with lid and tap for handwashing stations to the general administrative staff, as well as the operational and service personnel in 32 branches.

NRC has launched a communication campaign in social networks, television and radio media, and shopping centres, with educational materials on prevention of COVID-19, hygiene, and handwashing and about the control of stress.

Users of NRC services receive respiratory hygiene promotion talks and handwashing through exercises performed by staff and volunteers.

Salvadorean Red Cross Society (SRCS)

With ICRC support, CRS donated 10 sprinkler pumps to the Apopa Municipal Civil Protection Commission for sanitation work in the municipality. Fifteen hygiene kits were also delivered to associations of people with disabilities in El Salvador (Asociación de mujeres ciegas de El Salvador, Asociación de ciegos de El Salvador)

During the last two weeks, 1,146 emergency clinic services, 133 pre-hospital services and 34 remote psychosocial services have been provided via teletherapy, e-mail, WhatsApp through authorized contacts.

Home delivery of hygiene kits to 15 visually impaired people. Source SRC

CRS developed and is already implementing the Contingency Plan for the transfer of COVID-19 positive patients in support of the Ministry of Health (MINSAL). Three COVID-19 positive patients have been transferred to hospitals authorized by the MISAL.

A Guide for the Transfer of Suspected or Confirmed Patients has been prepared in support of the Emergency Medical Service. And the workshop "Preparation of rapid response team in use of EPP level 3" was developed, with the participation of 10 volunteers. In addition, the personnel in charge of transfers have completed the basic courses and prevention measures in COVID-19 participants that are found in the IFRC learning platform.

The Facebook live sessions continue, to answer people's concerns about topics of interest to the COVID-19 pandemic. The last two weeks the topics "care for children in emergencies", "care for people with disabilities in the COVID-19 emergency" and "International Red Cross and Red Crescent Day" reached a total of 11,100 views.

The Emergency Operations Centre conducted a demonstration practice on the application of the new guidelines of the COVID-19 Emergency Operating Procedures Manual, emphasizing the biosafety actions that pre-hospital care personnel must follow; these were socialized with the emergency clinic and operations centre personnel.

Supplies of Personal Protection Equipment have been delivered to 60 sections in the country, benefiting a total of 800 volunteers. Among the actions that the branches are carrying out: Guazapa branch delivers basic baskets to 30 people who work in circuses, while the Tejutepeque branch continues with the delivery of prepared food to 80 older adults. The Santa Tecla branch has provided support in the delivery of agricultural packages by the Government with prevention and security issues in the Port of La Libertad.

During the week of April 20-27, SRCS provided 743 care sessions and attended 89 pre-hospital care services. In addition, 24,000 gallons of water were delivered to communities such as: Manantial las Marías, Barrio San Antonio, Santa Ana, San Antonio Las Vegas, Comunidad la Meca, Sierra Morena and Tikal Norte. Also, 2,000 gallons of water for Centro Obrero containment centre, La Palma Chalatenango.

A meeting was held between the Ministry of Education's departmental director and the SRCS's Social Inclusion department to coordinate actions to support the continuity of education in the emergency. Materials were distributed to 21 schools in the municipalities of Apopa, Guazapa, Aguilares Tonacatepeque and Ciudad Delgado. And support is being provided for the reproduction of guides for people with disabilities.

The SRCS Institutional Security Unit continues to reinforce security guidelines and the installation of sanitation spaces.

SRCS is providing support in the evacuation of patients from the San Rafael Hospital that has been designated to attend patients with COVID-19.

SRCS has delivered 25 mattresses, 25 family hygiene kit and 150 light blankets in the Mario Zamora's containment centre in La Palma, Chalatenango.

SRCS women volunteers delivered prepared food to 70 elderly adults in Tejutepeque.

During the week of April 14-19, 744 care sessions were held at the SRCS emergency clinic, and 98 pre-hospital care services were provided. 41 SRCS branches in the country are providing care pre-hospital emergency for COVID 19 patients.

SRCS delivered 10,000 gallons of water to the communities of Canton Ojo de Agua, Caserío Los Gálvez, Cojutepeque, la Flor de la macarena, Usulutan and colonia Los Almendros, and Ciudad Delgado.

SRCS delivered PPE and supplies for disinfection to the Quezaltepeque branch reaching a total of 49 volunteers.

SRCS is holding Facebook live sessions, responding to the public's concerns on topics of interest to the COVID 19 pandemic, addressing issues such as "Stigma and discrimination in the context of COVID 19", "correct use of masks", "volunteering in emergencies". So far, the sessions have reached 8,300 people. SRCS held thirteen sessions to disseminate the Manual of operational procedures in pre-hospital care in the context of the COVID 19, with volunteers from 26 branches throughout the country and administrative staff, reaching a total of 216 people. SCRS carried out two workshops on psychosocial support, with volunteers from the headquarters brigades reaching a total of 22 people.

SRCS continues participating in meetings of the departmental and municipal commissions of the National Civil Protection System.

Red Cross Society of Panama (PRC)

PRC is contributing with the transfer of blood donors to the donation centres, those interested can schedule their donation to the e-mail, or to the WhatsApp, this way the biosecurity and mobility measures for the donor are guaranteed.

PRC carries out sanitation campaigns in the community of Penonome in the Province of Cocle. Source PRC

The PRC, with the support of the ICRC, offers RFL services and recently achieved family reunification between two children aged 7 and 4 with their parents. The search for and transfer of the minors was successful, applying all the necessary biosecurity measures to ensure their health, and with the express authorization of their parents.

The virtual platform conversation "Anxiety Management Techniques for COVID-19" was developed by Dr. Ricardo Turner, a psychologist from the University of Panama and professor at the Universidad Especializada de las Américas (UDELAS), and was broadcast live simultaneously on the YouTube channel and the Panamanian Red Cross' Facebook page.

In coordination with Panama's Foreign Ministry and the United Nations Development Programme (UNDP), the CRP delivered bags of food to the communities of rural Cerro Viento and part of the community of Las Trancas, in the district of San Miguelito, with the support of volunteers from branches close to the sector.

PRC with the support of Cobre Panama, developed sanitation work in communities in the province of Cocle, with two tanks, spreaders and hoses supported the distribution of special chemical disinfection, with the aim of reducing the rate of COVID-19 infections in the population.

PRC, in support of the Panamanian Social Security Fund (CSS in Spanish), continues to deliver food bags in different provinces of the country and has coordinated the delivery of medicines house by house. PRC Volunteers continues to support seven epidemiological fences nationwide by carrying out screening. In Darien, PRC supported with water distribution and attention to migrants from the Penita area. PRC continues with the dissemination of the Stay at Home campaign through different media and social networks. Volunteers from the Colon branch delivered food parcels to 80 families in Ciritito, Costa Abajo. PRC volunteers are supporting the distribution of medications to homes from the National Social Security Fund (CSS in spanish).

PRC is coordinating to establish a telephone helpline, as well as virtual online platforms for the attention of volunteers, their families, and collaborators. Multiple intervention sessions were conducted to provide psychosocial support to the staff of PRC.

PRC in support of the Ministry of Health of Panama, Procter & Gamble (P&G Panama) made available 200 hygiene kits, which are essential for medical staff and internists, delivered in 4 hospitals in the province of Panama and the Foundation Jesus Luz de Oportunidades.

PRC supported the Fundación Amigos del Niño con Leucemia y Cáncer, transferring the children by ambulance to various hospitals so that they could receive their treatments.

PRC with the support of donors distributed bags of non-perishable food and hygiene items to more than 600 families, affected by the restrictions of the state of alert.

46 PRC volunteers participated in a workshop on the use and removal of personal protective equipment, and decontamination (ambulances, basic relief units, logistical support and personnel transport vehicles).

PRC delivered meals to homeless and vulnerable people on Boca Isla, to help mitigate the conditions of lack of food.

PRC volunteers supported the assembly of food bags at the collection point established at the ATLAPA Convention Centre during the night shift.

PRC provided support to the Spanish Embassy in Panama, establishing preventive measures for the repatriation of Spanish citizens at Tocumen International Airport.

In coordination with the Ministry of Agricultural Development and the MERCA PANAMA Service Management, a team of PRC volunteers reinforced the hygiene and prevention advice in response to the health alert issued by COVID-19.

English and Dutch Caribbean

Antigua and Barbuda Red Cross Society (ABRCS)

The National Society in association with the Medical Benefits Scheme, the Ministry and Digicel (a telephone and internet service provider) carried out a massive dissemination of text messages in order to reach a sector of the population with the necessary information in a more efficient manner. Three text blasts were sent in April with messages about: proper hand washing, use of hand sanitizer before throwing away the used, dirty, or damaged mask. These messages reached approximately 60,000 people, or more than 50% of the country's population.

ABRCS volunteers' hand to an isolated person with COVID-19 a care package. Source: ABRCS

The National Society has used its social networking platforms to extend its outreach to the population on the importance of handwashing and social distancing. Videos targeting deaf people have been posted on Facebook.

The National Society has distributed Hygiene Kits to COVID-19 patients at the Hawksbill Hotel quarantine facility during April. Over 50 kits have been distributed.

Protocols have been developed for the staff of the Central Office, also for volunteers or visitors. This helps to emphasize the importance of hygiene; a hand washing station has been installed for use by anyone entering the building with informative graphics for proper use.

The Barbuda branch helped install hand sanitizers, hand washing and paper towel dispensers in the local hospital and isolation area. These dispensers were donated by the NGO "Barbuda Go". In addition, medical deliveries have been made to help prevent older adults from leaving their homes to collect medicines.

The National Society has been involved in a seedling project in coordination with the National Farmers' Association. The aim of this activity was to start with the Livelihoods work with emphasis on food security. The Red Cross distributed 2,577 seedlings over a two-day period using school land. ABRC provided logistical support to ensure a smooth operation by helping to foster social distancing.

ABRCS Volunteers are assisting the elderly in running errands and helping some of the persons in quarantine by doing their banking and shopping. ABRCS assisted the local hospital and isolation area in installing hand sanitizing machines, hand washing dispenser and non-touch paper towel dispensers. The installed dispensers were donated by Local Barbudan NGO Barbuda Go.

Also, ABRCS volunteers are distributing household and hygiene kits donations to persons who are in quarantine. ABRCS planted 35,000 seedlings of beans, ochro, and pumpkins to be distributed to 7,000 households to ensure food security during the COVID-19 outbreak. This livelihood project is being done in collaboration with the Ministry of Agriculture. Seedlings have been distributed to people in the community.

The National Emergency Operations Centre (NEOC) was activated on March 30, and the Government has established two hotels to house persons on quarantine and is doing contact tracing. ABRCS has been included on the list of the essential services with exceptions to the restriction of movement and will be

issued passes. ABRCS was asked by the Government to ensure that all volunteers were activated to support the national response. ABRCS continues sharing communication materials from the IFRC website and related technical guidance.

Bahamas Red Cross Society (BRCS)

Bahamas Red Cross volunteers being provided with PSS and safety tips prior to embarking on their journey to deliver prepared warm meals to 400 plus people affected by COVID-19.

BRCS volunteers receive PSS and safety advice. Source: BRCS

Bahamas Red Cross North Eleuthera branch is distributing daily meals on wheels programme extended to the elderly, disabled, unemployed, and Frontline workers affected by COVID-19 Pandemic.

Warm meals and food parcels delivered to COVID-19 affected people in the Bahamas through the BRCS Meals on Wheels program. Deliveries include food delivery, dissemination of key messages, and collecting feedback and complaints.

BRCS continues with its daily Meals on Wheels services to the most vulnerable populations, including homeless people and migrants promoting and maintain social distancing.

BRCS Call-In Centre and Community Engagement and Accountability (CEA) Unit is facilitating referral and enrolment processes to the Meals on Wheels Programme and other support Services.

BRCS volunteers are using social media and phone calls to contact beneficiaries and conducting home visits to deliver food parcels, food vouchers, and rental assistant checks. Safe preventive practices and protocols such as social distancing, wearing of face mask, use of gloves and hand sanitizers and handwashing are always adhered to .

French Creole-speaking caseworkers and volunteers are interacting and collaborating with the immigrant communities through social media to assess their needs and provide appropriate support. Religious and Community Groups Leaders are key persons in this process.

Volunteers in Grand Bahama and Abaco distributed in each island 100 food boxes to individuals and families affected by the loss of employment and income due to COVID-19 strict preventative measures.

Barbados Red Cross (BRC)

The NS this week received some various equipment and supplies that has gone to assisting its response to the community.

- Funds were donated by RBC Caribbean and this allowed for the purchase of masks and hand sanitizers. A donation was made to the Centre for Homelessness as well as distributions to members of the public in Bridgetown on World Red Cross Day
- 20 essential hampers were donated to two local communities.
- 5 hampers donated to persons who reached out via Facebook for assistance.
- NS continued engagement with local authorities and other stakeholders.

BRC COVID-19 Prevention Campaign. Source: BRC

NS President and volunteers distributed face masks and hand sanitizers to people in Bridgetown not only in efforts to fight the spread of COVID-19, but also in observing World Red Cross and Red Crescent Day.

A specific donation of masks and hand sanitizer was made to the Barbados Alliance to End Homelessness. Masks donation to homeless. Clap for World Red Cross Day. Volunteers gathering for assignment. BRC had no changes in operations. The NS has reached out to local authorities in ways of assessing and assisting in vulnerable communities.

Various contingencies being put in place with local partners to ensure current services are maintained should condition worsen. IFRC assistance being provided in helping NS stay functional through and beyond COVID-19.

Belize Red Cross Society (BRC)

Actions by the Belize Red Cross include:

- Activated Volunteers Countrywide for relief response.
- Staff and Volunteers trained by Ministry of Health and committed to work with the ministry in management of isolation centres.

BRC volunteers disseminating campaign on COVID-19 information. Source: BRC

COVID-19 hygiene items (hand sanitizers, liquid hand soap, Clorox wipes, masks, and gloves) procured for Staff and Volunteers.

- Demonstrated proper hand washing in public places and on the media before lock-down.
- partnered with the Department of Mental Health of the Ministry of Health, the Belize City Council, Ministry of Human Development and Salvation Army to relocate and assist the homeless during the countrywide State of Emergency and provided clothing, make-shift mattresses, blankets and Hygiene Kits for 15 persons.
- Produced and posted in public places within vulnerable communities, 10,000 Posters and 1,500 flyers with educational information on COVID 19.
- Distributed 450 COVID-19 custom-made hygiene kits to frontline personnel (150 each) (police, BDF, isolation and quarantine centres) (hand sanitizers, liquid hand soap, Clorox wipes, paper towel, Clorox, gloves)
- Provided one bale of blankets to the Ministry of Health for use in the isolation and quarantine centres.
- Provided pillows and linen to the Ministry of Health for isolation and quarantine centres with financial support from the ICRC.

A COVID-19 Response & Contingency Plan was developed and submitted to IFRC and to UNICEF for financial support. UNICEF confirmed having integrated same into their country plan.

Dominica Red Cross Society (DRC)

The DRC continues with its text message alerts campaign with Digicel.

DRC has officially launched a PSS Hotline in the local press in partnership with Digicel. People can contact the DRCS at 611-HELP (4357) for support. A total of 9 volunteers are on schedule handling calls.

DRC RCCE messages distribution continues through-out the island. A total of over 400 posters have been distributed. PSA's completed and officially launched to all media houses for publishing.

DRC continues to provide support in various capacities as the country continues with the national response to COVID-19

The NS is supporting residents at the Government of Dominica, managed quarantine units delivering key messages, and providing different services.

	DRC has delivered 166 hygiene care kits and 126 food packages. Health and safety are of paramount importance to the Dominica Red Cross, so we have ramped up efforts to slow the spread of this virus among persons within the quarantine unit, awaiting the results of testing or spending the required 14-day period. DRC is also working in partnerships with other organizations, including NGOs and businesses. Partnership with IOM and IsraAID continues.
Grenada Red Cross Society (GRC)	GRC conducted a meeting online with 19 volunteers who shared concerns related to COVID-19. Volunteers were invited to go on the Learning Platform to obtain more information. The National Society continues to meet with staff virtually and to circulate information related to COVID-19.
Guyana Red Cross Society (GRC)	GRC continued to sensitize the public on COVID-19 and to advocate stay at home. GRC procured 100% of hand hygiene and disinfectant items. GRC staff and volunteers continued to provide PSS and PFA services; PSS was also provided through the Ministry of Public Health hotline. GRC distributed 21 sanitation family kits and 81 individual hygiene kits to staff, volunteers, elderly, disabled and persons unable to provide for themselves. GRC continues with its engagement with the Civil Défense Commission for the packing and distributing of food hampers to vulnerable communities across the country. GRC volunteers have continued to assist the Ministry of Public Health with the hotline service. 2,500 surgical gloves were received from IFRC GRC has procured 90% of hand hygiene and disinfectant items needed and is in the process of procuring the additional items and packing for distribution. Two hand-washing demonstrations and sensitization were done with the staff of two municipal day care facilities. 500 N95 masks, 5,000 pairs of surgical gloves, and 50 surgical gowns were received from IFRC Regional Appeal. The NS continued to sensitize the public on COVID 19 and advocate to stay home.  GRC volunteer distributing sanitation family kits. Source: GRC
Jamaica Red Cross (JRC)	The National Society continues to post messages on its social networking platforms (Facebook, Instagram, Twitter), encouraging people to stay at home and to end the stigma against COVID-19. Photos of activities are also posted along with important messages or updates from the Government. The Public Relations Committee, together with National Society staff, developed a video to encourage the general public to play their part and stay at home to help fight COVID-19, which will be posted on social networks. The National Society continues to be represented at the National Emergency Operations Centre (NEOC) in the Office of Disaster Preparedness and Emergency Management (ODPEM). 

An online media event was held with (the International Federation of Red Cross and Red Crescent Societies, Jamaica Red Cross, Bay-C, staff and volunteers from across the region to launch a music video and song against the stigma of COVID-19. This was done through the zoom platform. Link to the live broadcast

JRC volunteers distributing sanitation kits. Source: JRC

The Branch Development Officer is compiling a consolidated list of vulnerabilities. 11 of the 13 branches have submitted their list of vulnerable persons to be addressed. A second batch of 502 Sanitation Kits was assembled by volunteers and are ready to be distributed to those branches that have not received the first batch. Many of them have already started distributing the Kits in their parishes.

JRC volunteers assembling the sanitation kits. Source: JRC

The Jamaica Red Cross has distributed 40 Sanitation Kits to older adults in the Old Harbour Bay community in coordination with Jamaica Energy Partners (JEP). This area is being worked on under the Resistance Islands project. 14 Sanitation Kits have been delivered to the Food Pantry to assist the elderly. A psychosocial support session was held with volunteers in leadership positions involved in COVID-19's island-wide response. The Jamaica Red Cross partnered with the Private Sector Organization of Jamaica (PSOJ) and the Jamaica Defence Force (JDF) to launch a relief programme for COVID-19. The Jamaica Red Cross Society is actively involved in this activity by providing volunteers to assemble the food packages.

The project manager participated in an interview with the Jamaica Information Service (JIS) and a radio interview on EDGE 105.3 FM to discuss the anti-stigma video launched yesterday in conjunction with ITC's response activities. The Vice President of the Jamaica Red Cross participated in a radio interview on EDGE 105.3FM to discuss COVID-19's response activities.

A video was produced for World Red Cross Day which also highlighted some of the Jamaica Red Cross response activities in relation to COVID-19. The video was shared on social media platforms.

The video was shared on social media platforms. Sanitation packages are being distributed to ITC branches along with forms for beneficiaries, based on lists of vulnerable people provided by the branches. Affiliates have begun distributing these sanitation packages to vulnerable people in their parish.

The National Society has strengthened its partnership with Nestlé, which has committed to donating food and money.

Discussions have taken place with the Jamaica Defence Force (JDF) on the use of the National Headquarters to facilitate the assembly and storage of JDF food packages. The National Society will provide volunteers to assist in these activities.

A meeting was held with NEOC's public relations committee to discuss COVID-19's public relations strategy.

A National Society COVID-19 Work Plan has been drafted, assigning specific roles to staff and volunteers.

A National Society Beneficiary Form has been developed to be used in the field to report on the packages delivered.

Saint Kitts and Nevis Red Cross Society (SKNRCS)

SKNRCS volunteers are packaging and delivering food packages to vulnerable households.

SKNRCS distributed care packages to medical and health personnel.

SKNRCS continues to support the National COVID-19 Response Team daily through personnel at the NEOC, PSS, and Best Practices Information on both St. Kitts and Nevis.

The SKNRCS will meet virtually on Wednesday, 22nd April, to discuss Hurricane Preparedness in the Context of COVID-19. A schedule has been developed for refresher courses on Hurricane Preparedness and Damage Assessment and Needs Analysis (DANA).

The SKNRCS long term plan to the response to COVID-19 will be addressed when funding becomes available.

SKRCS volunteers assembling care packages for nurses and health care workers. Source: SKRCS

Saint Lucia Red Cross (SLRC)

SLRC distributed 200 face masks and educational material on World Red Cross Day.

SLRC is part of a working group developing shelter guidelines in preparation for the hurricane season amidst COVID-19. SLRC ambulance service continues to transport persons between the country's two hospitals.

The demand for support from the SLRC is increasing as several persons have lost jobs and there is no unemployment insurance. There is still a level of uncertainty amongst public servants with regards to salaries as cuts are being proposed. The NS is monitoring the situation to evaluate the inclusion of Livelihoods activities and support with PSS. Mental health is threatened in some cases by the impact of the loss of livelihood than social distancing and isolation.

SLRC distributed 74 food packages to the elderly who lives alone and has no support system.

SLRC is developing a Public Service Advertising (PSA).

The NS President convened a meeting with staff and volunteers to discuss current activities and to hear concerns regarding COVID-19.

SLRC volunteers distributing masks to the general population with educational material. Source: SLRC

Saint Vincent and the Grenadines Red Cross (SVGRC)

SVGRC volunteers celebrated World Red Cross day, by giving to frontline workers pins with thank you and messages from the public as a reminder to practice safety measures in this Pandemic.

SVGRC distributing pins and messages to frontline workers. Source: SVGRC

SVGRC volunteers took to the streets to educate the homeless and street persons on what is COVID 19. And proper hygiene practices. They were treated to a hot meal and a hygiene pack consisting of a mask, antibacterial soaps, sanitizer wipes and tissue.

SVGRC is making hygiene packages for homeless on the streets and care packages for indigent and families at risk.

SVGRC printed leaflets and information on the prevention and symptoms of COVID 19. Volunteers trained in PSS under Zika will provide support to local authorities (Ministry of Health and NEMO).

The NS will distribute PSS care packages consisting of stress balls, a comic book on COVID-19, a comic journal for family interaction, and a recipe book. The SVGRC will print bumper stickers for public transportation. Spray bottles will be provided to assist the ministry of health with their sanitation activities. The SVGRC will mount billboard messages in areas frequented by the commuting public.

The NS will assist the Ministry of Health with the distribution of 25 cleaning kits and blankets for isolated people. SVGRC assisted 15 families who have been quarantined because of a person returning from New York and were quarantined with immediate effect and had no time to prepare.

Due to water restrictions and drought conditions, the NS will provide jerry cans for water storage and leaflets on educational material on boiling water for consumption.

Suriname Red Cross (SRC)

Personalised, hand-written cards with a bar of soap have been given to the elderly for prevention in relation to hygiene.

SRC volunteers write self-care messages for older adults living in retirement homes as part of a self-care kit. Source: SRC

New! National Society staff have been provided with personal protective equipment (10 hand washing posters, 100 masks, 12 bottles of disinfectant, 5 boxes of gloves).

The first eCBHFA training was held in Albina (a remote community in another district: 2 hours from Paramaribo).

Meetings have been held with the Ministry of Health authorities emphasizing the issue of Psychosocial Support, coordination for the delivery of key messages and to offer the support of the National Society to assist people by measuring blood pressure and temperature.

A coordination meeting was held with Mission Medical (responsible for health care in the interior). They will take care of testing people while the National Society will carry out training for people in the community and carry out dissemination of important prevention information.

The IFRC's social media information tools that the National Society translated and published on its social media sites are being printed by Iamgold (a mining company) for distribution in Brooktondale district.

Volunteers carried out activities on World Red Cross Day and distributed 200 masks and educational material on COVID-19. NS is part of a working group developing shelter guidelines during COVID-19. These are expected to be ready for the 2020 hurricane season. The ambulance services continue to transport people between the two hospitals. NS translated a COVID-19 board game into Dutch for PSS and dissemination actions.

SRC developed a campaign to thank its volunteers for their efforts during the COVID-19 activities.

SRC is coordinating the surveillance of the persons in home quarantine.

SRC trained 30 people from organizations in the correct handwashing measures, is translating IFRC messages in Dutch, and sharing daily messages about COVID-19 on social media.

SRC volunteers are assisting the National Disaster Office in:

- The hotline service established by local authorities and the digitalization of information.
- Logistical and administrative activities.
- Making home visits to people in quarantine.
- On borders points: checking people temperature and carrying out prevention measures.
- Reception and accompany of repatriates to quarantine facilities.

Identify and approve of quarantine facilities.

Trinidad and Tobago Red Cross Society (TTRC)

TTRC continues with public service announcements, distribution of food vouchers and the PSS and WhatsApp line.

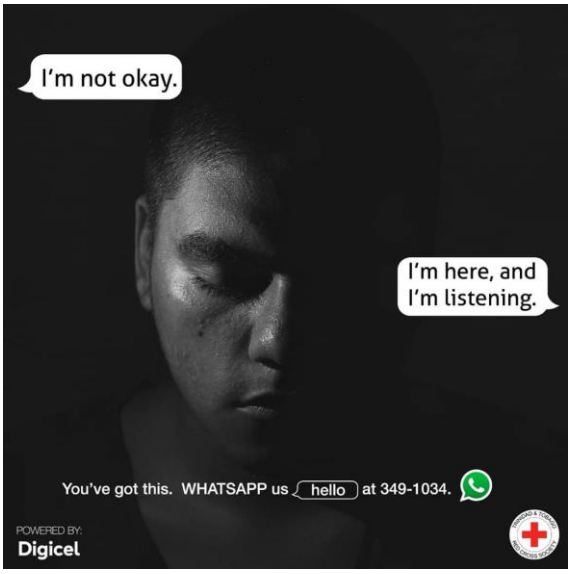
Work has begun on the Mental Health and Psychosocial Support Kits for adults and children and is working on the creation of the Adult Survival Kits.

TTRC continues to provide PSS through the telephone line and conducting sessions via skype. TTRC is still doing contact tracing in various districts.

TTRC is based at the Decanter centre providing testing for persons that returned from Barbados and persons who are socially displaced before they are placed within a safe space off the street.

TTRC is printing adult and child colouring books, gamebooks for parents and children, and the wellness journal for distribution.

TTRC provided educational materials to the Immigration Detention Centre and 40 blankets to the Decanter Centre for persons waiting to return home.



TTRC Mental Health and Psychosocial Support Campaign with Digicel. Source: TTRC.

The TTRC PSS hotline ran throughout the Easter break and volunteers followed up on contacts in the areas where most calls were made.

Netherlands Red Cross (NRC) overseas branches (Aruba, Bonaire, Curaçao, Saba, Sint Eustatius, and Sint Maarten)		Activities of NRC branches
	Aruba	Awareness campaign, food and cash distributions, warm meals distribution, ambulance transport, PSS phone hotline, buddy system for older people, donations of toys and books delivery to the local shelter for battered women, contact with community leaders. The branch has provided training to local government and civil servants, care packages to older people, decontamination of police and security cars.
	Bonaire	Awareness campaign, delivery of care package to older people, registration of repatriations to Bonaire, planning food distributions (not yet ongoing)
	Curaçao	Awareness campaign, elderly telephone hotline, food, hygiene- and baby packages distributions, ambulance transport. Cash delegate send to Curacao on 12/5/2020.

	Saba	Awareness campaign, grocery and pharmaceutical delivery service, planning cash distribution (not yet ongoing)
	Sint-Eustatius	Awareness campaign, planning distribution of food or cash (not yet ongoing)
	Sint-Maarten	Awareness campaign, food distribution, soup kitchen, contact with community leaders, transport of elderly for grocery shopping, planning cash distribution (not yet ongoing)

Following the announcement of State Secretary Knops (24/4/2020) that the islands of the Netherlands will receive 16.5 million euros in emergency aid. A press release (11/5/2020) said: The Ministry of the Interior and Kingdom Relations has made € 16.000.000 available for emergency assistance on Curaçao, Aruba and Sint Maarten. The money will be used to provide vulnerable households with direct food aid so that the minimum basic needs are met. The Red Cross will take on the coordinating task and provide aid together with the other aid organizations on the islands.

NRC disinfection exercises. Source: NRC

While islands are during the coronavirus pandemic, meteorologists say hurricane season is more active and earlier than usual this year. The Response Preparedness delegate Jeroen van Keer will return to Curacao 12/5/2020, where he will further support the branches with preparing for the hurricane season.

French Red Cross (FRC) overseas branches (French Guiana, Martinique, Guadeloupe, St-Martin, St-Barthelemy, St-Pierre and Miquelon) and PIRAC regional delegation.		Activities of French RC branches
	Guadeloupe	More than 4,600 water bottles distributed to local population on the Desirade Island (Guadeloupe territory). The Guadeloupe branch received a request from the Prefecture for the opening of a containment centre to accommodate people arriving at the airport. The branch will propose the setting up of a concierge service. Assessment of the water distribution during the Easter weekend: 32 FRC actors mobilized per day, including 26 volunteers. 9,667 people reached. 25,000 bottles of water distributed, i.e. 33 tons of water distributed, and 180 jerry cans distributed. Request from the authorities to take care, on arrival in Pointe à Pitre, of 60 French repatriated from Port au Prince on 17 April, and 170 French repatriated on 22 April from St Domingue. Coordination with the Regional Health Agency) on the health checks during the stopover of these travellers to monitor COVID-19 symptoms. Reinforcement of the EMIS (social intervention team) in order to cover as much of the territory as possible because there is an increase in requests for assistance from users during the Easter long weekend. Preparation of various actions: response, population information, monitoring and telemedicine platform, deployment of a light structure to reinforce the Marie-Galante hospital, the establishment of a contact point on containment measures in support of the Marie-Galante aerodrome. Request from the Prefecture of Guadeloupe for the opening of a containment centre in Le Gosier to accommodate 120 people from 16 April. The FRC will propose the setting up of a concierge service.
	Martinique	The authorities have asked the French Red Cross to open a new collective containment centre. Emergency Food Aid to support low incomes population. Delivery of Emergency Food Aid. 175 emergency food parcels prepared, and 158 emergency food parcels distributed. Community outreach services and Harm Reduction Centres for Drug Users. 39 people were approached and supported. Support and monitoring of vulnerable volunteers.
	French Guiana	A WASH project supporting the organization of water distribution and public awareness with prevention messages and social distancing is being developed to meet the water

		supply challenges of populations, particularly those living in precarious neighbourhoods. This project is a response to a request from the Regional Health Agency, which noted that the disorganization of water distribution can be dangerous for populations through epidemic transmission. Reopening of the PADA (reception platforms for asylum seekers) in preparation and setting up hygiene referents on each site to guarantee the implementation of protocols. The emergency food aid plan is currently being finalised, but the limits to ensure higher management capacity have yet to be estimated. Organization of food distribution and service vouchers throughout the country.
	Saint Martin	The French Red Cross in St. Martin has been mobilized by the authorities to participate in the development of a care access system deployed by the St. Martin Hospital Centre. The project aims to detect cases of COVID-19 among precarious populations who cannot or do not go to hospital for various reasons (fear of being contaminated, financial and/or administrative precariousness). The device was deployed, and the vehicle crossed districts since Monday 04 May. For the past 10 days, distribution of 150 food baskets has been carried out in partnership with the community's social platform. These baskets allow 220 people to feed themselves for 8 days. The EMIS and the LAJ (a daytime centre for people in precarious situations and looking for a social link) ensure a follow-up of the users. The FRC will propose the setting up of a concierge service. To date, 400 emergency kits have been distributed.
	Saint Barthélémy	Partnership with a restaurant to prepare meals to be distributed to homeless people. Health control post at the airport for arrivals on the island.

