

# COVID-19 Outbreak

## Americas Regional Assessment

Final Report



The Regional Assessment Team expresses its profound condolences to all people who have lost family, friends and community members to COVID-19 and its related impacts. This assessment is one of the many actions of the Red Cross in the Americas that aim to support communities and reduce the ongoing effects of the pandemic on people in situations of vulnerability.

## **Disclaimer**

The opinions, findings, analysis expressed in this document are those of the authors and do not necessarily reflect those of the International Federation of Red Cross and Red Crescent Societies. Responsibility for the content of the report, including errors or omissions, rests solely with the authors. Publication and dissemination of this document does not imply IFRC endorsement of any or all the content.

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# Glossary of Acronyms

ACAPS: Assessment Capacities Project  
ARO: Americas Regional Office  
CADRIM: Red Cross Caribbean Disaster Risk Management Cell Of Excellence  
CBHFA: Community-based Health and First Aid  
CCST: Country Cluster Support Team  
CEA: Community Engagement and Accountability  
COVID-19: Coronavirus Disease 2019  
CVA: Cash and Voucher Assistance  
DCPRR: Disaster and Crisis Preparedness, Response and Recovery (DCPRR)  
DL: Disaster Law  
DLP: Disaster Law Programme  
DREF: Disaster Relief Emergency Fund  
EA: Emergency Appeal  
EOC: Emergency Operations Centre  
EPoA: Emergency Plan of Action  
GBV: Gender-Based Violence  
GDP: Gross Domestic Product  
HD: Humanitarian Diplomacy  
HIV: Human Immunodeficiency Virus  
HNS: Host National Society  
ICRC: International Committee of the Red Cross  
ICU: Intensive Care Unit  
IDP: Internally Displaced Person  
ILO: International Labour Organization  
IPC: Infection Prevention and Control  
KII: Key Informant Interview  
LGTBI: Lesbian, Gay, Trans, Bisexual, Intersex  
MHPSS: Mental Health and Psychosocial Support  
NCD: Non-Communicable Disease  
NS: National Society (ies)  
OCAC: Organizational and Capacity Assessment Certification  
PAHO: Pan American Health Organization  
PEAR: Project Expenditure Approval Request  
PGI: Protection, Gender and Inclusion  
PMER: Planning, Monitoring and Evaluation, Reporting  
pNS: partner National Society  
PPE: Personal Protective Equipment  
SMT: Senior Management Team  
TB: Tuberculosis  
UN: United Nations  
VCA: Vulnerability and Capacity Assessment  
WASH: Water, Sanitation and Hygiene  
WHO: World Health Organization

# Executive Summary

This assessment report aims to identify the regional impacts of COVID-19 and enable the IFRC Americas Regional Office (ARO) to define mid- and long-term actions that address the most important humanitarian needs. This report seeks to support regional planning by: 1. describing the underlying factors and contextual features that underpin the COVID-19 pandemic impact in the Americas; 2. analysing the primary and secondary impacts of the virus on Health, Socio-Economic issues and National Society operations; and 3. highlighting the risks, opportunities and recommendations for action that can best support the needs of National Societies (NS) throughout the region. Unlike traditional Emergency Needs Assessments, this initiative focused on high-level needs and recommendations that are applicable at the regional or sub-regional levels. Recommendations in this report do not seek to prescribe actions for NS, but rather focus on how the broader Movement can support operating NS and the volunteers providing essential services in the field.

The underlying structural conditions in the region shape the scope and scale of the pandemic and its impact, as well as the effect on National Societies. Central pre-existing factors include the state of national health systems, economic inequality and poverty, migration, inequality due to gender and diversity and disaster risks and climate change. Despite this complex context, the IFRC and member National Societies are on the frontline of the response and will continue to operate in collaboration with national authorities and partners in alleviating the impact of COVID-19.

The analysis of regional impacts is structured to align with the three Operational Priorities of the COVID-19 Emergency Plan of Action: Priority 1: Curbing the Pandemic: Sustaining Health and Water, Sanitation and Hygiene (WASH); Priority 2: Tackling poverty and exclusion: Addressing Socio-economic Impact; and Priority 3: Strengthening National Societies. This section of the report highlights the following findings:

## Health and WASH Impacts

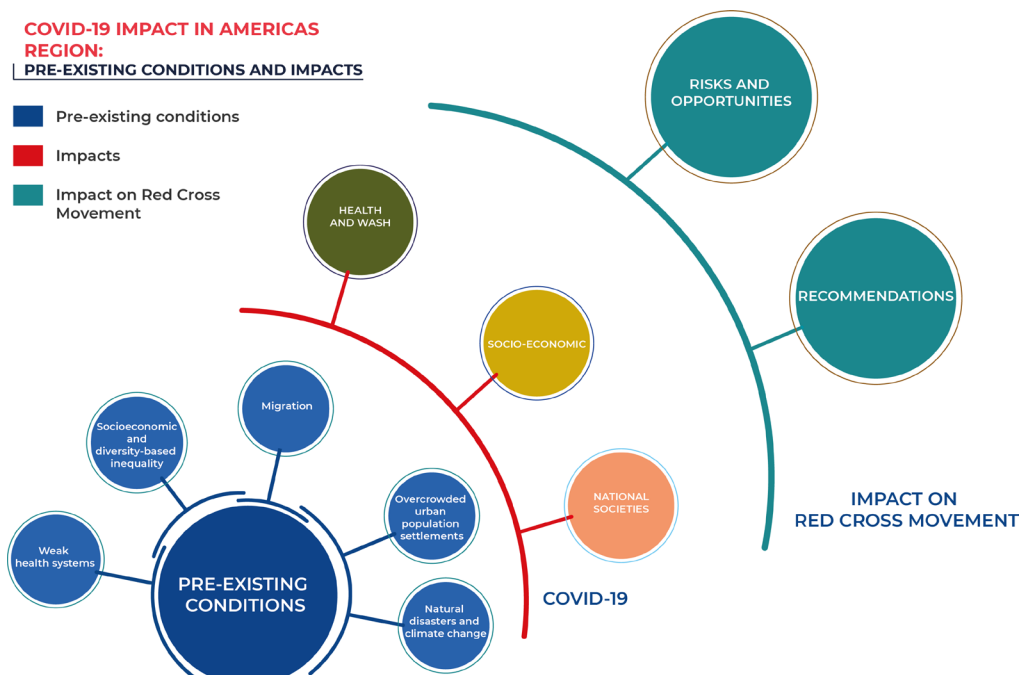
1. High rates of morbidity and mortality
2. Reduced access to health services
3. Increased mental health issues
4. Reduced access to water, sanitation and hygiene

## Socio-Economic Impacts

1. Massive job loss
2. Disparate impacts on vulnerable populations

## National Society Impacts

1. Reduced capacity to respond to the effects of this emergency
2. Increased risk to the continuity and sustainability of regular operations and services
3. Opportunities to adapt new programs or services



The final section identifies likely risks and opportunities that are driven by the impacts presented in the previous section, as well as recommendations for Red Cross action in the Americas. In turn, these risks and opportunities are likely to generate responses from NS throughout the region. Each NS will respond to the challenges in its own way, and this report does not prescribe one path or another. Rather, general recommendations are addressed to National Societies while more emphasis is placed on recommendations for Movement support to operating National Societies in the Americas. The latter are organized into four areas for action: 1. Increase knowledge management and facilitate knowledge transfer within the region; 2. Support planning, implementation and reporting needs of the National Societies; 3. Promote and support the sustainability of National Societies by helping adapt, strengthen and/or diversify income-generating activities, public/private partnerships and the volunteer network; and 4. Adapt internal IFRC structures, systems and processes to foster improved collaboration and integration of programmatic objectives.

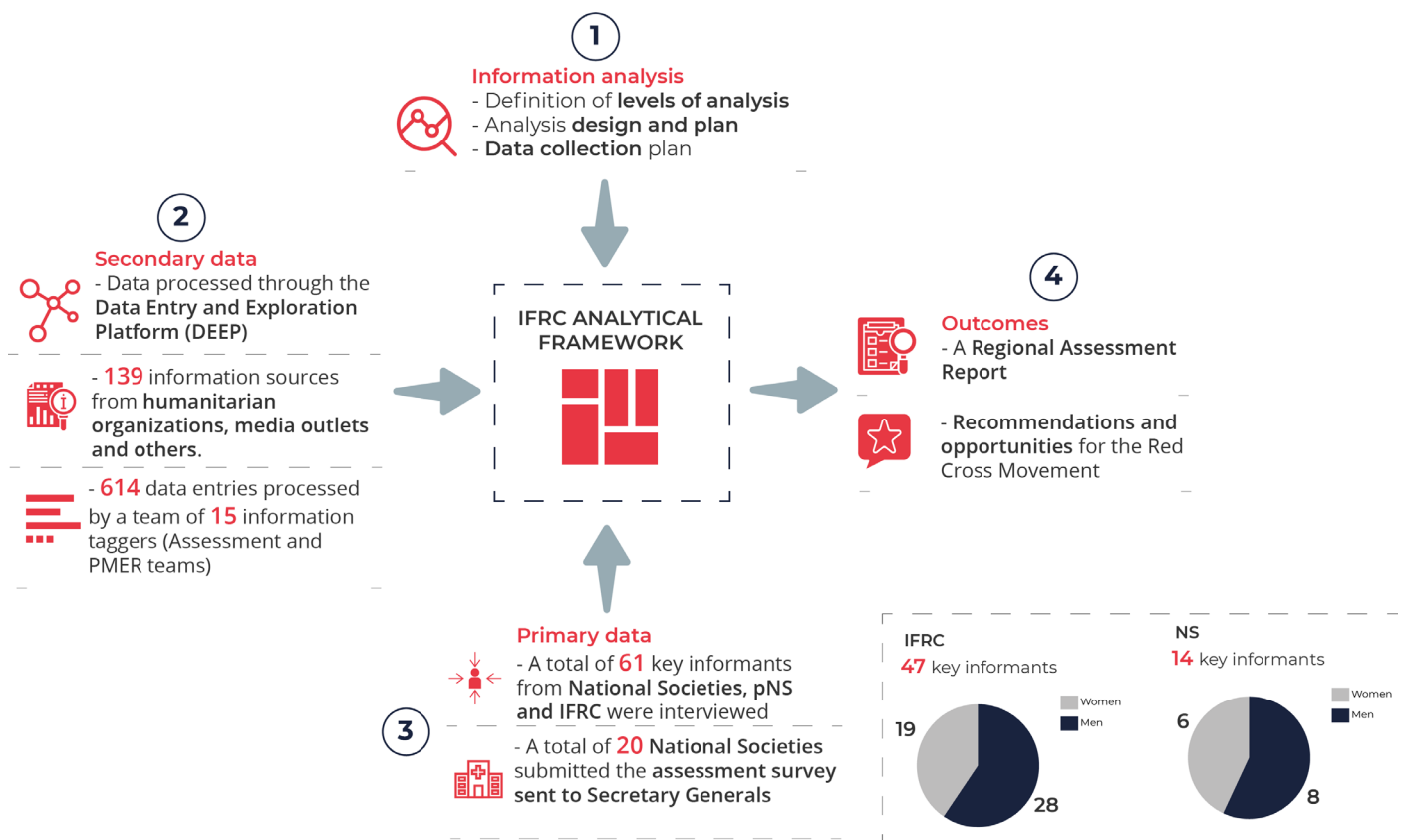
Details on the assessment methodology, limitations and specific sources of information is available in the annexes and endnotes.

# Purpose and Scope

Based on the Terms of Reference, the purpose for this regional assessment is to “identify the regional impacts of COVID-19 that will enable the IFRC Americas Regional Office to define multisectoral mid- and long-term actions that address the most important humanitarian needs with a recovery perspective.”

The assessment has the specific objectives to:

- 1** Determine the impacts of the pandemic, examine the severity of conditions and detect gaps in the NS-IFRC response.
- 2** Identify priority needs, information needs, trusted channels of communications, affected groups, geographic areas, along with enabling factors, to be prioritized during the recovery phase.
- 3** Identify the impact of COVID-19 on National Societies’ capacities, including response actions and recommend actions to be taken in the short and medium-term.



Initially, the regional scope aimed to focus on Central America, South America and the Caribbean, while maintaining consideration of the regional consequences of the pandemic in North America. Following discussions with members of the Americas Regional Office Senior Management Team, these objectives were refined to prioritize a focus on areas in which the IFRC can take rapid action to improve the effectiveness and efficiency of the operation in the Americas in the present and in the medium-term.

As this pandemic has transformed the common understanding of “emergency phase”, which concurrently will be prolonged in some places while winding down in others, this assessment report identifies key impacts, needs and risks, opportunities to provide recommendations based on potential shared patterns between distinct countries. This assessment acknowledges the broad range of contexts, capacities (experience and resources) and ongoing actions in the Americas.

This assessment report is designed to align with the three priorities, and the related 18 operational pillars, of the Emergency Plan of Action (EPoA) of the COVID-19 outbreak global operation.