British Red Cross overseas branches (Anguilla, Bermuda, the British Virgin Islands, the Cayman Islands, Montserrat and the Turks and Caicos Islands)	All British Red Cross Overseas Branches are supporting with providing information via social media and other platforms in English, Spanish, Haitian Creole, Portuguese and Tagalog, where appropriate	
		Activities of British RC branches
	Anguilla RC (ARC)	Anguilla RC (ARC) have set-up a PSS hotline and have collaborated with the Ministry of Health to interview 13 households who had recently returned to Anguilla after travel. ARC is in the scoping phase of setting up a working group on Livelihoods to coordinate initiatives and avoid duplication.
	Bermuda RC (BRC)	Bermuda RC have conducted 2,551 health checks on people who have returned to Bermuda and reported back to the government. They have also received a donation of 125,000 masks and have distributed 91,000 so far to senior homes and various other frontline workers and at-risk community groups. BeRC have obtained 15-minute airtime slots on TV and radio for PSFA and CISM teams to talk through coping skills and are also holding free PSS webinars to those in frontline services.
	British Virgin Islands (BVI) RC	BVI RC have sourced PPE for staff and volunteers. They have set up a PSS hotline which is available to the public. They are picking up prescriptions and groceries for the sick and elderly. BVI RC have partnered with the government to distribute food items and their office is one of the food distribution locations. BVI RC have supported with food distributions to 357 of the most vulnerable households.
	Cayman Islands (CI) RC	CI RC have an MoU with their government to manage the national volunteer response; to recruit, train and deploy volunteers. CIRC have recruited over 200 volunteers for the national response, 120 of them have completed training (orientation video here) and 44 have been deployed so far to assist at the health services authority, government isolation facilities and buildings, the Rotary organisation and CIRC HQ. CIRC have recruited over 200 volunteers with sewing skills to prepare masks for frontline workers, the materials have been received by government or donated by the private sector. CIRC are using a pattern that was designed and approved by the HSA and have already made and donated 3,000 masks to frontline workers and aim to make 5,000 in total. CIRC have also released their handwashing music video project, they requested footage of local children washing their hands and compiled it into a music video to promote the importance of children washing their hands, and a video lesson for children, explaining how to stay safe and healthy.
	Montserrat RC (MRC)	MRC are supporting with a grocery and medicine delivery service. The Government have set up a food bank and MRC are operating it – delivering food to vulnerable groups including older people and the Hispanic community. As the economy is

		reopening, the Government will be implementing a cash programme to replace the foodbank and MRC is in the scoping phase of how they might support.
	Turks and Caicos Islands (TCI) RC	TCI RC are manning the PSS hotline from 7am – 11pm, they have one phone and six PSS volunteers are rotating it between them every four days. TCI RC are now considered essential workers and distributed 100 cases of fresh produce to a detention centre, social services and a children's home. TCI RC also supported the Department of Immigration by providing hygiene kits and clothing for Haitian detainees, 157 hygiene kits, 60 male shirts, 40 male pants, 20 female blouses, 21 female pants and skirts were provided. TCI RC will be running a small voucher programme to provide food vouchers to the most vulnerable.

Latin Caribbean

Cuban Red Cross (CRC)	CRC is supporting the Ministry of Health in control points, protection measures, awareness-raising, distributing medicines, and providing services in quarantine centres.
Dominican Red Cross (DRC)	DRC is delivering food parcels from private contributions to older adults who live alone and is supporting the distribution of food to parents and children beneficiaries from school lunches. DRC is supporting disinfection campaigns in schools, neighbourhoods, and prisons in different cities in the country. DRC is providing psychosocial support to people affected by the virus and to personnel working in operation COVID-19 in quarantine and those who are positive. DRC continues to keep community networks informed and oriented about social distancing and supports people in their quarantine. The NS is contributing to maintaining the social distance between people who attend supermarkets, markets, grocery stores, or pharmacies. DRC Branches are active and working on disinfection, sensitization, RFL, PSS and resource mobilization activities. PPE Materials are being distributed to the branches. Higuey branch jointly with the UASD University Music, and Dominican's Got Talent finalist held a fundraising concert. DRC branches in the Metropolitan Area, Cibao, and South Region are providing temporary tents for patient transfer, are partnering with local organizations for communication campaigns, are training municipal leaders, and sharing information through social media. DRC is performing equipment hygiene controls in 120 ambulance units assisting the national response. DRC is doing the follow-up and accompaniment by the Psychosocial Support team to the ambulance staff; a hotline, WhatsApp number and other social media for PSS were established to provide services. Virtual volunteering reporting focal points have been established in each branch, and volunteers are taking the Spanish Red Cross Virtual Volunteering course. DRC has provided Psychological First Aid to pre-hospital care personnel and a PSS hotline has been established. DRC continues strengthening its 911 ambulance service capacities through the implementation of protective measures for staff and public attended during interventions. DRC personnel continue to work in the COVID-19 Call Centre established in the National Emergency Operations Centre (*462). Humanitarian diplomacy actions planned to support enhanced coordination between the Dominican Republic and Haiti. DRC has been included by the Ministry of the Presidency as part of the Provincial Prevention, Mitigation and Response Committees. Handwashing and hygiene established in key locations: Dominican Red Cross branches, Ministry of Defence, Armed Forces Central Hospital. DRC is in constant communication and shares messages with the national COE. DRC National Community Health team continues working closely with the MOH and DRC branches providing support in the elaboration of key messages. Contributes to maintaining social distance between people who attend the supermarket, markets, grocery stores or pharmacies.
Haiti Red Cross Society (HRC)	HRC has placed four hand washing points in different locations in Delmas 33, Airport Crossroads, Maïs Gaté, Delmas and Carrefour de Gérald Bataille. HRC has also increased community outreach and disinfection activities in conjunction with personnel from the MSPP and the Civil Protection Directorate of the Port-au-Prince.

South America

Argentine Red Cross (ARC)	Activities carried out by the ARC so far: • 15 COEs (Emergency Operations Centres) are in operation. • + 2,300 activities carried out since the beginning of the pandemic (60% of the activities have been field activities, the rest through remote means). • +14,400 volunteers participating since the beginning of the pandemic. • Actions continue in the communities of northern Salta to provide drinking water to all the communities affected by the socio-health emergency, or work on the prevention of dengue fever. ARC is developing a Comprehensive Plan of Action to respond to the COVID-19 pandemic in coordination with the National Government. Two main lines of action have been developed: On the one hand, in coordination with the Ministry of Health and support for IFRC processes, work is being done to equip the national health system, strengthening the capacity to provide care in hospitals and out-of-hospital centres, and providing inputs and personal protection equipment for health personnel. This line of action is supported by two fundraising campaigns: "Unidos por Argentina" (United for Argentina): a telethon held on 5 April, on national open television channels to raise funds, and "Argentina Nos Necesita" (Argentina Needs Us): a fundraising campaign to which private sector actors contribute. On the other hand, the National Society is implementing actions through its network of branches and higher institutes throughout the country, focusing on the health aspect and support for people in vulnerable situations. This line of action is being implemented by individual donors, companies, and has the support of the IFRC and the ICRC. Some of the activities developed are: • Socio-health assistance: assistance in the coordination of out-of-hospital centres and temporary accommodation. • Tele-assistance in emergencies: remote centre for monitoring, follow-up, and emotional support for more than 50,000 people affected by COVID-19 and their relatives, which operates 24 hours a day. • Training for health personnel: specific training in intensive care, on-call and respiratory problems for nurses and health personnel, both virtually and in person. • Support for control and prevention actions: temperature taking on routes, pre-hospital triage, prevention and health safety on public roads. • Assistance to people abroad and new arrivals: assistance and monitoring of repatriated people and restoration of contact between family members. • Risk communication: providing accurate information from reliable sources to communities that help combat the distress caused by rumours and uncertainty. • Assistance to people in a situation of vulnerability: support to the state and other organizations in restoring food and medicine to people in a position of vulnerability, such as people at risk, older adults, people with disabilities, people on the streets, and migrants. • Dealing with social isolation and psychosocial support by telephone: NS volunteers make calls to the general population, people with risk factors and adults over 60, to provide information on care, psychosocial support, and recommendations for dealing with social isolation. To promote community participation and accountability to the community, the NS launched the first Accountability Report, which was disseminated to individuals and donor companies through various media outlets, as well as broadcast and published in the media and social networks.
Bolivian Red Cross (BRC)	As of May 8, operations will resume at Tata Santiago Camp on the border with Chile to preventively isolate Bolivian citizens returning from Chile, where it is planned to aid 200 people in the period of two weeks. 180 food kits have been distributed to flood-affected families in the department of Cochabamba. Medical care and delivery of hygiene kits are maintained in shelters for migrant population and refugees in the La Paz City. Since April, 89 services have been provided and 53 hygiene kits have been distributed. Facebook Live sessions are held to disseminate prevention messages to COVID-19. - Volunteers have been trained virtually in epidemic control and PHC. With the support of the Swiss Red Cross, Bolivian Red Cross volunteers from the Chuquisaca branch, trained the Police and Military of our City in the subject of Biosecurity BRC is carrying out awareness campaigns in markets of Santa Cruz de la Sierra. In coordination with the Ombudsman's Office, the Potosi BRC Branch provided medical care, took temperatures, and delivered medicines to vulnerable groups in Cerro Rico (Roberto and Robertito Mining Center). COVID-19 information sessions and relaxation exercises are maintained through transmissions on social networks such as Facebook Live.

	BRC culminated with its assistance in coordinating the Pisigua camp (border with Chile). However, a request has been received to continue with its administration and five other camps in border regions. A Webinar session was held to share the BRC experience in "Managing of Collective Centres in the COVID-19 outbreak." Information on COVID-19 continues to be provided through radio spots and on social media in native languages and sign language. In Beni Province, BRC fumigate a prison as part of COVID-19 prevention actions. BRC continues to participate in the National EOC's working groups in the health, water, and shelter sectors, where it coordinates with government agencies and the Humanitarian Country Team (EHP).
Brazilian Red Cross (BRC)	BRC developed a Dashboard to provide to the Red Cross Movement and Brazilian public authorities with real-time monitoring of the overall panorama of the pandemic in Brazil, the number of volunteers mobilized nationally by NS, partners and financial resources raised and structure and resources materials available for NS's response to the pandemic. BRC is working with the Ministry of Health on joint activities and dissemination of IFRC material in the media. BRC and the International Committee of the Red Cross (ICRC) migration project has purchased 350 hygiene kits for the migrant population at risk of COVID-19.
Chilean Red Cross (ChRC)	Some of the actions of the Chilean National Society are oriented to: • Influenza vaccination campaigns. • Delivery of emergency kits to migrants. • Delivery of personal protection equipment. • Providing information on prevention measures. • Visits to people with mobility difficulties and elderly people. • Support in temporary accommodation and to migrant communities stranded in the country. In the region of Antofagasta, ChRC carried out the transport of recovered patients in ambulances, health routes for people in street situations, support to blood bank campaigns, food delivery and support in humanitarian flights. As a concrete way to help reverse the negative effects of the COVID-19 pandemic, the Atacama-Coquimbo regional committee of the ChRC is carrying out an intense blood donation campaign on behalf of the San Juan de Dios Hospital in La Serena, considering that an appropriate reserve is required to meet the health needs of the local population. El Loa ChRC branch is collaborating in the categorization of patients, support in vaccination, orientation and attention in several strategic points of the city. An interdisciplinary team of volunteers from the Esmeralda-Colina branch carried out an educational exercise at the largest free fair in Colina, where they distributed 600 masks to clients and tenants, who were taught the correct way to use them and, at the At the same time, they demonstrated the use of a sanitation tunnel installed by the local municipality.
Colombian Red Cross Society (CRC)	From March 25 to April 13, through the virtual campus of the Colombian Red Cross, 119,579 participants accessed the programs of COVID-19 for the community (59,992 participants) and First Aid for the community (59,587 participants). From Thursday, April 16, it is expected that opening to the home care programs COVID -19 and family emergency plan COVID -19. CRC launched the #YoDonoEnCasa fundraising campaign, which seeks to support the most vulnerable communities in the country and address the needs that arise from this pandemic. CRC is carrying various response actions targeting migrants (delivery of food kits, primary health care, cash transfer), setting up hand washing stations, distributing safe water, and attending the penitentiary population.  CRC Graphic Material Mental Health and Psychosocial Support. CRC is providing tele psychosocial support. As part of the procedures of this service, it has been developed a protocol on how to deal with cases associated with gender-based violence.

CRC developed Practical Guidelines for branches "Guidelines for the prevention, reception, and referral of cases of gender-based violence, including sexual violence during COVID-19",

Key messages for ethnic afro descendent populations have been developed for the branches of the pacific, mostly in topics related to mental health, prevention of domestic violence through the promotion of healthy parenting skills.

Communication shared from the Red Cross Movement to respect the Movement´s emblem.

Ecuadorian Red Cross (ERC)

The ERC continues to participate in the meetings of the Humanitarian Country Team, sectoral working groups and the National EOC. Within the Health Working Table, work is being carried out with government agencies on community health protocols for the oil and automotive sectors.

In the provinces of Guayas and Pichincha, medical care is maintained through the virtual appointment system, with 850 medical appointments made to date.

PSS care continues to be provided remotely from the provinces of Pichincha, Guayas, Santa Elena and Zamora, which have nationwide coverage. A total of 1,084 psycho-educational and psycho-emotional services have been provided.

Fumigation continues in high-traffic areas, serving up to 22,000 households.

Three disinfection bows for people and two for vehicles have been installed in the provinces of Guayas and Santo Domingo.

Community distribution of sodium hypochlorite is being maintained in the provinces of Sucumbíos, Imbabura, Manabí and Santa Elena. To date, 7,252 litres have been distributed. Humanitarian Assistance and Migration

ERC Graphic Material Mental Health and Psychosocial Support.

With the support of local companies and individual collaborations, the provincial boards have continued during the last week to deliver 718 food kits, 266 hygiene kits and 136 sanitation kits, benefiting a total of 10,375 vulnerable people among locals and migrants.

Through shelters and provincial boards, 17 RFL services have been provided between calls and key messages. The ERC Health Programme, in coordination with other institutions, collaborated in the preparation of the MIES document "Recommendations for the management of elderly people in the context of the COVID-19 emergency in public and private residential gerontological centres, as well as home care".

ERC has worked on position profiles for "telemedicine professional" and recommendations for the management of new-borns with suspected or confirmed COVID-19. ERC is supporting the National Health System in carrying out rapid tests. So far, 3,983 tests have been applied.

The local branch of Chone in the Province of Manabí has carried out the distribution of sodium hypochlorite to 250 families. Psychosocial support for volunteers and others continues. In the last week, 244 people have been tele-assisted, providing psychoeducation and psycho-emotional care.

Food assistance is provided to migrant and refugee shelters in 7 provinces. In the last week, 603 people have benefited. The provincial branches of Azuay, Guayas, Galapagos, and Pichincha have distributed food kits for a total of 2,240 families. The RFL services are still active and in the last week have carried out 46 treatments, especially in the Salesianos Shelter.

The Emergency Medical Unit installed in Los Ceibos is maintained and functions as an evaluation and triage module prior to entering the emergency area.

ERC Youth unit has developed a set of Facebook Live sessions with topics of mental health, parenting skills, reproductive and sexual rights.

With the support of private contributions, ERC distributed food, cleaning, and hygiene kits to shelters and organizations that serve people in situations of human mobility in the provinces of Carchi, Imbabura, El Oro,

	Guayas, Pichincha, Cotopaxi and Sucumbíos. In addition, the RCF point at the Scalabrini hostel in Ibarra is still active and a new one has been installed at the "Casa Amiga" hostel in the province of Sucumbíos. The National Society's Permanent Monitoring Room is kept active, with regular meetings held with the presidents of the country's provincial branches. In addition, with the support of the Lima Cluster, a regional Concept Note (Ecuador and Bolivia) has been prepared for medium-term intervention through contributions from ECHO.
Paraguayan Red Cross (PRC)	The National Society's volunteers are carrying out psychosocial support activities in temporary accommodation with children and adults. PRC volunteers supported distributions of food kits and the promotion of proper handwashing, in coordination with the Ministry of Science Education, the Ministry of Children and Adolescents, and UNICEF, in schools. PRC supported health controls and route prevention in the towns of Itapua, Ñemby, and Alto Parana. PRC helped with the management of five shelters in the city of Alto Parana. PRC supported vulnerable communities in the preparation of food (soup kitchens) in the towns of Guaira and Nueva Italia.  PRC volunteers carrying out PPS activities with children. Source: PRC
Peruvian Red Cross (PRC)	Remote medical care and permanent water supply is kept available at 130 people sheltered in Tumbes. During last week, PRC provided 55 medical services in Lima and Tumbes. The PSS service is maintained for PRC volunteers and personnel, and for the public. PRC provided 26 PSS treatments in Lima. The production and distribution of face shields continues and are being distributed to sanitary staff. 116 were distributed to health personnel in hospitals and penitentiaries. The COVID-19 community feedback mechanism is maintained via the WhatsApp hotline. To date, 827 people have contacted, of whom nearly 25% are migrants and refugees. The Arequipa and Yslay Branch continue to distribute food rations to vulnerable people and street dwellers. 827 rations have been distributed based on local donations. The branches in the cities of Ica, Pisco, Arequipa, Ayacucho and Mollendo have distributed the private donations received as part of the challenge #unboxing19. 178 cash and voucher assistance (CVA) were distributed under the Migration Appeal in the city of Lima. Distribution of 110 protective visors to medical personnel of health centres in the city of Arequipa. The PSS service is maintained for participants and the general public. During the last week, 52 PSS services were provided, and 514 follow-up calls were made. With the support of the IFRC, the WhatsApp orientation line remains active and, to date, has served 600 people, and 8,170 messages. Distribution of more than 1,500 food rations in the city of Arequipa based on donations from local companies. In Arequipa, shelter kits and food were delivered to migrants and refugees, with the support of UNHCR. The Ayacucho branch has collected donations that will be given to the most vulnerable families in the region. The PRC has provided RFL care to walkers returning to their home cities. PRC is providing remote medical care and/or guidance at Salesian shelter in Lima and shelters in Tumbes. During the last week, 40 attentions have been given through this modality. PRC Arequipa branch delivered face masks to the medical personnel of two hospitals in the city of Arequipa and a banking centre with a high flow of people, who have also been trained in its use. PRC continues to provide safe water to migrants located in temporary shelters implemented by UNHCR and IOM in Tumbes. A total of 130 people is being assisted permanently. Cleaning kits for public spaces have been distributed. 400 hygiene kits are being purchased.
Uruguayan Red Cross (URC)	URC National Interventions Teams (ENI for its acronym in Spanish) have been deployed across the country to provide humanitarian assistance to vulnerable people. URC is working on a needs assessment with the National Emergency System. URC is sharing prevention materials with branches and through social media, including a communications campaign to respond to rumours. URC launched a marketing dossier to inform the public and potential donors on the different areas of intervention.

	The NS is coordinating with universities the incorporation of medical students as volunteers. An online First Aid course is available on the National Society's website, free of charge. URC is offering remote assistance (tele-assistance) and accompaniment to people, with priority given to the elderly using the Spanish Red Cross mode, including PSS support to volunteers. URC developed a child- friendly guide with information and key messages of COVID-19 that can be downloaded from their web page. The assistance under the Regional Emergency Appeal for migrants is maintained. The URC through its branches in Maldonado and Rio Negro provided a total of 5,000 food boxes to local people in need URC signed an agreement with the Government to provide hygiene kits, cleaning kits, and communication materials to vulnerable older adults, homeless people, juvenile detainees, and impoverished communities.
Venezuelan Red Cross (VRC)	The response currently being implemented by the National Society against COVID-19 is based on a reorientation of the activities of Plan Pais´ programmes and the Assistance Venezuela Appeal. **Health Promotion:** Health promotion activities are mainly carried out within the facilities of the National Society's Hospitals and Outpatient Clinics and are aimed at patients who request health services from these institutions. Additionally, these activities are also carried out outside the facilities of the Venezuelan Red Cross branches, through talks to small groups in the community. Since March 13, 13,232 people have been reached with these activities nationwide. **Psychosocial support:** In coordination with the International Federation and the Red Cross network of psychologists, the "Guidelines for the Management of Patients with Mental Illness" was developed. This document sets out key messages and recommendations for volunteers and first responders. This Guideline is the second PSS technical manual produced as part of the response against COVID-19 Telephone lines for psychosocial care have been set up for the Venezuelan population in four Branches (Zulia, Táchira, Guasdalito, and Falcon). **Epidemiological surveillance:** The National Health Directorate is regularly sending relevant scientific information on the evolution of the COVID-19 epidemic at the global and regional levels to the Venezuelan Red Cross Health Network. During the period of this report, the hospitals and Outpatient Clinics of the National Society's Health Network have continued with passive surveillance activities. As of the date of this report, 24 sections send their epidemiological reports periodically to Venezuelan Red Cross´ National Health Directorate. Since the beginning of the national quarantine, 5055 patients not related to COVID-19 have been treated in the emergency services of the VRC hospitals and outpatient clinics. **WASH:** - The following number of information sessions on COVID-19 were held, a) Bolivar Branch: 20 sessions / 207 beneficiaries, b) El Tigre Branch 32 sessions/ 420 beneficiaries; c) La Vela Branch 298 families and d) Barinas Branch Dissemination of messages by groups On-Line 1251 beneficiaries. **LOGISTICS:** 5,000 pairs of nitrile gloves, 2,500 KN95 masks and 200 protective coveralls were received at the central warehouse of the Venezuelan Red Cross. The shipment of this equipment to Venezuela has been managed with funds from the regional appeal COVID-19. Within the framework of the Venezuela Assistance Appeal and the Country Plan programs, NFI's were distributed to the Calabozo (Guarico State), Guasdualito and San Fernando (Apure State) branches.

Europe

3-Months Operations Update

1,757,814 total confirmed cases in Europe and Central Asia

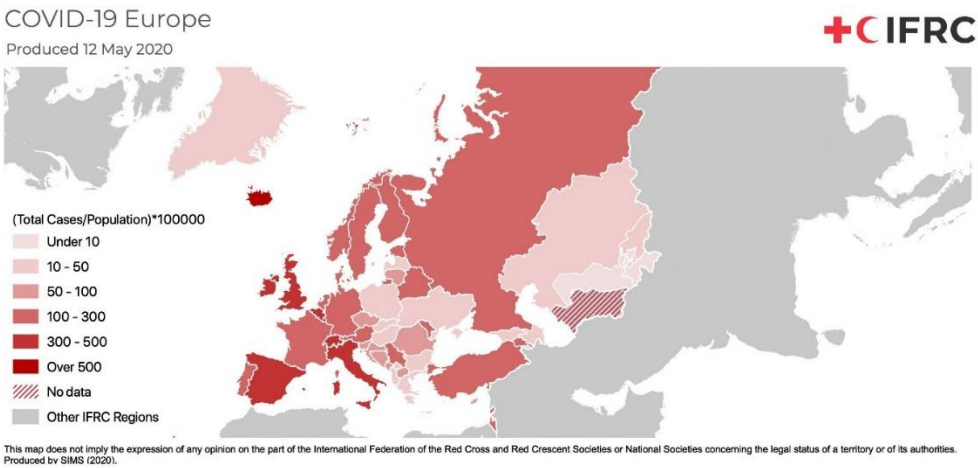
157,923 total confirmed deaths in Europe and Central Asia

as reported by WHO as of 12 May 2020

National Society Response

According to COVID-19 activity monitoring, 47 National Societies are engaged in...

42	43	41
Health	RCCE	Institutional Readiness



Number of National Societies engaged in selected activities:

Health:

- **15** Screening and contact tracing
- **30** Psychosocial Support
- **18** Clinical, paramedical, or homecare services
- **36** Emergency social services for quarantined individuals

Risk Communications & Community Engagement (RCCE):

- **43** Misinformation management
- **33** Community feedback mechanism
- **18** Stigma prevention messaging

Institutional Readiness:

- **26** Contingency Planning
- **18** Business Continuity Planning
- **34** Internal Risk Communications

Context Analysis

Since the beginning of pandemic, National Societies (NSs) of the Europe region with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office for Europe (ROE) have been implementing pandemic preparedness and response actions. Since the initial phase, the IFRC ROE COVID-19 response team – jointly with the Country Cluster Support Teams (CCSTs) and Country Offices (COs) - has been closely working with the all 54 National Societies, including the systematic sharing of COVID-19 related guidance and information on pandemic preparedness and response, as well as on risk communication and community engagement (RCCE). NSs in the region established close cooperation with the national coordination mechanisms and developed, adapted, translated and disseminating wide package of information materials among the population, including via social media as well.

During the period of the operational update, Europe became the global epicentre of the pandemic. As of 13 May 2020, the top 10 countries with most cases detected were: Russian Federation, Spain, United Kingdom, Italy, Germany, Turkey France, Belgium, Netherlands, Switzerland. Number of new cases is rapidly increasing in Russia, Belarus and Tajikistan. Health services of most of the countries were overburdened and faced serious pressure. Consequently, the level of health services continues to be woefully inadequate, focused solely on emergency needs of population, aimed to stop the spread of infection.

The IFRC is proactively responding to the country needs and provided financial support to more than 30 NSs in the framework of the EA[4]. The current dynamic of the pandemic shows its evolution from Western Part of Europe to Central, Southern and Eastern parts including South Caucasus and Central Asia.

Coordination

The IFRC ROE maintains close cooperation and ensures Movement cooperation with the ICRC both on management as well as operational-technical levels.

[4] Funding has been transferred or committed to for 23 countries at the time of writing.

The IFRC ROE Health and Risk Communication and Community Engagement (RCCE) Teams closely interact with ICRC counterparts in Europe. The IFRC is – in collaboration with ICRC – developing the map the RCCE/Community Engagement and Accountability (CEA) activities of National Societies (NSs) in Europe, who are working with migrants and reviewed some key messages targeting the migrant population. Based on this, the ICRC is now producing a number of audio messages in different languages. Close cooperation on Mental Health and PSS established with special focus on Balkan countries, South Caucasus and Central Asia.

The IFRC ROE Health and Care team ensures close inter-agency coordination with WHO Europe Regional Office. IFRC Health/RCCE focal points are part of WHO regional consultation group "Vulnerabilities in the context of COVID-19", which allows the development of common approaches on identification of needs, preliminary action/activities and monitoring mechanisms to streamline possible collaborations through the WHO-UN-Red Cross Red Crescent Regional Platform for COVID-19 regarding vulnerable populations and addressing the socioeconomic and secondary consequences of COVID-19.
At the country level, National Societies and IFRC CO and CCSTs are part of national inter-sectoral coordination mechanisms, IFRC Cluster and Country Offices are closely liaising with regional and country offices of WHO and UNICEF in the high risk / priority countries.

Health and WASH

National Societies of the region continue to support actions to contain, slow or suppress transmission of the virus and helping affected communities maintain access to essential services; providing clinical, medical and paramedical health and care services—such as ambulance, hospital, and community health services to people affected by the pandemic and those unable to access care because of the health systems overload.

Clinical, medical and paramedical services

18 National Societies are providing clinical and paramedical services, for example the National Societies of Germany, Italy, Israel, Spain and UK. These vary country by county and include: support to the national health systems and ambulance services to support safe discharge from hospital including psychosocial support, providing a hospital transport service and delivering mobility and medical aids. In addition to this, National Societies are operating quarantine stations, testing stations, triage facilities and outpatient fever clinics to support of the public emergency medical service as well as The NSs are also providing mobile care services and are helping in expanding of bed capacity in hospitals. Some National Societies are supporting government-sanctioned experimental treatments by collecting plasma from patients who recovered from COVID-19 and have antibodies and provide it to hospitals to treat patients in severe condition. National Societies are also involved in developing trainings and guidance for staff and volunteers on COVID-19, proper use of PPE and ambulances cleaning and disinfection.

Case, detection, surveillance and contact tracing

Red Cross Red Crescent NSs play critical roles, providing prevention, detection and case management services at the community level: carrying out community-based surveillance and contact tracing; supporting people isolated at home or in quarantine. These community-level interventions contribute to reducing the risk of transmission, support national health services on pandemic prevention, detection, and response measures within the most affected communities.

Since the beginning of COVID-19 response actions, more than 15 National Societies are involved in case detection, surveillance and contact tracing as a main and critically important component of COVID-19 response actions. NSs contributed to contain, slow or suppress transmission of the virus, and are helping affected communities to maintain access to essential services, especially those unable to access health care because of the health systems impacts it causes.

Due to rapid increasing the number of cases during the time frame of the operational update, National Societies scaled-up their support to the local health authorities on screening, testing and early detection of new cases, as well as transportation of suspected or confirmed cases. National Societies have conducted body temperature checks of passengers arriving to the countries` airports. Besides these, some National Societies conduct thermal screening of individuals as they enter public spaces, like courts, hospitals and in state detention establishments, as well as within the migrant's communities5. National Societies activated their response and support their health authorities with urgent

[5] For the latter: Hellenic Red Cross, Turkish Red Crescent.

medical transport (for suspect/confirmed cases), as well as ensured activities of quarantine stations, testing stations, triage facilities and outpatient fever clinics; support of the public emergency medical service, mobile care services. Some National Societies set up "drive-through" testing facilities to increase thealth authorities' testing capacities. National Societies are also involved in and supporting large scale prevalence studies and hot-spot testing on behalf of regional health authorities.

Mental health and psycho-social support (MHPSS) / psychosocial first aid (PFA)

31 NSs have reported engaging in psychosocial support (PSS) activities as of early May. NSs and their volunteers provide vital mental health and psychosocial support (MHPSS) to affected people and to caregivers in health facilities and home-care settings and provide emergency social services in case of quarantine or when health or other facilities are overwhelmed.

Support NSs in providing relevant contextualised quality MHPSS to affected communities and individuals by introducing new materials on PSS during COVID-19 to NSs on PFA, promotion of self-care measures, caring for volunteers, including on-line trainings and more which are available on GO platform, https://pscentre.org/archives/9045 and https://www.preparecenter.org/resources/mental-health-and-psychosocial-support-health-help-desk-covid-19

As the secondary impact of the pandemic increases continuously so does the need for PSS to the general population and to the first responders including RC staff and volunteers. Therefore emphasis is on encouraging and supporting NSs in establishing and safeguarding that structures and systems are in place for caring for staff and volunteers and that caring for staff and volunteers is a key component for all NSs in the response to ensure that they get the care they need to continue delivering essential and life-saving services to persons in need.

National Societies with displaced populations in the respective countries are also supporting the relevant authorities in mitigating the MHPSS impact on the host and the migrant population, through awareness raising and various PSS activities such as individual session and group seminars. National Societies support the emergency services to reduce the mental health impact of public health epidemic containment measures by providing PSS to quarantined persons. Educative tools have been developed to promote kindness and manage anxiety during the crisis and a there is a telephone support line.

Community health, home care and emergency social services for the most vulnerable groups of population

NSs have an important role in provision of emergency support services outside of health interventions. National Societies continue to implement community-based activities and have a significant role in outbreak control activities to contain, slow or suppress transmission of the virus by ensuring people affected by these measures are able to meet their basic needs, essential services and maintain their dignity.

Since the beginning of COVID-19 response actions more than 40 National Societies are helping most vulnerable groups of population including older people, people with chronic disease, people with disabilities etc. with distribution of food and hygiene parcels, procurement of medicines, hot meals, shopping, dog walking, paying bills, small house work (cleaning, washing, cooking) and check ins on those who are known to be isolated and living alone

NSs are also distributing food and hygiene parcels to families that are in difficult socio-economic situations, people that lost their jobs due to the pandemic, homeless, migrants, asylum seekers and all other vulnerable groups. National Societies conduct home visits to proven COVID-19 cases, monitoring their symptoms and situation, some NSs arranges medical transfers of people who are suspected or confirmed COVID-19 cases by RC vehicles Assisting people accommodated at state quarantine centres and providing them with hot meals, medicaments for patients with chronic diseases in close coordination and collaboration with the local authorities

Health care for ongoing health conditions

To minimize the consequences of disruptions to the delivery of essential health care services, especially for patients with chronic conditions (noncommunicable and communicable), compromised immunity, for whom continuity of care is vital, NSs in coordination with health authorities are implementing different kind of community-based health services in accordance to their mandate to support these vulnerable groups, with the primary aim to minimize morbidity and mortality, possible outbreak of communicable and preventable diseases, exacerbation of the existing conditions, etc.

To meet the increased health needs of the population, National Societies continue to operate centres and stations for the monitoring of chronic patients, such as people with diabetes, hypertension, and neurological and mental diseases. Special care is taken for pregnant women, mothers` and new-borns' health. RCRC Volunteers are also providing non-emergency ambulance support, including transporting patients to their medical appointments and outpatients who are undergoing chemotherapy to and from hospital. Basic health services for vulnerable group of population as well as home visits for people with different diseases are maintained. Provision of support to people living with HIV and TB, Hepatitis C providing them with the necessary medicaments and food and hygiene items and continuation of implementing of harm reduction activities for injection drug users (adapted to the new situation).

Risk Communication, Community Engagement and Accountability (RC/CEA) (including mass communication and sensitization, community feedback mechanisms, misinformation management, stigma prevention messaging)

43 NSs across Europe have scaled up their Risk Communication and Community Engagement activities through a variety of channels, including mass media (TV, radio, multi-media campaigns) and sensitization through social media, the production and dissemination of information materials (videos, posters, flyers, booklets), sensitization sessions in public and community places (e.g. schools, markets, public transport places, enterprises, local communities), information sessions for journalists, and telephone lines. Besides the general public, specific groups have been involved and prioritized, including the prison population, homeless people in shelters and informal settlements, older people, the Roma population and migrant populations.

Online trainings, education and platforms have been developed as well as a number of apps and applications such as: the "Stop Corona" app for voluntary proximity tracing and information provision, an online mapping system for evidence-based data collection, applications for mapping of vulnerable groups, a chat service by NS youth shelters for youth, a MHPSS coordination platform and applications to change voice messages into text for the hearing impaired.

At least 33 NSs have established or participated in the running of telephone information lines, often working in partnership with governments and/or other organisations and operated by both volunteers and paid staff (e.g. psychologists, medical doctors). The telephone lines provide various services including information sharing, answering questions, collecting feedback, making referrals, telemedicine, PSS support, social care and linking people with needs to volunteers and services. The telephone lines have also provided an important channel to address rumours and misinformation. The lines have been targeting different groups including the general public, people in quarantine or isolation, people with specific information needs in relation to COVID-19 like older people, youth, migrants, and health care staff, as well as RCRC staff and volunteers. Information has been provided in several languages and many of the lines are providing 24/7 services.

Certain NSs are also engaged in (ongoing) studies and perception surveys to better understand the changing knowledge, attitudes, practices and perceptions to COVID-19 and the most effective RC/CEA approaches. Online meetings were conducted with pre-established community forums consisting of 150 advisory committee members (including refugees and local population) and information collected about knowledge on COVID-19 and gaps and barriers. Other NSs are engaged in discussion with WHO and other partners (e.g. UNICEF and USAID) on their involvement in country wide perception surveys and rumour tracking.

Protection, Gender and Inclusion

Preventing and responding to risks of violence, exclusion and discrimination

NSs across Europe have scaled up their services and responses to address needs related to the outbreak. In particular, focus has been given to guarantee safe access to services to affected people or marginalized groups. NSs work to adapt support and messaging for particularly vulnerable groups – such as older people, migrants, and people who are homeless, as well as newly emerging vulnerable groups, such as the growing numbers who are finding themselves unemployed or with reduced income - as they may be disproportionally impacted and experience obstacles in accessing basic services.

Key messages were designed to address issues of risk of violence, exclusion and discrimination for specific vulnerable groups (older people, people at risk of SGBV, children, people with disabilities and vulnerable migrants).

Most of the NSs started home visits service to reach the most in need and to address specific needs. This type of service was mostly dedicated to older people making sure that PSS, distribution of food parcels, grocery and drugs were delivered safely and in a dignified way.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage

Some NSs engaged in basic needs activities as a way to address the increase of tensions and frustration in the household, that expose people, especially women and girls, at risk of intimate partner and other forms of domestic violence. In some cases, NSs run a vulnerability, capacity and hazard assessment, using available and public data to better identify the most vulnerable groups and the type if needed support. Activities have been tailored to those most at risk of violence, discrimination and exclusion, ensuring no-one is left behind and to develop targeted measures to reduce protection and inclusion risks and impacts. Most of this work was done through the existing RCRC programs across multiple sectors.

Livelihoods and basic needs

More than 36 National Societies are providing food distribution to people in state quarantine centres, confined at home under lockdown, or made vulnerable due to the socio-economic impact of the pandemic.

To date, 15 countries have responded to a remote cash and voucher assistance (CVA) feasibility questionnaire, with a view to fast-tracking CVA preparedness. Two EA-supported NS have already included CVA into their plan of action and are proceeding with identifying Financial Service Providers and vulnerable households. CVA is the preferred modality of cash-prepared NS to support those affected by secondary impacts of the pandemic.

Shelter and Urban Settlements

Some NS (e.g. Bosnia and Herzegovina, Italy) provide auxiliary support to public authorities in establishing triage centres or quarantine centres, while others are distributing household items to vulnerable communities. As part of their advocacy role, National Societies involved in migration response are also working in coordination with public authorities and international agencies in ensuring that distancing measures are considered in collective shelters.

Migration and Displacement

The primary objective has been to include migrants alongside other vulnerable groups in national COVID-19 response. Strategies have been two-fold: 1) Adapting existing migration/asylum support activities to the changing contexts and policies affecting migrants (e.g. movement restrictions, border procedures, quarantine, asylum procedures, access to services); 2) Ensuring that support across sectors is also reaching vulnerable migrants/displaced communities and their specific needs analysed and addressed. The following activities are being undertaken: 1) Sharing COVID-19 related information based on feedback from migration centres and border crossings, 2) Health screening, first aid and referrals for migrants and displaced, ensuring their participation; 3) Advocating for access to health services, protection and information for migrants, irrespective of status; 4) Advocating with service providers on re-planning for decongestion of detention and displacement sites; 5) Distribution of livelihood support (food and cash) and hygiene items to families in urban settings and facilitating access to shelter. To support these activities, IFRC ROE and ICRC have developed a "Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in the face of COVID-19 pandemic."

Challenges arise from restrictive measures introduced in the face of COVID-19, affecting those in collective centres and at border crossing points. Undocumented homeless face additional barriers to accessing formal social protection services and heightened risk from economic challenges accompanying the pandemic.

DRR

IFRC ROE DCPRR continued to support National Societies' preparedness for response, including assistance with revision of contingency plans and with inputs from the RCRC network and partner organizations for continuous scenario analysis and necessary adaptation of response plans. The IFRC ROE DCPRR ensured guidance and mobilization of resources to help National Societies to identify and carry on with activities to reinforce implementation of key prioritized preparedness facilities in National Societies to make sure that sufficient capacity is in place to scale-up response, establish and operate Emergency Operational Centres (EOC) to manage information and support decision making processes, train and equip National Response Teams and ensure continuity of critical services. As European countries are moving slowly towards gradual easing of restrictions, it is the right time to consider including some specific community-level DRR needs. For this reason, ROE DCPRR will conduct a quick needs assessment in the coming weeks.

Strengthen National Societies

National Society Readiness

The Regional Health and Care/Risk Communication and Community Engagement (RCCE)/Psychosocial Support (PSS) team jointly with Country Offices and Country Cluster Support Teams continue to provide methodological support to the National Societies of the region with a special focus on health needs for special groups, psychosocial support (PSS) hotlines, community engagement and accountability (CEA), data collection from those calls and establishing feedback mechanisms , and supporting older people as a most vulnerable group to COVID-19.

National Societies actively involved in this support receive regular information on available tools and publications for older people and COVID-19 through the Europe Regional Health and Ageing Advisory Group. The IFRC ROE COVID-19 response teams, together with the IFRC global team and with input from some European National Societies, finalized a guidance for NS staff and volunteers on working with older people during COVID-19, including key messages and a list of resources. The guidance was published on the IFRC online GO Platform and FedNet, the IFRC intranet. This guidance helps to properly address the needs of older people and protect their physical and mental health during the COVID 19 outbreak.

The IFRC Regional Health/RCCE/PSS teams developed and conducted an online survey to identify the needs, interests and preferences of National Societies for thematic webinars on different aspects of the COVID-19 response. Twenty-one National Societies participated in the survey and a thematic plan of webinars will be developed based on the survey results in close coordination with the Geneva Health Team to avoid duplication and overlapping.

A South Caucasus National Societies Regional platform: "PSS in time of COVID-19" was established to build an information exchange and mutual support to guide our COVID-19 response in the South Caucasus region. The aim of this platform is to strengthen our PSS service by learning from each other, and acknowledging that PSS needs and effects from COVID-19 will be felt for a long time. The Austrian RC and Danish RC PSS teams have expressed their interest to join the three National Societies in the South Caucasus region- Armenia Red Cross, Azerbaijan Red Crescent, Georgia Red Cross- in participating in the platform to have the opportunity to share experiences. As ICRC provides strong PSS support in Azerbaijan and Georgia, ICRC colleagues were also invited to be part of this platform. During the first webinar that took place on 27 April, PSS experts of five National Societies, IFRC and ICRC shared their experiences and practices on online PSS support, including collecting feedback through these online channels in the COVID-19 context.

*An online meeting of the European Psychosocial Support Network (ENPS) j*ointly with the IFRC Europe Health Team and IFRC PSS Reference Centre was organized. PSS experts from 25 NSs of the region participated. The following issues were discussed: Scientific Overview and long-term effects of pandemics, collecting documents on PSS "Response" and "Best practice", to ensure best ways of support to the NSs on MHPSS Covid-19 response in Europe.

A Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO) Webinar on the Impact of the COVID-19 Crisis on Migrants' vulnerabilities in Europe was facilitated by IFRC ROE and the PERCO Co-chairs on 15 April 2020. Representatives of 28 NSs, RCEU office, ICRC and IFRC Geneva participated in the call and/or provided support to the conversation. Following an introduction by the Platform for International Cooperation on Undocumented Migrants (PICUM) with an analysis of the various challenges impacting different groups of migrants in the face of the COVID-19 pandemic and related crisis and on their existing vulnerabilities that are now exacerbated by the changing situation and related policies, migration and asylum experts from the Bulgarian RC, Icelandic RC, French RC, Swedish RC and Italian RC presented their migration/asylum support activities and the different ways how they have been able to address these specific challenges in the local contexts. National Societies from these contexts have been looking into the impact of the pandemic as well as the related policies introduced at the national level on migrants, asylum-seekers and refugees and were able to find ways to adapt their already ongoing specialised migration/asylum support activities to changing needs (e.g. in order to ensure the continuation of migrants' access to services and protection by using digital platforms for advocacy and information provision, including COVID19 specific support to outreach activities either in camp settings/informal settlements and with family visits, etc..). At the end of the call, ICRC shared various guidance documents on public communication with authorities; immigration detention; IFRC presented resources and links available on the Go Platform as well as introduced the draft joint ICRC-IFRC Guidance document on the "Inclusion and protection of migrants in the face of COVID-19 pandemic in Europe". At the end of the call, RCEU office shared their summary of the RCEU Webinar on 8 April 2020.

The RCCE/CEA Team provided support to the National Societies of the Central Asia Country Cluster to discuss rumour tracking and capacity strengthening and training on CEA for the Central Asian National Societies.

Co-facilitating Global CBHFA webinar for COVID-19 prevention: 14 NSs from Europe region took part in the webinar. Several aspects of CBHFA approaches, methodologies, best practices, and lessons learned was discussed.

Psychological support

Technical support to NSs continued to promote psychological coping and mitigate stress, burnout and social stigma associated with COVID-19. Introducing new materials on PSS during COVID-19 to NSs on remote trainings, PFA, self-care, caring for volunteers and more which are available on GO platform, https://pscentre.org/archives/9045 and https://www.preparecenter.org/resources/mental-health-and-psychosocial-support-health-help-desk-covid-19.

As the secondary impact of the pandemic increases continuously, so does the need for PSS to the general population and also to the first responder including RC staff and volunteers. Therefore, emphasis is to safeguard that structures and systems are in place for *caring for staff and volunteers* and that *Caring for staff and volunteers* is a key component for all NSs in the response. Mapping PSS activities in the Europe Region to mental health and psychosocial support (MHPSS) coordination team continued.

Support to Volunteers

In relation to the Volunteers Solidarity Fund and volunteers safety and insurance, IFRC Youth and Volunteering conducted a survey with all European NSs with response from 34 NSs. A questionnaire with four topics (Safety, Insurance, National Health Care System, National Solidarity Fund) was shared with the NS volunteering focal points across the Europe region. The aim of this study was to analyse several aspects that can influence the safety of volunteers. More National Societies need to be included in the next version of this study, especially those from Central Asia. The lack of this data may lead to an increased uncertainty in the management of the emergency. The results – among others - show that there is no NS in Europe that has a national level Solidarity Fund.

National Society Financial Sustainability

National Societies of CIS countries have received comprehensive technical support in launching own domestic resource mobilization appeals, attracting significant engagement from both public and private actors. Throughout the three-month period, the IFRC ROE also continued to support National Society domestic fundraising capacity development, focusing on technical co-ordination in income channel diversification and systematic unrestricted revenue streams. Some examples include telephone fundraising in Russia, corporate appeals in Georgia, and digital giving campaigns in Belarus.

In close partnership with the IFRC, and Swiss and Norwegian Red Cross Partner National Societies, three National Societies have been supported in commencing donor database configuration with further two projected to begin in the next quarter. This work is carried out in preparation of launching national regular giving donor acquisition campaigning via digital and offline channels and ensure adequate donor stewardship capacities are in place.

Several member National Societies have come forward to request additional support in resource mobilization development for the first time over the last three months. In response to this IFRC ROE has now secured a dedicated consultant in corporate fundraising, however additional capacities are needed.

National Society Business continuity processes

In March, initial mapping started with the aim to understand the current readiness of NSs to address business continuity processes. ROE approached all 54 NSs in Europe, advising them on the support on drafting the NS Business Continuity Plan (BCP), the available BCP Help Desk at the Global Disaster Preparedness Centre (GDPC)and the ROE Focal Point for the support. Results from 21 NSs have been received so far, with identified focal points for BCPs development and implementation and with desired level of support communicated to IFRC from NSs on either development or revision of the existing BCPs. Mapping of the NSs who are willing to support other NSs through technical support or financially is also underway. The exercise will help to establish repository of the BCPs at Europe regional level in relation to the COVID-19 and will further strengthen exchange and learning among NSs.

Requests to support this process with technical inputs or revision of existing BCPs at National Society level have been received from 13 National Societies so far, while 11 National Societies also requested mini-grants to invest in actioning of the BCPs. Based on NSs feedback, and the interest in simple step-by-step guidance, the GDPC together with Global

and Regional teams are developing easy-to-use template for National Society Business Continuity Planning. The guidance will simplify processes around BCPs through lighter approach focusing on putting measures in place (and also, document what measures are in place in NSs) for business continuity and anticipating how to adapt National Society's setting as the crisis continues to evolve.

Some of the key observations from initial mapping and discussions with some NSs are below for better understanding of NSs dynamics and status of BCPs.

- Some NSs have very basic plans (such as an Excel table), others have very comprehensive (and at time complex) plans, with sub-plans in specific departments or areas.
- While these status updates are not always full Business Continuity Plans, they do reflect the ongoing discussions in the different NSs for business continuity.
- Accessing the plans to make repository at regional level should be possible, but most will come in the national languages of each NS.
- Significant accomplishment has been the identification of a focal point for NSs in the region, to have an entry point to discuss BCP matters in those NSs that did not have BCP in place. It is also positive that many of these focal points are part of senior management of the NS, rather than the technical levels who are heavily involved in the daily operational tasks, this also brings another advantage that the BCP preparation and implementation is also well integrated in all respective units of the NS rather than led by one unit.
- 10 mini-grants have been included under IFRC's COVID-19 Revised Emergency Appeal`s funding requirements and possible contribution from some partner NSs will be welcomed to identify small pots of funding for BCPs.
- NSs who are in needs of mini-grant should include BCP section in the COVID-19 Plan of Action and budget which are submitted to IFRC for COVID-19 response.
- The Business Continuity Plan must be a general document for NSs, not just specifically for the COVID-19 environment.
- Suggestions are that plans should focus on short term needs, but also the road back to the "new normal" (for instance, what volunteer training will look like in the future) and scenario planning.
- One of the difficulties at this stage is factoring in the implications for the NSs, particularly around the current uncertainties: economic impact of the pandemic on NSs core business and income, implications on the current involvement in community-based programs.

Ensure Effective International Disaster Management

Surge Deployments / remote and in-country

In March 2020, two surge delegates have been deployed: Pandemic Preparedness from the Finnish Red Cross and RCCE from the Norwegian Red Cross for a three-month period to support ROE COVID-19 response team. In April 2020, four more remote support deployments took place to support Communication and PMER needs. Surge communications delegate from Finnish Red Cross and another one Communications specialist, photographer and videographer from Norwegian Red Cross joined the ROE communication team. Two surge PMER delegates (50% of time shared between global and regional support) reinforced the PMER regional team. In May, Operational coordinator for COVID-19 operation join the ROE DCPRR team to support coordination of the operation from Austrian RC, and also supply chain coordinator from Swiss Red Cross, both for three months deployment timeframes.

Austrian RC is also supporting the Southern Caucasus CCST with their IM capacities. Recent surge alert shared with National Societies in order to bring in the surge capacities for risk communication and community engagement support to Central Asia countries for three months deployment timeframe

Logistics Procurement and Supply Chain Management (LPSCM)

The IFRC ROE is providing support to the NSs on their procurement processes in the national context and also through the global procurement channel. The Supply Chain Coordinator will support IFRC Regional Office for Europe activities of COVID-19 operations, provide guidance for procurement of PPE items, coordinate with Geneva LPSCM on consolidation of needs of NSs in the region and coordinate logistics support in line with IFRC standards.

Influence Others as a Leading Strategic Partner

Coordination with external stakeholders

Cooperation and coordination with WHO at Europe regional and country levels ensured (please refer to the relevant section above).

Humanitarian diplomacy with governments, including donors, and the international humanitarian community

IFRC Regional Office for Europe is actively engaging with donors and partners to mobilize resources for the COVID-19 appeal. Throughout all discussions, IFRC is advocating for funds to be as flexible as possible, in line with the Grand Bargain and the principles endorsed by the Interagency Standing Commission. IFRC is engaging with donors to reallocate or adjust contributions for current programmes and is working with partners to ensure that essential support to non-COVID-19 related operations is not diverted. The IFRC Regional Office for Europe held a conference call for all European National Societies to provide a platform for sharing learning and good practice on key topics, including the impact on social care services, financial sustainability, responding to other emergencies during COVID-19 and maintaining blood donor recruitment. The call was attended by approximately 100 people from more than 30 National Societies and received very positive feedback from the participants.

Planning, Monitoring, Evaluation and Reporting – Learning and Accountability

A Federation-wide planning and reporting approach is being followed by the IFRC Regional Office for Europe. In the reporting period, the IFRC ROE`s PMER unit – along with the IFRC ROE COVID-19 response team – has been in regular contact with the National Societies in the region to ensure that the National Societies` response actions are properly reflected in the weekly regional updates as well as in the global operations updates.[6] In line with the country response framework launched by the IFRC, the National Societies of the region are encouraged to share their data through the four streams (NS response plan, NS activity tracking field report via GO, NS financial reporting and the 3W tool). Channels and processes are being put in place to improve monitoring of activities under each regional plan and to build on national level monitoring, as well as to ensure timely reporting and effective, real-time lesson learning as this complex global outbreak further develops.

Information Management (IM)

Information Management structures have been put in place from country to global levels to ensure consistent and coordinated data and information collection and analysis to guide informed decision making and allocation of resources. Following the federation-wide planning and reporting approach, COVID-19 specific country pages have been setup for all countries in the region on the GO platform bringing key operational information together in an accessible and discoverable platform. Continuous support is provided to national societies in using and uploading material to the GO platform enabling NSs to access core data and technical information through the platform while sharing and reporting on their national COVID-19 response actions to the Federation and other National Societies. As the COVID-19 situation further develops, increasing attention is being placed on supporting National Societies on their information management capacities including adapting existing information management training materials focusing on health response specific information management needs.

Communications and media

European National Societies have been at the forefront of safety and prevention messaging for the public, using materials created by IFRC and adapting them in their own languages, distributing to vulnerable groups such as older people, migrants, the homeless and those with underlying health conditions.

IFRC Europe social media accounts (Twitter, Instagram, TikTok) profile the work of volunteers and share safety and solidarity information, having featured 33 National Societies already in relation to COVID-19. IFRC ROE communications team has also organized and hosted eight live sessions across our global Facebook, Twitter and LinkedIn accounts, in which European National Societies participated.

We have experienced very high interest from the media, with most of the journalists inquiring about Italy, Spain and the threat of COVID-19 to refugee camps in Greece. IFRC Europe communications team supports the region's National Societies with media positioning and media inquiries, helping to profile their work and spread the right messages. We

[6] Please refer to the GO platform to access these documents.

have also created key messages and talking points for our top affected contexts (Greece, Italy, Spain, Turkey, France, Germany, UK, Ukraine and Russia), to enable NS and IFRC leadership to talk to the media and partners with confidence.

Ensure a Strong IFRC

Business Continuity Planning (BCP) and Security within IFRC Secretariat

All IFRC offices produced the BCPs as per guidance shared from global BPC team, during March and April. Budget for actioning BCPs from IFRC offices identified and is integrated in the COVID-19 EA. In all IFRC offices, BCPs have been activated in accordance to planed actions providing duty of care for staff and ensuring activities for ongoing support to NSs in the given contexts of the restricted movements. Since March, regular weekly meetings with global and regional BCPs focal point introduced and updates are being communicated towards integrated Global BCP matrix reflecting changes in the stages of the BCP activation, office working modalities and number of international and national staff present in each IFRC office.

Security

Security regulations as per current Minimum-Security Requirements (MSR) process and templates have been updated and harmonized with BCP process in each IFRC Offices. Process of collecting COVID-19-related security incidents and near-misses has started.

Emergency Appeal Support National Society 3-month picture

As of 21 May 2020, 32 National Societies requested funding from the Global Emergency Appeal in Europe Region. 23 of these National Societies have already received funding or funding commitments are being processed. The below section contains overview on these 23 countries.

National Society response – key highlights

1. **Armenian Red Cross Society**

The Armenian Red Cross Society (ARCS) is the main and largest humanitarian partner of the public authorities in the COVID-19 response with its 11 regional branches carrying out COVID-19 activities. The Armenian Red Cross has recruited, mobilized and trained 1,500 volunteers and provided them with PPE to reduce transmission risks. Training sessions were conducted on COVID-19 prevention, response, self-safety, PPE, psychological first aid, risk communication and community engagement, social stigma, community engagement, effective communication, social mobilization, disaster /public health emergencies preparedness and response, and First Aid.

Volunteers and staff of the Armenian Red Cross Society are delivering humanitarian aid parcels to the vulnerable categories of the population. *Photo: ARCS*

ARCS staff and volunteers in coordination with the Ministry of Labour and Social Affairs provided food and non-food support to 8,711 of the most vulnerable people including older people and people with disabilities to 'shield' them from risks of contracting the virus, including 148 people in isolation. Gyumri 24-hour day-care centre was opened in Shirak region on 1 May under the full management of the Armenian Red Cross Society in cooperation with the Ministry of Labour and Social Affairs.

ARCS psycho-social support centres operate, in cooperation with Government ministries, in four locations of Armenia. ARCS psychologists also establish other needs and assign volunteers to help. Between 16 March and 4 May, ARCS staff and volunteers responded to 5,439 calls and helped with 279 home visits. Armenian RC continues to operate hotlines for people who are in isolation and

		provides referrals and direct services. ARCS actively use social media channels to raise awareness regarding the COVID-19 pandemic and to provide crucial information that can help people in these difficult times.
2.	**Red Crescent Society of Azerbaijan**	The Azerbaijan Red Crescent Society (AzRC) has supported the efforts of public authorities against COVID-19 under the slogan "We are stronger together". Across the country, 1,438 volunteers have been recruited, mobilized and involved in the response. Staff and volunteers have received training on COVID-19 prevention, response, self-safety, PPE, psychological first aid, risk communication and community engagement, social stigma, , effective communication, social mobilization, disaster/public health emergencies preparedness and response and First Aid in COVID-19 conditions. They were equipped with uniforms, PPE and technical supplies, communications and transportation. AzRC has provided over 9,400 vulnerable households, including lonely older people, people with disabilities, and migrant families with essential food and non-food support, and social services in Baku and 53 locations across the country. The AzRC established a hotline, and branch offices also received regular phone calls. During these calls, the AzRC delivers risk communication messages and discusses protective measures on physical and emotional safety.  Volunteers and staff of the Azerbaijan Red Crescent Society are visiting the most vulnerable groups of the population. *Photo: AzRC* AzRC produced and has begun distribution of 926,000 information materials, including on: correct mask use, reducing COVID-19 risks, how COVID-19 spreads, coping with stress, and protecting yourself and others from COVID-19. Through WhatsApp groups, active and regular awareness raising on COVID-19, handwashing and risk reduction is provided to 66 migrant families.
3.	**Belarus Red Cross**	Since 1 March 2020, the Belarus Red Cross Society (BRCS) has been implementing the project "Belarus: measures to respond COVID-19 outbreak" with the IFRC funding support. To improve the understanding of risks and strengthen public health according to WHO and IFRC recommendations, the following leaflets were developed and printed: "Protect yourself and your close relatives" (20,000 copies), "How to cope with stress" (5,000 copies), "How to stay healthy when traveling in public transport" (5,000 copies); as well as poster "Protect yourself and your close relatives" (2,000 copies). A total of 32,000 pieces of information materials were distributed by volunteers among public and among the primary organizations of the BRCS, as well as posted on information stands of public transport and stopping points, rolling stock and large railway stations, in public places. To protect its staff and volunteers, BRCS purchased and distributed to the regional branches PPE (20,000 gloves, 2,000 masks, 1,000 respirators), disinfectants (2,500 litres), soap (2,000 litres), non-contact thermometers (10 pieces).  BRCS is operating hot line to provide psycho-social support and share information about COVID-19. *Photo: BRCS* As of 30 April 2020, 649 calls were received on the BRCS 201 helpline. Approximately 70% of incoming calls are directed to receiving information about available help (what kind of help is available, how it is provided, where to go, etc.), 20% of incoming calls - to provision of psycho-emotional support, 10% - to solving technical issues (helping people in self-isolation asking questions on the damage to the intercom, how to receive help from the bank, etc.). To provide psychosocial support, methodological materials were developed, according to which the staff responsible for the provision of PSS in the organizational structures of the BRCS were prepared. 90 volunteers and employees received PSS. PSS experts developed a training program on psychosocial support during COVID-19 outbreak; the available materials developed by the IFRC Reference Centre for

PSS were used. Five online trainings on PSS for 78 staff and volunteers of organizational structures of the BRCS were conducted.

Targeted briefings on the prevention of the spread of coronavirus infection have been developed for BRCS employees. 210 BRCS staff were informed about the coronavirus infection prevention measures. A safety standard has been developed for the provision of PPE to the staff and volunteers of BRCS. 208 volunteers were provided with IFRC standard accident insurance. Visibility items (badge) were purchased for the 725 volunteers participating in activities to prevent the spread of COVID-19.

All organizational structures of the BRCS are involved in activities focused on informing the public about the prevention of the COVID-19 spread: the Secretariat, 6 regional, Minsk city and Railway organizations, 158 district (equivalent in status) and 8,399 primary organizations. A total of 8,566 organizational structures.

4. The Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) is actively taking part in the response to COVID-19 since the start of the pandemic in the country, including representatives of the RC being involved in the work of crisis cells at state, entity, and local levels. At all national, entity and local levels, the RC continue to support different levels of government, civil protection units, and healthcare institutions, thus fulfilling their role as an auxiliary organ for humanitarian action.

RC teams in Bihac involved in blood donation campaign. *Photo: RCSBiH*

The RCSBiH, through its entity organizations, has delivered a significant number of cots, bedding, and tents to local branches that made their resources available to local crisis cells. Local organizations are also involved in the setting up triage tents and quarantines where necessary. The biggest strength of the Red Cross, their volunteers, are helping citizens in over 80 cities and municipalities, purchasing food and medicine for them, and distributing food and hygiene packages to users of soup kitchens and to socially disadvantaged families. They distribute non-medical masks and gloves to citizens, where the use of non-medical masks is mandatory by state decision for general public, while informing them of preventative measures for the COVID-19 virus.

Additionally, the Red Cross of Brčko District in cooperation with the police and in the line with the standards set up by the World Health Organization transports at-risk people that reside in Brčko and who enter Bosnia and Herzegovina from the neighbouring countries. They also disinfect public areas in their city. The Red Cross of Republika Srpska provided water bottles for drivers at borders and people in quarantine. For all citizens who have difficulties adapting to isolation and quarantine measures, members of the RCS structure established psychosocial support hotlines.

Many local organizations, in both entities, established an SOS number for citizens to call and ask for assistance or to refer RC to people in need. Soup kitchens in both entities continue to deliver hot meals to their beneficiaries.

The RCSBiH produced and distributed more than 43,000 information leaflets on preventive measures, as well as more than 103,000 face masks and gloves to citizens where the use of masks is mandatory by state decision for general public. The NS distributed more than 13,000 food packages, more than 7,500 hygiene packages and completed more than 800 bill payments for citizens. The National Society staff and volunteers performed more than 3,000 visits to pharmacies for people in need and conducted more than 2,500 shop visits for them. The NS assisted in setting up more than 50 triage tents and quarantines and delivered more than 500 cots, bedding and tents to crisis cells in 14 communities. More than 500 persons used psychosocial support services of RCS structures.

Since the beginning of the COVID-19 outbreak, the Croatian Red Cross (CRC) has been closely monitoring the evolving situation. According to its national preparedness capacities, the Croatian Red Cross was able to ensure timely and effective humanitarian assistance and was preparing for effective response. In mid-January, the Crisis Headquarters Board of the Croatian Red Cross was established and a roster of trained (medical) personnel was activated from the Health and Social Welfare Department. The Croatian Red Cross regularly keeps its personnel informed about the COVID-19 following IFRC/ WHO recommendations, as well as respecting preventive measures and technical instructions, given by the Croatian Institute of Public Health and the Ministry of Health of the Republic of Croatia.

There are more than 140 psychosocial support volunteers assisting people in 21 Red Cross county branches and more than 5,100 people are supported via phone lines in the whole country. Peer telephone line and an online support session is also available 24/7 for individual or group Red Cross personnel to get feedback after providing psychosocial support activities.

CRC staff and volunteers ensuring support to those in need related to taking care of their animals. *Photo: CRC*

5. Croatian Red Cross

As the main home service humanitarian "caregiver" in the country, the local Red Cross volunteers deliver daily meals and provide other home care assistance to meet urgent needs (food, drugs, etc.) in accordance with physical distancing (two meters physical distance and no longer than five minutes). Support is also provided (at the entry doors) to the people who are in quarantine or in self-isolation.

The Croatian Red Cross will continue its response with the financial support provided through the IFRC multilateral funds in the following areas:

- Provision of information on the prevention of COVID-19 among the Croatian Red Cross staff and volunteers, as well as the general public.
- Provision of protection equipment and Health insurance to all staff (1,833) and volunteers (3,012) involved in the operation.
- Assistance to 5,000 of the most vulnerable people in the country.
- Intensifying comprehensive risk communication and community engagement coordination with key stakeholders according to community needs.
- Provision of psychosocial support to the target population as well as to the local Red Cross personnel (volunteers and staff).

The implementation of the abovementioned activities under the IFRC Emergency Appeal will commence on 1 May 2020. Achievements will be reported in the 6-month Operations Update.

6. Georgia Red Cross Society

The Georgia Red Cross Society (GRCS) is at the forefront of the humanitarian response to the current crisis. With the help of 500 regular and 4,200 spontaneous volunteers and 39 regional branches throughout the country, GRCS is carrying out important activities in close cooperation with state authorities.

Over 2.5 million people have been reached through printed and online media, active appearance on TV channels, online training, and information sessions on COVID-19 prevention and hygiene promotion. Over 42,000 older people (aged over 70 years) are being assisted with basic food and hygienic items (over 13,000 older people only in Tbilisi). The goal is to reach 100,000 vulnerable older people throughout Georgia. Up to 1,000 persons with specific needs receive home care services with support of Red Cross home care teams.

A Home Care online learning platform and mobile application is being created to train home care teams and reach more people in need throughout the country. The goal is to reach 3,000 people throughout Georgia. Through the

GRCS volunteer distributing the parcels with the local Authorities to older people. *Photo: GRCS*

GRCS hotline and the Psychological Social Support (PSS) platform GRCS volunteers have provided PSS support to more than 2,000 people. To strengthen and expand the PSS services, GRCS initiated a Mental Health and Psycho-Social Support coordination platform for organizations and professional groups involved in providing PSS. The platform currently has around 20 NGOs participating in it. The aim of this initiative is to share information, experience and lessons learned between key actors and support the maximum number of vulnerable people who need such help.

Georgia Red Cross Society continues to raise awareness regarding the COVID-19 pandemic on social media platforms. Recently GRCS published its recommendations to persons in self-isolation in Abkhazian language as well. Promotion of voluntary non-remunerated blood donation continues by GRCS to highlight the need of blood specifically in the time of outbreak. Special video and a poster have been created as promotional materials. People approach the hotline to get the detailed information about the blood donation facilities.

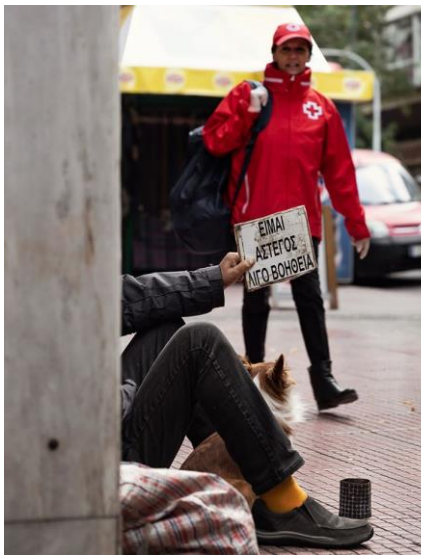
GRCS is organizing a campaign to support the lonely older people living in Georgia. Customers in different hypermarkets are encouraged to buy products from the special list developed by the GRCS and to donate it for older people. Over 42,000 parcels have already been collected at the supermarkets Georgia wide. Georgia Red Cross Society is supporting relevant institutions in thermo-screening - regular body temperature monitoring is conducted by the Georgia Red Cross volunteers of the quarantined people in Adjara.