## COVID-19 Outbreak Regional Emergency Plan of Action

**Operational Priority 1**  
Curbing the Pandemic –  
Sustaining Health and WASH

**Pillar 1:** Epidemic control measures ([a]testing, [b]point of entry/point of control screening, [c] contact tracing, [d] support for quarantine and isolation of COVID-19 cases not requiring clinical treatment)

**Pillar 2:** Risk communication, community engagement, and health and hygiene promotion

**Pillar 3:** Community-based surveillance (CBS)

**Pillar 4:** Infection prevention and control and WASH (health facility)

**Pillar 5:** Infection prevention and control and WASH (community)

**Pillar 6:** Mental health and psychosocial support services (PSS)

**Pillar 7:** Isolation and clinical case management for COVID-19 cases

**Pillar 8:** Ambulance services for COVID-19 cases

**Pillar 9:** Maintain access to essential health services (community health)

**Pillar 10:** Maintain access to essential health services (clinical and paramedical)

**Pillar 11:** Management of the dead

**Operational Priority 2**  
Addressing Socio-Economic  
Impacts

**Pillar 1:** Livelihoods, Cash Support and Food Aid

**Pillar 2:** Shelter and Urban settlements

**Pillar 3:** Community Engagement and Accountability, and Community Feedback Mechanisms

**Pillar 4:** Social Cohesion and Support to Vulnerable Groups

**Operational Priority 3**  
National Society  
Strengthening

**Pillar 1:** National Society readiness

**Pillar 2:** National Society sustainability

**Pillar 3:** Support to volunteers

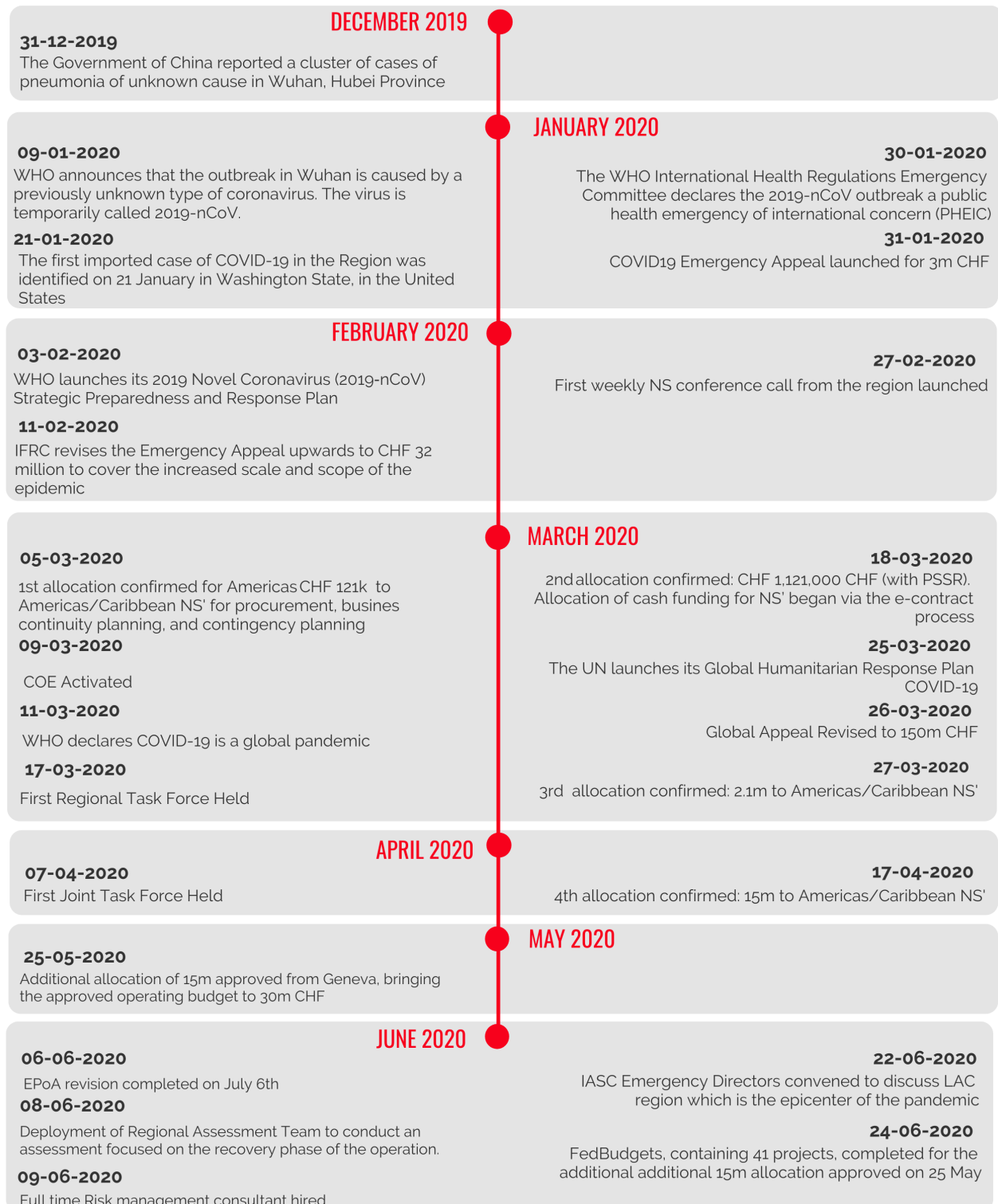
# Background and Context

The IFRC launched its preliminary Emergency Appeal (EA) for COVID-19 on 31 January 2020, the day after the World Health Organization declared an unknown type of coronavirus, later known as COVID-19, a public health emergency of international concern. The EA operation is currently global; according to the [third Revised Emergency Appeal](#), the operation has a budget of 1.9 billion Swiss francs, of which 450 million Swiss francs is through the IFRC Secretariat for support to National Societies in every region. As part of the EA operation, the IFRC in the Americas has an approved Project Expenditure Approval Request (PEAR) and Operational Budget of 30 million Swiss francs as of 29 June 2020.



## MILESTONES AND KEY DATES

COVID-19



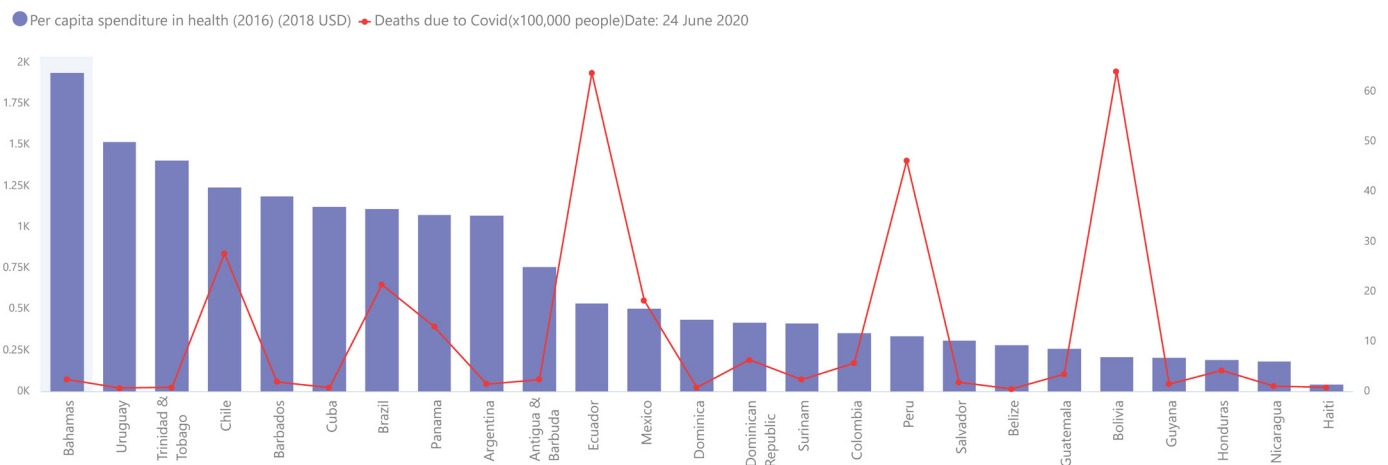
The evolution of COVID-19 cases in the Americas is uneven. The first case in the region was registered in the United States in late January; Latin America and the Caribbean did not have a recorded case until over a month later. With the outbreak, the 35 National Societies, as well as overseas branches, in the Americas immediately began response efforts that ranged from preparedness, containment, as well as other measures such as care and mitigation to counter the multiple impacts of this pandemic. To date, 33 out of the 35 National Societies in the Americas have or will be allocated funds from the global EA to support their actions<sup>1</sup>. With IFRC technical support, 34 of the 35 National Societies have national response plans that chart their current and planned actions to the pandemic.

As of 1 July 2020, the [WHO Coronavirus Disease \(COVID-19\) dashboard](#) registers 5.2M confirmed cases in the Americas (49 per cent of the global total), of which 2.57M are in the US and 1.36M in Brazil. According to the [PAHO COVID-19 Information System for the Region of the Americas](#), the Americas region registers 252.3k deaths, with a 4.75% case fatality rate. However, the full extent of the outbreak is unknown and mostly likely underreported. This is due to a combination of factors including inadequate levels of testing, insufficient data collection and inability to reach certain population groups. In some locations, the virus is never diagnosed while in others, deaths that occur outside the formal health system are not reported. Faced with these challenges, estimates about the speed of transmission in the region, and in particular countries, remain complicated.

## Pre-existing Conditions that Affect Impact and Severity

An exhaustive analysis of the underlying causes of this crises is impossible at this time, but this assessment has found that weak health systems, socioeconomic and diversity-based inequality, migration, overcrowded urban population settlements and natural disasters and climate change are the key underlying structural conditions that shape the scope and scale of the pandemic and its impact, explaining why countries with common paths have different severity and response patterns.

Per capita expenditure in health vs Death from COVID-19 (x100,000 people)



Source: Health Data, World Bank, produced by IFRC IM ARO

The strength and response capacity of national health care systems in Latin America and the Caribbean is one of the most important structural pre-conditions related to this pandemic. Through the lens of standard indicators, health care systems are structurally weak in the region with shortcomings in health infrastructure and financing capacities<sup>2</sup>. Even though health systems aspire to universal coverage, most offer only partial public coverage with a growing prominence of private sector actors<sup>3</sup>. This lack of universality and equity in access to quality services and appropriate coverage entails a substantial social cost and impoverishes the more vulnerable population groups<sup>4</sup>. Moreover, coverage is consistently lower for women than men, increasing the risk of catastrophic healthcare expenditure and concentrating this risk in women and the poorest populations<sup>5</sup>.

With regard to health infrastructure, Latin American and Caribbean countries have approximately two beds per 1,000 people in comparison to Belgium that has six. Belgium is used as a point of comparison as it registers the highest number of COVID-19 deaths per capita in Europe (837)<sup>6</sup>. Belgium's per capita expenditure in health is 500% higher than the average in the Americas. This suggests that COVID-19 contagion during the first wave is not a direct consequence of institutional capacity. However, the strong spending on health will most likely shield Belgium from an elongated period of contagion and from a spike in deaths from pre-existing conditions, an outcome that most of the Americas region will struggle to avoid. Of all the countries in the region, only Costa Rica and Uruguay meet the WHO recommendation that medium and medium-high income countries invest six percent of their gross domestic product (GDP) on healthcare, leaving Haiti and Venezuela far behind with 0.8 percent of their GDP invested into their public health systems<sup>7</sup>. This infrastructural weakness is compounded when mental health is included in the calculation. The mental health impact, which may be a global phenomenon, is something for which regional health systems remain unprepared<sup>8</sup>.

Economic inequality is also a major structural factor that exacerbates the health emergency in this region. The Americas have the highest income inequality globally, which is compounded by informal employment, which according to 2018 figures from the International Labour Office (ILO), reaches an average of 40 percent in Latin America<sup>9</sup>. The three months of economic downturn has not only thwarted the continual reduction of poverty levels registered since the 1990s, it has laid bare the fragility of the heralded move out of poverty<sup>10</sup>. As recent months have demonstrated, people with the lowest income are unable to respect quarantine measures for extended periods of time as they often seek any income generating activities that permits their survival while simultaneously increasing their exposure to contagion.

Gender and diversity-based inequalities create especially vulnerable groups. The prospects for women to develop safe and dignified livelihood activities is affected by several important factors: higher informality rates; the challenge to balance paid work due to the burden of care work in the home<sup>11</sup>; the gaps in access to technologies; and sexual and gender-based violence. Intimate partner violence is one of the central causes of registered homicide cases against women in the region<sup>12</sup>. Similarly, youth are growing especially vulnerable in the region. One out of five people between 15 to 25 years do not study or work, with two thirds being women<sup>13</sup>.

Migration is a central element for understanding the impact of COVID-19 in the region. The increasing share of remittances that in pre-pandemic times made up significant portions of some countries' GDP<sup>14</sup> and the unseen magnitude of population movements produce imminent risks. The Venezuelan population movement is the second largest in recent history<sup>15</sup>, just behind the Syrian refugee crisis; and México is the third largest recipient of remittances in the world<sup>16</sup>. Migrant workers tend to be particularly vulnerable to loss of employment and wages during an economic crisis<sup>17</sup>, and their shelter conditions (overcrowded and unhygienic) will probably jeopardize the effectiveness of public policies to contain the virus. Moreover, the legal status of migrants often excludes them from relief programs delivered by state agencies, augmenting their livelihood problems. All of the above can induce negative coping strategies, which in turn can fuel increased xenophobia and social unrest.

As a consequence of the rural-to-urban exodus over several decades between 1950 and 2010, the region's urban population has increased sevenfold from 69 million to 480 million<sup>18</sup>. This has led to the existence of huge informal population settlements where many of the international and internal migrant populations reside. In these settlements, extremely vulnerable population groups often live in densely concentrated areas and face serious shelter problems.