7. Hellenic Red Cross

The Hellenic Red Cross (HRC) has responded to the exceptional challenges of the COVID-19 pandemic in Greece by providing support through different activities to contain the spread of the transmission among the most vulnerable people, including the ones already served through the regular programs, as well as to lessen the psychological impacts of the outbreak. More than 450 volunteers have been mobilized and trained in response to COVID-19 and have been providing assistance to 24,802 people so far.

HRC provides primary health care to the migrant population of refugee camps in Serres and Malakassa through Mobile Health Units (MHU), temperature measurement have been conducted to more than 1,900 migrants in the camps and a total of 4,591 people have been examined in its clinics (General Pathology and Paediatric).

HRC has also distributed 723 hygiene kits to migrants, 735 people have been reached with health education & hygiene promotion activities implemented by Educational Health Stations (EHS) in the urban setting & MHU in the camps as mentioned above.



HRC volunteers supporting vulnerable groups with First Aid, medical checks and information sharing on COVID-19. *Photo:*

196 visits conducted through “Nursing at Home” and 639 multidimensional home care services (including preventive, therapeutic and rehabilitative actions) have been provided to patients in Athens and the surroundings. Around 3,740 printed information materials (flyers) were distributed to people in the framework of hygiene lessons and protection techniques aimed at the prevention of the spread of COVID-19 in the broader community. Moreover, more than 360 posters, about preventing the spread of COVID-19, were posted in 5 languages (Farsi, Arabic, French, Somali and English) in refugee camps at Serres and Malakassa.

Particular emphasis is placed on informing citizens about the methods of proper application and proper technical export of gloves, individual face protection masks and protective equipment. With the use of social media in most of HRC Regional Branches, it contributes greatly to the further dissemination of relevant information campaigns, either of the Ministry of Health or the International Federation of Red Cross and Red Crescent Societies.

Furthermore, the Multifunctional Centre (MFC) hotline received 3,220 calls, of which 1,053 referred to requests for medical assistance due to COVID-19. In addition, a total of 21,744 temperature monitoring took place during home visits and EHS, 2 refugee camps, Korydallos Prison Complex (615 inmates), the border to Turkey at the Evros area and various locations.

8. Italian Red Cross

The Italian Red Cross is responding to the current outbreak by providing support through different activities and services. Support has been provided to the most affected people while considering the new challenges faced due to the restrictions of movement and the severity of the outbreak in specific regions, like North Italy. This response has been implemented while continuing the regular activities provided by the Italian Red Cross through the work of the local branches.

Italian Red Cross teams on Rubattino ferry boat in front of Palermo. *Photo: ItRC*

The COVID-19 emergency has hampered the provision of and access to basic services, therefore potentially compromising the welfare of people. Since the adoption of different movement restrictions, people have been forced to stay home limiting, particularly in the case of the most vulnerable, the possibility to access services of different kinds, including health services. This situation is also a cause of stress for many undermining their psychological well-being, for adults and children alike. Like in many other countries all over the world, this forced confinement at home has led to a rise in the cases of domestic violence.

From the beginning ITRC's work was focused on the health response in activities of high bio-containment transport in cooperation with the Ministry of Health. ITRC acted in preparation for a potential worsening of the situation ensuring the procurement of materials and vehicles (ambulances, high-biocontainment stretchers, facemasks and high-biocontainment kits) and training volunteers and personnel on the use of personal protective equipment and on the correct behaviours to follow during their activities.

Since February 2020, the ITRC National Response Centre, through the project "CRI per le Persone" a proximity service of the ITRC reachable by the toll-free number 800-065510 - has received a large amount of information requests by the population about the diffusion of the COVID-19 virus. Further, ITRC is greatly contributing to enhancing coverage in the delivery of services, reaching vulnerable and most affected alike. The ITRC branches are activated in three ways: through hot-line *CRI per le Persone*, through municipalities-social services with detailed of the most vulnerable in the community and from the public directly.

9. Kazakh Red Crescent

The Kazakh Red Crescent (RCSK), as an auxiliary to the public authorities in the humanitarian field, has mobilized 150 volunteers to participate in its COVID-19 response activities. The RCSK National Committee developed a training module for trainers and active volunteers covering COVID-19 prevention, safety of staff and volunteers, prevention activities, and community mobilization to support risk communication activities.

Key messages were developed, covering symptoms, ways of transmission, prevention measures and anti-stigma. RCSK staff and volunteers started disseminating COVID-19 information in all regions; volunteers distributing to people in public places and later placing posters and leaflets on entrance doors of apartment blocks/houses. Information has also been posted on social media.


Kazakhstan Red Crescent volunteers are delivering groceries to lonely pensioners and other vulnerable groups of population. *Photo: RCSK*

As agreed with RCSK, IFRC has worked with the International Training Centre of the National Scientific Centre for Highly Infectious Diseases (NSCHID) to provide a series of trainings for health and care personnel of the Ministry of Health, (approximately 30% of all confirmed COVID-19 cases as at 20 April were health workers). Six trainings are being held in May for 89 frontline health workers on epidemiology, infection control and prevention of COVID-19.

10. Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK), fulfilling its role as a leading humanitarian organization in the country, has been engaged in COVID-19 related activities since February, when the Government asked for support in screening passengers arriving in the country at the airport for signs of COVID-19. A total of 694 volunteers and 220 staff of KRCS have been involved in COVID-19 response activities. All the staff and volunteers were trained on COVID-19, and RCSK also provided training for volunteers of other local organizations involved in the response.

Kyrgyzstan Red Crescent Society is continuing to provide assistance to the population during COVID-19 crisis. *Photo: RCSK*

Informational campaigns were launched in February. A total of 163,000 leaflets were published in Russian and Kyrgyz languages, containing information on self-protection, COVID-19 symptoms, contact details for immediately reaching health services, hotline numbers, as well as promotion of self-isolation and quarantine requirements. The RCSK teams of staff and volunteers across the country have been massively engaged in awareness raising activities in their communities. RCSK has a very diverse set of target groups, and they are reaching the most vulnerable such as people living with HIV, people affected by TB, older persons living alone, and disabled people. Meals were also delivered to the most vulnerable groups.

The RCSK staff and volunteers reached 830,640 people with information materials, and the social media campaigns enabled RCSK to reach 477,536 people. Since April, the RCSK regional branches started massive interventions through community public chats (on WhatsApp and Telegram) to raise awareness on hygiene promotion and sanitation rules.

11. Magen David Adom in Israel

Following the peak of the COVID-19 outbreak, Israel has experienced a decrease in the number of new cases in the last week of April, therefore MDA has also started scaling down its activity in the sampling project, focusing on the Muslim population during Ramadan. Nevertheless, MDA personnel continues taking samples at suspected cases' homes, and transferring them to the reference labs. This service is expected to be transferred to the responsibility of the Primary Health Care providers (HMOs). Since 20 March, MDA has been operating 4 joint "drive–through COVID-19 sampling complexes" for Magen David Adom and the Ministry of Health, in Tel Aviv, Haifa, Beer Sheva, and Jerusalem. In addition, MDA operates 9 mobile drive-through centres in the evenings, after the Ramadan fast hours that move between different cities based on the Ministry of Health instructions, where the most vulnerable communities are. MDA staff and volunteers are running the complexes. As of 9 April, MDA started sampling at nursing homes and mental institutes all over the country where confirmed cases were found. It also operates a sampling container that allows MDAs personnel to work inside with gloves and masks, and people are invited to be sampled from outside of the container. The container is placed in the centre of a city, therefore easy to reach by the public. MDA teams have taken over 5,000 daily samples in the last few days. MDA teams are also treating and transporting patients that are under home quarantine and have a situation that requires medical assistance, or exacerbation of their condition, or become symptomatic and are tested positive for COVID-19.

Mobile sampling ambulance with protective sheet. *Photo: MDA*

The blood services of the MDA collect plasma from patients who recovered from COVID-19 and have antigens, and provide it to hospitals to treat severe patients, according to research protocols. MDA has also started preparations for the possible second wave of the outbreak by replenishing the stock of PPE.

The National Society is supported through the IFRC multilateral funds in the procurement of the highly needed PPE for its staff and volunteers who are in direct contact with the COVID-19 patients.

12. Red Cross Society of the Republic of Moldova

Moldova RC engages people and communities, online and offline, in promoting behaviours that reduce the risk of contracting or transmitting the virus, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. The activities of Moldova RC are focused on development, printing and dissemination of informational materials, dissemination of antiseptic supplies (in public transport, but also for older people, families with many children, families of returned migrants), strengthening capacity of staff and volunteers.

Volunteers and staff of the Moldova Red Cross are providing support to hospitals by donating bedding sheets and blankets for patients infected with COVID-19. Photo: Red Cross of Moldova

Through the IFRC-funded project "Moldova: Measures to respond COVID-19 outbreak", the National Society developed, printed and distributed informational materials on COVID-19 and its prevention. The materials were distributed in partnership with health authorities (through health institutions), post offices (within the post deliveries) and by RC staff and volunteers. In total, 799,540 informative flyers were distributed in 23 regions of Moldova.

70 staff and volunteers were equipped with PPE. Two training sessions were conducted, and more than 75 staff and volunteers were trained.

Moldova RC purchased and disseminated antiseptic supplies jointly with health and local authorities. The antiseptic supplies were placed at the local transport vehicles to allow those people, who must move through the city within the quarantine regime, access to prevention in place. In addition to it, Moldova RC has the focus on hygiene promotion among the most vulnerable categories of people (institutions for older people, orphanages, etc.). 3,790 litres of disinfectant were distributed in 48 regions of Moldova. At least 100,000 people received access to protection measures, including antiseptics supplies.

13. Red Cross of Montenegro

From the very beginning of the crisis, the Red Cross of Montenegro reacted in line with its role and responsibilities in the system. At the beginning with activities for raising awareness, translation of the IFRC education materials for COVID-19 prevention of into their local language and distributing of these messages through social media. Until now, there are some 100 employees, 130 professional home helpers and around 450 volunteers who are involved in the response across the country. The Red Cross of Montenegro is a member of National Coordinating Body (NCB) for Communicable diseases that adopts all the measures and provides recommendations. According to the decision of the NCB, distribution of all humanitarian assistance has to be organized through the Red Cross.

RC volunteers supporting the most vulnerable with obtaining food products on behalf of them. *Photo: Red Cross of Montenegro*

More than 100 volunteers are providing the following: PSS, distribution of humanitarian aid based on needs assessment, shopping, paying bills, small housework, checking level of sugar and blood pressure, procurement of medicines etc. Red Cross continued with visits to older people (both professionals and volunteers), respecting all preventive measures.

There is a Red Cross Call centre for people in need (older people, persons with disabilities, people who live by themselves) who can call and ask for assistance after which the Red Cross volunteers procure what is needed instead of them. In case of need, and after appropriate assessment, the Red Cross also provide food and hygiene items to those who do not have sufficient funds. Vast majority of the calls are related to requests for humanitarian assistance. In addition, there is a hotline for providing psychosocial support where trained RC psychologists provide the necessary assistance.

From the very beginning, the Red Cross was active in raising awareness on COVID 19 – adapted and translated all the documents and info graphics received by the International Federation of the Red Cross/Red Crescent societies. They were posted on all Red Cross social media. Additional flyers created by the Institute for Public Health were distributed all over the country through the local Red Cross branches.

NS provided beds, mattress and linens for the location defined as quarantine by the National Coordinating Body.

5 prefabricated containers were also provided as triage facilities that are placed in front of the 3 hospitals in the country. Some tents were also set up in front of emergency centres.

Montenegro Red Cross Training centre in Sutomore is also used as a location for quarantine. 72 rooms are being used for this purpose. Volunteers assist in food distribution in some of the quarantine centres.

Red Cross is continuing its work with migrants and asylum seekers. Migrants and asylum seekers accommodated in Centres have been reached through distribution of awareness material but also with the provision of medicines and disinfectants. In addition, humanitarian assistance is being provided to people in private accommodation and integration with the support of UNHCR.

Assistance is also being provided to Roma population (food and hygiene). RCM also has an office in the camp near Podgorica with around 2.000 Roma refugees from Kosovo. RCM is well aware of their needs and the response is currently mainly on the distribution of food and hygiene items and being organized in cooperation with community leaders. Besides this, RCM is continuously communicating with other Roma NGOs and some other organizations throughout the rest of Montenegro to provide assistance to the vulnerable groups.

There are between 1,200 and 1,500 calls for assistance on a daily basis (around 350 calls received by the Call centre and the remaining received by the local Red Cross branches). So far, the Red Cross has provided assistance to 33,692 families, distributed 48,289 food parcels, hygiene kits and baby parcels, provided 3,084 services (groceries shopping, paying bills, etc.) for persons who were recommended not to leave the house, and ensured PSS to 3,283 persons.

14. Polish Red Cross

Polish Red Cross, as auxiliary to the public authorities in the humanitarian field, has established a Humanitarian Aid Centre, which is focused on three main areas: 1) central intervention crisis warehouse dealing with current equipment purchases and distribution; 2) psycho-social support; 3) education and prevention.

RC staff and volunteers in action for delivering support to those in need. *Photo: Polish RC*

The overall objective of the activity supported through the IFRC multilateral funds is to strengthen the social well-being in times of COVID-19 outbreak through psycho-social support. To achieve this, the Polish Red Cross has established a psychological helpline for individual consultancies. The helpline was operated by 10 volunteer psychologists and psychotherapists in 6-hour shifts between 10:00-22:00, 7 days per week. They provide psychological support to people who experience negative effects of pandemic. It includes psychoeducation, psychological first aid, providing information on places where specialist help can be obtained. It is estimated that 46,000 people have been informed about such support. To further strengthen the service the Polish Red Cross recruited a project manager, a psychologist, and a supervisor in the reporting period, who will start in their function as of 4 May 2020. 14 mobile phones have also been purchased with one-number line activated. First announcements on the service have been prepared for dissemination. Further promotion will be done on-line, via public media and leaflets distributed by staff and volunteers involved in home care of beneficiaries (especially older people).

Regular feedback has been conducted concerning gender, age group and the type of problems people assisted are facing.

Staff and volunteers also have access to professional psychological aid and regular briefings that are conducted by a staff member with psychological educational background. He/she is available in 6-hour shift once a week on-line (via Skype).

Youth are organizing on-line peer-to-peer support in a form of joint discussions on hobbies, yoga classes and other to reduce the level of stress.

At the end of the reporting period, educational charts on COVID-19 prevention as well as brochure on psychosocial support were being prepared and will be disseminated from May.

		A systemized information and data collection from was being established at the end of the reporting period, which will enable the National Society staff involved in the operation to collect and analyse data and based on the findings to further improve the service. This will also help the National Society to maintain effective and timely reporting systems. Achievements represented by this data collection will be included in the 6-month Operations Update.
15.	**Red Cross of the Republic of North Macedonia**	The Red Cross of the Republic of North Macedonia is part of the country's national task force and NS is present in the coordination meetings organized by Secretariat for European Affairs.  NS volunteers of are providing masks, gloves and disinfectants for migrants and refugees at the transit centre of Tabanovce to protect them from COVID-19. *Photo: Red Cross Society of the Republic of North Macedonia* The National Society is active since the beginning of the pandemic in raising awareness about symptoms and individual prevention measures related with COVID-19, the importance of social distancing and translation of WHO and IFRC educational materials for prevention of COVID-19 into Macedonian and Albanian languages. Dissemination of these materials were mainly through social media, raising public awareness using social media (Facebook, webpage, Twitter etc.). The NS mobilized all volunteers proficient in hygiene promotion and enabled them to undergo WHO online trainings for COVID-19 in order to conduct online prevention campaign and dissemination sessions for hygiene promotion and corona virus protection for vulnerable groups, institutions etc. In addition, over 1,000 posters for hygiene promotion were distributed and posted on visible places. In cooperation with the Ministry of Health, the National Society was actively engaged with their volunteers at all border crossings for conducting an epidemic questionnaire with all entry passengers crossing the border. The NS has strengthened its actions related to response to the migration: preventive measures with additional teams, humanitarian assistance and referral (the teams of doctors were providing preventive medical checks, primary health checks and additional medical checks if needed as per the protocols for COVID 19 in coordination with Public Health Centre). NS volunteers are assisting Ministry of Health in distribution of the medicaments for the people with chronic diseases in state quarantines, distribution of insulin for people with diabetes that are in self-isolation. In cooperation with UNICEF, North Macedonia RC volunteers are supporting vulnerable groups of population especially children and distribution of hygiene parcels for 10 000 Roma population. Red Cross Teams are active in providing support to older people through home visits and supporting them with procurement of daily supplies and medicines upon their request, as well as providing them with PSS support. The National Society distributes food, hygiene, medicines, etc. for vulnerable people and people in isolation. The NS operates an SOS Phone line for psychosocial support for vulnerable people and people in isolation. The NS distributes humanitarian aid for the homeless and social cases from stocks and donations in cooperation with the local government as well as with the support of organizations and companies, reaching 400 people up until now. The NS performs disinfection of vehicles, premises and equipment of volunteers and staff of Red Cross. The NS performed the following activities from the beginning up until the end of April: 1,850 people from vulnerable groups with PSS, 2,100 people from vulnerable groups reached with delivery service for food, hygiene, medicines; 5,123 monthly food parcels distributed from donations and stocks; 3,859 monthly hygiene parcels distributed from donations and stocks; 380 staff and volunteers mobilized on a daily basis. In addition to these, the NS distributed 11,000 protective masks, 1,750 portions of meals and medicines to state quarantines at 250 instances.

16. The Russian Red Cross Society

The implementation of activities supported by the IFRC started on 1 May. The funds are to be utilized for the support of vulnerable groups (older people, people with chronic diseases, migrants) with food and hygiene item distribution, awareness-raising and guidance, psycho-social support, promotion of blood donation. Currently, the Russian Red Cross is in the process of procurement of goods for the distribution activities.

RRC staff and volunteers delivering parcels in support of the vulnerable groups. *Photo: RRC*

Activities implemented by RRC before 1 May:

Since the beginning of COVID-19, more than 4,000 Russian Red Cross volunteers and staff have been providing critical support to communities by distribution of non-medical masks in locations where the use of masks is mandatory by state decision, assistance in temperature checks at airports and train stations, and organizing COVID-19 information sessions in public areas such as shopping centres and universities. In total, 75,000 non-medical masks were distributed in locations where the use of masks is mandatory by state decision.

The Russian Red Cross focuses its efforts on helping those most vulnerable, including migrants and those experiencing homelessness. Teams are distributing food and hygiene items to the elderly, those living with chronic diseases such as HIV and tuberculosis, people with disabilities and other vulnerable households. Food, hygiene items and medicine delivered to more than 20,000 people. Migrants have been supported with more than 5 tons of food and hygiene kits. The National Society also runs a phone line where the elderly can request assistance in food delivery and rubbish collection. More than 600 people with COVID-19 were supported through social services by Red Cross volunteers in Moscow.

The Russian Red Cross is conducting information and awareness-raising activities via telephone hotlines. The National Society is providing reliable information on how to protect yourself from COVID-19, how to cope with isolation and how to manage stress. More than 2,000 vulnerable people supported through a telephone hotline (3,000 calls received).

The Russian Red Cross is actively working with corporate donors inside of the country - more than 6,000 units of textiles (bedding, towels, basic clothes and underwear) from a corporate donor, and 20,000 sets of disposable tableware from another corporate donor were received to support physicians and the most vulnerable groups.

17. The Red Cross of Serbia

According to the Law on Disaster Risk Reduction and Disaster Management of the Republic of Serbia, the Red Cross of Serbia and the local Red Cross branches are involved in the coordination and decision-making processes. They are members of municipal and national level emergency headquarters.

RC staff and volunteers supporting the most vulnerable groups of the population with food parcels. *Photo: Red Cross of Serbia*

Following the request of the National Emergency Headquarters based on the above-mentioned law, the Red Cross of Serbia, besides its existing program activities, the Red Cross of Serbia has been involved in the following activities.

The NS organized info-centres at 128 Red Cross branches and at the Red Cross of Serbia Headquarters to provide information to citizens and to receive requests for support, especially those over 65 years of age.

The National Society ensured psychosocial support for citizens in need through local and national telephone info-lines for psychosocial support and psychosocial first aid as well as via SMS messages (for hearing impaired vulnerable groups) – 121 local Red Cross branches and HQ of RC of Serbia are implementing these activities.

44 volunteers have been trained in psychological first aid with materials adapted to COVID-19 epidemic situation. Trainings continue at local level for volunteers in local branches.

The Red Cross of Serbia formed and engaged 139 RC field mobile volunteer teams in local municipalities to provide support and care to people in need in municipalities. The field mobile volunteer teams provide the following forms of support: purchase and delivery of groceries, food and hygiene parcels, medicines; provide help once per week to older persons (65+), who are allowed to go for groceries in the safe time slot in between 4 am and 7am (risk communication and community engagement – providing advice from safe distance on correct use of PPE, keeping the physical distance, and helping them to carry food and non-food items that they have purchased observing all the safety guidelines; Supporting people in collecting money from ATMs – keeping physical distance, self-protection advice, disinfection of ATMs after each usage). As of 26 April, 8,170 persons over 65 were supported in 50 local municipalities.

The staff and volunteers of the NS support local emergency HQ in city of Belgrade with distribution of liquid disinfectant for 8 tanks of 1,500 litre capacity each. The tanks are filled with liquid disinfectant by local self-governments. Local Red Cross branches help in distribution of this liquid disinfectant to citizens.

The National Society staff and volunteers distributed 1,700 family hygiene parcels to vulnerable people that are living in unhygienic condition in 4 municipalities in Belgrade.

The National Society distributed 600 parcels in three economically devastated municipalities as well as 211 emergency food parcels in March in two municipalities.

More than 166,000 people have been assisted by professionals and volunteers in the COVID-19 response by the Red Cross of Serbia so far, the largest percentage of whom are households with older people who are unable to move because of the risk of COVID-19.

18. Slovenian Red Cross

On 24 February 2020, the Slovenian Red Cross established an internal taskforce to coordinate the information flow and activities linked to the COVID-19. The IFRC infographic package of tips was adapted and shared on the official website of the National Society as well as on social media channels for the benefit of general public. The Slovenian Red Cross with the collaboration of the Slovenian government published a joint infographic and send it to all households in the country.

Slovenian Red Cross volunteers are screening passengers for COVID-19 symptoms at the country's border crossings. *Photo: Slovenian RC*

On 11 March 2020, Slovenian Red Cross was activated at national/HQ level as auxiliary to the public authorities in the humanitarian field. First Aid team members helped at six entry points on the border with Italy in measuring body temperature and checking signs and symptoms of COVID-19. Slovenian Red Cross is included in decision making on national, regional, and local level in response to COVID-19.

The Slovenian Red Cross organized education sessions for its staff and volunteers about the symptoms and individual prevention measures, contributing to awareness raising and lowering the negative response (panic) and stigma.

Until the end of the reporting period, the following activities were implemented with the support provided through the IFRC multilateral funds: home delivery of food and non-food items (medicine, personal hygiene items, firewood, etc.) to the older people and other vulnerable groups with no financial or other means of provision; provision of hot meals, PPE and assistance in securing a shelter or an accommodation to the homeless; transportation for vulnerable groups to the doctor check-ups and other urgent appointments; open phone lines offering PSS, COVID-19 information and support requests from the public; assistance in securing necessary computers/tablets for children whose families are not able to provide them with computers, necessary for at home schooling; continuous information and building awareness about COVID-19 prevention and response measures.

Further achievements will be reported in the 6-month Operations Update.

19. Red Crescent Society of Tajikistan

The Red Crescent Society of Tajikistan (RCST), fulfilling its mission as auxiliary to the public authorities in the humanitarian field, is a member of the coordination council at the Ministry of Health of the Republic of Tajikistan on the development of the COVID-19 Response Country Plan, and a member of the working group on the development of a COVID-19 Response Strategy for TB.

RC volunteers sharing information on COVID-19 prevention in communities. *Photo: RCST*

The staff of the RCST Headquarters Response Committee mobilized 640 volunteers (20 volunteers in each of 32 districts); the composition of the volunteer groups is community leaders, teachers, employees of the Healthy Lifestyle Centres at the Ministry of Health and religious leaders. RCST uses a cascade approach and all volunteers train three other volunteers, thus, there are a total of 1,800 volunteers in the network. Training was held for all volunteers and PPE was procured for the staff and volunteers involved in COVID-19 response activities.

During March, in collaboration with UNICEF, RCST conducted health education sessions on the prevention of COVID-19 in schools. During the period of March and April, in total, volunteers conducted training on preventive measures for COVID-19 among 48,613 people in rural and urban populations, and 31,864 school students. All ongoing activities are carried out in close coordination with the Ministry of Health and Social Welfare, the Centres for Healthy Lifestyle, UNICEF, WHO, UN Women, STOP TB Partnership, Centres for TB Control, HIV centres and social services in the regions.

20. Turkish Red Crescent Society

Through the IFRC multilateral funds, the Turkish Red Crescent Society (TRCS) has been active in responding to needs related to COVID-19 throughout the country through risk communications and community engagement (RCCE) including disseminating information among local and refugee communities about the disease, its symptoms and measures to prevent infection. Staff and volunteers conduct these activities in marketplaces, bus terminals, and in the streets as well as through household visits, online information sessions and one-to-one phone calls. To date, TRCS has reached over 50,000 refugee and host communities through community centre RCCE activities in relation to COVID-19.

Through TRCS's Health activities, frontline staff and volunteers equipped with personal protective equipment (PPE) such as protective suits, safety goggles, masks, gloves, hand sanitizers and disinfectants, continue to provide services to affected communities through hygiene promotion to increase public health awareness, and promote safe hygiene practices to prevent and mitigate transmission of the virus. To date, over 563,000 hygiene kits, baby hygiene kits, masks and gloves have been distributed to vulnerable refugee and host communities. COVID-19 symptom screenings are also conducted by phone, while individuals displaying potential symptoms of infection are referred to hospitals. Through the IFRC appeal, PPE items have been procured.

The TRCS has been actively supporting communities by producing masks and face shields, providing three meals a day to vulnerable people, supporting migrants and displaced people and sharing critical information about the virus and how to prevent its spread across the country. *Photo: TRCS*

TRCS provides meals to individuals quarantined at 217 locations (Observation Points) in 77 provinces around the country. As of 23 April, TRCS has provided over 2 million hot meals, over 1 million snacks/refreshments and 4,404 hygiene kits and cleaning tools in the observation points. TRCS continues producing mask and visors through its staff and volunteers in the community centres. TRCS continues producing mask and visors through its staff and volunteers in community centres, and cooperates with public health organizations towards distributing the products.

Until 30 April, TRCS also reached 63,489 people in 15 provinces with psychosocial support (PSS). These services are ongoing and seek to address the psychological impact of the pandemic, through individual and group PSS sessions, psychological counselling services, referral services, online psychoeducation,

		and support groups. Psychologists from the TRCS Community Centres conduct psychological screening by phone, and monitor individuals at risk. Families with children are also supported with suggested children's activities while being confined indoors. TRCS staff and volunteers are also provided PSS support during this time.
21.	**Red Crescent Society of Turkmenistan**	The National Red Crescent Society of Turkmenistan (NRCST) is fulfilling its mission as auxiliary to the public authorities, and is a member of the working group for the implementation of the National COVID-19 Preparedness and Response Plan, closely coordinating its activities with the Ministry of Health (MoH), UN agencies and other partners. The National Society has trained 30 staff and mobilized and trained a total of 100 volunteers (20 in each region), to participate in COVID-19 preparedness and response activities. Staff and volunteers have been provided with PPE, and the training included information on symptoms, methods of self-protection and correct use of PPE. The NRCST has prepared leaflets, posters and other risk communication and training materials for dissemination on COVID-19 prevention, adapted from IFRC materials and translated into the Turkmen language. The National Society has been conducting awareness-raising information campaigns in communities, schools, universities, and various organizations on the prevention of spread of COVID-19, including through the media (radio, television, newspapers, leaflets), on safety measures and personal hygiene. To date, no cases of COVID-19 have been reported in Turkmenistan. As a part of its cooperation with the Ministry of Health, NRCST is planning to conduct training on COVID infection prevention and control, using WHO modules on infection prevention and control, for primary health care providers and other health care providers in all regions.
22.	**Ukrainian Red Cross Society**	Since the World Health Organization (WHO) declared the coronavirus as health issue of international concern, Ukrainian Red Cross Society (URCS) launched activities and coordination measures according to URCS initial Plan of Action (PoA) on COVID-19 preparedness and response activities as early as in February 2020. The role of URCS was clearly defined almost from the very beginning of COVID-19 response efforts in Ukraine. As an auxiliary to the local authorities in humanitarian field, URCS implemented its activities based on independence in decision making and humanitarian imperative. URCS, in agreement with authorities, prioritised activities in following areas: Risk Communication and Community Engagement, Health and Care activities and Institutional Readiness. Since February 2020 URCS trained 619 volunteers for COVID-19 response activities, reached over 1,000,000 people with info campaigns, printed and distributed 849,000 dissemination materials and reached up to 4,9m people through 15 produced and broadcasted videos. URCS is planning to develop FA module for COVID-19 and organize 74 trainings through webinars.  Ukrainian Red Cross supporting low-income families, the elderly and people with disabilities with food kits and information prevention campaign. *Photo: URCS* URCS Emergency Response Teams (ERTs) were provided with PPEs to implement response operations, namely 126,045 medical masks, 2,605 respirators, 3,636 medical gowns, 1 ,008 googles, protective shields, 32,432 gloves, 3,256 shoe covers, 3,425 mop caps, 2,053 litres of disinfectants were enabled ERTs and volunteers to conduct awareness activities and 139 trainings for community members and identified hospitals. In addition, following humanitarian goods services delivered to targeted communities: 28,867 food parcels, 5,516 hot meals, 2,645 Easter breads, 8,639 persons received tea, coffee and sweets; 21 targeted health care facilities received 2,432 kg coffee, 20,522 litres of water and beverages, 2,908 blankets, bed linen and towels, 211 pcs of kitchen sets, 3,400 disposable plates and cups (donated by local businesses and logistics organized by the URCS); 2,200 hot meals, 750 litres of beverages and 400 Easter breads distributed for homeless people. Overall, up to 150,000 people reached through these interventions.

	In coordination with the Ministry of Health, a Call Center was established, SOPs developed and services given to communities through receiving 16,201 calls, delivering 238 h 36 min of consulting and providing psychosocial support, 4,986 requests of assistance received and handled.
23. Red Crescent Society of Uzbekistan	The Red Crescent Society of Uzbekistan, with its strong community presence, and as auxiliary to the public authorities, has to date mobilized at headquarters and in its branches 298 staff and 976 volunteers for its COVID-19 response activities, who all received training on COVID-19, and proper use of PPE, provided by the National Society and its branches. Throughout Uzbekistan, in local communities, in marketplaces, and on public transport, Uzbekistan Red Crescent has distributed a total of 25,951 information materials, in Uzbek and Russian languages. The National Society has organized 2,004 different events, information sessions, workshops and classes related to raising public awareness of COVID-19, self-protection, and the proper use of PPE, reaching a total of 70,491 people, and a total of 194 publications on mass media (on local TV, radio, newspapers, on Facebook and Instagram). In total, Uzbekistan Red Crescent has distributed 57,853 masks, as well as 25,658 sanitary and hygiene items, to staff and volunteers, and also to at risk groups, partly funded through the IFRC Appeal. In accordance with the agreement on cooperation between the National Society and the Ministry of Health, all the activities are carried out at the regional and district level throughout the Republic of Uzbekistan, working closely with local health authorities.  Volunteers and staff of Uzbekistan Red Crescent educate people on the importance of personal hygiene, distribute medical masks and information materials in crowded places. *Photo: Red Crescent Society of Uzbekistan*

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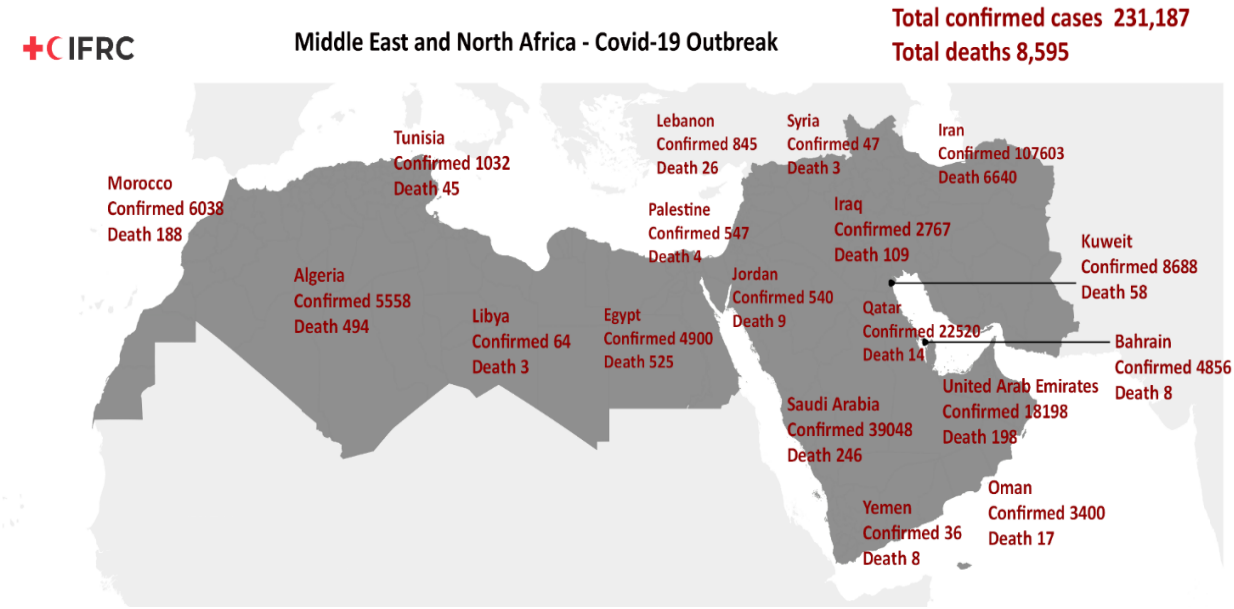
Middle East and North Africa



231,187 total confirmed cases in Middle East and North Africa

8,595 total confirmed deaths in Middle East and North Africa

as reported by WHO as of 10 May 2020

Context Analysis

MENA Region is experiencing complex emergencies associated with occupation, civil unrest and protracted conflicts. Many countries in the region are experiencing rapid and unplanned urbanization, resulting in growing informal settlement and slum areas with limited or no access to basic services such as healthcare and WASH. Healthcare in fragile and conflict-affected settings remains a real challenge, especially in those countries with fragile health systems, weak disease surveillance systems, overwhelmed response capacities and a suboptimal level of public health preparedness. These factors are likely to increase the emergence and rapid transmission of epidemic diseases. Furthermore, the mass gatherings that are taking place in the region are sparking concern considering the particularly fragile national health care systems.

Fragile and humanitarian contexts such as Yemen, Syria and Libya have limited capacity to detect, isolate and treat cases, or to carry out public health measures to slowor stop transmission. Pre-existing drivers of humanitarian need such as conflict or civil unrest, poverty and inequality, environmental degradation, food insecurity, malnutrition, poor water and sanitation infrastructure and services, low level or limited access to education, unequal access to information and to employment opportunities compound the effects of the epidemic on institutions and populations and are likely aggravated by it. Lack of resources (financial, skilled human, and infrastructure) often results in insufficient infection prevention and control (IPC), leading to the risk of nosocomial infections, and testing, feeding the false impression that the outbreak remains at a relatively low level. The overstretched resilience and coping capacities of affected communities push affected population to risk their lives and safety in order to resume their livelihoods and economic activities to maintain the limited contribution to meet part of their basic needs. This scenario can be found across the region due to high vulnerability developed over the past years.

Due to poor economic conditions and to lack of universal access to good-enough public health and WASH services in most fragile and humanitarian settings, it is expected that people with symptoms, despite being aware of the disease, may not seek health care to avoid the isolation that would result and the impact that might cause on the income for the

vulnerable host communities, but also for displaced populations such as refugees and labour migrants. Should restrictions be applied to small businesses (hawkers, small food shops, etc.), this may increase the potential for unrest or riots (including hunger riots) and the rise of criminality. Limited digital infrastructure dramatically limits education and business continuity options and impacts the ability of NSs to carry out life-saving activities in these contexts. Additionally, huge gaps in the supply chain, especially for personal protection equipment, places first responders at risk and hampers proper mobilization to avert an exponential growth of the outbreak.

Individuals and groups within communities across the region are impacted differently from the primary and secondary consequences of the pandemic. Older people, those with underlying health conditions, health-care workers and first-line responders, including our MENA RCRC staff and volunteers, are particularly vulnerable to the primary health impact of COVID-19 and at increased risk of disease and mortality. The socio-economic impact is unprecedented as well: between January and mid-March 2020, businesses in the region lost a massive $420 billion in market capital. The unemployment rate, already extremely high, would increase by 1.2 percentage point, which translates to the loss of about 1.7 million jobs.

Coordination

Within the Movement: The IFRC MENA RO has established a regional task force co-chaired by the Health & Care Unit and the Disaster & Crisis Unit in Beirut who are liaising closely with the MENA National Societies, Partner National Societies (PNS) and ICRC, to analyse the needs and provide the appropriate support to preparedness and response measures. The IFRC MENA regional task force continues to monitor the rapidly evolving situation and works closely with National Societies to enhance their auxiliary role to their government and to endorse internal and national preparedness, operational readiness and response capacity. As a result,

- 12 out of 17 MENA NSs have developed their National Contingency and Response Plans to prepare and respond to the COVID-19 global pandemic in coordination with national authorities and Ministry of Health.
- The task force communicates regularly with National Societies at several levels, namely with senior leadership and technical leads (Health, Disaster, and Crisis, External Communications).
- An e-platform has been created to ensure timely sharing of information and access to technical resources.

The IFRC RO in MENA has set up a highly collaborative working modality with **partner National Societies and the ICRC**, whereby **the weekly coordination meeting at regional level** is strengthened **by Movement-wide thematic working groups** acting as think tanks and connecting the country-realities to the regional level. These groups focus their support on several priority areas for the region:

1) scenario planning and foresight
2) advocacy and accountability
3) movement restrictions.

The IFRC secretariat also continues **to play the role of convener and catalyst in terms of peer to peer technical exchange** and facilitation of learning and information sharing among the wider movement (ICRC and Partner National societies). This is also supporting NSs in their planning together with movement partners to ensure the plans are co-created and maximizing the impact of the collective movement footprint, humanitarian diplomacy and advocacy support at all levels. IFRC's role also includes innovative ways of working to support the mobilization of Federation wide resources (together with the partner national societies), contributing to the National Societies humanitarian response efforts. These resources are not limited only to financial and in-kind contributions, but also include advocacy and solidarity support. This approach also complements and reinforce the support provided by the ICRC.

Specifically, under RCCE, movement coordination is ensured through meetings with ICRC focal points in the region which was initiated early in April. After April, the group has been further expanded to include PNSs working on CEA in the region. The main objective of this group is to strengthen coordination between the different movement entities working on RCCE/CEA under the covid-19 response, resulting in efficient use of resources and tools and avoiding duplication.

With external actors: The MENA Regional Office is closely liaising with regional offices of WHO/UNICEF to strengthen and support multisectoral coordination, as well as coordination with regional health partners and stakeholders, by sharing updated information and planning, with a focus on countries affected or at high risk. IFRC is actively engaged in the weekly health sector partners meeting lead by WHO EMRO, additionally, IFRC is participating actively in 2 working

group: COVID-19 health sector in the fragile setting, and RCCE working group. IFRC MENA Regional Office is also in contact with the ICRC, UN OCHA COVID-19 Cell and the MENA desk for coordination purposes. Also, National Societies and IFRC Country Offices are coordinating closely with their respective Ministries of Health and relevant WHO/UNICEF country offices.

Health and WASH

During the reporting period, the Health & Care Unit has focused their operation in supporting NSs efforts to reduce direct and indirect morbidity and mortality and secondary health impacts caused by COVID-19 outbreak, by preventing or slowing transmission, including among NS staff and volunteers, and by providing care for COVID-19 and other illnesses.

Clinical, medical and paramedical services

- Close technical support has been ensured to NSs providing medical services such as Iranian RC, Lebanese RC, Palestine RC with diaspora branches in Lebanon and Syria, Syria Arab RC and Iraq RC.
- The Health & Care Unit has developed and disseminated the guidelines for Personal Protective Equipment (PPE) use, Emergency Medical Services (EMS), safe transportation and Glossary of terms for COVID-19 health response.
- All other existnt relevant health communication packages and protocols have been translated into Arabic, adapted to local context and shared with NSs.

Case, detection, surveillance and contact tracing

- Many NSs (e.g. Iran RC, Syria Arab RC, Yemeni RR, Tunisian, Lebanese RC , Morocco RC and Palestine RC) have been assigned by national MOH to case detection and surveillance tasks at the community level, such as temperature screening at the entrance of cities and other public services.
- The Health & Care Unit is providing them with technical support and guidance. To this extent, the latest guidance on case detection and surveillance has been translated into Arabic and practice and recommendations included in the guidance have been adapted to the MENA context.

Mental health and psycho-social support / psychosocial first aid

- MHPSS support provided by IFRC MENA RO consists primarily on translating into Arabic and adapting to MENA context the latest IFRC PS COVID-19 guidance developed by the IFRC PS Centre (MHPSS in an outbreak of Novel Corona virus and Remote Psychological First Aid during the COVID-19 outbreak interim guidance
- Additional MHPSS key messages in response to COVID-19 have been developed, such as dealing with stigma, dealing with anger and aggressive behaviour and special consideration in communication during COVID-19. Technical support has been provided to the NSs in MENA implementing PSS activities (especially Egypt RC, Iraq RC, Libya RC) through the online platform.
- The MHPSS regional officer in MENA RO is coordinating the **MENA MHPSS Network which is composed by MENA NSs to promote the technical peer to peer exchange** in the area of MHPSS and ensure a more effective and efficient prevention of and response to the pressing MHPSS needs of those affected by armed conflicts, natural disasters and other emergencies or non-Emergencies events within the region. The MHPSS network was active during the previous period and it is now supporting the overall COVID-19 response through the adaptation of the MHPSS technical resources and the promotion of best practices within country-specific interventions.
- During the reporting timeframe, a total **of 6 online sessions** with Iraq RC (1 session), Libya RC (2 sessions), Egyptian RC (2 sessions) and Morocco RC (1 sessions) have been undertaken and a total of 270 participants have been reached.

Infection Prevention and Control

The IFRC WASH Unit has provided information, guidance and knowledge sharing related to IPC to all NSs, PNS and including ICRC in the MENA Region, with special attention to those NSs (Iran RC, Syrian Arab RC, Lebanon RC, Iraq RC, Yemen RC and Libya RC) active on the sector through regional conferencing, meetings or webinars to provide technical and programming support to NSs. In specific:

- The WASH Unit designed and disseminated (in English and Arabic) the generic content of a standard hygiene kit for COVID-19 prevention among targeted vulnerable households and advised NSs on country-specific use of the kit and item specifications (providing specific advice on disinfection and spraying protocols) and on procurement.
- Moreover, the WASH Unit managed and screened a wide variety of IPC technical guidance notes in Arabic and English, both from internal RCRC sources and from WHO, UNICEF and other agencies. Selected dissemination materials and layouts. For posters and flyers (translated into English and Arabic) has been created, as well as an accessible platform for NS to access the material.

Community health, home care and emergency social services

During the reporting period, the Health & Care Unit has designed and established the e-Learning Rapid Response training platform on community health interventions including general knowledge on COVID-19 symptoms, prevention measures, health care seeking behaviour, home quarantine and self-isolation. Peer to peer experience exchange between NSs on community health interventions has been also highly encouraged and supported through the e-Learning webinar series and the Health & WASH fora organized by MENA RO

- **Two pilot e-leaning training courses composed by 5 webinar sessions were conducted:** one with Libya RC, with the participation of more than 150 staff/volunteers, and another with Iraq RC, with 270 participants.
- The community health related intervention guidance, including CBHFA COVID-19 modules, has been translated into Arabic and its content has been adapted to the MENA context.
- Building on NSs pre-existing knowledge and experience on community-based health, the Health & Care Unit has reinforced and refocused NSs approach on COVID-19 related awareness messages, with special attention on disease prevention among vulnerable groups.
- Community based-health ongoing activities have been scaled up to include topics related to community preparedness, prevention and containment of COVID-19 transmission at community level.

Health care for ongoing health conditions

Due to the COVID-19 outbreak, access to health care services for people with existing health conditions (e.g. people living with chronic disease, people with pending elective surgery, people in need of regular blood services) has become more challenging. MENA NSs providing medical care even before COVID-19 outbreak (as Lebanese RC, Palestine RC, Syrian Arab RC, Yemen RC, Egyptian RC etc.) had to focus their COVID-19 operations on the reduction of possible secondary health impacts through continuity of care and maintaining the pre-existing health interventions, while adapting to the new context.

The Health & Care Unit has contributed to reinforce the IPCs in RCRC health facilities, in order to limit the cross-contamination and to re-adapt their service delivery. In particular, NSs has been provided with specific and adapted guidance on IPCs and EMS and specific health messages have been developed on PPE use.

Mass communication and community sensitization

In the MENA region, National Societies have been applying RCCE approach in their response to COVID-19 and have based their RCCE activities on rapid assessment undertaken with the served communities: some NSs carried out quantitative surveys and others relied mostly on rapid qualitative data gathered from key stakeholders.

The face to face component was essential during the preparedness phase at the beginning of the response (while taking the necessary prevention measures); however, as the outbreak spread and movement restrictions were applied, National Societies relied more on on-line platforms and remote communication channels to reach communities. Risk communication material has been developed and disseminated through posters, traditional and social media and community outreach. RCCE sessions have been delivered in schools, community centres, and refugees or internally displaced settlements.

Throughout the process, IFRC MENA Regional Office has been providing technical support and guidance in different ways:

- The RCCE team has **translated into Arabic and adapted to MENA context** specific global guidelines and tools like rapid assessment tools (surveys, Focus Group Discussion guides), risk messages guidance (summarizing key

messages in each phase of the response), communication guides (how to use social media), feedback tracking database, in addition to feedback forms and adaptation of feedback tracking sheet and data base.

- RCCE resources have been **mapped out and uploaded on Google Drive** that stores all relevant documents related to the COVID-19 response and presented to National Societies through one of the health forum meetings in March.
- Support was also provided through on-line sessions/webinars (mentioned above under the community health section) for two National Societies (Libya and Iraq Red Crescent). Those sessions contributed to guiding the content of communication messages and providing tools to assess and mobilize communities. An example is the provided technical support on how to use the behaviour change assessment tool "doer and non-doer" in emergency situation.
- IFRC Regional Office Communication's team has translated and adapted infographics to be used as reference for the National Societies. Upon NSs request, both Communication Department and Health & care Unit have been reviewing COVID-19 health promotion messages developed by NSs, with specific support provided to Algeria RC, Iraq RC and Libyan RC.
- With the beginning of the Holy month of Ramadan, new key messages have been prepared by Health, RCCE and Communication teams, focusing on topics related to how to keep good health, immunity strengthening and "stay home" messages. Infographics and short videos about Ramadan messages have been also developed.

Community feedback mechanisms

Capacities in terms of community feedback mechanisms vary across the region: some National Societies depend on simple systems such as community meeting or feedback gathered from volunteers, while others adopted hotlines and more complex system and databases, thus getting more robust data. These existing mechanisms have been used in the COVID-19 response as well, noting the existing challenges in the MENA region in terms of gathering data and setting accountability mechanisms.

IFRC regional office has been **providing support in terms of adapting tools to gather community feedback** (including needs and information gaps) through surveys, discussion guides, and community feedback form. When it comes to **direct support, feedback was provided on an assessment survey that Libyan RC has completed**. Moreover, community feedback topic was covered in the **on-line training/e-learning provided to Libyan RC and Iraqi RC.**

Misinformation management

Dealing with misinformation and rumours is a major issue in most of the countries, and IFRC RO has received several requests of support from MENA NSs on rumour management. A training session on this topic has been translated and adapted to the MENA context. The sessions contained modules on feedback mechanisms, concept of rumours, contributing factors and management process. The tools presented are applicable for feedback in general, including rumours. As mentioned above, these sessions have been provided to Libya RC and Iraq RC staff and volunteers and further training sessions will be conducted to other National Societies in North Africa.

Stigma prevention messaging

The IFRC RO CEA and Health team has translated into Arabic and adapted the IFRC guideline on social stigma associated with COVID-19. NSs have been trained on how to address stigma related to COVID-19 through e-learning sessions. Risk messages on stigma were also developed as part of the Risk Communication Guidance and one session on stigma was facilitated as part of the weekly DCPRR calls with National Societies. In total, 4 sessions have been organized (1 weekly DCPRR call, 1 session with Egypt RC, 1 session with Iraq RC and 1 session with Libya RC), reaching a total of 210 participants.

Protection, Gender and Inclusion

Protection, Gender and Inclusion guidance notes have been translated into Arabic and disseminated among MENA National Societies. RCCE approach focuses on the importance of protection and taking into account the views and needs of most vulnerable population, which is often excluded while conducting assessment, setting feedback mechanisms and developing risk messages.

- At country level, several IFRC Country Offices have planned to roll out a rapid training package on protection mainstreaming and webinars to connect MENA NSs staff and volunteers directly with technical advisors.

- In some cases, IFRC Country Offices are adapting Protection Programmes already funded by PNSs to the new COVID-19 circumstances/epidemic responses.
- In all the activities related to migrants and displaced people (including refugees and IDPs), protection is taken in account as one of the pillars: all the guidance developed by the Regional Office under the migration perspective are focused on the protection of the most vulnerable.
- Relevant IFRC and IASC guidance related to PGI, CEA, addressing social stigma, Mental Health and Psychosocial Support were shared with all the IFRC MENA Country Offices. Currently the IFRC RO is recruiting a PGI Officer to ensure that COVID-19 operations and services provided have appropriate reach and relevance.

Livelihoods and basic needs

The impact of the pandemic on the livelihoods and food security is unprecedented in the MENA region. Several national societies are prioritizing food items distribution to support the most vulnerable groups such as migrants, stranded populations, populations who have lost their income due to the lockdown and other marginalized groups. The current intervention focuses on the provision of food parcels and ready to eat meals.

- Livelihoods intervention planning has started in Jordan to address the second impact of the crisis with the focus on income generating activities (community level projects)

- Technical guidance and support to NSs are ongoing, this includes direct technical support and sharing of technical materials in different languages.

Migration and Displacement

To support the IFRC Country Offices and National Societies in their response to COVID-19, the Regional Office has developed the guidance **document "COVID-19 Including migrants and displaced people in preparedness and response activities – Guidance for MENA National Societies**", available in English and Arabic.

Updates have been produced on COVID-19 and its impact on migration and displacement, providing useful analysis and resources for the IFRC Representatives in the MENA region. Since the beginning of the pandemic:

- the Regional Office have supported MENA National Societies' humanitarian diplomacy efforts to persuade "decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles".
- Key messages on the Mediterranean crisis, migration and displacement during the COVID-19 pandemic has been developed, as well as a short awareness video in English, Arabic and French.
- The Migration technical lead is coordinating with WHO Easter Africa Office on COVID-19 and people movements.
- Is constantly monitoring on movement restrictions at international borders (for example, the case of hundreds of persons stuck at the Sudanese-Egyptian border or the case of hundreds of Tunisian citizens at the border between Libya and Tunisia).

At least 10 National Societies from MENA are undertaking awareness campaign on COVID19 targeting migrants and displaced people. At least 11 National Societies from MENA are supporting migrants and displaced people (including refugees and IDPs) with food and no-food items during COVID19 pandemic.

Strengthen National Societies

National Society Readiness

Since the onset of the outbreak, the IFRC RO has developed a contingency and response planning template and shared that with the NSs in the region along with a technical guidance in different languages. Hands-on technical support was also provided by reviewing the content of the plans and making suggestions to improve them while addressing the minimum technical standards. As a result, **12 National Societies (some with the support of IFRC and movement partners**). have developed their own overarching domestic plans, and this informed the prioritization of support and the technical support required.

Those domestic plans are flexible and dynamic, in order to grow the response and adapt to the evolving situation and were used to inform the revision of this appeal. **While this appeal is global, the actual interventions are local and can expand based on National Societies' capacities, mandates, innovative new solutions, and domestic plan.**

Support to Volunteers

Guidance on volunteers management in emergencies to all volunteers' focal points in the MENA NS has been provided: 3 webinars have been conducted for the staff and volunteers of the Egyptian RC, Iraqi RC, and Libyan RC on volunteer management in emergencies with special focus on COVID-19. IFRC MENA RO has supported (providing Arabic translation) Geneva innovation team in conducting a teleconference for MENA NSs volunteers to share their stories, insights, and lessons learned with volunteers from other regions. More than 90 volunteers have participated to the call. MENA Ns volunteers are always encouraged to participate in the global IFRC *#our COVID story*, in which volunteers from Qatar RC, Iraq RC, Tunisia RC, and Palestine RC have shared their stories related with their involvement in COVID19 operations. In addition:

- IFRC MENA RO is also supporting MENA youth network in producing an awareness video in which youth focal points from MENA Ns have shared their Stay at Home messages.
- To protect and safeguard volunteers while performing their activities, the IFRC MENA RO has developed an updated incident reporting mechanism to track the volunteers /staff of MENA Ns affected by COVID19 and has developed an insurance mechanism for their uninsured volunteers during COVID 19 outbreak (mainly volunteers operating with Algeria RC, Egypt RC and Libya RC).
- Finally, the MENA RO has participated in 12 webinars and meetings with MENA Ns focal points, Partners, and Global teams to introduce and assess the best modalities to insure all volunteers.

Partnerships

At the outset of the emergency, the Partnership and Resource Development Unit drafted a strategy that reflects the multiple tiers of support provided by the Regional office. The strategy focuses mainly on three components: *(1)* Resource mobilization for the IFRC Emergency Appeal. *(2)* Support to IFRC representatives in MENA to strengthen external partnerships and resource mobilization at country level. *(3)* Support to NS efforts of domestic resource mobilization and partnerships.

National Society Financial Sustainability

Concerning the support to NS efforts on domestic resource mobilization and partnerships, the MENA PRD Department has sought additional HR dedicated for this workstream. The additional staff member is providing support to MENA NSs to draft the resource mobilization plans included in the COVID-19 NS contingency and response plans – reflecting global agreements in domestic plans and exploring diverse income streams and prioritizing them. A regular communication platform with the NS focal points for fundraising was established as to enable support provided from MENA RO and also peer to peer support, sharing knowledge and experiences. One virtual meeting with NS focal points already took place in April 2020 and further meetings are planned on monthly basis. Drawing on the experience of partners, British RC is providing specific fundraising /resource mobilization support to this stream of work.

Ensure Effective International Disaster Management

Surge Deployments / remote and in-country

IFRC MENA Regional Disaster & Crisis unit has been mapping and coordinating Rapid Response deployments from the IFRC-wide network at regional and country level, including remote deployments, to ensure focused approach with MENA National Societies to support their response operations. These role profiles include Risk Communication, Pandemic and Epidemic Preparedness, 2 Ops Coordinators, 2 PMER, and a Communication Coordinator. "One workforce approach" has been adopted by mapping in-country movement human resources to provide support when needed. When required, additional technical capacity has been recruited to support National Societies.

Community engagement and accountability

It is important to note that in the past year there has been a huge focus on CEA approach in the MENA Region, so that a big number of resources have been already developed and CEA training courses took place at regional level and also within a number of National Societies like Iraq RC and Yemen RC. However, the use of these different terms and the overlap with existing community-based approaches has led to confusion among National Societies. Therefore, in order

to streamline RCCE and accountably approach, **a regional strategy has been developed by the end of March to complement the plan to provide more detailed overview, priorities and plans for RCCE.**

This regional strategy serves also as a template for MENA National Societies to develop their own RCCE strategy based on their local context and capacities. The strategy will be further updated in the next phase based on the recent discussions on the role of RCCE and accountability (showing the cross-cutting areas and strengthening linkages to advocacy, evidence building and fundraising).

One factor that facilitated the integration of RCCE and accountability is the establishment of a working group at the regional office consisting of focal points from health, mental health, WASH and RCCE, aiming at strengthening coordination, improving the quality of work and providing support to National Societies. One positive outcome of this working group is the implementation of the joint work on the e-learning training package.

Logistics Procurement and Supply Chain Management (LPSCM):

Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The Logistics Procurement and Supply Chain Management (LPSCM) team in Geneva has been coordinating the global supply chain internally with Geneva technical departments as well as with National Society logistics counterparts, ICRC, WHO, UNICEF and Pandemic Supply Chain Network (PSCN). With support of the surge medical logistics coordinator and surge supply chain coordinator, LPSCM Geneva has been leading the global supply chain coordination with external stakeholders, to ensure consistency and potential reallocation of supplies. LPSCM has also established a global transport framework agreement to ensure availability of cargo space.
The Logistics Unit has carried out transportation of PPE's to Beirut and Iran. It was agreed to do the consolidation of the items in Dubai warehouse before sending out the PPE's to Countries within Mena Region. IFRC RO is working closely with WFP, ICRC and other partners for carrying out efficient transportation of these PPE's to respective countries.

Information Management

At the beginning of the outbreak, the IM Unit developed a mapping tool to understand the different capacities of NSs in terms of Information Management. Throughout the operation, a data collection tool has developed and shared with National Societies in order to enable them to submit weekly operational updates: so far 52 updates from different National Societies have been submitted. The updates are used to feed different reporting systems (including the weekly Ops updates) and to develop the Middle East and North Africa – COVID -19 dashboard and the NS response activities to COVID-19 dashboard, that can be found on GO platform, in the MENA Region page https://go.ifrc.org/regions/4#additional-info

The Information Management unit has been preparing briefing and organizing guidance calls with National societies on the use of GO Platform about the new features such as Epi-field report. Country Emergency COVID-19 Pages are now created for all MENA NS on GO Platform and all field reports related to COVID-19 have been linked to the related NS country emergency pages (MENA COVID-19 Emergency Pages). So far, 32 COVID -19 field reports have been submitted on GO Platform from MENA national societies (MENA filed reports).

The IM Unit initiated the translation of GO materials in Arabic in addition to video tutorials of GO Platform guide user such as 3W's Arabic video and PER video.. IM scoping calls has been organized to explore potential support for IM initiatives in MENA, especially in Yemen, Jordan, Iraq, and Syria. IM is working together with a Humanitarian Analyst to develop a scenario development matrix for the region.

At regional level, the IM Unit supports the PMER, DCPRR, Health, PRD and other technical units with developing analytical products such as geographical analysis and secondary data analysis on the evolution of the COVID-19 outbreak in the region.

The IM unit is also supporting National Societies with technical training on how to create and use information analysis tools in order to develop their dashboards and infographics to report on their COVID-19 response operations. NS have also been provided with software licenses for their work accounts. NSs IM products are periodically added to their emergency COVID -19 GO pages. Here there are a few links to access the Iraq dashboard and the Jordan infographic.

The IM unit is working closely and in line with the global IM team and the "Surge Information Management Service" and is constantly supported remotely on information compilation and data collection.

Influence Others as A Leading Strategic Partner

Partnerships

During the COVID-19 outbreak, where many actors claim a space in the response at national, regional and international level, coordination and collaboration is key to build on each other's strengths and avoid duplication and disjointed efforts. In this regard, it is paramount that NSs take an active role in country level coordination and that at regional level, IFRC and NS are profiled within coordination mechanisms. Concretely, the regional and country level coordination is thematically led by WHO, whereby IFRC MENA RO and Country Offices are actively taking part to it.

Coordination with UNICEF is also strengthened, and support is provided to several NSs (specifically to Palestine RC, Iraq RC, Lebanon RC and Libya RC) to enhance the collaboration at country level. Regular discussions are also taking place with the OCHA COVID-19 Cell and the OCHA MENA desk.

PRD Unit in MENA is hosting regular meetings with EU PNS to ensure coordination and coherency in approaching EU delegations (DevCo and ECHO offices) in the MENA countries. While the assigned RCRC ECHO country lead is in charge to approach ECHO Office to access ECHO funding related to COVID-19, IFRC Country Offices are responsible to approach EU Delegations, always mindful of placing the MENA NS at the centre of these discussions with EU.

Humanitarian diplomacy with governments, including donors, and the international humanitarian community

In view of the complex situations and pre-existing emergencies in several countries in MENA, humanitarian diplomacy activities are imperative in the region.
The following necessary steps have been taken by IFRC MENA RO:

- Producing an initial humanitarian diplomacy material to be used by MENA NS, partner NS and IFRC Representatives in their dialogue with governments both in MENA countries and in donor countries. This material contains information regarding the response plans and the Movement partners roles according to their statutes, with particular focus on the role of the NS as auxiliaries to their public authorities. The material also detailed the commitments of the recently adopted Resolution 3 of the 33rd International Conference on "Time to Act: Tackling together epidemics and pandemics";
- A 'marketing document' was subsequently produced including information from the global IFRC Appeal and info extracted from the NS country plans in a concise manner, as to enable partner NS to hold the dialogue with back donors; this material was also used in direct negotiations with potential donors towards MENA NS;
- A region-wide online briefing and discussion focused on presenting the response of the Movement to COVID-19, including progress, good practices, challenges and asks. The webinar gathered more than 200 representatives of governments, UN agencies and EU Delegations and Movement representatives throughout the 17 countries of MENA region.
- Bilateral discussions are ongoing with government representatives seeking humanitarian exemptions to counter terrorism measures and sanctions to speed up the delivery of humanitarian aid and finances to vulnerable people.
- Coordination with EU Delegations (with DevCo and ECHO representatives) was also supported by the PRD in the IFRC MENA RO.
- Several meetings with the World Bank offices in MENA took place, to exchange information and promote the role of NSs as first responders at country level and thus promoting flexible funding towards NSs.
  In relation to particular donors, PRD MENA is supporting the NSs and the IFRC Offices to enhance their dialogue via webinars, providing template letters and facilitating exchange of experiences through regular discussions (i.e. coffee chats on how to engage with EU Delegations, UNICEF and other UN agencies and Embassies – as the Embassies of Japan in the MENA countries.

Planning, Monitoring, Evaluation and Reporting – Learning and Accountability

In additional to the regular PMER work to accompany the launching and setting up of the Emergency appeal and the Regional plan, the regional PMER team (with support of two Rapid Response Surge positions from Danish and Norwegian RC), have started mapping out the needs and capacity of the MENA NSs to allow them to have a strong and

effective M&E framework aligned with their NS Contingency and Response Plan This grassroot approach is possible thanks to the MENA PMER Movement Coordination Group, who has been meeting on weekly basis with MENA PMER focal points, since early April 2020, to better align and strengthen PMER functions for the COVID-19 response and to foster accountability across the response. MENA Peer to Peer will be prioritized.

Communications and media

Content received from National Societies highlighting their response activities continues to be shared across all national society platforms. A COVID-19 communications surge focal point has been recruited to support particularly the development of COVID-19 related key messages and to proactively reach out to media. Regional and country specific messaging has been created highlight some key topics. As an example, the Communication Department, in collaboration Libya RC, has streamlined and prepared country key messages on the bases of country specific needs and request of information and has provided support on how to represent the organization in the digital platforms and how to communicate with social media public.

The Communication Department has provided technical support to NSs on the verification and amelioration of their content production in English and Arabic languages. Coordination with WHO and UNICEF has been established. to align the health and other COVID-19 related content to be shared. The Communication Department is also exploring opportunities to participate in joint regional communications campaigns with ICRC.

Media relations: Communication Department has organized two webinars with journalists covering the MENA region to share experiences on how to best report on a pandemic and reduce stigma and 'infodemic.'
The first webinar was undertaken in collaboration with BBC Media Action, Inter News, and WHO the Second with Dutch Well (DW) in Arabic. IFRC have also released interviews with several media, among others:

- Aljazeera
- Devex
- The Media Line

As stated in the RCCE section of this report, RCCE Messages have been translated into Arabic and Shared with NSs (https://docs.google.com/document/d/1KhOrS_3C9n8oth3LzlgfhGYQFkjb75WPIk1WZZSwteQ/edit **).**
@IFRC_MENA Regional Twitter Account: In March 2020, IFRC MENA posts earned over 350 000 impressions in total and 11 300 per day, while previous to COVID-19 outbreak the average was 100 000 – 150 000 impressions in total per month and around 3 500 to 6 000 per day. Users' engagement also tripled in March, with an average of 23 retweets and 46 likes reached on daily bases against the previous average of 7 RTs and 16 likes during the past six months. During March 2020, IFRC MENA Regional Twitter account gained over 450 new followers, bringing the total number to over 8300. Before March 2020, on average the account was growing by 100-200 new followers per month.