The region is especially prone to natural disasters such as earthquakes, droughts, floods, hurricanes and volcanic activity. The effects of climate change impact people throughout the region and compound many of the common hazards. Of the 20 emergencies that IFRC responded to in 2019 in the Americas, six were floods, two were earthquakes, two were volcanic eruptions and one was related to drought. The remaining responses were linked to population movements (5), outbreaks and epidemics (2) and civil unrest (2). Since the start of the pandemic, DREF operations were launched for floods in Cuba and a tropical storm in El Salvador, in addition to other ongoing operations prior to the COVID-19 outbreak. Natural disasters exacerbate problems of nutrition, access to safe water, food security and water-borne diseases. The prevalence of severe food insecurity is a persistent problem in the region, affecting over 10%<sup>19</sup> of the population in many countries, although the situation is much more severe in specific contexts such as the Dry Corridor of Central America and other geographic areas affected by climate change (e.g. regions vulnerable to the El Niño and La Niña phenomenon).

## Overview of Red Cross Response

Despite this complex scenario, the IFRC and member National Societies are on the frontline of the response and will continue to operate in collaboration with national authorities and partners in alleviating the impact of COVID-19.

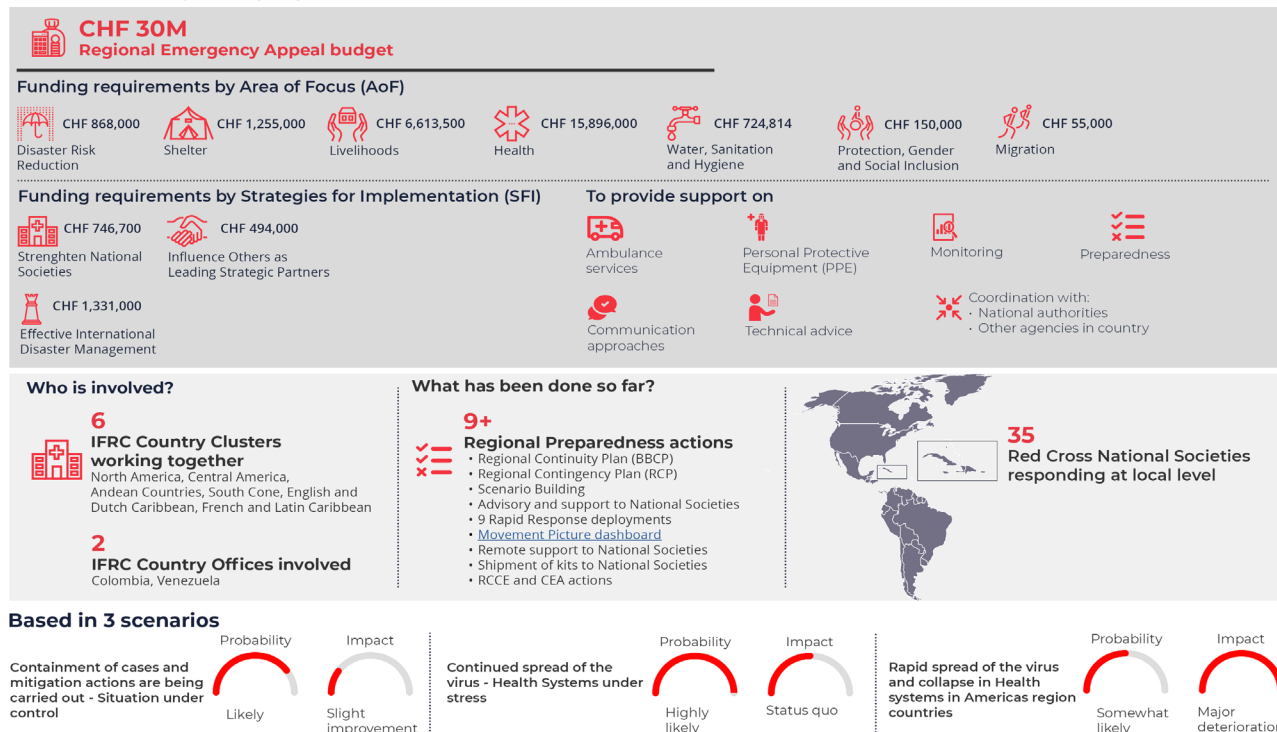
Considering the results of the Organizational and Capacity Assessment Certification (OCAC) processes in the Americas, many National Societies are solid, stable and have made significant progress in terms of their organizational development, which was evident when responding to the emergency caused by the COVID-19. National Societies that were concerned about improving the implementation of their institutional strengthening and organizational development actions prior to the current emergency have higher levels of performance and impact in the response actions in favour of the populations affected by this pandemic.

Furthermore, an analysis of 34 National Society Response Plans, field reports and other data sources available on the [GO Platform](#) showcases the work of National Societies in the Americas and their alignment with the regional strategy. The majority of National Societies are engaged in the provision of pre-hospital care, distribution of personal protective equipment (PPE), conduct communication campaigns to convey safety protocols and government measures, and psychosocial support. The most pressing needs are driven by structural challenges (e.g. insufficient health care facilities), increased fatalities due to pre-existing conditions or concurrent health needs (e.g. dengue cases have peaked and HIV testing has dropped) and financial troubles due to the fall or end of income generating activities due to a decline in demand or national-level containment measures (e.g. blood banks and training courses). Apart from continuing with their initial response actions, oftentimes in coordination with their respective state institutions and local actors, activities prioritized in National Response plans focus on staff and volunteer physical and psychological protection, community health programmes and livelihoods and basic needs (food security, support for both agricultural and non-agricultural livelihoods, the implementation of cash and voucher programs in its different modalities, and the reinforcement of training and awareness).

### Americas Region Emergency Plan of Action COVID-19 Outbreak



Regional and multi-country Emergency Plan of Action focusing on **preparedness, containment and mitigation** actions in Americas region countries affected by the ongoing COVID-19 outbreak.



## Partner National Societies

The response of National Societies in the Americas continues to receive the assistance of the nine partner National Societies (pNS) with presence in the region, as well as overseas branches. In spite of some of the pNS dealing with significant impacts in their own countries, they generously contribute to the global Emergency Appeal, leverage support with donors based in their home countries, and most importantly, have worked with National Societies in the Americas to coordinate and plan joint initiatives for COVID-19 response and recovery actions. As much as possible, bilateral programmes with the National Societies were adjusted to enhance planned actions while in other cases pNS mobilized additional resources, based on their expertise and added value, to support National Societies' actions. However, as will be explained later in this report, many of the programmed actions have been put on hold, which has had impacts not only on the communities and populations to be reached, but also on the National Societies in the Americas staff and volunteers who had been focused on implementing these programmes.

Partner National Societies	National Societies in Americas Region	Actions
American Red Cross	Salvadorean Red Cross, Colombian Red Cross Society	Handwashing and mental health campaign through the website, RC Radio and social media. Technical and financial support, disinfection station for ambulances and personnel assigned to the transfer of patients. Hand-washing campaigns and dissemination of key messages continue in the Health Service Provider Institutions and the Health Care Units in Colombia.
Canadian Red Cross	Honduran Red Cross, Haiti Red Cross Society, Cuban Red Cross, Saint Vincent and the Grenadines Red Cross, Belize Red Cross Society and Suriname Red Cross	Mobilization of human resources from different ongoing project to support NS response. Support for PPEs and cash disbursement. Extensive support to the IFRC EA. Support the development of a Public Awareness and Public Education eLibrary through the IFRC CADRIM as part of its Caribbean Resilience Building in the Caribbean. The resource is being used for COVID-19 awareness by many NS and on a regular basis.
German Red Cross	Colombian Red Cross Society, Ecuadoran Red Cross, Honduran Red Cross and Peruvian Red Cross	Discussions with the HNS to adapt ongoing projects and activities. Colombia: Contribution to CRCS Contingency Plan in preventive health and WASH (awareness and information campaigns, PPE, hygiene kits adapted to COVID-19 prevention) Ecuador: Contribution to ERC Contingency Plan in pre-hospital care and remote PSS. Honduras: Contribution to HRC One Response Plan in health and WASH (PPE and disinfection in prehospital care, water distribution, WASH promotion, Community-based training) Peru: Contribution to PRC response activities in WASH (hygiene kits), food security (food parcels).
Italian Red Cross	Honduran Red Cross and Nicaragua Red Cross	Adapt ongoing projects for NS responses.
Norwegian Red Cross	Guatemalan Red Cross, Honduran Red Cross, Salvadoran Red Cross and Colombia Red Cross Society	Support in health (adapt ongoing projects). Contributions in HR to IFRC and preposition stocks.
Spanish Red Cross	Guatemalan Red Cross, Salvadoran Red Cross, Honduran Red Cross, Nicaraguan Red Cross, Colombia Red Cross Society, Ecuador Red Cross, Peruvian Red Cross and Bolivian Red Cross	Unearmarked financial support to NS response plans. Adapt the ongoing programmes to support migrants, victims of violence and other people in situations of vulnerability to respond to COVID-19. Identify needs in health, WASH, livelihoods and shelter to support NS response.
Swiss Red Cross	Bolivian Red Cross, Ecuadorian Red Cross, Haiti Red Cross Society, Honduran Red Cross, Paraguayan Red Cross and Salvadoran Red Cross	Support in health and protection to staff and volunteers. Adapt ongoing programs. Project-based personnel has been mobilized to COVID-19 response. Bilateral financial contributions to the NS response plans.

## International Committee of the Red Cross (ICRC)

The ICRC's operational response to COVID-19, carried out in support of or in close cooperation with other Movement components, is aimed at strengthening the resilience of people and communities and systems and services affected by armed conflict and violence, and now also having to face the COVID-19 pandemic and adapt to the complex circumstances generated by it. In the Americas, the ICRC continues to respond to the urgent needs of people affected by conflict and armed violence in the region; it is shifting gears to help prevent or slow down the spread of infection and mitigate other risks arising from the pandemic. Its support extends to hospitals and clinics in areas prone to violence or that are caring for migrants and other vulnerable people, places of detention where the ICRC has privileged access and a unique role to play in protecting detainees and prison staff from the spread of disease, and locations where migrants, including refugees, or internally displaced people (IDP) are staying. The ICRC is closely working with authorities across the region to help ensure that, in mass-casualty situations, the dead are handled in a dignified manner that eases the suffering of families, while protecting forensic workers. In support of National Societies, the ICRC has adapted its ongoing programmes to help them respond to the emerging humanitarian by providing funds, PPE, technical expertise in various domains such as communication, Safer Access and Restoring Family Links, as well as humanitarian diplomacy. In the Americas, the IFRC and the ICRC have set up strong coordination mechanisms to ensure a timely, effective and meaningful response to humanitarian needs in the region, working closely with the National Societies of the Americas and the Caribbean, the communities at risk and the authorities to help them respond to the huge needs arising from the COVID-19 pandemic.

## Overview of National and International Response

Despite the varied political spectrum of Latin American and Caribbean governments, with few exceptions, the majority have implemented measures to restrict the spread of COVID-19 and protect health systems from becoming overwhelmed with cases. These actions often included mandatory social isolation, closed borders, partial quarantines and various types of restrictions on movement. Some governments, although an insufficient amount, committed to social assistance programmes. The governments of Argentina, Peru and Uruguay stand out as examples of fast and coordinated responses, while other countries, like Brazil, Mexico and Nicaragua, have been less proactive in their crisis management<sup>20</sup>.

ACAPS compiled a dataset on the government measures into five general categories: physical distancing, movement restrictions, public health measures, social and economic measures and lockdowns<sup>21</sup>. Notwithstanding the few outliers, which at times pitted national and subnational governments against one another, the following table provides a summary of general measures by subregion:

Central America	Caribbean	South America
Declare State of Emergency, except for Nicaragua that declared a yellow alert (monitoring)	Declare State of Emergency	Declare State of Emergency
Preventive quarantines, except for Nicaragua	Preventive quarantines	Preventive quarantines
Social and economic measures	Social and economic measures	Social and economic measures
Movement restrictions: isolation and quarantines, international flight suspension, limit public gatherings. In Nicaragua there were not as strict limitations as in the rest of the neighbouring countries	Movement restrictions, partial curfews for most of the countries, except Barbados and less restrictions and in Saint Vincent and Grenadines that selected physical distancing, limit public gatherings	Movement restrictions: isolation and quarantines, international flight suspension, limit public gatherings. Uruguay selected measures of physical distancing.
Public health measures, protective gear in public, except for Nicaragua where it is not mandatory	Public health measures, protective gear in public	Public health measures, protective gear in public
School suspension	School suspension in Antigua and Barbuda, Belize, Dominica, Saint Kitts and Nevis, Suriname, Cuba, Dominican Republic, Haiti	School suspension except for Colombia, Paraguay and Uruguay
Telework in Guatemala, Nicaragua and Panama	Telework in Suriname, Trinidad and Tobago, Saint Vincent and Grenadines, St Kitts and Nevis Guyana and Granada, Dominican Republic	Telework in the whole subregion with partial telework in Brazil, Peru, Uruguay and Venezuela

Source: ACAPS, [#COVID19 Government Measures Dataset](#) and IFRC DLP Government actions Dashboard

To address the socio-economic impacts of the crisis, governments in the region have enacted different measures, varying in scope and size, to address individual, community and business needs. In many cases, the patchwork of state-run social programmes were adapted or scaled up to strengthen social protection, provide food assistance and other support to the economically vulnerable sectors. However, important gaps remain and many groups in the highest level of vulnerability often lack the full range of support required for their survival with dignity. For example, informal workers, people without national identity cards and migrants are less likely to receive support from state-run programmes.