English language posts have gained a higher engagement than Arabic language posts. However, eight out of ten best performing tweets of March 2020 were in Arabic. Most the tweets in March were related to the COVID—19 outbreak, and Nine out of ten top tweets of March were also about COVID—19, while only three out of 20 top tweets were not COVID-19 related. In addition to producing, sourcing and sharing original content, the Communication Department has also retweeted posts on daily basis from National Societies in the region as well as posts from Movement and other partners. During this period, most of these retweets were also related to COVID—19.
A sample of visibility provided to NS is available below:

- Yemen: https://twitter.com/IFRC_MENA/status/1254682735194656768
- Palestine: https://twitter.com/IFRC_MENA/status/1255043391366316033
- Iraq : https://twitter.com/IFRC_MENA/status/1254742163583373313

Video awareness messages in Arabic on regional IFRC twitter are produced on a daily basis: Samples of production have been listed below:

- Be kind video: https://twitter.com/IFRC_MENA/status/1252124714488811522
- Be kind to medical staff: https://twitter.com/IFRC_MENA/status/1249690320658411521
- Remain positive during the lock down https://twitter.com/IFRC_MENA/status/1242397026517745666
- How to Clean hands https://twitter.com/IFRC_MENA/status/1241628121125847040
- How to stay active while at home https://twitter.com/IFRC_MENA/status/1243113045104168961

- Does eating garlic protects us? https://twitter.com/IFRC_MENA/status/1248523211022704641
- How to clean surfaces: https://twitter.com/IFRC_MENA/status/1249964598771494912
- Does wearing gloves protect us: https://twitter.com/IFRC_MENA/status/1252517207206223872
- "Stay Home" in different languages: https://twitter.com/IFRC_MENA/status/1247799459062239239
- "Stay Home" Movement message: https://twitter.com/IFRC_MENA/status/1245654676185313286
- Will COVID19 stop in summer? https://twitter.com/IFRC_MENA/status/1247073346115772421
- Does COVID19 spread via air? https://twitter.com/IFRC_MENA/status/1245681242663723008
- Italian RC Arabic messages https://twitter.com/IFRC_MENA/status/1244222447118925824
- Stay active with your kids https://twitter.com/IFRC_MENA/status/1243140847748734976
- How to prepare the disinfection https://twitter.com/IFRC_MENA/status/1249964598771494912

TitkTok in Arabic channel: The IFRC TikTok Channel in Arabic has been inaugurated on 04 April 2020. Until end of April 2020, we have published 11 videos from various national societies. We have to date a total of more than 8400 followers.

Some videos have been seen by more than 200K people. Samples of the more popular video are shared below:

- Will hot weather kill COVID10? Over 207K views: https://vm.tiktok.com/3PDC2x/
- Iraq RC: fighting COVID19: Over 205K views: https://vm.tiktok.com/3PJxrL/
- Yemen RC: Is using cloves enough? Over 122K views https://vm.tiktok.com/3PNsP6/
- Palestine RC paramedics PPE: Over 209k views. https://vm.tiktok.com/3PAwCq/
- Where to go this week? Over 80K views https://vm.tiktok.com/3P2eYJ/

Ensure a Strong IFRC

Business Continuity Planning and Security within IFRC Secretariat

Business Continuity Planning (BCP) is a critical process which enables IFRC to operate during a crisis situation. For the specific COVID-19, the IFRC has taken all necessary steps to ensure identified key essential services can be maintained with the appropriated resources. IFRC MENA Region has developed and activated their BCP in all its 11 offices, including MENA Regional Office, Country Cluster and Country Offices. Due to the current pandemic situation in MENA, remote working modality remains the priority and exceptionally our structures run on essential staff only. We remain closely monitoring the epidemic situation and adapting our presence and capacities to its evolution, whilst continue delivering support to the 17 National Societies in their respective COVID-19 Response Plans. IFRC MENA Regional Office has a designated BCP focal point and maintain a close coordination with global BCP team to maintain consistency in our approach and effective RC/RC emergency response capabilities.

Security

Underlying instability has been exacerbated by the outbreak of COVID-19 across the MENA region, leading to the following: weak economic conditions, a lack of job opportunities and high youth unemployment, limited economic support from states for vulnerable persons, rising inflation as local currencies decline due to increased state debt resulting in rising prices of imported food and other essential items, and reduced state capacity to deal with additional disasters or to support vulnerable persons affected by ongoing conflicts. As such, the key threats that have been identified for the MENA region include: civil unrest, increased petty criminality, exacerbation of regional conflicts, and a possible spike in regional militancy over the medium term.

The IFRC security framework is in place and is designed to address all safety and security risks in the MENA context through the application of the IFRC Minimum Security Requirements (MSR). In the MENA region, the MSR include an up to date Security Risk Register, Security Regulations that reflect the risks that have been identified, and contingency plans to address any critical incident, Medevac, Relocation or Evacuation as required specific to the MENA context. The IFRC continues to monitor the dynamic situation and to provide security support to its operations through the Global Security Unit, the Regional Security Coordinator, and the Lebanon Security Officer.

Information Technology

Throughout the reporting period, MENA IT unit operated besides the regular ad hoc support services provided to the staff and to the National Societies; activating adequate and smooth teleworking and business continuity to the MENA RO and Co/CCOs staff, by ensuring accessibility to information and business materials while telecommuting.

Besides, virtual knowledge sharing and training courses have been organized to equip staff members with the necessary IT knowledge, to enable them to operate independently and to use the IFRC technological tools such as MS Team, SharePoint, OneDrive.

In addition to that, the IT Unit has worked to ensure continued internet connectivity to all staff members by reviewing and upgrading the assigned Mobile Data services, in addition to the activation of a hibernation office which has been equipped with all necessary IT equipment and services, Internet, WIFI, printing, and the provision of a mini Stock for IT equipment and laptops.

At the global level, a close coordination and alignment with Global IFRC IT Team is taking place to ensure the availability of IT services to the organization.

Emergency Appeal Support National Society 3-month picture

National Society response – key highlights

Iran Red Crescent

Iranian Ministry of Health is leading the overall country operations in response to COVID-19 outbreak, while Iranian Red Crescent Society (IRCS), as member of the National Task Force, is implementing its COVID-19 Response Plan based on existing protocols, assisting government response in accordance with the policy set by the health authority. Shortly after the Coronavirus outbreak, the Iranian RC activated the Emergency Operation Centres (EOCs) at the IRCS Headquarters and in 32 branches throughout the country. The secretariat has been established at IRCS Health, Treatment and Rehabilitation Division to centralize the necessary coordination with the Iranian Ministry of Health and sharing health guidelines as well as prioritizing the measures throughout the IRCS branches. A specific contingency and Response Plan have been developed to guide Iran RC COVID-19 operations. About more than 12,700 personnel and 60,000 volunteers of the Iranian Red Crescent, are actively engaged in a big attempt for the aforesaid operation. Particularly under the multilateral appeal, the IFRC is supporting Iran RC by providing PPEs though an international procurement and costing expenditures related to volunteers that are strictly related to all activities that will be outlined hereinafter.

The Iranian RC is focusing its response on public awareness, aiming at educating people about the necessary preventive measures. Different training modules, available online, have been prepared to target people with different needs, roles and health conditions. 48,760,000 people have visited IRCS social webs, 18,308,000 people visited the training site at www.coronavirus.ir and 10,015,000 attended the COVID-19 test at

www.test.Corona.ir so far. The Iranian RC, in coordination with the Medical Council, has provided general and specialized online training courses on COVID-19 also for IRCS staff and volunteers: 94,000 volunteers, 8500 staff and 22,000 trainers have passed online course of corona virus while 13,000,000 people, 100,000 volunteers, 8,500 staff and 5,200 trainers have passed face-to-face and briefing trainings. Educational materials for the IRCS's trainers have been updated and regular video conferences and virtual meetings for IRCS branches have been organized to share guidelines and materials.

So far IFRC RO has facilitated various webinars to enable MENA National Societies to exchanges their views and experiences in regard to COVID-19 operations. Iranian RC is in close contact with IFRC and ICRC and have received humanitarian contributions from both agencies.

A big portion of this support has been dedicated to the purchase and distribution of personnel protection equipment including 448,540 3-layer masks, 28,860 N95 Masks, 402,200 gloves, 14,794 bags, 33,312 anti-septic gel, 444 thermometers, 1,250 hospital gowns and 7,137 relief gowns for volunteers in Iranian RC's road relief bases, medical shelters, drugstores and health and rehabilitation centres thought the provinces of the country. In addition, Iranian RC has distributed 100,000 food parcels and 171,000 hygiene kits among the most vulnerable community members.

As immediate measure being taken after COVID-19 outbreak, the Iranian Red Crescent Noor Afshar hospital has been assigned to admit coronavirus patients. In total, 1,357 patients have been referred to the hospital, of which 888 cases have resulted infected and have been treated.

Furthermore, the IRCS planned to meet the needs of most vulnerable people in this situation. Hence, in coordination with Ministry of Health and medical universities, 500,000 patients with special needs (like patients

with haemophilia, patients on dialysis and chemotherapy) have been screened to receive health kits (each kit contains 10 masks and 350cc disinfectant lotions). So far, 400,000 patients have been received the health kits.

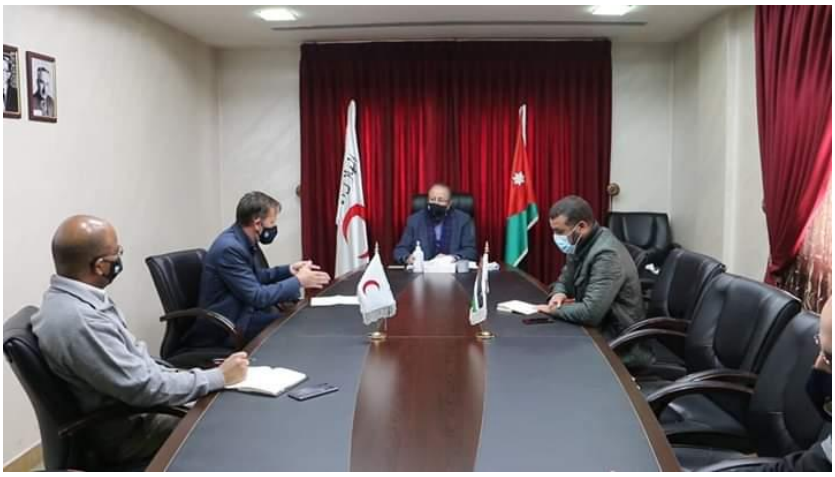
The IRCS Youth Organization continues to provide psychological support services for children who have to stay at home. The programs and storytelling for children aged 4- 12are accessible through virtual networks and by phone (*Dial- A – Story* service). Iranian RC has also organised photography completions for children with themes of humanitarian activities during their stay at home to be emailed to the IRCS. A total 187,553 beneficiaries benefited from the Youth Organization's campaigns and programs up to now. About 19,138 IRCS team members (organised in 6,503 teams) have provided psychosocial support services to 3,067,366 beneficiaries.

The IRCS is also looking for resources to implement livelihood project such as distribution of food parcels among the 500,000 people who has no income and support to alleviate their sufferings and meet their basic needs. About 50,000 food parcels have been distributed so far among the most vulnerable people in 15 provinces for the first phase of the IRCS plan.

Since the beginning of the outbreak, Iran RC has been updating Movement and non-Movement partners about their operations: situation reports have been issued first every 3 days and recently every week.

Among the main operational challenges listed by Iran RC, it is important to mention the shortage of PPEs (especially for staff, volunteers) and the limited availability of specialised volunteers due to mobility problems and to their current engagement in COVID-19 operations within their duty station.

Jordan Red Crescent



The Jordan Red Crescent Society (JRCS) is a relevant and reliable actor in the delivery of humanitarian services, as evidenced by the decision of the Jordanian authorities and other stakeholders to task the JRCS with the responsibility of delivering food parcels, food vouchers and medication across the country in the context of the COVID-19 outbreak. In mid-March 2020, the JRCS started its response to COVID-19 pandemic, in line with its mandate of protecting human dignity and health integrity and as an auxiliary to the public authorities in the prevention and alleviation of human suffering. At the outset of the pandemic, 2 task forces have been created within the Movement in Jordan: the Leadership Task Force, comprising the heads of JRCS, IFRC and ICRC, and the Technical Working Group, the latter to maintain a high level of coordination between the Movement components in the planning and implementation phase of the COVID-19 response operations. During the reporting period, 4 technical meetings with the Movement partners (IFRC, ICRC, QRCS) have been held and direct working relations with the IFRC were maintained on a daily basis. The JRCS has benefited greatly from internal Movement partners' support.

As part of the response to COVID-19 pandemic, the Prime Minister of Jordan established the Social Protection Task Force, to which JRCS was assigned as a member, with the aim of coming up with clear procedures to enhance and ensure sustainability and social protection precautions, relief programs and delivering services to people in need across the kingdom. JRCS, as member of the newly created task force at national level, met monthly with representatives of other members working in the social protection sector. Throughout the delivery of the operations, the Social Security Corporation (SSC), the National Centre for Diabetes Endocrinology and Genetics (NCDEG) and the Jordan Hashemite Charity Organization (JHCO), provided the JRCS Relief Team with supply of food parcels, shopping vouchers and diabetes medication, as well as the related lists of beneficiaries.

The JRCS Response to COVID-19 Outbreak was developed and implemented by the Jordan Red Crescent Society (JRCS) and comprises emergency social services under two main sectors: Livelihoods and Heath. Risk Communication and Community Engagement (RCCE). The operations were designed and developed by the JRCS COVID-19 Team (30 staff members) which also supervised a total of 110 JRCS volunteers in the implementation phase. Particularly under the multilateral appeal, the IFRC is supporting Jordan RC RCCE activities, procurement of hygiene kits and PPEs (the latter for staff and volunteers) WASH community development projects in public schools, establishment of an Emergency Operation Room (not yet implemented during the current reporting period), logistic support, branch support costs and other business continuity costs that are paramount to implement all activities that will be outlined hereinafter.

Risk Communication and Community Engagement's main activity consisted in a social media awareness campaign, aimed at facilitating community understanding and awareness and promoting behaviors that reduce the risk of contracting or transmitting the virus. This was done through regular production and publication of videos and infographics.

In the livelihoods sector, the operation's key activities consisted in distributions of food parcels and shopping vouchers. On March 25th the first distribution of food parcels was launched, in coordination with the SSC, reaching 991 households. In a subsequent distribution of food parcels in coordination with JHCO, an additional 2107 households were reached, bringing the total number of beneficiaries of food parcels to 3098 households as to April 30th. Distributions of shopping vouchers followed, beginning on April 7th, 2020. Since the beginning of the distribution until the end of the month, 9641 shopping vouchers have been distributed to 6863 households, according to a distribution system based on the family's size, with one voucher distributed to families between 1-4 members; two vouchers to those between 5-9 members and three vouchers to households of 10 or above.

As for the Health sector**,** the JRCS' operations have involved diabetes medication distribution to individual patients. The National Centre for Diabetes Endocrinology and Genetics (NCDEG) requested the JRCS to deliver diabetes medication to its patients, since the centre was hampered in operating normally and providing its services under the lockdown. On April 12th, the JRCS responded promptly to the NCDEG's request, starting the delivery of diabetes medication to the patients' doorsteps. The delivery operations were conducted on the basis of a list of beneficiaries provided by the NCDEG on a daily basis, drawn up according to the patients' medical appointments date. After contacting the beneficiaries and updating their information, the JRCS would receive the medication from the centre and organize its delivery by the distribution teams. Since the start of the

operation, 2436 diabetes medication packages were distributed to a total of 2436 people of which 1140 males and 1296 females.

Since the launch of the JRCS COVID-19 Operation in March 25th, 2020, the Jordan Red Crescent has been able to reach around 52.241 vulnerable individuals across the country, of which 2436 diabetes patients.

Among the challenges and constraints faced by Jordan RC during the implementation of Covid-19 operations, it is paramount to mention that the restrictive measures adopted by the government have posed operational obstacles to the planned intervention due to the absence of a clear JRCS Operational Continuity Plan foreseeing the eventuality of the curfew and the related travel restrictions within Jordan. Movement restrictions imposed by the curfew have posed a challenge in terms of volunteer recruitment, limiting it to a pool of volunteers living within walking distance from the JRCS' HQ. Even when allowed to use a car, picking up and dropping off the volunteers all over Amman required a considerable amount of time (between 3 to 4 hours a day). All the above contributed to a low turnover and availability of trained volunteers, which impacted negatively the efficiency of the data entering process in the initial phase of the response.

Moreover, following the prohibition of mass gatherings, JRCS adopted a door-to-door distribution system, which required to use cars instead of trucks. Hence, the carrying capacity of the vehicles was reduced from 500 parcels (trucks) to 25 parcels (cars) with obvious consequences in terms of time-efficiency. Door-to-door distributions were complicated by the fact that the beneficiaries were unfamiliar with the new distribution procedures.

Concerning the distribution of medicines, door-to-door distributions were complicated by the inaccurate and outdated information on the beneficiaries' lists, especially as to their addresses. The follow-up process did not always go smoothly since many patients were inconsistent with answering phone calls or unfamiliar with how to share their location. Furthermore, some patients refused to accept medicinal products made in Jordan on the assumption that is less reliable and effective of their foreign equivalents.

Libya Red Crescent

Libya RC acted promptly in developing response modalities to the COVID-19 pandemic. Already in mid-March an emergency coordination centre was in place in Libya RC HQ, chaired by the former Head of Health Department and activated along thematic working groups (WG) focusing on Relief, Emergency Response Teams (ERT), Logistics, Health, WASH, PSS, Protection, Migration, Communication & PMER. These working groups were jointly chaired by IFRC, ICRC and Libya RC.

The WGs are a direct extension and adaptation to existing activities within health, protection, migration and others but now with a completely new emergency focus on COVID-19 response.

At the national level, Libya Red Crescent is part of the country wide coordination through the National Centre for Disease Control. IFRC coordinates from its country office in Tunis and participates in all relevant Movement coordination bodies as well as with the UN and Non-Movement partners.

On Health, Libya RC has built the capacities of community health teams and others (comms, PSS, youth and volunteers) through weekly webinars. Overall, 5 webinars have been organised from 19th of March till 16th of April by the IFRC CO for Libya with the technical support from the IFRC RO in Beirut. The training was based on the rapid training manual developed by the IFRC that includes the following topics: Introduction to COVID-19 (nature of the disease, signs, symptoms, treatment), Risk Communication and Community Engagement

(RCCE), Epidemic Control for Volunteers (ECV) and Psychosocial Support (PSS). More detailed topics were chosen as per the volunteers' choice that was collected through a weekly survey. A total of 139 participants took part to the webinars, including coordinators at headquarter level in addition to team leaders and volunteers from several branches.

The webinar topics are detailed below.

Webinar 1, 19/03/2020: Rapid training on Epidemic Control for Volunteers, PSS and Risk Communication and Community Engagement.

Webinar 2, 26/03/2020: PSS, dealing with panic and fear, Caring for Volunteers.

Webinar 3, 02/04/2020 (also attended by the communications focal persons in the branches): COVID-19 health promotion: quarantine, isolation, guidelines for spraying indoor volunteer spaces; Communications: unifying the message, Facebook live tips

Webinar 4, 09/04/2020 (attended by Youth and Volunteers team members in the branches): training on Rumour management, Behaviour change and Volunteer management

Webinar 5, 16/04/2020: Mainstreaming protection in the COVID-19 response; Migration: special considerations for migrants as a target group and Behaviour change: The doer/non-doer analysis

A series IFRC contextualised and translated guidelines have been shared: COVID-19 CBHFA module, Rapid Training (Infection Prevention and Control - IPC, Risk Communication and Community Engagement – RCCE and Psychological First Aid - PFA) and WASH guidelines.

Concerning the support to Emergency Response Teams (ERTs), the Libyan RC and the IFRC have developed an updated COVID-19 SOPs for the ERTs to be potentially deployed to transfer patients and to those performing awareness-raising activities in the field. A specific allocation has been dedicated to the procurement of PPEs and the IFRC specifications for the PPEs were shared with the health unit in Libyan RC. The procurement of those will be completed in the month of May.

On Mental Health and Psychosocial Support (MHPSS), the Libyan RC and the IFRC have organized several training courses to introduce specific topics, following the translated and contextualized COVID-19 MHPSS guidelines: psychological first aid in epidemics, addressing stigma and PSS to the volunteers and staff. Additional online training for PS volunteers on PFA and Caring for Volunteers will be organized according to needs.

On WASH, Libyan RC has initiated the local procurement of hygiene kits for migrants (as part of the Swiss RC funded Community Health project) with the support of IFRC Regional Office. 3 type of kits have been developed in consultation with the WASH unit in RO (for men, women, and kids). WASH guidelines for the COVID-19 response have been shared and a specific webinar session on spraying and disinfection has been held.

On Migration, a webinar session has been held with Libyan RC staff and volunteers for the presentation of IFRC & the Movement Positioning regarding: 1/ Assistance to people on the move; 2/ identification of vulnerabilities among migrants and 3/ the benefits of collecting disaggregated data (by age and gender in addition to specific data typology regarding migrants e.g. : nationality) with a view to provide the best response to the needs and ensure optimal planning of the intervention. A needs assessment questionnaire has been reviewed and adjusted to ensure that it meets the Dignity, Access, Participation and Safety (DAPS) standards and that it covers all vulnerabilities (Persons of Concern (POC), accompanied minors, non-accompanied minors, women at risk).

Beyond the multilateral support, Libyan RC has accessed additional funds to support the Tunisian citizens stuck in Libya, to conduct needs assessments among migrants in urban areas, to establish an information helpline for migrants and to establish Humanitarian Service Points (safe points). On migration, Libyan RC maintains a strong coordination also with ICRC through the migration sub-working group.

On Protection, Gender and Inclusion component, Libyan RC and IFRC have developed training courses to support staff and volunteers in their response to the COVID-19 outbreak. The protection sub-working group has been discussing the scope and content of these trainings and arrived at the following three training proposals:

Rapid Training: a one-day training aimed at equipping the staff and volunteers of LRCS, particularly the ERT, with the basics of protection mainstreaming in emergency situations. The course will focus on preparing the first responders for COVID-19 specific vulnerabilities and risks and how to apply the DAPS framework to them. This course will be rolled out via HQ trainers to the various branches.

Stay Safe training: this course will focus on the safety and security of the first responders and applying the minimum standards of duty of care while responding to emergencies.

E-learning module: an additional training course that will focus on the broader concepts of protection mainstreaming. The course will be comprised of a one-hour online module and made available to the wider audience of the Libyan RC.

In addition, the sub-working group discussed the possibility of producing messages through audio and video material to reach an even wider circle of audience with awareness raising. This is meant to assist both the Libya RC staff and volunteers and the members of the civilian communities in addressing the various protection challenges they face due to the outbreak. Finally, a webinar session has been held on mainstreaming protection in the COVID-19 response.

The communication focal persons in the LRCS HQ and in the branches took part in a webinar session delivered by the Head of Communications at the Regional Office that was dedicated to unifying the health message among the branches, as well as the use of LRCS logo and how to send Facebook live tips. Discussions were held between the Libya RC Communications Coordinator and the Head of Communications at the Regional Office regarding support in developing live stories from people's daily life in light of the COVID-19 outbreak in Libya.

The major challenge that Libya RC is facing during this response is the ongoing and intensified warfare in the country, which is preventing free and easy response movement for the staff and volunteers. The continued destruction of health facilities and insecurity in many parts of the country is counterproductive to an efficient and optimised response. However, the Libya RC has been able to be a first mover and an active partner to its authorities in providing relevant and alleviating timely support.

Lebanese Red Cross

The Lebanese Red Cross has set a contingency plan since the spread of the Ebola virus in 2014 in order to respond to pandemics such as COVID-19 and has trained since then volunteers and centres close to the borders and airports to respond to potentially infected cases coming from abroad.

The Lebanese Red Cross, leading in Emergency Medical Services and Blood Transfusion Centres, is part of the National Response Plan in the country. On 31 January 2020 the Prime Minister of Lebanon issued decision 9/2020 to form a Governmental Committee to follow up on Preventive Measures and Procedures against novel corona virus that includes various representatives of concerned ministries along with the Lebanese Red Cross. On February 4/2020 the committee agreed in its meeting on the importance of having centralized transfer services for suspected and confirmed cases to limit the risk of exposure and cross contamination. During the same meeting, LRC has been provided the sole responsibility of transporting suspected and confirmed COVID-19 cases.

LRC set up a 3 months COVID-19 plan of action to respond to the outbreak in Lebanon with a 5.5 million $ Budget. As the sole entity responsible for the transportation of suspected and/or confirmed COVID-19 cases, health and safety protocols were set starting with the dispatch centre and response of the volunteers on the ground. The plan includes 4 strategic objectives (by priority):

Ensure safe and efficient transportation of suspected and confirmed cases

Support in Case detection and identification at level dispatch

Support in risk communication, community engagement and public awareness

Maintain provision of LRC services to beneficiaries in a safe and effective manner while ensuring the safety of LRC staff and volunteers

The appeal is supported by the Movement Partners (RCRC) as well as by private donors for the first period. Yet, as the COVID-19 outbreak along with the economic situation are still worsening, the communities demand for LRC services through all its sectors is increasing. To cope with raising community needs, LRC has extended its response plan covering the whole period of 2020.

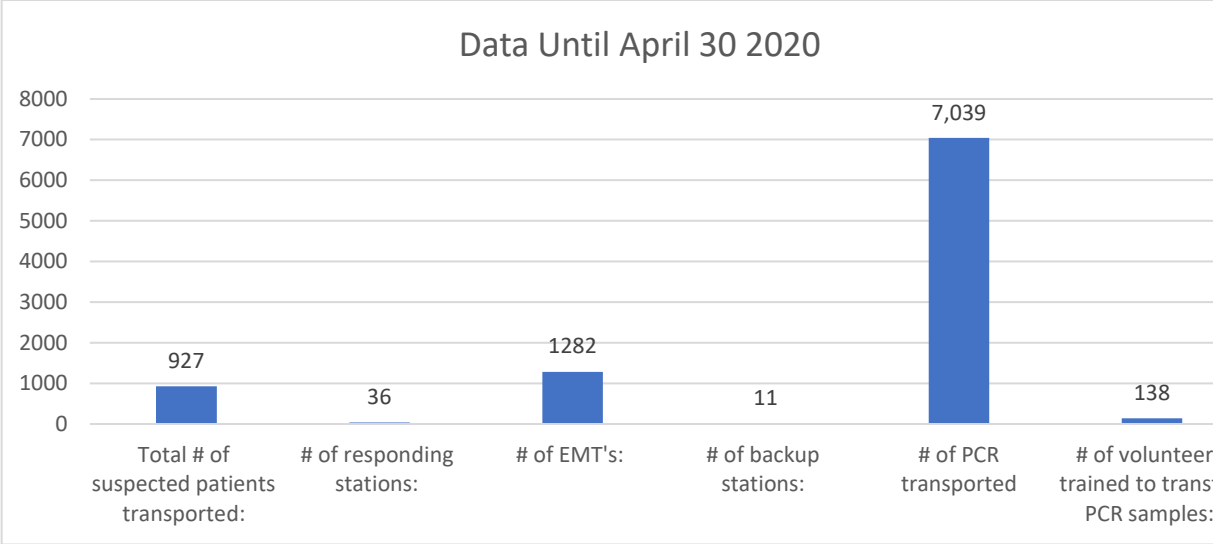
Regarding the coordination with different entities, LRC is part of the below committees with which it has a close and daily coordination mechanism:

- The Governmental Committee to Follow up on Preventive Measures and Procedures against novel corona
- Technical Coordination Meeting
- Epidemics Committee
- Movement meeting

Particularly under the multilateral appeal, the IFRC is supporting Iran RC by providing PPEs though an international procurement, creating IEC material, supporting the cost of 4 ambulances and 2 minivans for transportation of patients, and costing expenditures related to staff and volunteers that are strictly related to all activities that will be outlined hereinafter.

In terms of COVID-19, the Lebanese RC transported the first patient on the 5th of February 2020; the case was coming from the Syrian Borders. Until the 30th of April, LRC transported 927 suspected cases and undertook 7,039 PCRs. The cumulative positive, recovered and death cases were at that time 725, 150 and 24, respectively.

In addition, and starting April, LRC is transporting PCR tests conducted by the Ministry of Public Health or any hospital in the villages to assess the local outbreak levels.



The procurement of the above-mentioned Protective Equipment was and still is the first priority of the Lebanese Red Cross. The local market supply is not enough to meet the needs of the National Society and prices are getting higher due to the deterioration of the economic and trade situations, high demand from the public and the depreciation of the local currency. Nevertheless, the Movement Partners and some of the private sector have been supportive and were able to procure the needed items from outside the country.

As mentioned previously, and while responding to the missions, a clear protocol has been set in the Dispatch centre to follow up on the details for early case identification. In addition, the work in the field is being monitored using video calls to provide direct guidance and ensure the application of the protective measures to ensure the safety of the volunteers on the ground (until this date, none of Lebanese RC volunteers has been tested positive to the virus). In any case, as a contingency plan, the LRC located quarantined locations for the infected team members to reside in up until they recover.

In parallel, and in order to maintain its services, the Lebanese RC amended its protocols and modality of work inside the Blood Transfusion Centres, Primary Health Centres, Mobile Clinics, Relief services at the HQ and Branches Level. All of the staff and volunteers have been trained to carry out their duties while preventing the spread of COVID-19. The work of all Lebanese RC departments is supported by the HQ Sections (Logistics, Finance, Planning, Procurement etc.) and internal monitoring and reporting systems are being established to contribute to the effective and efficient implementation of COVID-19 activities. The unified plan for all Lebanese RC sectors is integrated by a PMER package, a comprehensive dashboard and a monthly report that will all be disseminated to partners in the near future.

As part of the RCCE activities, until April 30 the Lebanese Red Cross has provided COVID-19 awareness messages to 53,595 beneficiaries in collaboration with Ministry of Education and Higher Education (MEHE), UNICEF and other partners. These include (not limited to) developing a learning platform, online and TV videos and flyers distribution.

Among the main operational challenges faced by LRC during the first 3 months of implementation was the procurement of PPEs with the International Standard in the local market due to the shortage especially procuring the high quality of PPEs is key for the volunteers safety , the devaluation of the local currency and its impact on the value of the public donations, bank restrictions and the difficulty to conduct outcome monitoring using surveys due to the outbreak.

Palestine Red Crescent

Since February 2020, Palestine RC commenced activities in preparation for an outbreak of COVID-19 and then subsequently responded to the outbreak in Palestine. PRCS launched its COVID-19 2020 Response Plan for $6,544,765 (currently 43% funded) with over 2000 staff and volunteers aiming to reach 100,00 people across the West Bank & Gaza. Activities included training for staff and volunteers (100 staff trained in TOT), dissemination of public health messages and issuing of personal protective equipment (PPE) to its medical staff (EMS, hospitals and clinics), preparation of isolation wards in PRCS hospitals as well as preparations of for the procurement of food parcels for day labourers who had lost their livelihoods as well as other vulnerable communities members (elderly, PWD, etc). A PRCS COVID-19 technical committee was formed, and PRCS has led the Movement Coordination Meetings as well as participating in the Prime Minister's Office coordination platform and the UN HCT and cluster meetings. PRCS is also an active participant in many of the online global & regional platforms such as COVID19 Focal Points, NS Leadership and PRD to name a few. Under the IFRC appeal, with specific support from the Japanese Govt, during the reporting period Palestine RC has implemented the activities mentioned hereinafter.

At the time of writing, procurement of PPE for Palestine RC staff and volunteers is ongoing and PPEs, have now being shipped from Dubai (due to flight restrictions between Dubai and Israel the shipment has been re-routed through the Amman, Jordan). The procurement process has also commenced for the food parcels and also communications equipment as well as additional communication activities. Communication activities already completed are as follows:

Printed material: 20000 brochures were printed and distributed to the public in around 40 cities and towns by our volunteers in a campaign called "from door to door". The brochure focuses on what is the COVID-19, symptoms, diagnosis, availability of treatment and precaution measures.

Infographic: one info graphic video was produced about the precaution measures that the public should follow in order to protect themselves from the infection. This audio-visual video was posted on all main Palestine RC social media platforms and webpage. Some of the main organizations also shared the videos on their Facebook pages and web sites such as Ramallah Municipality, Palestine TV, Al Quds newspaper. This video was shared by all PRCS branches and volunteers' committees on their Facebook pages which are around 60pages in the WB, GZ and Diaspora. In addition, it is still being broadcasted on the National TV and many other media outlets shared it on their social media pages. On our Facebook page, this video reached out to 290628 persons.

Animation videos: two animation videos were produced targeting mainly the children from 8 -15 years old focusing on hand washing (how, when and why it is important) and sneezing\coughing (what to do when you cough and sneeze and how this reduces the transmission of the virus). The two videos reached out to more than 100,000 persons on the main Facebook page of Palestine RC. Some of the main organizations also shared the videos on their Facebook pages and web sites such as Ramallah Municipality, Palestine TV, Al Quds newspaper. This video was shared by all Palestine RC branches and volunteers' committees in the West Bank, Gaza and diaspora on their Facebook pages (around 60pages). In addition, it has been also broadcasted on the National TV and in many other media outlets shared it on their social media pages. These two animations were shared by the Egyptian RC on their Facebook page and the Swedish RC used them in their communication plan to target the Arab speaking immigrants in Sweden. The three videos were shared by the IFRC and Arab Secretariat of RCRC societies on their different platforms. The three videos were interpreted by sign language to include the hearing-impaired persons in our community engagement plan and PRCS is the only organization who is doing sign language for all its risk communication material related to COVID-19 in Palestine.