All of the National Societies in the region have maintained coordination, at various levels, with their relevant state institutions, such as ministries of health, civil defence, disaster risk management systems, ministries of women, and social inclusion. In some cases, National Societies were requested to provide particular services for the response, which includes support for public servants working on the frontline.

The UN System launched its response to the pandemic with three pillars of operation: 1. Delivery of a large-scale, coordinated and comprehensive health response; 2. Adoption of policies that address the devastating socioeconomic, humanitarian and human rights aspects of the crisis; and 3. A recovery process that builds back better. Through three complementary plans, it is seeking a total of 10 billion US dollars to address immediate health needs, ease impacts in 50 target countries due to their vulnerability and deliver rapid recovery. OCHA coordinates the second, the Global Humanitarian Response Plan, which the UN recognizes as complemented by appeals by the International Red Cross and Red Crescent Movement and non-governmental organizations. In many locations, the IFRC and National Societies have worked in coordination with UN System agencies, through humanitarian country teams or prior coordination mechanisms (technical working groups), as well as adjusted ongoing projects to the COVID-19 context.

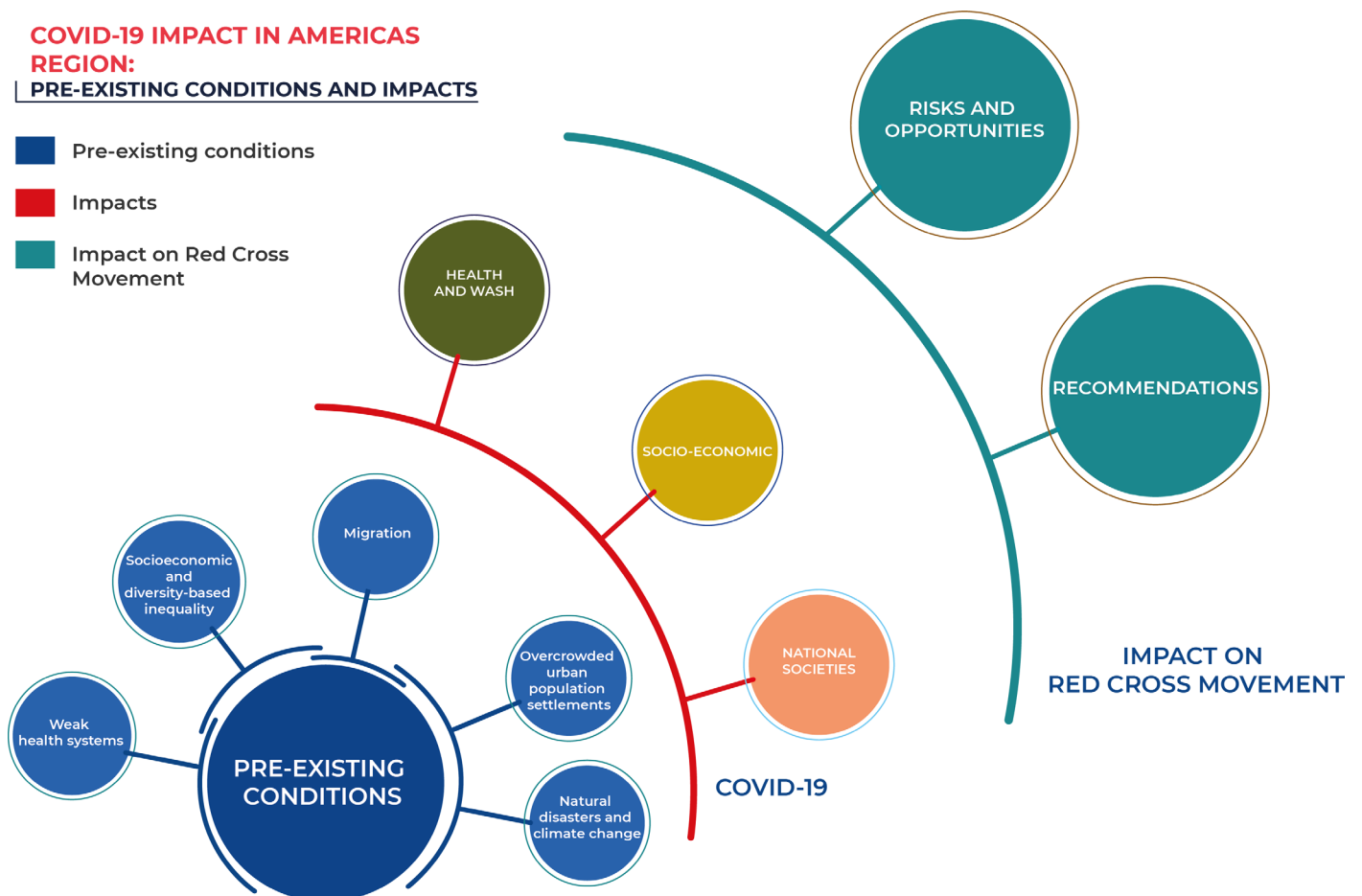
Non-state actors, including established international and local NGOs, but also the private sector have contributed to the disperse, but vital, response actions to this pandemic. Often localized, actions range from attention in health, socio-economic support, attention to migrants and refugees.

# Key Findings (severity and priorities)

One of the primary objectives of this assessment is to identify and describe the primary impacts, and their severity, of the COVID-19 pandemic in the Americas. The following findings are structured to align with the three priorities of the EA COVID-19 Emergency Plan of Action:

- 1** Curbing the Pandemic: Sustaining Health and Water, Sanitation and Hygiene (WASH)
- 2** Tackling poverty and exclusion: Addressing Socio-economic Impact
- 3** Strengthening National Societies

To identify and analyse the diverse impacts associated with COVID-19, this report used a mixed methods approach that enabled the team to collect and integrate qualitative and quantitative data. This data served as an input to the IFRC Analytical Framework for Humanitarian Rapid Risk Assessment to recognize information gaps, estimate the severity of the situation and determine risks and opportunities.

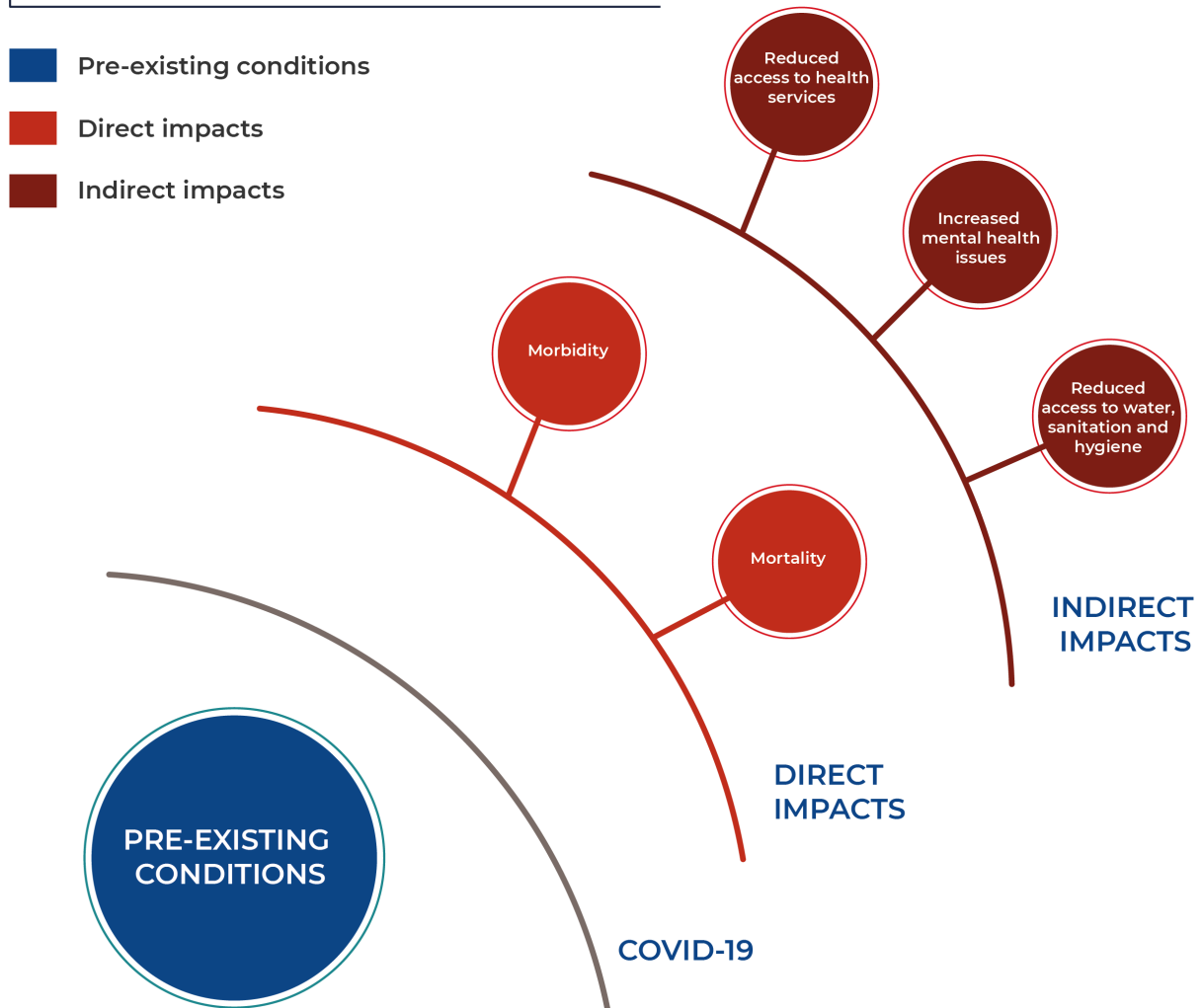


This analysis builds upon the understanding of the situation prior to the COVID-19 outbreak in the Americas, as explained in the background and context section of this report. Some of the central pre-existing factors include the state of national health systems, economic inequality and poverty, migration, inequality due to gender and diversity, and disaster risks and climate change. These factors had a significant effect on the direct and indirect impacts of the pandemic, as well as the effects on National Societies throughout the Americas.

## Priority 1: Curbing the Pandemic: Sustaining Health and WASH: Impact, Severity and Gaps

The direct impacts of the COVID-19 pandemic are the high rates of morbidity and mortality among the population of the Americas. The health system capacity to respond to the outbreak and the efficiency of the measures taken by the governments to contain the pandemic play a major role in the incidence of indirect impacts such as reduced access to health services, increased mental health disorders and psychological distress and reduced access to water, sanitation and hygiene. Unfortunately, obtaining accurate data on the severity of these impacts and their medium to long-term consequences is challenging.

### COVID-19 IMPACT IN AMERICAS REGION: HEALTH AND WASH: PRE-EXISTING CONDITIONS, DIRECT/INDIRECT IMPACTS



The extent to which health services are disrupted is unknown, as well as the level of unaddressed psychological distress and mental health needs. Access to more information could help to tailor adapted responses to the most affected population groups. Additionally, the lack of reliable studies, significant levels of uncertainty and misinformation around the epidemiological patterns of the virus prevent actors like governments and humanitarians to predict the evolution of the current outbreak and foresee future flare-ups to be fully prepared to respond and mitigate their impacts.

The countries throughout the Americas have been impacted differently and at different rates due to a wide range of drivers and aggravating factors. Among them, sociodemographic and health conditions of the population prior to the emergence of the virus are seen to have a major influence on the severity of the outbreak.

Epidemiological data shows an exponential curve of deaths by age, with relatively low case fatality rates<sup>22</sup> for those aged below 50 and growing fatality rates for the elderly. This suggests that older people are more vulnerable to COVID-19 leading to speculation that the impact of the epidemic may be less severe in developing countries because many of them have age structures with younger populations<sup>23</sup>. In 2019, 12 percent of the Americas' population were people above the age of 65 years old, with the youngest population living in Central America<sup>24</sup>. However, other studies point out that the probability of death from COVID-19 grows with increasing poverty<sup>25</sup>. It is widely known from a public health perspective that pandemics disproportionately affect the poor and disadvantaged and that many social determinants of health can have a considerable effect on COVID-19 outcomes<sup>26</sup>.

Based on some studies that link the virus and pre-existing health issues, people living with non-communicable diseases (NCDs) are more vulnerable to becoming severely ill or dying from COVID-19<sup>27</sup>. In particular, people with diabetes, severe obesity, heart conditions, chronic lung disease, liver disease, haemoglobin disorders, asthma and chronic kidney disease treated by dialysis are at higher risk for severe illness from COVID-19<sup>28</sup>. In the Americas, NCDs are the principal causes of premature deaths, morbidity and disability and are largely determined by the social, physical and economic environments<sup>29</sup>. Countries in the Caribbean sub-region exhibit the highest NCD mortality rates in the region<sup>30</sup>. In the past five years, the region has also been affected by emergent vector-borne diseases such as Chikungunya and Zika and is affected by an ongoing dengue outbreak leading to complications of diagnostic<sup>31</sup>.

## Haiti

With the lowest GDP per capita and the lowest life expectancy in the region, this country of 11.12M inhabitants is highly food insecure. According to UNICEF, 22% of children aged under five experience chronic malnutrition. Haiti is exposed to multiple hazards such as hurricanes, floods, earthquakes, landslides, and droughts. Prior to COVID-19, remittances represented more than 37% of GDP. Access to basic services, including clean and safe water are minimal, which limits people's ability to practice handwashing as an efficient barrier to protect them from infectious diseases, such as cholera and now COVID-19. The pandemic's impact on informal urban settlements of Port-au-Prince, which are characterized by a lack of access to basic services in addition to overcrowding, could be extremely lethal.