Sponsorship: IFRC has mainly supported the Palestine RC Facebook page posts and videos, as in Palestine the main social media platform is the Facebook. Thanks to the sponsorship, the followers have increased from 40000 to around 70000.

The main challenges for PRCS in the response operation have been the ongoing movement restrictions as part of the occupation and the lockdown/curfew initiated by the PA as part of their COVID19 control measures, resulting in many PRCS staff having to stay at home and work remotely and only a skeleton staff being able to work from the PRCSHQ. Additionally, one PRCS volunteer was diagnosed with COVID19, however has fully recovered.

Palestine Red Crescent Society - Lebanon Branch (PRCS-L) is the only secondary healthcare provider for Palestinians, Syrian refugees, and other vulnerable communities in Lebanon who runs hospitals. It is also engaged in spreading health awareness messages to communities through its CBHFA program.

Based on the quick assessment of the current situation, PRCS/L identified the following risks:

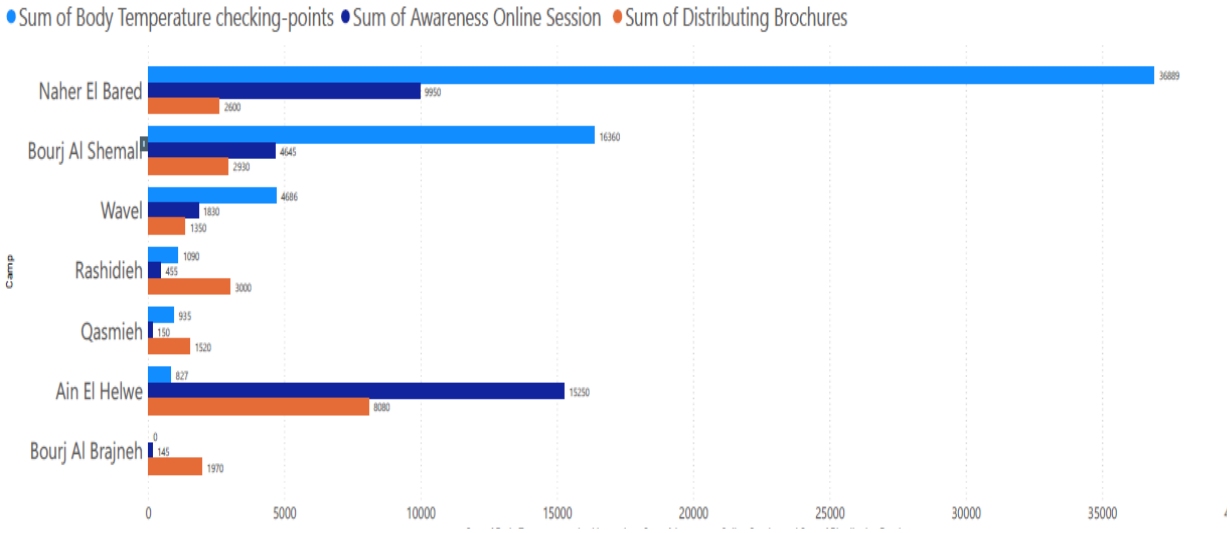
- Hospitals and health centres are exposed to COVID-19 infection.
- Safety of staff and non-COVID-19 patients are threatened.

- Palestinian communities need to have continuous awareness.

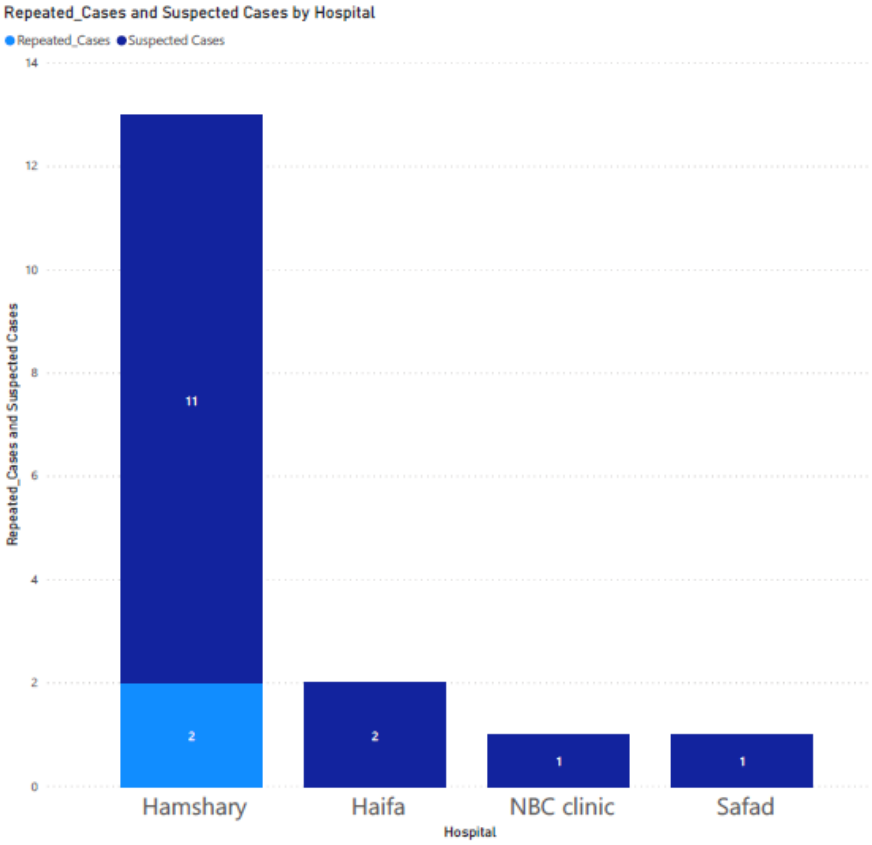
The contingency plan of PRCS/L was developed based on the mentioned risks. PRCS/L intervenes in two sectors: Medical Services and Community based activities.

Particularly under the multilateral appeal, the IFRC is contributed to 64% of the funding requirements set in the PRCS/L COVID-19 Response Plan. The main contribution consist on providing 3,000 hygiene kits to be distributed to Palestinian and Syrian refugee communities (that includes soap, towel & Hand sanitizer), PPEs for community first responder teams and ambulance teams (including 8635 masks) , several medical equipment and consumables (4 Positive/Negative pressure machines, 2 Adult & Pediatrics Respirator/Ventilators, an infrared digital temperature screening, 10 Fogging machines, 30 fogging guns and disinfection materials) and 8,300 food parcels for families in need living in camps. In addition, though multilateral funds PRCS/L will cover the cost of a Project coordinator that will manage the COVID-19 operations hereinafter. In addition, IFRC has supported PRCS/L from the early beginning of the response operations in developing the contingency plan and mobilization table to collect funds and to conduct some reallocations. An IFRC PMER officer has been deployed to support Lebanon's National societies in the development of PMER tools. Adding to that, a training course has been conducted by the IFRC Information management officer to 6 PRCS/L staff on how to use PowerBI in order to improve visualizations of the reports.

Around 800 staff, including medical and non-medical staff, are involved in COVID-19 operations (60% indirectly and 40% directly involved): 148 volunteers are involved in community activities in 8 camps, 24 medical staff from the 5 hospitals have been trained on how to deal with COVID 19 cases and all volunteers have been trained on TOT for COVID-19 prevention.



Since mid of February 2020, PRCS-L has initiated a tailored COVID-19 related awareness campaign for the communities residing in the Palestinian camps and gatherings. Community activities have been conducted in 7 Palestinian camps: Naher ELbared (North), Borj Elbarajneh (Beirut), Wavel (Baalbeck), Ein Elhelwe (Saida), Borj Elshemali, and Rashidieh (Tyre). In the early beginning, awareness campaigns were provided through sessions for small groups of people, accompanied by the distribution of leaflets including information on the disease and best ways to prevent it. Later, when gatherings were not allowed, other customized activities have been planned and implemented, including street and sector awareness, online awareness through social media, body temperature screening at checkpoints at the entrance of the camps, distribution of brochures and spreading awareness on social media by sharing informative videos and posters. All volunteers engaged in community activities have been trained by doctors on COVID-19 related topics.



Concerning medical services, triage points and isolation rooms have been created at the entrances of the five PRCS/L hospitals and of the eight community health centres. Isolation rooms in all hospitals have been equipped to isolate the suspected patients until transferred to the designated hospital for treatment. Necessary medical checks to confirm whether the patient is infected or not have been conducted, and the transportation of suspected cases were done in close coordination with the Lebanese RC. More quantities of sterilization materials and disinfectants items were distributed to hospitals and centres. With the support of the Netherlands Red Cross, PRCS-L purchased the PCR testing machine, a screening device for testing patients suspected to be COVID-19 positive and staff has been trained on the use of this device. A request has also been submitted to the Ministry of Health to obtain the approval for conducting the testing. Several training courses have been carried out for hospital personnel, including training on dealing with personal protective equipment (PPE) and infection control as well.

PRCS/L has been highly coordinating with the movement and non-movement partners, in addition to other external stakeholders. PRCS/L is coordinating with Lebanese RC for transportation of COVID-19 suspected cases. Teams from PRCS-L are joining Lebanese RC teams to help the latter in accessing the Palestinian camps. Furthermore, PRCS/L is a key member of the health committee headed by UNRWA to coordinate on preparedness and response on COVID cases inside the camps. PRCS/L is also in continuous coordination with Palestine Embassy, PLO and Popular Committees.

The main challenge for PRCS in the response operation is related with the significant deterioration of the Lebanon financial system: bank restrictions on cash withdrawal and fluctuated exchange rates between USD and LBP have been an obstacle for PRCS/L payments to suppliers.

As per data collection, in the early beginning of the implementation of activities, the counting of beneficiaries was based on not highly accurate estimations, and all data collected has been not disaggregated. This problem has been solved by developing accurate tools for data collection.

Syrian Arab Red Crescent

SARC has established a steering committee for COVID-19 response operations, with all heads of departments meeting with SARC President once a week. IFRC is co-chairing with SARC a weekly COVID-19 Movement partners meeting with ICRC and PNSs. Currently the IFRC has a dedicated team based in Syria and is supported by the regional office in Beirut which provides additional assistance to the response operation and capacity

development initiatives. Coordination and support are received also from non- Movement partners., such as UN agencies including FAO, UNDP, UN OCHA, UNFPA, UNHCR, UNICEF, WHO, WFP, and INGOs such as International Medical Corps (IMC), Action Against Hunger, ADRA, MedAir, Danish Refugee Council, PU, Secours Islamique France, Terre des Hommes and Armadilla.

SARC has prepared a four-month plan to respond to the COVID-19 outbreak, covering a range of preparedness, containment and mitigation measures. SARC along with the support of IFRC, in country PNSs, ICRC and other agencies adopted following actions to respond to COVID-19 outbreak in the country:

- First responders' safety through providing training, and securing safety equipment while delivering First Aid
- Health and sterilization services to the vulnerable people
- Raising awareness about COVID-19 across the Syrian communities via suitable communication channels
- Community engagement in countering the spread of the virus.
- Access to clean water and distribution of hygiene items and sterilize public facilities.
- Ensure the continuity of providing Health services to the people in need.
- Monitoring the food security challenges.

Currently, 6,685 SARC Staff and Volunteers have been trained to respond to the emergency and 8,365 staff and volunteers are currently involved in the epidemic response.

To date, multilateral funds allocated to the SARC plan have been used to purchase PPE materials and to cover costs related to distribution activities that will be outlined hereinafter.

The health department is working during COVID-19 response to provide health services to the vulnerable population (IDPs, Returnees, Host Communities, Elderly, Children, and Women) in all SARC health facilities through well-trained staff and volunteers. To protect their staff, SARC health department is working jointly with the finance department and logistics to secure all the needed personal protection equipment (PPEs). During the reporting timeframe, 1,680 SARC staff and volunteers engaged in medical health provision, first aid, and CBHFA activities have been provided with adequate PPE.

SARC is engaged in detecting and reporting COVID-19 suspected cases to MoH and transporting these cases to MOH specified hospitals. SARC First aid system is committed to provide FA services 24 / 7 through 45 FA centres, 114 ambulances, and 2,300 FA volunteers.

SARC is also working on risk communication and community engagement and implementing community-based health and first aid (CBHFA) activities in Rural Damascus, Homs, Hamah, Aleppo, Daraa, Swedaa, Latakia, and Tartus, reaching 217,981 beneficiaries through awareness campaigns (Home visits, field awareness, phone support and distributing posters).

Finally, SARC has been undertaking 4,876 sterilization operations to control the spread of the COVID-19 in public facilities, markets, main streets, service facilities and health centres within 13 Governorates, in addition to SARC offices and warehouses. Along with the sterilization campaigns, WASH and Health promotion team conducted awareness activities and distributed sterilization products in 91 communities and shelters, reaching 18,045 beneficiaries.

Finally, during the reporting period, SARC distributed 965,102 food parcels and 66,038 Hygiene kits covering regular distributions, house distributions, COVID-19 locked down areas and Convoys.

The main challenge related to SARC COVID-19 activities is the shortage of Personal protective equipment (PPE) and first aid kits, shortage in public transportation availability for volunteers to reach their workplace, and community resistance to use protection equipment and adopt protective measures.

Yemen Red Crescent

Since the launch of the IFRC global international appeal on 31 January, emergency health and risk communication and community engagement (RCCE) materials and guidance were prepared and translated into Arabic at global and regional levels. These documents were shared with Yemen Red Crescent Society headquarters and branches for dissemination.

On 8 March, Yemen Red Crescent Society activated its task force with Red Cross Red Crescent Movement partners to coordinate its preparedness and response plan to the escalating COVID-19 outbreak that was quickly spreading throughout Asia Pacific, Europe and parts of the Middle East. The first COVID-19 case was reported in Yemen on 10 April in Hadhramaut. YRCS works in close coordination with Movement partners, the Ministry of Public Health and Population (MOPHP), World Health Organization (WHO) as well as authorities in the country to ensure complementarity and minimize overlap in activities and areas to be assisted.

During the reporting period, 6 staff and 80 volunteers have been trained in epidemic control for volunteers (ECV) and COVID-19 related activities. The training includes updated health and care messaging with emphasis on hand washing, hygiene and sanitation as well as information and awareness raising on the symptoms, risks and preventive measures to take.

As of 28 April, YRCS has reached 4,560 people in 40 locations including schools, camps and hospitals throughout 11 governorates with distribution of food and basic household items as well as jerrycans, water tanks, hygiene kits and hand sanitizers. IFRC is also in the process of supporting YRCS with PPEs including surgical masks, examination gloves and gowns.

Province	Amman	Zarqa	Balqa	Madaba	Mafraq	Karak	Tafileh	Maan	Ajloun	Jerash	Aqaba	Irbid	Total
# of Food Parcels Beneficiaries H.H	822	132	56	6	634	428	45	53	71	160	410	281	3098
# of Food vouchers Beneficiaries H.H	0	6863	0	0	0	0	0	0	0	0	0	0	6863
# of Medication beneficiaries	1231	801	369	35	0	0	0	0	0	0	0	0	2436
Total	2053	7796	425	41	634	428	45	53	71	160	410	281	12397

420 YRCS staff and volunteers from the 11 branches have been mobilized to assist in spraying and sterilization campaigns of public and local authority facilities including the judicial complex, police stations as well as the international airport.

Contact information in the IFRC Regional Office

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Global Support

Health and Care

IFRC Geneva health department continues to collaborate and coordinate with other humanitarian and UN agencies to develop joint guidance and coherent global response strategies that support and are supported by National Societies' actions in affected communities. Joint guidance developed to date includes Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic and Interagency Standing Committee Guidance on Public Health and Social measure for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings. IFRC has hosted a number of webinars for National Societies, including on clinical care for COVID-19, blood services, and community-based surveillance.The COVID-19 Health Help Desk continues to gain momentum with an increase in services to the Membership, and is open to the public in an effort to make Red Cross Red Crescent tools, trainings and guidelines available to other, smaller, community-based organisations working in similar contexts. The COVID-19 Health Help Desk service is migrating to a new website platform; new features are being developed and will be available in the coming weeks, including built-in translation to increase access for all National Societies.

Mental health and Psychosocial Support

The IFRC Psychosocial Centre and several National Societies have produced tools and guidance material for various target groups and in a number of languages. These tools and guidance material can be downloaded from the IFRC PS Centre website. . This material can be translated and adapted by the NSs and used to train not only MHPSS staff and volunteers but anyone who is in contact with persons affected by COVID-19; : https://pscentre.org/?resource=online-pfa-training-for-covid-19 Additionally, the IFRC PS Centre has launched a podcast series on MHPSS. Each podcast is 15 minutes, the first one focusing on "Buddy Systems". Listen to the podcast here: https://pscentre.org/archives/9224

A short survey has been conducted in Asia Pacific providing an overview of the MHPSS activities NSs have engaged in during the outbreak, and identifying potential gaps and trainings need. Out of the 38 NSs in the region 14 NSs participated in the survey, 10 of these indicating that they have translated relent MHPSS material and conducted PFA trainings for staff and volunteers. All respondents but two highlight the ned for additional trainings.

Together with World Vision and the IFRC CP the PS Centre is also involved in adapting material and activities that can be used for children and caregivers as well as developing materials to be used for children who are back in schools. The IFRC is contributing to MHPSS guidelines for older adults developed by the IASC Reference Group on MHPSS.

Danish RC has seconded two MHPSS delegates to the IFRC Covid19 operation to support the development of tools and online trainings. To support the operation in Asia Pacific the Swedish RC has seconded a PS delegate and to support English speaking countries in Americas a MHPSS volunteer from the RIT has onboarded. Finally, the IFRC PS team has initiated a mapping of all MHPSS activities being implemented and planned by NSs. This initiative is coordinated by the Global RRPSS delegate. Please provide any information or updates on MHPSS to the regional MHPSS focal person or to the global RRPSS delegate.

Risk Communication and Community Engagement (RCCE)

Coordination: IFRC, UNICEF and WHO, in close coordination with GOARN and with support from the Bill and Melinda Gates Foundation, are working towards the establishment of a RCCE Global Collective Service in support to the public health and humanitarian response. This will build on the existing coordination efforts towards providing global, regional and country support across to the health and humanitarian architecture. IASC Principals fully endorsed the establishment of the collective service and OCHA agreed to support through its Community Engagement Advisor to the RRCE group/collective service to support linkages to the humanitarian sector.

Knowledge sharing: Global webinar highlights Red Cross Red Crescent RCCE work in Africa: On Wednesday April 29, the weekly Humanitarian Settings: Knowledge and Experience Sharing webinar series focused on risk communication and community engagement efforts in Africa. Featuring two guest speakers from IFRC and Africa's Voices, the webinar focused on how agencies including National Societies are collecting community feedback, including perceptions, misinformation and rumours, and how this is being used to shape response efforts. The webinars are organised by the Ready initiative with Join the READY Initiative, the London School of Hygiene & Tropical Medicine, the University of

Geneva and Johns Hopkins Bloomberg School of Public Health. Wednesday's webinar attracted an audience of around 350 people. You can listen again to the webinar through this link: Hopkins CCP Youtube

National Society Preparedness

Preparedness for Effective Response (PER) global and regional results trends visualization ongoing with intent to identify 10 main operational challenges and implementation bottlenecks. This will be reviewed against the PER systems components and strategic to remedy will be proposed. Key initiatives underway in partnership with the Canadian Red Cross are:

- Mapping of all PER 'Mechanism' (i.e. emergency response system component) guidance and tools that exist. This will allow for development of a user-friendly library of existing resources for NS and partners to refer to when investing in areas of capacity building of their response systems. This will complement the many newly developed COVID-19 specific guidance and ensure we support an all-hazards approach.
- PER 'Mechanism' videos focused on what areas make up a response system, key questions to ask regarding the effectiveness status of a NS response system, and direction to basic guidance to enhance key areas are being created. The videos include epidemic considerations to ensure NS readiness to the current pandemic. This initiative will result in six mini videos of 5-10 minutes each, which will be accessible to NS and partners as awareness raising of the various interrelated components of a response system that a National Society needs in place to deliver ongoing services to those in need; and will serve as a quick primer of what minimum benchmarks they should aspire to have in place.
- Transfer of PER face-to-face training to an online modality is underway to ensure NS and partners are able to understand the various aspects of the PER approach. This will serve as a refresher for NS who are already engaged in working on their response systems using PER. It will also allow surge and rapid responders to access training to have a basic understanding of the process that National Societies have undertaken, and how this work should be built on through operations. The training will also highlight the various ways to engage in PER, including through operational, post-operational, simulations and self-assessments.
- Work is ongoing with the DREF team on identifying trends in National Society response system strengths and weaknesses across recent operations. This will be used to inform strategic development of guidance/tools to address common bottlenecks and challenges.
- Building on the support provided to regional plans on drafting integrated comprehensive support to NS

National Society Development in Emergencies

Financial Sustainability: Beyond the impact on Health, the COVID-19 pandemic has sparked economic uncertainty, and analysis indicates a serious setback for global economic growth in 2020. This will pose challenge to National Societies (NSs) on their Financial Sustainability, and both short-term consequences and long-term impact are recommended to be taken in consideration from the onset of the NS's operation. The IFRC has developed a Guidance and Toolkit to assist NSs to this effect. The **Guidance and Toolkit for NS Financial Sustainability, is available in 5 languages (EN, SP, FR, AR, RU)**

Knowledge and Learning:

- The Sokoni Virtual platform for Volunteer peer to peer support and knowledge sharing has been expanded with a new calendar feature where Secretariat Units and the regions can post events, webinars, and trainings related to COVid-19 being offered to volunteers and staff. This calendar enables sharing in social networks and translation into more than 60 languages. This feature will allow for better organization and promotion of the different Covid related events being organized across the Movement.
- The resource section on the Sokoni volunteer's platform has been expanded to include COVID related documents for volunteers on the topic of PGI and Humanitarian diplomacy.
- Organization of Webinar: Adapting to COVID19-The Use of Cash & Markets in the Red Cross Red Crescent Movement, with the participation of 160 volunteers, in coordination with the Cash HUB

Business Continuity Planning and Security within IFRC Secretariat

The COVID pandemic is making it extremely challenging to travel as most commercial airlines have now ceased to operate or are providing only a very limited service that is prone to cancellation without notice. The lack of commercial flights coupled with border restrictions is impacting our operational work to assist those we serve and require our support, for this reason the IFRC taken the decision to partner with WFP's global passenger and light cargo air service. IFRC coordinate through a single, centralized system with WFP with regards to this service and the service is also extended to our National Societies. In addition to the WFP initiative, there are also a number of other initiatives and IFRC will monitor developments globally and liaise, as needed, with external providers to ensure that we have the most up to date information on all of the different services we might wish to utilize.

We notice divergent trends in the relaxation of government restrictions. Some countries are relaxing restrictions even as case numbers rise. Others have brought case numbers down but take only the most tentative steps toward re-opening. Few countries fully meet the WHO recommended set of conditions required to accelerate re-opening. For this reason, IFRC preparing a set of guidelines how moving to a gradual readjustment of working arrangements in IFRC offices during the sustain and suppress phase. These guidelines provide suggested approaches to ensure a safe workplace for all IFRC staff. This document follows National Governments recommendations and where possible WHO guidance. The guidelines on gradual readjustment of working arrangements will be happens with these principles in mind:

- Ensure the safety and wellbeing of staff and in particular, those in vulnerable categories.
- Compliance with the national recommendations and lead by example.
- Be an inclusive organization and supporting equal opportunities
- Optimising the "new normal"
- Ensure the continued operation of business

We continue monitoring of travel and movement restrictions as well as social distancing and curfew measures and more than 58 daily travels advisories have been produced and sent to more than 100,000 NSs volunteers and staff worldwide and more than 3,500 IFRC staff. Based in the joint analysis is constantly ongoing between BCP and security experts: we are observing on isolated, but increasing, numbers of incidents of crime and looting in countries where lockdown restrictions continue to cause severe economic hardship. We are also monitoring increasing – but also, as yet isolated – numbers of protests against government lockdown policies. In some of the operational contest misinformation targeting foreigners on social media has contributed to an explosion in aggressive rhetoric directed specifically at Europeans and other foreigners working in the aid sector.

Global Rapid Response

Up to the end of April, a total of 61 people are deployed or in the pipeline to be deployed. There has been an increase in remote support due to new and existing travel restrictions. In order to facilitate the remote support engagement of rapid response personnel and alignment of the requests several documents have been disseminated (and are currently available on the **Go Platform).** Recruitment guidelines and a guidance note for the COVID-19 Operation were published which momentarily adapt how IFRC can attract and recruit talent in a global emergency, enabling for more agility and efficiency. This includes centralizing recruitment campaigns for key roles required in multiple regions.

Humanitarian access

Using the IFRC Auxiliary Role Advocacy Package several NS's were officially recognized by their authorities in the Emergency Powers legislation, allowing the NS's to operate and provide humanitarian services without restrictions of movement. Further analysis of emergency decrees and restriction measures revealed that out of 75 countries reviewed, 10 Ns have no access to communities and 26 NS have partial access to communities. The Disaster Law team conducted webinars to support NS's capacity enhancement around legislative advocacy and dialogue with authorities to request humanitarian access. More tools to support NS's advocacy efforts and the strengthening of their auxiliary role in legal frameworks are being developed.

Interagency coordination

The much anticipated and now endorsed "Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings" and is published on the IASC website. It includes as an annex "Special Considerations for COVID-19 Outbreak Readiness and Response to support those who reside in Urban Informal Settlements and Slums". The Guidance and annex were developed jointly by ICRC,

IFRC, IOM, NRC, UN-HABITAT, UNICEF, UNHCR, WHO in consultation with IASC members. The IASC Principals have also endorsed the "IASC Interim Guidance: Emergency Response Preparedness (ERP) Approach to the COVID-19 Pandemic" that the IFRC has contributed to as part of the IASC sub-group. All IASC guidance can be found on the dedicated IASC webpage. IFRC continues to support operational health coordination through a dedicated WHO liaison, and through involvement in weekly operational coordination with implementing partners through the Global Outbreak Alert and Response Network (GOARN). IFRC has also contributed to the development of WHO's community-based surveillance. Guidance has been published on 24 April outlining WHO's position on the "**immunity passport**". WHO is stating that current evidence does not support any assumption that a finding of antibodies in the bloodstream does not equate to being immune to reinfection while welcoming ongoing research in this area. Also a Food safety guidance has been published and an online Q&A regarding IPC can be found here. The international egg commission has reported that, due to the pandemic, they are running short of reagents to develop vaccines (many are produced in eggs).

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Annex 1: Interim Financial Report

(Please review the next page)

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-04	Operation	MDR00005;MDR4
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 26 May 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Mar 2021; appeal launch date: 31 Jan 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	1,000,000
AOF2 - Shelter	9,000,000
AOF3 - Livelihoods and basic needs	30,000,000
AOF4 - Health	91,000,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	1,000,000
AOF7 - Migration	500,000
SFI1 - Strenghten National Societies	10,000,000
SFI2 - Effective international disaster management	4,000,000
SFI3 - Influence others as leading strategic partners	1,200,000
SFI4 - Ensure a strong IFRC	2,300,000
Total Funding Requirements	**150,000,000**
Donor Response* as per 26 May 2020	**121,173,882**
Appeal Coverage	**80.78%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	132,621	147,486	-14,866
AOF2 - Shelter	217,351	0	217,351
AOF3 - Livelihoods and basic needs	4,123,229	0	4,123,229
AOF4 - Health	62,897,474	15,540,616	47,356,858
AOF5 - Water, sanitation and hygiene	2,420,474	14,656	2,405,818
AOF6 - Protection, Gender & Inclusion	291,903	1,193	290,711
AOF7 - Migration	392,719	60,689	332,030
SFI1 - Strenghten National Societies	5,168,543	98,044	5,070,500
SFI2 - Effective international disaster management	10,636,709	802,404	9,834,305
SFI3 - Influence others as leading strategic partners	448,440	27,621	420,819
SFI4 - Ensure a strong IFRC	1,441,714	98,303	1,343,410
Grand Total	**88,171,177**	**16,791,012**	**71,380,165**

III. Operating Movement & Closing Balance per 2020/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	22,387,618
Expenditure	-16,791,012
Closing Balance	**5,596,606**
Deferred Income	34,764,908
Funds Available	40,361,515

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	0	**Outstanding :**	**1,000,000**

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2021	Budget	APPROVED

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Mar 2021; appeal launch date: 31 Jan 2020

V. Contributions by Donor and Other Income

Opening Balance					0	
Income Type	**Cash**	**InKind Goods**	**InKind Personnel**	**Other Income**	**TOTAL**	***Deferred Income***
American Red Cross	710,079				**710,079**	
Australian Red Cross	21,812				**21,812**	
Australian Red Cross (from Australian Government*)	356,955				**356,955**	
Bahrain Red Crescent Society	20,000				**20,000**	
Boston Scientfic	145,158				**145,158**	
Charities Aid Foundation	96,412				**96,412**	
Coca Cola Foundation	30,315				**30,315**	*2,385,450*
Danish Red Cross (from Danish Government*)	396,972				**396,972**	
DREF Allocations				1,000,000	**1,000,000**	
Estonia Government	26,533				**26,533**	
European Investment Bank Institute	158,529				**158,529**	
Finnish Red Cross	13,528		3,263		**16,791**	
Finnish Red Cross (from Finnish Government*)	28,747				**28,747**	
French Red Cross (from L'Oreal*)	1,056,857				**1,056,857**	
Great Britain - Private Donors	20				**20**	
Irish Government	946,736				**946,736**	
Italian Government Bilateral Emergency Fund	634,114				**634,114**	
Italy - Private Donors	12				**12**	
Japanese Government	4,811,000				**4,811,000**	*19,441,454*
Japanese Red Cross Society	88,665				**88,665**	
Johnson & Johnson foundation	2,433,750				**2,433,750**	
Lithuania Government	105,340				**105,340**	
Nestle	3,945,378				**3,945,378**	
Netherlands - Private Donors	127				**127**	
Red Crescent Society of Turkmenistan	2,933				**2,933**	
Red Cross of Monaco	158,432				**158,432**	
Red Cross of Viet Nam	29,182				**29,182**	
Republic of Korea - Private Donors	11,486				**11,486**	
Siemens Gamesa Renewable Energy	52,843				**52,843**	
Singapore Red Cross Society	2,302,238	34,430			**2,336,668**	
Spanish Government	211,372				**211,372**	
supreme master ching hai international association	144,446				**144,446**	
Swedish Red Cross	140,691				**140,691**	
Swiss Government	300,000				**300,000**	
Swiss Red Cross	500,000				**500,000**	
Switzerland - Private Donors	2,100				**2,100**	
T1 Entertainment & Sports	11,701				**11,701**	
The Netherlands Red Cross (from Netherlands Govern	852,082				**852,082**	
The Republic of Cyprus	29,251				**29,251**	
The Republic of Korea National Red Cross	50,000				**50,000**	
Turkish Red Crescent Society	20,000				**20,000**	
United States Government - USAID	453,853				**453,853**	*12,938,005*
United States - Private Donors	871				**871**	
UPS foundation	49,406				**49,406**	
Total Contributions and Other Income	**21,349,925**	**34,430**	**3,263**	**1,000,000**	**22,387,618**	***34,764,908***

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-04	Operation	MDR00005;MDR4
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 26 May 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Mar 2021; appeal launch date: 31 Jan 2020

Total Income and Deferred Income	**22,387,618**	*34,764,908*

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-04	Operation	MDR00005;MDR4
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 26 May 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Mar 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Africa	Budget	1,869	98,404	1,406,161	3,680,785	126,452	65,550		1,144,041	3,995,989	38,619	135,357	**10,693,228**
	Expenditure	145,288			784,206				33,405	101,248	194		**1,064,342**
	Variance	-143,419	98,404	1,406,161	2,896,579	126,452	65,550	0	1,110,635	3,894,740	38,425	135,357	**9,628,885**
Americas	Budget	32,250	21,500	498,479	10,287,830	1,292,221	49,127	249,440	1,493,913	932,845	31,950	110,445	**15,000,000**
	Expenditure				1,058,560				35,254	4,848		874	**1,099,537**
	Variance	32,250	21,500	498,479	9,229,270	1,292,221	49,127	249,440	1,458,658	927,997	31,950	109,570	**13,900,463**
Asia Pacific	Budget	98,501	97,448	1,573,030	11,548,317	713,969	177,225	90,604	1,661,283	3,493,620	372,495	1,002,253	**20,828,745**
	Expenditure	2,198			2,900,935	14,149	1,193	60,689	28,501	477,847	27,427	55,626	**3,568,566**
	Variance	96,303	97,448	1,573,030	8,647,382	699,819	176,033	29,915	1,632,782	3,015,773	345,068	946,627	**17,260,179**
Europe	Budget				19,211,777	0				0		72,807	**19,284,584**
	Expenditure				1,687,004								**1,687,004**
	Variance	0	0	0	17,524,773	0	0	0	0	0	0	72,807	**17,597,580**
MENA	Budget			645,559	17,620,010	287,832		52,675	869,307	730,313	5,375	120,852	**20,331,922**
	Expenditure				3,228,641				883	18,057			**3,247,581**
	Variance	0	0	645,559	14,391,369	287,832	0	52,675	868,424	712,256	5,375	120,852	**17,084,342**
Geneva	Budget				548,755					1,483,942			**2,032,697**
	Expenditure				5,881,270	506				200,403		41,803	**6,123,982**
	Variance	0	0	0	-5,332,515	-506	0	0	0	1,283,540	0	-41,803	**-4,091,285**