With the financial support of foreign agencies and international financial institutions, such as the World Bank, the Government of Haiti has announced its plans to implement poverty alleviation measures, such as cash transfers for 1.5million low-income families and food rations to more over a million families. The combination of government-led measures to respond to the pre-existing conditions and currently to the pandemic occurs against a backdrop of social unrest that started in 2018 with an increase in fuel prices that in the past two years has extended to political demands that have been manifested in sometimes violent protests.

Since April, the Haiti Red Cross Society (HRCS) has actively assumed its auxiliary role to State authorities, particularly the Ministry of Health, to implement actions in risk communication and community engagement measures, WASH and others. The HRC receives support from Movement components of NSs of Canada, France, Germany, Italy, Netherlands, Spain Switzerland and United States, as well as the ICRC and IFRC.

An effective response to the COVID-19 pandemic requires resources to support: strengthening surveillance, training the health services, the prevention of propagation and the maintenance of essential services to slow down transmission and save lives<sup>32</sup>. As mentioned in the section on pre-existing conditions, the preparedness and capacity of health systems has a major influence on how a country can respond to a crisis such as COVID-19 pandemic. The capacity to respond to the influx of patients with COVID-19 complications in intensive care units (ICU) varies from country to country. The Global Health Security Index, which measures the capabilities of health systems, ranks most of the systems in the Americas in the middle, with only few countries being classified as 'worst prepared' such as Venezuela and Guyana (for South America), Honduras, Belize and Guatemala (for Central America) and Jamaica, the Bahamas and Haiti (for the Caribbean)<sup>33</sup>.

Currently, most of the health facilities in the region lack the capacity to meet the demand. In most cases, they are geographically centralised with services and specialists concentrated in only few urban centres<sup>34</sup>. In addition, morgue services in hospitals are limited and overwhelmed by an increase in COVID-19-related deaths, creating challenges for safe and dignified dead body management<sup>35</sup>. A key informant reported that in Ecuador, the city of Guayaquil has been severely affected by COVID-19 and bodies were left in homes and streets because mortuary services were overwhelmed.

Furthermore, medical equipment such as medicines, PPE, and diagnostics tools are generally imported, making supply chains vulnerable to interruptions in trade<sup>36</sup>. The increased pressure on health systems also generate extremely difficult work conditions and extended working hours for health workers who are at a higher risk of COVID-19 contagion.

The containment measures have rendered many health services inaccessible or only partly operational as they are deemed non-essential, or movement restrictions inhibit their use. This includes health services, such as sexual and reproductive health, mental health and psychosocial support, nutritional supplementation and communicable and non-communicable diseases services. Multiple immunization campaigns have been suspended in part due to the interruption of supply chains that provide the necessary equipment, but also due to movement restrictions<sup>37</sup>. A WHO study across 155 countries reported that 64 percent of the countries had disrupted services for hypertension management, 62 percent had disrupted services to treat diabetes and complications, 54 percent had disrupted services to treat cancer and 46 percent had disrupted services to treat cardiovascular emergencies<sup>38</sup>.

Treatment for other widespread diseases is also at risk of being interrupted including malaria, tuberculosis (TB), and human immunodeficiency virus (HIV). The extent to which other health services remain open is not always clear across countries<sup>39</sup>. There is a risk that many people in need of healthcare for a range of issues, actively avoid health services for fear of catching COVID-19. Movement restrictions, transportation costs and fear of exposure to COVID-19 in public transport can also prevent people living far from health facilities to seek care, especially for women and girls from rural areas<sup>40</sup>.

Quarantine and lockdown measures have limited mental health interventions<sup>41</sup>. In addition to the conversion of mental health facilities into care facilities for people with COVID-19, care systems have been affected by mental health staff being infected with the virus and the closing of face-to-face services<sup>42</sup>. There is significant evidence that the pandemic is having an impact on mental health. Loss of income, isolation or separation from loved ones are some of the consequences of containment measures that are affecting mental health<sup>43</sup>. The current conditions contribute to aggravating prior mental health conditions for people with depression, anxiety, obsessive-compulsive disorder, substance abuse and suicidal thoughts. Coping strategies such as tobacco, alcohol or other drugs can have a long-term impact on health and worsen mental and physical wellbeing. While the majority of resources are channelled to addressing physical needs caused by COVID-19, there is a risk that investment into mental health services is overlooked<sup>44</sup>.

The context of COVID-19 emergency and the containment measures can enhance gender inequalities. The emergence of new factors of stress such as loss of income, social contact limitations or increased load of care duties (housework and caring for dependents, including children and elderly adults) put more pressure on women and can enhance tension and led to violence in the home. Women and girls are exposed at greater risk and danger of suffering physical, emotional and sexual violence because they are isolated with their abuser and the possibility to leave the house and access services is more challenging. Surveys of women from a number low- and middle-income countries show high reported rates of physical, emotional or sexual abuse during the COVID-19 crisis<sup>45</sup>. The risks of violence are also accentuated by the slowdown of legal services, disruption of gender-based violence (GBV) referral pathways and reduced presence of humanitarian actors<sup>46</sup>.

Ensuring good and consistently applied WASH practices in communities, homes, schools, marketplaces, prisons and health care facilities contribute to prevent human-to-human transmission of the COVID-19 virus<sup>47</sup>. In Latin America and the Caribbean, more than 65 million people do not have permanent access to drinking water and soap, and therefore prevention through handwashing is a great challenge for the most vulnerable populations, mainly in informal settlements and in rural areas<sup>48</sup>. The capacity of households to access WASH services and relevant supplies, such as soap and cleaning material may become more limited mainly due to pre-existing socio-economic vulnerabilities and secondary impacts of COVID-19, such as the loss of income sources<sup>49</sup>. Evidence shows that the poorest individuals are not only the least likely to be able to access infection prevention and control (IPC) measures, but will also likely be disproportionately exposed to the virus and other water-borne diseases sharpened by deficient hygiene conditions<sup>50</sup>.

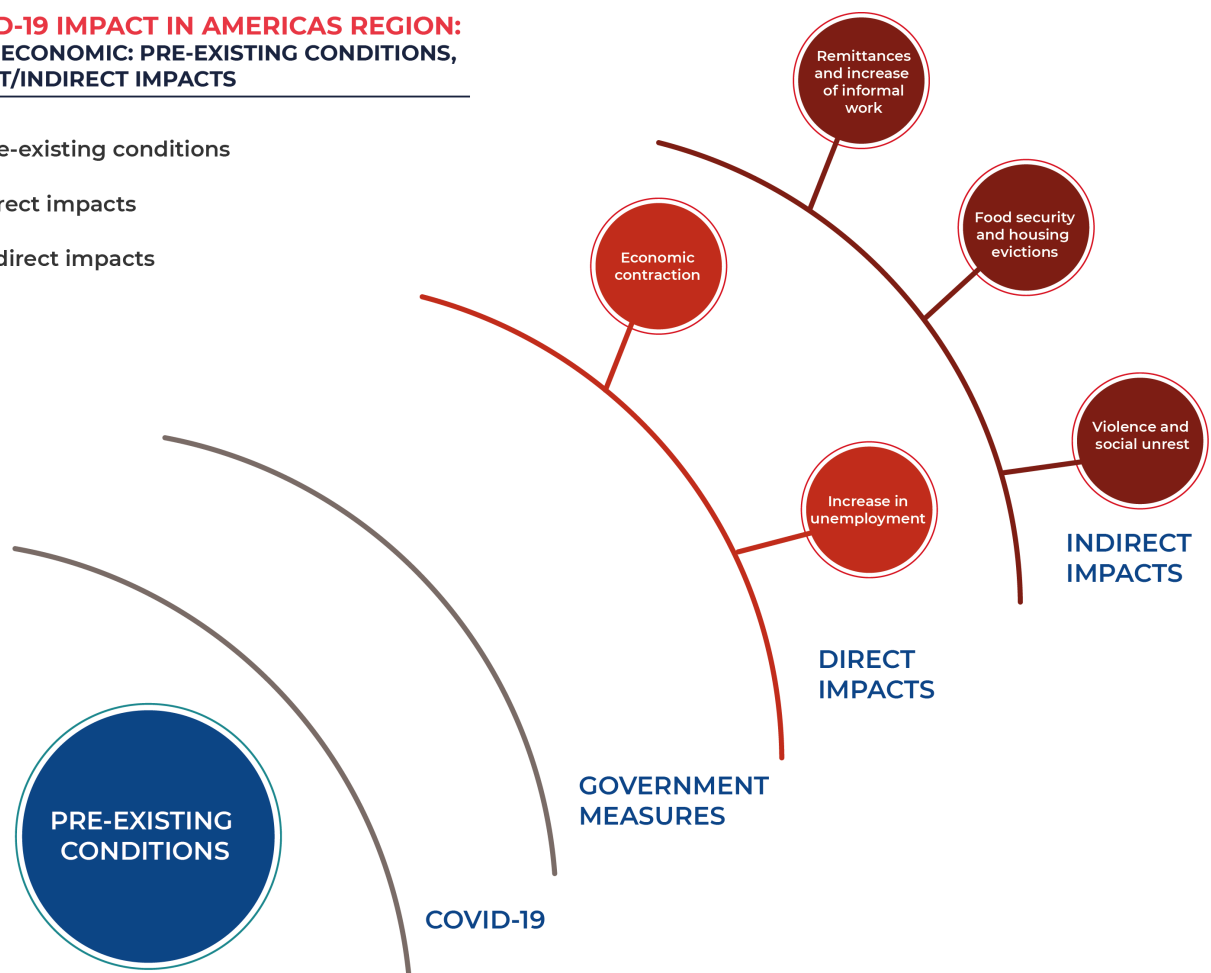
Rapid urbanization in the region means water and sanitation services have been heavily weighted towards the urban populations, to the detriment of interior, rural communities<sup>51</sup>. The effects of climate change, agrobusiness and extractive industries tied with population growth are going to make access to clean drinking water even more difficult in the coming years<sup>52</sup>.

## Priority 2: Tackling Poverty and Exclusion: Addressing Socio-economic Impacts: Impact, Severity and Gaps

Although the most immediate and visible effects of the COVID-19 crisis are those related to public health, the impact on the economies of the region, and consequently on food security and livelihoods because of the massive loss of jobs as the main cause, is evident. With mitigation measures that included restrictions on mobilization (obligatory social isolation, closed borders, curfews and quarantines), nearly all sectors of the economy were affected. The pandemic and related measures disproportionately affect the population that was living in situations of vulnerability prior to the outbreak, as well as others who became vulnerable as a result<sup>53</sup>. This population includes the unemployed, as well as those who work (or had worked) in the informal economy, as well as in micro, small and medium-sized businesses in urban and rural areas. These factors intersect with other profiles such as migrants and people on the move, and gender and diversity (e.g. people with disabilities, indigenous and afro-descendant peoples, youth, LGBTBI communities, among others)<sup>54</sup>. The worsening of the socio-economic situation of these vulnerable populations could lead to a situation of rising social discontent.

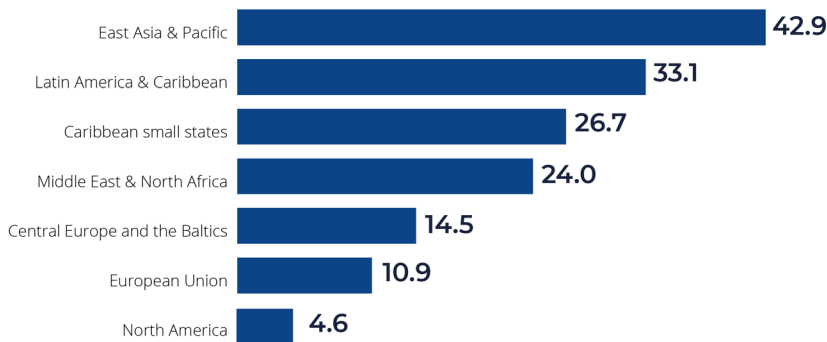
### COVID-19 IMPACT IN AMERICAS REGION: SOCIOECONOMIC: PRE-EXISTING CONDITIONS, DIRECT/INDIRECT IMPACTS

- Pre-existing conditions
- Direct impacts
- Indirect impacts



The repercussions of the pandemic have led to the biggest contraction in economic activity in the history of the region. Projections indicate that unemployment will rise by 10 per cent and that this year there will be a 5.3 per cent drop in the combined regional GDP -4.6 per cent drop according to other sources<sup>55</sup>. Consequently, poverty in the region will skyrocket from 185 million to 220 million people while augmenting the number of people living in extreme poverty from 67.4 million to 90 million<sup>56</sup> (more than 13% of the total population). Some economic enterprises in the region have been able to resist the hiatus generated by containment measures. However, with the extension of quarantine measures in many countries, micro and small businesses that often did not access State-run support have been devastated<sup>57</sup>. The decline of these businesses is cascaded down to the service sector, as many of these jobs are no longer possible.

**Vulnerable employment (% of total employment)  
(Modeled ILO estimate)**



Common patterns exist in the impacts at sub-regional level. At a macro-level, global economic contractions shrink the demand for the export of some of the raw materials (e.g. minerals, metals, hydrocarbons) of Latin America and the Caribbean; this is particularly significant for Latin America economies dependent on oil and natural gas. The disruption of travel and tourism has ravaged the hospitality and tourist industries in the Caribbean, Mexico, Brazil and other countries, as well as select locations within these. In the Caribbean countries, some of the main concerns about the present and future stem

from the centrality of the tourism and hospitality industry and the sub-region's dependence on food imports. Central America could be seriously affected by the reduction of remittances and the returns of people who had emigrated to North America<sup>58</sup>.

People already living in poverty, and even some sectors of the middle-income groups, have been the most affected by these consequences. Immediate repercussions have been identified in food security, housing evictions and the interruption of health treatments for economic reasons. Key informant interviewees reaffirmed these findings with the mention of the reduction of livelihoods (such as the paralysis of the tourist sector in the Caribbean), unemployment and its impacts on nutrition and food security.

Food security has been put at risk to challenges related to food production and transport, as well as the obliteration of income sources<sup>59</sup>. In the rural context, a reduction in the production of subsistence and commercial food crops is quite likely, as well as a disruption of food production due to labour shortages, inability to get crops to market and/or the lack of funds to invest in the next sowing season<sup>60</sup>. Furthermore, mobilization restrictions have impeded the movement of seasonal agricultural labourers who move within countries or to neighbouring countries. This situation has generated conditions in which the quantity, variety and affordability of food have changed. The World Food Programme in late May forewarned that millions of people are at risk of food insecurity in Latin America and the Caribbean<sup>61</sup>. With the closure of educational instruction to curb the spread of the virus, the interruption of school food programmes adds an additional food security risk for vulnerable children.

This crisis has increased the number of people who lack shelter, either due to inability to pay the rent or an extension of pre-existing situations of vulnerability. Even as some countries have issued measures to respond to this need<sup>62</sup>, gaps exist and will probably continue to emerge regionally. This impact is compounded in urban informal settlements characterized by the lack of regular and affordable access to other basic services (water, electricity, etc.).

Forced and "voluntary" returns to countries or regions of origin have increased, generating a dramatic fall in remittances (internationally and from one region to another in the same country). In both rural and urban contexts, most vulnerable households that depend on remittances from family members who have emigrated will see their subsistence income significantly reduced since the economic crisis is global, affecting the economies of host countries in and outside of the region. A drop of around 19.3% of remittance flows to the countries in the region is expected in 2020<sup>63</sup>. While there might be a relative increase in remittances sent via digital payment instruments, oftentimes these are out of reach to impoverished and irregular migrants<sup>64</sup>.

The impact of COVID-19 will put additional pressure on countries of the region, which had social systems that were insufficient before the crisis and now jeopardize social spending<sup>65</sup>. While some governments of the region aim to address these impacts with the implementation of humanitarian and economic measures such as food assistance, cash transfer programmes and subsidies for businesses, an integrated livelihoods approach is not always present. It is very likely that the measures put in place by governments of the region cannot respond to all the indirect needs that have emerged due to the pandemic.

Given the significant state expenditures currently assigned to the health sector, there is a high risk that other sectors and some population groups might be left behind. These include informal workers and/or migrants, people on the losing side of the digital divide and/or those who are not users of the formal banking system, exacerbated by underfunded or overly bureaucratic social programmes with which to implement these actions. (To date, some countries have aimed to provide coverage to informal workers<sup>66</sup>.) With a large quantity of middle to older adults unemployed, youth employability has the potential to be marginalized<sup>67</sup>. Furthermore, the lack of resources, which encompasses skills, technology and innovative ideas, required to adjust and eventually recover in the situation post-crisis, affect the most vulnerable groups of population. The technology gap is gender stratified with more men than women versant in its use.

Informal employment already represents over 50% of the non-agricultural employment in many countries of the region<sup>68</sup>, and it is likely to increase as people seek coping strategies to address urgent needs. Other coping strategies could generate negative impacts on the most vulnerable families, such as sending their children into the labour market<sup>69</sup> or entry into the illicit economy. The interruption of educational programmes will not only have important consequences on learning, but indirectly it will affect nutrition, care and access to labour market of parents, particularly women<sup>70</sup>. Special attention should be paid to domestic workers and female caregivers.

The upswing in stigmatization with episodes of discrimination, xenophobia, and harassment against migrants<sup>71</sup> could worsen during and after the containment measures, which are linked to the socioeconomic crisis. For example, a small group of government officials in some countries already have indicated that their borders will be closed to particular profiles of migrants<sup>72</sup>.

The population in many impoverished communities has not been able to fully adhere to obligatory social isolation out of economic necessity<sup>73</sup>. In some countries, extended lockdowns, brutality of the forces of order (police and armed forces) responsible for enforcing the measures, added to socioeconomic concerns have fuelled resentment and non-compliance with COVID-19-related restrictions. These will likely trigger more localised protests that can turn violent during and after the relaxing of social restrictions<sup>74</sup>.

## Venezuela

For countries with compounded crises, such as Venezuela, COVID-19 has placed an additional burden on the population that has irregular access in quantity and quality to food, safe and clean water, health services, among other basic needs. Starting in 2014, the country's economy has been marred by the fall of international oil prices, and since 2018 extreme hyperinflation. Food insecurity remains a serious concern. Recently, the difficulties to obtain fuel have affected the food supply chain.

The socioeconomic situation in the country has provoked the emigration of 5M people since 2015, with almost 3M of these having departed their country in the past 2 years.

In 2018, the Venezuelan Medical Federation estimated that some 26,000 medical professionals had emigrated, leading to a progressive decline in the operational capacity of health care. The Venezuelan Ministry of Health stopped publishing crucial public health statistics in 2016.

Faced with the inability to engage in income-generation activities in their destination countries due to COVID-19 containment measures, as early as March Venezuelan migrants began the return to their country of origin. Although initially this population was welcomed free of restrictions, by June the Government of Venezuela placed limits on the daily numbers of entries into the country. The groups of people awaiting entry to Venezuela have further overwhelmed migrant services in border regions. In response to the increasing numbers of COVID-19 case, the government established mandatory quarantine centers upon arrival. However, local and national authorities are unable to provide adequate conditions to support returnees for this 15-day period.

The Venezuelan Red Cross (VRC) with IFRC support, has adjusted pre-COVID-19 projects to better respond to the evolving humanitarian needs. The VRC, with a historic focus on health (8 hospitals and 33 outpatient clinics), in recent years has implemented projects with livelihoods components.

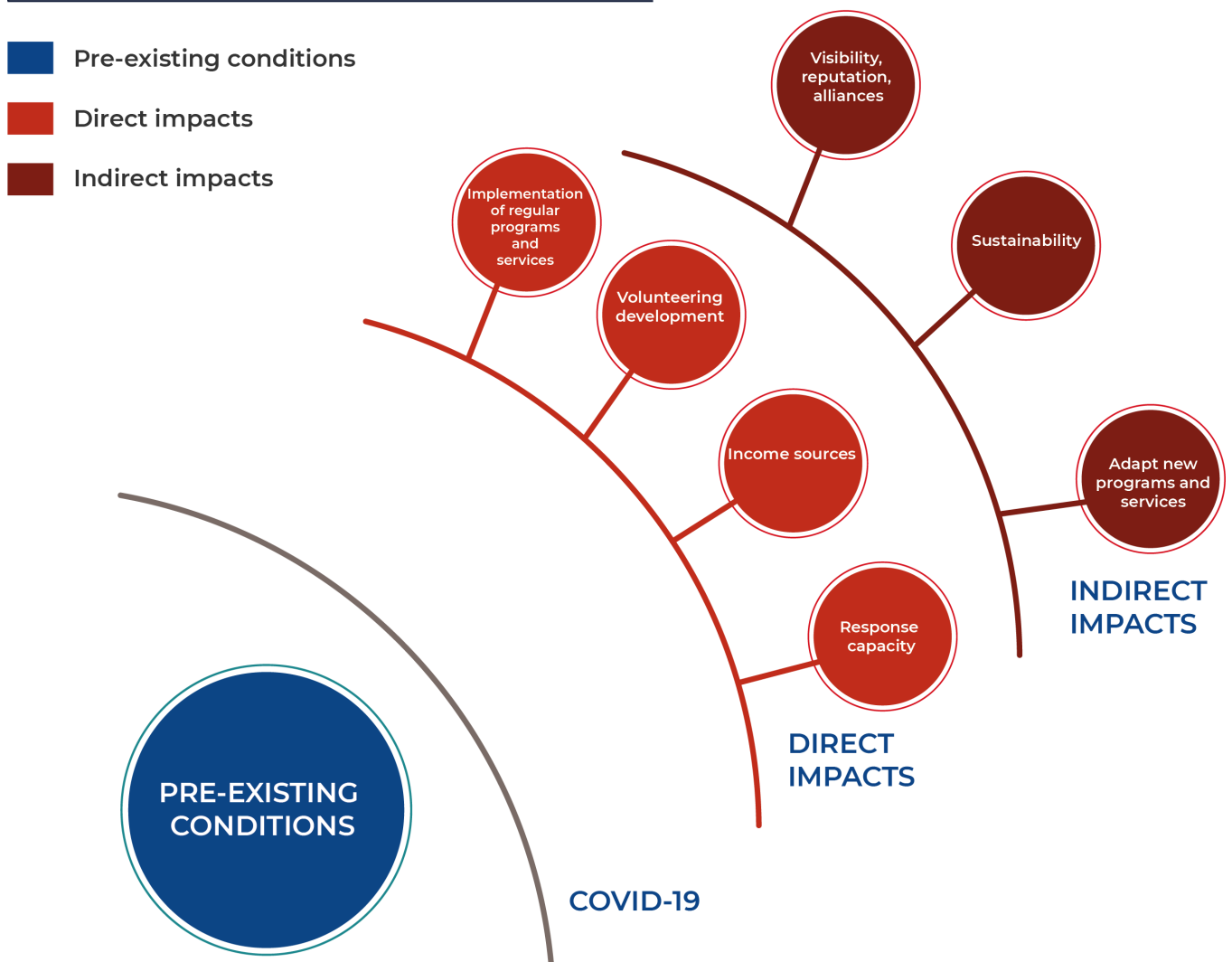
Food security will remain a priority in the region, as an extension of the pre-COVID-19 situation and as a manifestation of the pandemic’s wide impact. Heightened attention should move beyond only those countries particularly affected by the health emergency, to encompass the populations that were highly vulnerable to food and nutrition security prior to the current crisis<sup>75</sup>. In this context, the Red Cross faces the challenge to expand and diversify its recovery actions, which should be evidence-based using country or sub-national specific indicators to assess the impact of the pandemic. Some of these indicators include, but are not limited to, the size of informal economy; the level of the country’s economic dependence on remittances, tourism and other affected productive and service sectors; the percentage of migrant, refugee and displaced population; profiles of the unemployed and underemployed that consider gender, age, ethnicity/culture (indigenous and afro-descendant people); and disaster risks and climate change.

There currently is a scarcity of primary and secondary data at the regional level regarding the measured economic impacts. As additional information becomes available, these indicators and others such as rates of gender inequality, inflation, economic growth, school dropout and child labour, among others should be considered in for future Red Cross interventions.

### Priority 3: Strengthening National Societies: Impact, Severity and Gaps

The unprecedented impact of COVID-19 has significantly affected the functioning of the National Societies of the Americas. It has reduced their capacity to respond to the effects of this emergency and put at risk the continuity and sustainability of regular operations and services, income-generating activities and the development of volunteering. At the same time, COVID-19 has created opportunities to develop new programmes and services and implement new management and coordination models.

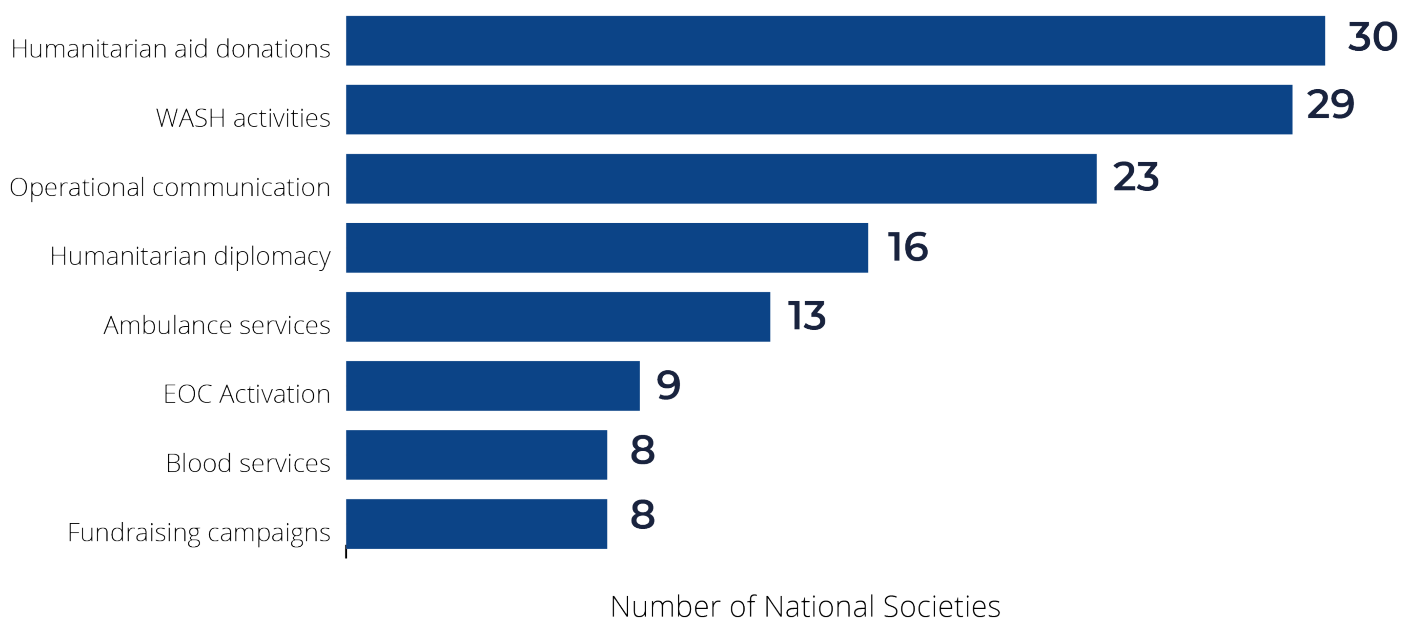
#### COVID-19 IMPACT IN AMERICAS REGION: NATIONAL SOCIETIES: PRE-EXISTING CONDITIONS, DIRECT/INDIRECT IMPACTS



Independent of the quantity of COVID-19 cases in each country, all 35 National Societies have felt the impact of this pandemic. Like the general population, no National Society was fully prepared to respond to its effects. As mentioned in the health and livelihoods sections above, these impacts are directly related to the safety and security of Red Cross staff and volunteers as well as National Society capacities. National Societies in the region, depending on country contexts, humanitarian needs, auxiliary role and response capacity, had to review their work plans and re-programme their priorities taking into account mobility restrictions, isolation and/or general or partial quarantine. One key informant interview stated that this pandemic has placed new demands and challenges on the leadership of National Societies to be more flexible to redirect, innovate and accelerate decision making.