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Budget Timeframe	2020-2021	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Africa													
Africa regional office	Budget				59,524					2,389,020			**2,448,544**
	Expenditure				255					82,664	194		**83,113**
	Variance	0	0	0	59,268	0	0	0	0	2,306,356	-194	0	**2,365,431**
Benin	Budget									24,997			**24,997**
	Expenditure				24,997								**24,997**
	Variance	0	0	0	-24,997	0	0	0	0	24,997	0	0	**0**
Botswana	Budget				623				17,385				**18,008**
	Expenditure	18,008											**18,008**
	Variance	-18,008	0	0	623	0	0	0	17,385	0	0	0	**0**
Burkina Faso	Budget				33,794				6,600	9,591			**49,985**
	Expenditure				49,197					17,778			**66,975**
	Variance	0	0	0	-15,403	0	0	0	6,600	-8,187	0	0	**-16,990**
Burundi	Budget				105,610		20,446		210,926			73,415	**410,397**
	Expenditure				10,231								**10,231**
	Variance	0	0	0	95,379	0	20,446	0	210,926	0	0	73,415	**400,166**

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Cameroon	Budget				16,666					10,530			27,197
	Expenditure				26,358								26,358
	Variance	0	0	0	-9,691	0	0	0	0	10,530	0	0	839
Cape Verde	Budget				6,497	5,091			3,184	7,044			21,815
	Expenditure				20,747								20,747
	Variance	0	0	0	-14,251	5,091	0	0	3,184	7,044	0	0	1,068
Central African Republic	Budget		98,404		94,894	60,022			8,830	86,906			349,056
	Expenditure									14			14
	Variance	0	98,404	0	94,894	60,022	0	0	8,830	86,891	0	0	349,042
Comoro Islands	Budget				23,524		799		21,729	8,955			55,007
	Expenditure												0
	Variance	0	0	0	23,524	0	799	0	21,729	8,955	0	0	55,007
Democratic Republic of Congo	Budget				30,033								30,033
	Expenditure				30,315								30,315
	Variance	0	0	0	-282	0	0	0	0	0	0	0	-282

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Djibouti	Budget				21,493				2,140	6,748		60	**30,441**
	Expenditure				30,441								**30,441**
	Variance	0	0	0	-8,947	0	0	0	2,140	6,748	0	60	**0**
East Africa CCST	Budget				72,505					627,495			**700,000**
	Expenditure												**0**
	Variance	0	0	0	72,505	0	0	0	0	627,495	0	0	**700,000**
Ethiopia	Budget			361,784	30,547				21,855	12,842		8,972	**436,000**
	Expenditure				30,377								**30,377**
	Variance	0	0	361,784	169	0	0	0	21,855	12,842	0	8,972	**405,622**
Gabon	Budget				16,281					16,320			**32,601**
	Expenditure				31,023								**31,023**
	Variance	0	0	0	-14,743	0	0	0	0	16,320	0	0	**1,577**
Gambia	Budget			170,543	565,036				411,820	173,594			**1,320,993**
	Expenditure				29,476								**29,476**
	Variance	0	0	170,543	535,560	0	0	0	411,820	173,594	0	0	**1,291,517**
	Budget									33,712			**33,712**

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				33,712								**33,712**
	Variance	0	0	0	-33,712	0	0	0	0	33,712	0	0	**0**
	Budget				12,397					383			**12,780**
Guinea	Expenditure				12,397								**12,397**
	Variance	0	0	0	0	0	0	0	0	383	0	0	**383**
	Budget			470,039	854,713				188,084	48,767		392	**1,561,994**
Kenya	Expenditure				29,324								**29,324**
	Variance	0	0	470,039	825,389	0	0	0	188,084	48,767	0	392	**1,532,670**
	Budget				18,999								**18,999**
Lesotho	Expenditure	18,999											**18,999**
	Variance	-18,999	0	0	18,999	0	0	0	0	0	0	0	**0**
	Budget									20,040			**20,040**
Liberia	Expenditure				24,949								**24,949**
	Variance	0	0	0	-24,949	0	0	0	0	20,040	0	0	**-4,909**
	Budget				170,177				19,098		4,793		**194,067**
Madagascar	Expenditure				62,711								**62,711**

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	107,467	0	0	0	19,098	0	4,793	0	**131,357**
Malawi	Budget				9,539				3,461				**13,000**
	Expenditure	12,999											**12,999**
	Variance	-12,999	0	0	9,539	0	0	0	3,461	0	0	0	**1**
Mauritania	Budget				1,398				8,434	15,993			**25,825**
	Expenditure												**0**
	Variance	0	0	0	1,398	0	0	0	8,434	15,993	0	0	**25,825**
Mauritius	Budget			285,420	237,864					137,247	2,260		**662,790**
	Expenditure				23,176								**23,176**
	Variance	0	0	285,420	214,689	0	0	0	0	137,247	2,260	0	**639,615**
Mozambique	Budget				110,129		0		39,946	55,080		13,545	**218,700**
	Expenditure				18,231								**18,231**
	Variance	0	0	0	91,898	0	0	0	39,946	55,080	0	13,545	**200,469**
Namibia	Budget				18,001								**18,001**
	Expenditure	18,000											**18,000**
	Variance	-18,000	0	0	18,001	0	0	0	0	0	0	0	**1**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Niger	Budget				27,162				1,290	1,562			30,014
	Expenditure												0
	Variance	0	0	0	27,162	0	0	0	1,290	1,562	0	0	30,014
Nigeria	Budget				87,401				7,416				94,817
	Expenditure								33,405				33,405
	Variance	0	0	0	87,401	0	0	0	-25,989	0	0	0	61,412
Republic of Congo	Budget				5,147					16,075			21,222
	Expenditure				20,331								20,331
	Variance	0	0	0	-15,184	0	0	0	0	16,075	0	0	891
Rwanda	Budget			95,946	152,177					38,902	16,567	13,911	317,503
	Expenditure				30,070								30,070
	Variance	0	0	95,946	122,107	0	0	0	0	38,902	16,567	13,911	287,433
Sao Tome and Principe	Budget				577					9,870			10,447
	Expenditure				10,459								10,459
	Variance	0	0	0	-9,883	0	0	0	0	9,870	0	0	-12

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Budget Timeframe	2020-2021	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Senegal	Budget				23,853				8,377	17,766			49,997
	Expenditure				49,028					309			49,337
	Variance	0	0	0	-25,175	0	0	0	8,377	17,458	0	0	660
Seychelles	Budget				28,571				9,741	32,159			70,470
	Expenditure				23,508					37			23,545
	Variance	0	0	0	5,063	0	0	0	9,741	32,122	0	0	46,925
Sierra Leone	Budget				6,588				3,412				10,000
	Expenditure				9,896								9,896
	Variance	0	0	0	-3,308	0	0	0	3,412	0	0	0	104
Somalia	Budget				29,460					540			30,000
	Expenditure				27,121								27,121
	Variance	0	0	0	2,339	0	0	0	0	540	0	0	2,879
South Africa	Budget				25,511				7,640	8,508			41,659
	Expenditure	33,151			5								33,156
	Variance	-33,151	0	0	25,505	0	0	0	7,640	8,508	0	0	8,503
	Budget				300,000								300,000

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure												**0**
	Variance	0	0	0	300,000	0	0	0	0	0	0	0	**300,000**
	Budget				10,000								**10,000**
South Sudan	Expenditure				10,000								**10,000**
	Variance	0	0	0	0	0	0	0	0	0	0	0	**0**
	Budget	1,869		22,429	216,660		594		27,573	155,084		13,842	**438,051**
Sudan	Expenditure				29,258								**29,258**
	Variance	1,869	0	22,429	187,403	0	594	0	27,573	155,084	0	13,842	**408,793**
	Budget				20,747				5,383				**26,130**
Swaziland	Expenditure	26,130											**26,130**
	Variance	-26,130	0	0	20,747	0	0	0	5,383	0	0	0	**0**
	Budget				192,532	61,339	43,711		106,494	5,009	15,000	10,846	**434,931**
Tanzania	Expenditure				30,685					446			**31,131**
	Variance	0	0	0	161,847	61,339	43,711	0	106,494	4,563	15,000	10,846	**403,800**
	Budget									25,000			**25,000**
Togo	Expenditure				25,001								**25,001**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	-25,001	0	0	0	0	25,000	0	0	**0**
Uganda	Budget				29,204				421			375	**30,000**
	Expenditure				29,883								**29,883**
	Variance	0	0	0	-679	0	0	0	421	0	0	375	**117**
Zambia	Budget				14,951				2,801	248			**18,001**
	Expenditure	18,001											**18,001**
	Variance	-18,001	0	0	14,951	0	0	0	2,801	248	0	0	**0**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Americas													
Americas regional office	Budget				1,053,749								**1,053,749**
	Expenditure				457,417				5,025	787		874	**464,104**
	Variance	0	0	0	596,332	0	0	0	-5,025	-787	0	-874	**589,646**
Antigua and Barbuda	Budget				138,406								**138,406**
	Expenditure												**0**
	Variance	0	0	0	138,406	0	0	0	0	0	0	0	**138,406**
Argentina	Budget	0		137,600	57,641	0	0		0				**195,241**
	Expenditure				26,625								**26,625**
	Variance	0	0	137,600	31,016	0	0	0	0	0	0	0	**168,616**
Bahamas	Budget				165,475								**165,475**
	Expenditure				99,045								**99,045**
	Variance	0	0	0	66,430	0	0	0	0	0	0	0	**66,430**
Barbados	Budget				138,415								**138,415**
	Expenditure												**0**
	Variance	0	0	0	138,415	0	0	0	0	0	0	0	**138,415**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Belize	Budget				81,009								**81,009**
	Expenditure				26,625								**26,625**
	Variance	0	0	0	54,384	0	0	0	0	0	0	0	**54,384**
Bolivia	Budget		21,500	53,750	405,764	43,000	5,375	10,750	13,378				**553,518**
	Expenditure				26,875								**26,875**
	Variance	0	21,500	53,750	378,889	43,000	5,375	10,750	13,378	0	0	0	**526,643**
Brazil	Budget				118,306	61,805			34,888				**215,000**
	Expenditure				1,065								**1,065**
	Variance	0	0	0	117,241	61,805	0	0	34,888	0	0	0	**213,935**
Caribbean CCST	Budget				161,251								**161,251**
	Expenditure												**0**
	Variance	0	0	0	161,251	0	0	0	0	0	0	0	**161,251**
Central America CCST	Budget									161,247			**161,247**
	Expenditure												**0**
	Variance	0	0	0	0	0	0	0	0	161,247	0	0	**161,247**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Chile	Budget	10,750		32,250	86,000	53,750	10,750		21,500				215,000
	Expenditure												0
	Variance	10,750	0	32,250	86,000	53,750	10,750	0	21,500	0	0	0	215,000
Colombia	Budget			95,850	709,503				143,775	159,750			1,108,878
	Expenditure												0
	Variance	0	0	95,850	709,503	0	0	0	143,775	159,750	0	0	1,108,878
Costa Rica	Budget				338,066	20,969		5,266		527			364,828
	Expenditure				26,932								26,932
	Variance	0	0	0	311,134	20,969	0	5,266	0	527	0	0	337,896
Cuba	Budget				104,275				3,225				107,500
	Expenditure												0
	Variance	0	0	0	104,275	0	0	0	3,225	0	0	0	107,500
Cuba, Haiti and Dominican Republic CCST	Budget				32,895					197,155		38,700	268,750
	Expenditure												0
	Variance	0	0	0	32,895	0	0	0	0	197,155	0	38,700	268,750

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Budget Timeframe	2020-2021	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Dominica	Budget				139,750								139,750
	Expenditure												0
	Variance	0	0	0	139,750	0	0	0	0	0	0	0	139,750
Dominican Republic	Budget			7,029	440,427	190,656			249,476				887,588
	Expenditure								30,229				30,229
	Variance	0	0	7,029	440,427	190,656	0	0	219,247	0	0	0	857,359
Ecuador	Budget			107,500	685,092	107,500			256,259				1,156,351
	Expenditure				26,875								26,875
	Variance	0	0	107,500	658,217	107,500	0	0	256,259	0	0	0	1,129,476
El Salvador	Budget				707,402	12,263			7,418			62,371	789,453
	Expenditure				26,625								26,625
	Variance	0	0	0	680,777	12,263	0	0	7,418	0	0	62,371	762,828
Grenada	Budget				127,773								127,773
	Expenditure												0
	Variance	0	0	0	127,773	0	0	0	0	0	0	0	127,773
	Budget				755,264	18,779	5,052	84,061	137,349	77,812		1,386	1,079,703

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Budget Timeframe	2020-2021	Budget	APPROVED

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				26,875								**26,875**
	Variance	0	0	0	728,389	18,779	5,052	84,061	137,349	77,812	0	1,386	**1,052,828**
	Budget				275,328								**275,328**
Guyana	Expenditure				26,625								**26,625**
	Variance	0	0	0	248,703	0	0	0	0	0	0	0	**248,703**
	Budget				453,526	171,146			108,790				**733,461**
Haiti	Expenditure				26,625								**26,625**
	Variance	0	0	0	426,901	171,146	0	0	108,790	0	0	0	**706,836**
	Budget				716,601				38,883				**755,484**
Honduras	Expenditure				26,875								**26,875**
	Variance	0	0	0	689,726	0	0	0	38,883	0	0	0	**728,609**
	Budget				270,255								**270,255**
Jamaica	Expenditure				26,625								**26,625**
	Variance	0	0	0	243,630	0	0	0	0	0	0	0	**243,630**
	Budget				551,502	69,789			60,662				**681,953**
Nicaragua	Expenditure				26,875								**26,875**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	524,627	69,789	0	0	60,662	0	0	0	**655,078**
Panama	Budget				206,277	25,252		8,600		1,075			**241,204**
	Expenditure				26,875								**26,875**
	Variance	0	0	0	179,402	25,252	0	8,600	0	1,075	0	0	**214,329**
Paraguay	Budget	13,438		40,313	155,203	67,188	13,438		26,875				**316,453**
	Expenditure				26,625								**26,625**
	Variance	13,438	0	40,313	128,578	67,188	13,438	0	26,875	0	0	0	**289,828**
Peru	Budget				244,105	31,949	6,450	140,763	80,141				**503,409**
	Expenditure												**0**
	Variance	0	0	0	244,105	31,949	6,450	140,763	80,141	0	0	0	**503,409**
Saint Kitts and Nevis	Budget				90,526								**90,526**
	Expenditure												**0**
	Variance	0	0	0	90,526	0	0	0	0	0	0	0	**90,526**
Saint Lucia	Budget				53,750								**53,750**
	Expenditure												**0**
	Variance	0	0	0	53,750	0	0	0	0	0	0	0	**53,750**

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
South America CCST	Budget									161,250			161,250
	Expenditure												0
	Variance	0	0	0	0	0	0	0	0	161,250	0	0	161,250
Southern Cone CCST	Budget								107,033	12,780	31,950	7,988	159,750
	Expenditure												0
	Variance	0	0	0	0	0	0	0	107,033	12,780	31,950	7,988	159,750
St Vincent and Grenadines	Budget				91,375								91,375
	Expenditure												0
	Variance	0	0	0	91,375	0	0	0	0	0	0	0	91,375
Suriname	Budget				118,218								118,218
	Expenditure				26,625								26,625
	Variance	0	0	0	91,593	0	0	0	0	0	0	0	91,593
Trinidad and Tobago	Budget				164,690								164,690
	Expenditure				83,283								83,283
	Variance	0	0	0	81,407	0	0	0	0	0	0	0	81,407

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Uruguay	Budget	8,063		24,188	86,887	40,313	8,063		16,125				**183,637**
	Expenditure				15,975								**15,975**
	Variance	8,063	0	24,188	70,912	40,313	8,063	0	16,125	0	0	0	**167,662**
Venezuela	Budget									161,250			**161,250**
	Expenditure									4,061			**4,061**
	Variance	0	0	0	0	0	0	0	0	157,189	0	0	**157,189**
Venezuela Country Office	Budget				363,124	377,862			188,136				**929,123**
	Expenditure				593								**593**
	Variance	0	0	0	362,532	377,862	0	0	188,136	0	0	0	**928,530**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Asia Pacific													
Afghanistan	Budget			469,697	1,497,461		4,614		0	3,549	9,227	5,146	**1,989,693**
	Expenditure				8,718								**8,718**
	Variance	0	0	469,697	1,488,743	0	4,614	0	0	3,549	9,227	5,146	**1,980,975**
Asia Pacific regional office	Budget		0	0	92,821		0		26,083	397,105	50,478	33,513	**600,000**
	Expenditure				25,916				513	28,255			**54,685**
	Variance	0	0	0	66,905	0	0	0	25,570	368,850	50,478	33,513	**545,315**
Bangkok CCST	Budget				1,065				0	98,935	0		**100,000**
	Expenditure									7,613			**7,613**
	Variance	0	0	0	1,065	0	0	0	0	91,322	0	0	**92,387**
Bangladesh	Budget				1,900,000								**1,900,000**
	Expenditure				178,061								**178,061**
	Variance	0	0	0	1,721,939	0	0	0	0	0	0	0	**1,721,939**
Beijing CCST	Budget				22,312	0	0	0	0	0	0	77,684	**99,996**
	Expenditure											5,427	**5,427**
	Variance	0	0	0	22,312	0	0	0	0	0	0	72,257	**94,569**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Bhutan	Budget	12,780			89,067				87,287			10,750	**199,884**
	Expenditure				117,779								**117,779**
	Variance	12,780	0	0	-28,712	0	0	0	87,287	0	0	10,750	**82,105**
Cambodia	Budget				35,515					142,326	2,120		**179,961**
	Expenditure				30,641					41			**30,682**
	Variance	0	0	0	4,874	0	0	0	0	142,285	2,120	0	**149,279**
China	Budget				2,304,463	0	0	0	1,598	578,629		315,319	**3,200,008**
	Expenditure				1,265,623					10,102		1,461	**1,277,186**
	Variance	0	0	0	1,038,839	0	0	0	1,598	568,528	0	313,858	**1,922,822**
Cook Islands	Budget				14,207		959	107	1,022	4,345			**20,640**
	Expenditure												**0**
	Variance	0	0	0	14,207	0	959	107	1,022	4,345	0	0	**20,640**
Democratic People Republic of Korea	Budget	33,193	97,448		307,932	223,394			214,061	302,460	68,317	3,195	**1,249,998**
	Expenditure	2,198			48,026	9,317			2,377	2,885	17,877		**82,679**
	Variance	30,994	97,448	0	259,906	214,077	0	0	211,684	299,575	50,440	3,195	**1,167,319**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Fed. States of Micronesia	Budget				4,526		1,278		2,764	19,294	2,130		29,992
	Expenditure												0
	Variance	0	0	0	4,526	0	1,278	0	2,764	19,294	2,130	0	29,992
Fiji	Budget				7,907			110	6,031	34,146	1,762		49,956
	Expenditure				21,353								21,353
	Variance	0	0	0	-13,446	0	0	110	6,031	34,146	1,762	0	28,602
India	Budget				588,234			27,649	45,657		6,912	30,395	698,847
	Expenditure							60,689					60,689
	Variance	0	0	0	588,234	0	0	-33,040	45,657	0	6,912	30,395	638,158
Indonesia	Budget				522,731				76,990	631,632	57,232		1,288,586
	Expenditure				1,794				616	342,092			344,502
	Variance	0	0	0	520,937	0	0	0	76,374	289,540	57,232	0	944,084
Jakarta CCST	Budget				100,000								100,000
	Expenditure				1,595					2			1,597
	Variance	0	0	0	98,405	0	0	0	0	-2	0	0	98,403
	Budget				751				2,565	46,734			50,050

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				19,075	266				1,460			**20,800**
	Variance	0	0	0	-18,323	-266	0	0	2,565	45,274	0	0	**29,249**
Laos	Budget				61,645				5,300	52,531	2,120		**121,595**
	Expenditure				13,313					37			**13,349**
	Variance	0	0	0	48,332	0	0	0	5,300	52,494	2,120	0	**108,246**
Malaysia	Budget			238,381	452,153	135,181	31,607		82,324	141,347	97,707	21,300	**1,200,000**
	Expenditure				10,685					15,904			**26,589**
	Variance	0	0	238,381	441,468	135,181	31,607	0	82,324	125,443	97,707	21,300	**1,173,412**
Maldives	Budget	25,048			61,383		3,225	41,388	47,974	2,150		18,813	**199,979**
	Expenditure												**0**
	Variance	25,048	0	0	61,383	0	3,225	41,388	47,974	2,150	0	18,813	**199,979**
Marshall Islands	Budget				3,983		639		8,294	15,978	1,065		**29,958**
	Expenditure				9,200								**9,200**
	Variance	0	0	0	-5,217	0	639	0	8,294	15,978	1,065	0	**20,759**
Mongolia	Budget			69,709	19,804	87,620			56,941	47,141	3,873	14,901	**299,989**
	Expenditure				21,300							3,728	**25,028**

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	Variance	0	0	69,709	-1,496	87,620	0	0	56,941	47,141	3,873	11,173	**274,961**
Myanmar	Budget				238,610			5,708	583,814	108,036	5,112	58,863	**1,000,143**
	Expenditure				328				19,921		-225	2,245	**22,269**
	Variance	0	0	0	238,282	0	0	5,708	563,892	108,036	5,337	56,618	**977,874**
Nepal	Budget				92,412	0	0		112,932	25,954	8,950	59,753	**300,000**
	Expenditure				78,340		1,193		4,055			841	**84,428**
	Variance	0	0	0	14,073	0	-1,193	0	108,876	25,954	8,950	58,912	**215,572**
New Delhi CCST	Budget				18,105				6,630	20,175		54,549	**99,459**
	Expenditure				15,086				11				**15,097**
	Variance	0	0	0	3,019	0	0	0	6,619	20,175	0	54,549	**84,362**
Pakistan	Budget			227,577	413,528		122,311	10,650			0	225,935	**1,000,000**
	Expenditure				64,326							27,797	**92,123**
	Variance	0	0	227,577	349,202	0	122,311	10,650	0	0	0	198,138	**907,877**
Palau	Budget				6,097	12,945	213		1,310	7,894	1,598		**30,056**
	Expenditure				19,950								**19,950**
	Variance	0	0	0	-13,853	12,945	213	0	1,310	7,894	1,598	0	**10,107**

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Papua New Guinea	Budget				25,225				48,286	12,226		4,258	**89,995**
	Expenditure				11,209								**11,209**
	Variance	0	0	0	14,015	0	0	0	48,286	12,226	0	4,258	**78,786**
Philippines	Budget	27,481		395,357	1,513,971	239,130	8,787			254,260	22,789	37,879	**2,499,654**
	Expenditure				523,603	705				58,076	9,355	10,516	**602,256**
	Variance	27,481	0	395,357	990,368	238,424	8,787	0	0	196,184	13,434	27,363	**1,897,399**
Samoa	Budget				7,791		1,485		1,448	8,527	724		**19,976**
	Expenditure												**0**
	Variance	0	0	0	7,791	0	1,485	0	1,448	8,527	724	0	**19,976**
Solomon Island	Budget				3,230					36,825			**40,055**
	Expenditure				31,976								**31,976**
	Variance	0	0	0	-28,745	0	0	0	0	36,825	0	0	**8,080**
Sri Lanka	Budget				19,176				203,176	47,649		30,000	**300,000**
	Expenditure				107,500				1,008				**108,508**
	Variance	0	0	0	-88,324	0	0	0	202,168	47,649	0	30,000	**191,492**

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Suva CCST	Budget				236,727	10,650							247,377
	Expenditure				114,349	3,861					421	3,612	122,243
	Variance	0	0	0	122,379	6,789	0	0	0	0	-421	-3,612	125,135
Thailand	Budget				360,403			4,992		133,791			499,185
	Expenditure												0
	Variance	0	0	0	360,403	0	0	4,992	0	133,791	0	0	499,185
Timor-Leste	Budget				161,906				26,657	5,375	30,381		224,319
	Expenditure				99,836								99,836
	Variance	0	0	0	62,070	0	0	0	26,657	5,375	30,381	0	124,483
Tonga	Budget				437		1,092		87	18,284			19,899
	Expenditure												0
	Variance	0	0	0	437	0	1,092	0	87	18,284	0	0	19,899
Tuvalu	Budget				4,039		1,017		1,047	3,891			9,994
	Expenditure												0
	Variance	0	0	0	4,039	0	1,017	0	1,047	3,891	0	0	9,994
	Budget				3,996	5,048			9,864	20,849			39,757

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Budget Timeframe	2020-2021	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				15,993								**15,993**
	Variance	0	0	0	-11,997	5,048	0	0	9,864	20,849	0	0	**23,764**
	Budget			172,308	354,704				1,144	271,583			**799,740**
Viet Nam	Expenditure				45,360					11,380			**56,741**
	Variance	0	0	172,308	309,344	0	0	0	1,144	260,203	0	0	**742,999**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Europe													
Armenia	Budget				486,193	0							**486,193**
	Expenditure				375,880								**375,880**
	Variance	0	0	0	110,313	0	0	0	0	0	0	0	**110,313**
Azerbaijan	Budget				107,500								**107,500**
	Expenditure				53,156								**53,156**
	Variance	0	0	0	54,344	0	0	0	0	0	0	0	**54,344**
Belarus	Budget				66,113								**66,113**
	Expenditure				58,371								**58,371**
	Variance	0	0	0	7,741	0	0	0	0	0	0	0	**7,741**
Bosnia and Herzegovina	Budget				189,420								**189,420**
	Expenditure												**0**
	Variance	0	0	0	189,420	0	0	0	0	0	0	0	**189,420**
Croatia	Budget				146,867								**146,867**
	Expenditure												**0**
	Variance	0	0	0	146,867	0	0	0	0	0	0	0	**146,867**

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Europe regional office	Budget				350,666					0		6,757	357,423
	Expenditure				4,428								**4,428**
	Variance	0	0	0	346,238	0	0	0	0	0	0	6,757	352,995
Georgia	Budget				701,193								701,193
	Expenditure				323,276								**323,276**
	Variance	0	0	0	377,917	0	0	0	0	0	0	0	377,917
Greece	Budget				133,056								133,056
	Expenditure												**0**
	Variance	0	0	0	133,056	0	0	0	0	0	0	0	133,056
Israel	Budget				71,488								71,488
	Expenditure												**0**
	Variance	0	0	0	71,488	0	0	0	0	0	0	0	71,488
Italy	Budget				10,315,969							63,900	10,379,869
	Expenditure												**0**
	Variance	0	0	0	10,315,969	0	0	0	0	0	0	63,900	10,379,869

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Kazakhstan	Budget				326,168								326,168
	Expenditure				41,261								41,261
	Variance	0	0	0	284,907	0	0	0	0	0	0	0	284,907
Kyrgyzstan	Budget				326,624								326,624
	Expenditure				83,295								83,295
	Variance	0	0	0	243,329	0	0	0	0	0	0	0	243,329
Moldova	Budget				60,200								60,200
	Expenditure				51,276								51,276
	Variance	0	0	0	8,924	0	0	0	0	0	0	0	8,924
Montenegro	Budget				286,297								286,297
	Expenditure				281,703								281,703
	Variance	0	0	0	4,594	0	0	0	0	0	0	0	4,594
Poland	Budget				95,917								95,917
	Expenditure				95,143								95,143
	Variance	0	0	0	774	0	0	0	0	0	0	0	774
Republic of	Budget				200,983	0							200,983

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				199,741								**199,741**
	Variance	0	0	0	1,241	0	0	0	0	0	0	0	**1,241**
	Budget				257,581								**257,581**
Russia	Expenditure												**0**
	Variance	0	0	0	257,581	0	0	0	0	0	0	0	**257,581**
	Budget				422,475							2,150	**424,625**
Serbia	Expenditure												**0**
	Variance	0	0	0	422,475	0	0	0	0	0	0	2,150	**424,625**
	Budget				53,758								**53,758**
Slovenia	Expenditure												**0**
	Variance	0	0	0	53,758	0	0	0	0	0	0	0	**53,758**
	Budget				489,900								**489,900**
Spain	Expenditure												**0**
	Variance	0	0	0	489,900	0	0	0	0	0	0	0	**489,900**
	Budget				365,273								**365,273**
Tajikistan	Expenditure				74,880								**74,880**

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	290,393	0	0	0	0	0	0	0	**290,393**
Turkey country office	Budget				2,977,267								**2,977,267**
	Expenditure												**0**
	Variance	0	0	0	2,977,267	0	0	0	0	0	0	0	**2,977,267**
Turkmenistan	Budget				323,410								**323,410**
	Expenditure				883								**883**
	Variance	0	0	0	322,527	0	0	0	0	0	0	0	**322,527**
Ukraine	Budget				101,426								**101,426**
	Expenditure				42,737								**42,737**
	Variance	0	0	0	58,689	0	0	0	0	0	0	0	**58,689**
Uzbekistan	Budget				356,033								**356,033**
	Expenditure				973								**973**
	Variance	0	0	0	355,060	0	0	0	0	0	0	0	**355,060**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
MENA													
Algeria	Budget				495,406				11,650	40,864			**547,920**
	Expenditure												**0**
	Variance	0	0	0	495,406	0	0	0	11,650	40,864	0	0	**547,920**
Egypt	Budget				202,640	161,250			123,582	60,566			**548,038**
	Expenditure												**0**
	Variance	0	0	0	202,640	161,250	0	0	123,582	60,566	0	0	**548,038**
Iran	Budget				1,051,840								**1,051,840**
	Expenditure												**0**
	Variance	0	0	0	1,051,840	0	0	0	0	0	0	0	**1,051,840**
Iraq	Budget			174,660	1,293,082	8,267				21,400			**1,497,409**
	Expenditure												**0**
	Variance	0	0	174,660	1,293,082	8,267	0	0	0	21,400	0	0	**1,497,409**
Jordan	Budget				728,958								**728,958**
	Expenditure				32,349								**32,349**
	Variance	0	0	0	696,609	0	0	0	0	0	0	0	**696,609**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Lebanon	Budget				4,485,355								**4,485,355**
	Expenditure				2,016,286								**2,016,286**
	Variance	0	0	0	2,469,069	0	0	0	0	0	0	0	**2,469,069**
Libya	Budget			90,300	134,335	45,150		52,675	203,632	53,408	5,375	533	**585,408**
	Expenditure												**0**
	Variance	0	0	90,300	134,335	45,150	0	52,675	203,632	53,408	5,375	533	**585,408**
MENA regional office	Budget				2,445,803				0	463,009	0		**2,908,812**
	Expenditure				91,186				883	18,057			**110,126**
	Variance	0	0	0	2,354,617	0	0	0	-883	444,952	0	0	**2,798,686**
Morocco	Budget				338,658				29,401	1,720			**369,779**
	Expenditure				25,134								**25,134**
	Variance	0	0	0	313,524	0	0	0	29,401	1,720	0	0	**344,645**
Palestine	Budget				1,741,342								**1,741,342**
	Expenditure				976,950								**976,950**
	Variance	0	0	0	764,392	0	0	0	0	0	0	0	**764,392**

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Syria	Budget				3,752,449				309,800	47,303		120,319	**4,229,871**
	Expenditure												**0**
	Variance	0	0	0	3,752,449	0	0	0	309,800	47,303	0	120,319	**4,229,871**
Tunisia	Budget			187,099	59,151	73,165			191,242	42,043			**552,699**
	Expenditure												**0**
	Variance	0	0	187,099	59,151	73,165	0	0	191,242	42,043	0	0	**552,699**
Yemen	Budget			193,500	890,992								**1,084,492**
	Expenditure				86,736								**86,736**
	Variance	0	0	193,500	804,256	0	0	0	0	0	0	0	**997,756**

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Geneva													
Geneva	Budget				548,755					1,483,942			**2,032,697**
	Expenditure				5,881,270	506				200,403		41,803	**6,123,982**
	Variance	0	0	0	-5,332,515	-506	0	0	0	1,283,540	0	-41,803	**-4,091,285**