The continuity of operations and sustainability of National Societies is at risk. With the combination of measures to stem the expansion of the virus, many NS have stopped providing key services that are the foundation of their income-generation activities. This ranges from educational services in first aid and pre-hospital care, blood banks and other commercial activities. In many cases, National Societies depend on a single source of income and international cooperation has always been limited, intermittent or absent. Given the current context, National Societies have received resources, but these are often circumscribed to COVID-19 response actions. The financial and economic consequences of the pandemic have forced the reduction of institutional costs, which could lead to challenges for the continuity of operations and the response itself.

## Current National Society Services

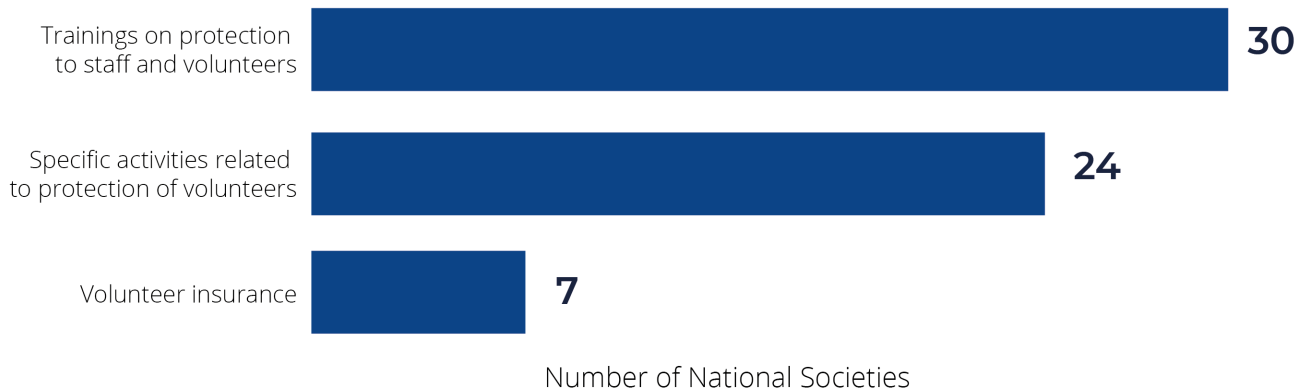


Beyond this situation, the local and international donor base that some National Societies have built over many years rapidly deteriorated, or could dramatically fall as an impact of the economic crisis engendered by the measures to stop the spread of COVID-19. While the inflow of COVID-19- related donations supports the immediate activities of these National Societies, the majority of this funding is prohibited for use on standing institutional financial commitments such as staff costs, basic services (rent, electricity, communications), transport, etc. Ironically in a situation when there is a pressing need to mobilize more people for the response actions, some National Societies have had to furlough some of their staff. During this crisis, potential (public and private) partners have emerged with whom alliances have been made that, if well managed, can be very useful in the post-crisis stage. Some National Societies plan to develop fundraising campaigns to raise sufficient resources to ensure operations in the short and medium-term actions, and even to consider financial sustainability.

For a variety of reasons, the continuity of National Society programmes, projects and activities, particularly those entailing direct work with communities, remains fragile, on a downward spiral or even ceased. However, the prestige of Red Cross action continues to generate high expectations among the population, which puts pressure on the National Societies that might be operating with reduced capacity. In most, if not all, countries in this region, there is a prevailing belief that the Red Cross is an organization that provides health services. It is notable that all 35 National Societies have conducted joint activities with National Health Systems to respond to COVID-19.

Combined with the restrictions of movement, all humanitarian actors have seen their range of actions limited. Aid agencies have publicly stated that hundreds of thousands of people across different regions, dependent upon aid, are now inaccessible. Significant information gaps on humanitarian needs, vulnerable population groups, and geographical areas with high needs are reducing the ability of humanitarian organizations response<sup>76</sup>. The Red Cross has been obligated to make adjustments and seek to establish management models to remain operational during the emergency while doing no harm and also attempt to maintain regular programmes and services.

## Protection and training to volunteers and staff



The economic impact of COVID-19 presents a bleak picture for communities; staff and volunteers; suppliers and users; and external partners. In the coming months, National Societies will be further destabilized and will experience moments of great pressure due to lack of income (cash flow), which may lead them to devise survival strategies that put the National Society at risk (closing down services, selling assets, resorting to loans with high interest rates, reducing staff, not having funds for statutory contributions or more importantly, volunteer insurance).

Documentation, such as the annual Volunteering and Youth Baseline Study and the Analysis of Volunteering and Youth Development in the Americas, abounds regarding the challenges of volunteering development. However, the pandemic has further highlighted the lack of protection safety nets for volunteers and the problems NSs face to provide adequate enabling environments for volunteering development in general. Most National Societies do not have a defined plan to ensure the training, coaching, equipment, and protection of volunteers.

The design, creation and establishment of safe and secure spaces for the volunteers and staff on the front lines are essential areas of concern. In spite of the IFRC's support for the provision of personal protection equipment to 20 National Societies in the Americas, volunteers in many countries are challenged to continue their volunteer service since their safety and health, as well as of those with whom they live, is at risk. Approximately 75 percent of the National Societies do not have comprehensive insurance for volunteers and thus, have been unable to provide safe and secure spaces for their activities. This risk should be understood as expanding beyond strictly Red Cross actions, such as the risks of community transmission possible in the transport used to and from the local branch or target community. The IFRC is mapping the National Societies who have volunteers and staff with confirmed cases of COVID-19.

Furthermore, despite some experience, the majority of NS have difficulty implementing activities that take advantage of the remote capacities of volunteers and even staff. The socio-economic context, which also affects volunteers, has reduced the time available for volunteering as the priority is on identifying resource generation activities for survival.

Given the current context, any action taken by National Societies must include the construction of safe and secure spaces for employees and volunteers, which is in respect of their humanity but also acknowledging that they might have responsibility for the care and protection of affected people and/or those at risk of COVID-19. Health services, including MHPSS, must be available for volunteers. Stigma, discrimination, stress and a sense of false security will be issues once mobility restrictions are lifted. Auspiciously, most National Societies in the region have implemented psychosocial support activities for communities, as well as volunteers and staff. As volunteers are not free from the socioeconomic impacts of this pandemic, operational actions should identify and encompass volunteers and their families in situations of vulnerability and who require support.

Looking ahead, some National Societies have relevant experience implementing actions to strengthen livelihoods in long-term programmes and in emergency operations. According to a source in the IFRC Livelihoods Resource Centre, there are a significant number of volunteers and staff trained in livelihoods in the region. Nonetheless, several National Societies have extremely limited, or non-existent, experience which is often related to small scale food distribution and/or cash transfer projects that do not fully implement a holistic awareness of the depth of livelihoods actions and this approach.

The pandemic highlighted the scarce understanding of the unique role of the Red Cross as an auxiliary in humanitarian issues to State authorities. In most countries in the Americas, they are recognized as relevant humanitarian actors and/or are part of Emergency Response Systems. In many cases, the Red Cross is also an integral part of national health systems. However, without the required legal framework that enshrines the auxiliary role, the Red Cross, including Secretariat staff, is limited to short-term safe conducts or diplomatic passes to implement activities. To date, there are several National Societies who have not mobilized volunteers due to the above limitations. Nevertheless, some National Societies have been able to articulate the auxiliary role of the Red Cross and strengthen the relationship with State authorities. The Argentine Red Cross, for example, obtained its Red Cross law during the pandemic; this was the result of several years of work by the National Society with Movement support. In the probable case of a compound disaster, the lack of legal frameworks for Red Cross action would become more serious as staff and volunteers might be severely limited to respond. With the expansion of activities by some NS in the COVID-19 response, there is an opportunity to consolidate agreements with governments that will legally enshrine the auxiliary role of the NS in each country.

Combining the experiences of the past three months with the potential scenarios of the short and medium-term future, the varying capacities, skills and resources of the National Societies in the Americas need to be better complemented, shared, leveraged and strengthened to enable an ample response that moves beyond the health emergency. This will also aid in the reduction of institutional risks and enhancement of the image, integrity, and reputation of the Red Cross.

## **Risks, Opportunities and Recommendations for Red Cross Action in the Americas**

As stated above, this report seeks to highlight the primary needs across the Americas region and provide a series of recommendations to enhance the Movement's support to people affected by the COVID-19 pandemic. Previous sections focused on contextual factors and COVID-19-related impacts. Although the impacts and their severity are difficult to generalize at the regional level, this report has aimed to highlight the broadest and deepest impacts and the relationships that exists between them. The impacts generate a wide range of risks and opportunities for Movement actions, which are used to underpin the recommendations presented in this section. Similarly, the identification of risks, opportunities and recommendations that apply to the entire region is impossible. This report focuses on central issues and offers broad recommendations. It is not expected that each finding will apply to all National Societies, or that the recommendations will serve as a checklist for future activities. Instead, this section highlights some of the key risks and the opportunities that may be present in some contexts throughout the region with the ultimate aim to identify how the Movement can provide support to operating National Societies. The following section focuses on how the Movement, in the spirit of shared leadership, can provide support to the National Societies in the Americas based on their intent, rather than prescribe a universal path for action.

Priorities	Health and Wash	Socioeconomic	National Societies
<b>Risks</b>	<p>Disruption of health systems prevent people from accessing health services (prevention, diagnostic and treatment) which could lead to increased morbidity and mortality not only from COVID-19, but other health conditions and diseases.</p> <p>Lack of compliance with, or a reduction in the level of attention to public health measures (misuse of PPE, physical distancing, handwashing) leads to an increase in cases and/or a prolongation of the pandemic.</p> <p>Aggravation or emergence of mental health and psychosocial conditions due to COVID-19 impacts.</p>	<p>Government spending on the COVID response, both in health and emergency economic measures, could greatly reduce the potential spending on social protection, health and education, worsening the conditions of the most vulnerable population in the short, medium and long term.</p> <p>High likelihood that subsequent population movements will be composed of communities with exacerbated vulnerabilities.</p> <p>The impact of COVID-19 will exacerbate existing inequalities due to gender and diversity.</p> <p>The rise of unemployment and prolonged economic challenges could lead to a rise in crime, violence, insecurity and civil unrest.</p>	<p>NS auxiliary role within national context is not well understood or established and opportunities to support the most vulnerable are limited.</p> <p>Increasing demands and new operational challenges can expose the lack of internal processes to mitigate integrity and reputational risks.</p> <p>Capacity in technical areas and support services (administration, finance, PMER, logistics, etc.) may not be sufficient to satisfy requirements related to the NS mandate and challenges related to the COVID-19 response</p> <p>NS financial sustainability may be at risk due to the lack of diversification of revenue-generating activities.</p> <p>NS volunteer base may be reduced due to the lack of development opportunities, inability to guarantee safe and protected spaces to conduct actions and other contextual issues (motivation and economic demands).</p>
<b>Specific opportunities</b>	<p>Ongoing needs could allow NS to identify and implement cost-effective integral health actions, including epidemic control, that build on CBHFA, ECV and other approaches.</p>	<p>The current crisis could spur NS to reinforce or introduce livelihoods and implementation of related programming in the region, supported by the IFRC Livelihoods Resource Centre.</p> <p>NS could build and roll-out older and newer tools to address issues of resilience and PGI, including a culture of non-violence.</p>	<p>NS could use COVID-19-related support (EA funding and advocacy with other donors to ensure this) for the improvement of internal process, controls and business support units.</p> <p>NS could leverage Fundamental Principles and Humanitarian Values to promote volunteering, including non-traditional volunteering, and other forms of work for and increase the volunteer base.</p>
<b>Overarching opportunities</b>	<ul style="list-style-type: none"> <li>• Additional opportunities emerge for NS that are interested in expanding the scope or scale of their programmes.</li> <li>• The RC role in ongoing government-led response activities strengthens NS profile and auxiliary status, which could be capitalized to establish new partnerships and income sources, recruit and retain volunteers, and advocate for the legal basis for the RC auxiliary role.</li> <li>• Gaps in government services and expanding humanitarian needs are opportunities for NS to expand the scope or scale of programmes, as well as establish new partnerships and income sources and recruit and retain volunteers.</li> <li>• Logistics and safety-related restrictions could encourage NS to modernize and adapt tools and processes for improved or additional service delivery.</li> <li>• The current context encourages NS to develop or refresh new or additional skills by (online or in-person) training for volunteers and staff.</li> </ul>		

## Recommendations for National Societies

National Societies face a range of risks and opportunities as they support their communities amidst the COVID-19 pandemic. The following recommendations primarily aim to frame the recommendations for Movement support. This assessment recognizes that each National Society operates in a distinct context, with unique capacities, needs and aspirations. The following recommendations should be taken as a menu of possible options. These are based on best practices identified by sectoral experts, secondary data review, professional experience and capacities of the members of the Assessment team, and in many cases, these reflect practices of what some National Societies have already done. For example, a National Society that wishes to increase the scope or scale of its programmes should consider this sub-section as a reference for consultation when engaged in planning. Each recommendation highlights critical enabling activities that may be necessary. Recommendations for Movement components' support of these activities can be found in the subsequent sub-section that focuses on how the Movement can, or should, support their needs to adapt and grow.



### Strengthen or adapt health-related service delivery models to address rapidly changing needs in a dynamic context.



**Enabling Actions:** New models for community health programming; Provision of PPE and analysis of safety needs adapted to programmes; Insurance for volunteers and staff; Epidemic control measures; Community-based surveillance; Telehealth; Specialized response units; Ambulance and health facility infection prevention and control protocols; Risk Communication and Community Engagement and Accountability (CEA) strategies; Health facility assessments and support; Adapted WASH promotion approaches and tools; Adapted CBHFA approach; Health training for volunteers; Psychological first aid programs and psychosocial support and mental health actions for volunteers and staff.



### Strengthen, adapt or develop the capacity to deliver MHPSS services.



**Enabling Actions:** Adaptation of technical guidance; Leveraging new communications technologies; Telehealth; MHPSS support for staff, volunteers and health care workers; Adapted PSS approaches and tools; First Aid PSS programs; MHPSS training for volunteers; Focused assessments on MHPSS; Adapted Community Engagement and Accountability approaches.



### Strengthen, adapt or develop the capacity to deliver livelihoods-support services.



**Enabling Actions:** Cash and Voucher Assistance (conditional and unconditional) development or adaptation; Focused assessments and improved CEA approaches; Increase capacities in targeting the most vulnerable populations affected by the crisis; Increase capacities in market analysis; Leverage new technologies and communication tools; Livelihoods-focused Vulnerability and Capacity Assessments (VCA) including the use of vulnerability scores; Small and medium-sized business support and continuity planning; Skills development and diversification programmes; Knowledge management to capture and integrate livelihood training initiatives and guidance offered by the Movement.



### Strengthen, adapt or develop cross-cutting capabilities necessary to support implementation.



**Enabling Actions:** National Society Strategic planning; Operational leadership and staff development; Assessments and planning tools and methodologies; CEA and targeting tools and methodologies; Information management and reporting; Technical guidance to field operations; Monitoring and evaluation of programmes and services; Inclusion of other components related to specific vulnerabilities and risks such as disaster risk reduction, adaptation to climate change, and urban issues.



### **Engage with new donors and other private-sector actors to increase revenue, improve capacities.**



**Enabling Actions:** Donor outreach; Development of engagement strategies and tools; Flexible funding mechanisms and advocacy.



### **Strengthen internal processes, controls, and other administrative capabilities.**



**Enabling Actions:** NS strategic planning; Leadership development; Finance/Audit tools, processes and controls; Logistics and procurement tools, processes and controls; Compliance/Accountability controls, tools and processes; Risk management strategy; Project and programme management tools and methodology; Knowledge Management tools and methodologies; Business continuity planning; Establish policies, procedures and controls for elections and selection of leadership.



### **Re-engage with national governments to clarify the auxiliary role and strengthen the relationship.**



**Enabling Actions:** Advocacy and raising awareness of Movement principles, rules and capabilities as well as Disaster Law guidance; Joint planning and coordination; Identification of value added and opportunities; Promote the construction/improvement of structures and processes that enable the delivery of quality, effective, relevant and sustainable services and programmes with community participation and impact.



### **Strengthen and adapt existing income generating activities and develop/diversify additional sources of revenue.**



**Enabling Actions:** Adapted business models and identification of market opportunities; Business continuity planning; Technical adaptations of traditional services and programmes; Trainings for volunteers and staff; Assessment and procurement of necessary PPE and safety equipment; Diversification of programs and services; Leveraging flexible funding to support National Society Development; Livelihood development support programs for volunteers; Livelihood development support programs for volunteers affected by COVID19; Development of regional, sub-regional or country business models.

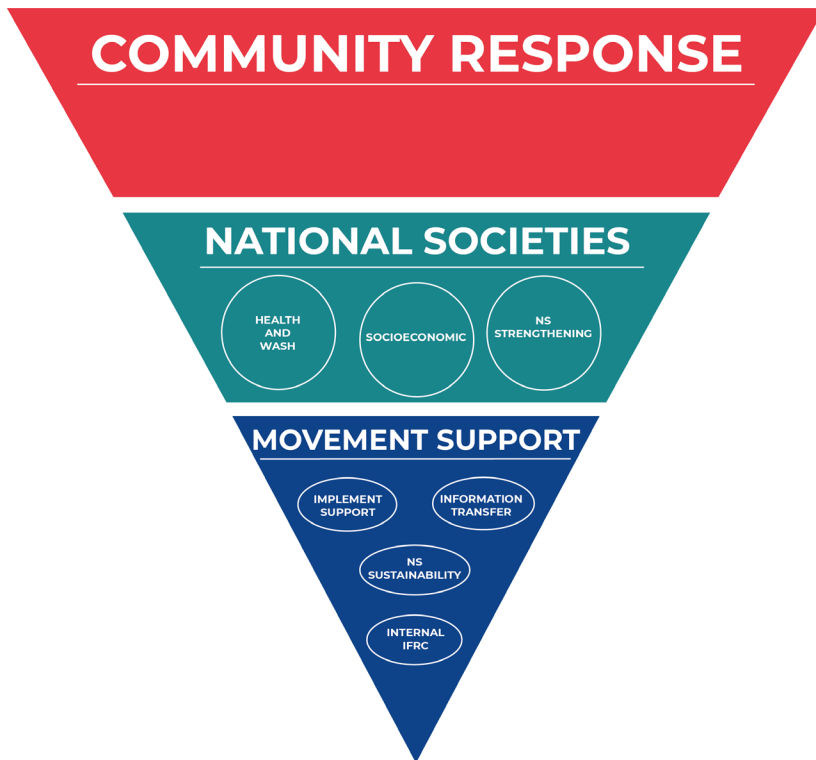


### **Implement the Volunteering Development Framework (VODFRA).**



**Enabling Actions:** Trainings for volunteers and staff on security and protection; procurement of necessary PPE and safety equipment; diversification of programs and services; provide programmes of mental health and psychological support for volunteers and staff; motivate and recognize the work of volunteers and personnel, involve volunteers in the decision-making processes; clear definitions of the roles of volunteers and paid staff; creation of enabling environments for volunteering development.

## Recommendations for Movement Support to National Societies in the Americas



The strength of the Movement lies in the National Societies and the volunteers that serve their communities. The response to the COVID-19 pandemic will only be successful if National Societies are empowered and supported as they adapt to the dynamic situation and accompany vulnerable people through the provision of critical services and support.

Given the limitations of this assessment, a comprehensive list of recommendations is not possible and subsequent studies, workshops or other feedback mechanisms will help refine this list and identify new opportunities. The COVID-19 pandemic has generated a complex humanitarian context that demands particular adjustments from traditional Movement methods, tools and approaches to respond in a more efficient and effective way.

Currently, the recommendations below represent the Assessment team's attempt to highlight realistic, actionable

recommendations that will provide value in the near and long-term to National Societies in the Americas. These recommendations are applicable to the IFRC Secretariat, ICRC and pNS and offered in the spirit of shared leadership and to foster enhanced Movement cooperation at the country, sub regional and regional levels. Some recommendations are targeted towards specific Movement components, but many can be addressed by any actor or grouping of stakeholders. These include recommendations that the Movement can conduct to support the volunteers in the field.

### Recommendations for Movement Support



**Increase knowledge management and facilitate knowledge transfer within the region.**



**IFRC Enabling Actions:**

- Convene communities of practice that meet regularly to enhance knowledge transfer and support peer-to-peer exchanges and partnerships. These types of activities support IFRC-to-NS, NS-to-IFRC, NS-to-NS, and Movement-to-external-actor exchanges and sharing. An excellent example of this type of work is reflected in the ongoing COVID-19 webinars that are attended by many NS in the Americas. Key informant interviews with NS health, volunteering and other focal points have mentioned the significant added value of these webinars due to: 1. Access to technical information; 2. Access to peer NS with similar issues and recommendations for operationalizing the guidance; and 3. Enable widespread participation that goes beyond staff and leadership. In many cases, these forums and communities also support coordination and collaboration with international actors such as PAHO and the United Nations system.
- Ensure that training materials, technical guidance, standard operating procedures and other documents are accessible to all NS. This requires that documents be translated into the appropriate languages and that a centralized repository (or indexed network of repositories) be available to NS.

- Provide additional human resources with sectoral expertise at cluster and national levels. Key informant interviews have indicated that technical specialist with an in-depth understanding of contextual realities is critical to provide strong support to NS. This support can help identify key information gaps, develop targeted assessments and evidence-based plans and create linkages to other resources across the Movement.
- Support and enhance evidence-based approaches and culture. The Movement has made huge strides in this area, but significant gaps exist, and data-driven decision-making is not yet ubiquitous. The IFRC should consider adapting its reference materials, training paths and approach to assessment and planning to better incorporate data and information.
- Conduct secondary data analyses and produce informational products that supplement or enhance NS assessments or situational awareness. Staff and rapid response personal at CCST and Americas Regional Office levels can continue secondary data reviews and add to the data currently in the DEEP framework utilized to support this assessment. As NS needs emerge, remote data support can utilize this service.



### **Enabling Actions by partner National Societies:**

- When a Country Team, or a shared leadership framework of some type, is in place, pNS can participate or fund communities of practice and, when appropriate, consider convening or guiding these platforms for knowledge transfer and peer-to-peer exchanges. In many cases, pNS have stronger technical knowledge and experience operationalizing technical guidance than their IFRC counterparts. The 2020 Pre-Hurricane Season conference, for example, is an excellent example of this. American Red Cross experts on congregate care operations shared information related to their technical adaptations due to COVID-19 while Caribbean National Societies could exchange good practices.
- PNS can make internal tools, processes or approaches available to the Movement in a systematic way by indexing and sharing strategic, operational and technical documents.
- PNS can provide, or fund, technical experts to help NS develop information management tools and methodologies. This can be done bilaterally or through multilateral mechanisms.



### **Support planning, implementation and reporting needs of the National Societies.**



#### **IFRC Enabling Actions:**

- Promote the shared leadership model whenever possible. When pNS are present, the Country Team approach should be leveraged to maximize the comparative advantage of each stakeholder. The current assessment team composition is an illustrative example of this as it is composed of pNS and IFRC staff working together to maximize the Movement resources for a common goal. The COVID-19 pandemic is overwhelming; only collective efforts can hope to provide the necessary and consistent support to NS. The shared leadership model promotes the added value of the Movement partners and strengthens collaboration and coordination among all Movement partners.
- Conduct focused implementational capacity assessments tailored to the COVID-19 context to help identify specific support needs for NS. This multisectoral regional assessment is too broad in scope to adequately identify and highlight the specific needs of each NS. Focused assessments are needed to ensure that adequate support is requested and made available. Focused assessments can help identify vulnerable populations, resource needs of NS (including PPE and other equipment) and opportunities for expanded service delivery. This information can help inform evidence-based procurement plans, resource allocation decisions, and identification of available technical support throughout the region.

- Provide additional human resources at cluster and country office levels that understand the unique context of NS planning and implementation needs. COVID-19 has shown the relevance of localization. Dedicated human resources that understand IFRC approaches, systems and tools are needed to help NS navigate the array of Movement mechanisms. Although these liaisons/experts can come from pNS (which does not just mean those providing funds), knowledge of IFRC systems is critical and the IFRC Secretariat may need to provide intensive training and coaching to new staff or pNS staff serving in these roles.
- Provide support for targeted assessments and plans based on NS objectives to facilitate financial resource allocations and NS operations. As NS adapt to COVID-19, key informant interviews revealed that they are likely to need support with assessments and planning tailored to their operational and programmatic objectives. Technical experts can help NS refine their objectives and develop the proper methodologies and tools to conduct assessments and develop evidence-based plans. This will help with resource allocation at the cluster level. An IFRC officer explained that it is important to, “Assign your resources close to your ambitions”. An brilliant example of this was highlighted during interviews with CCST Port of Spain staff and NS focal points. The IFRC CCST is supporting a Caribbean NS as it conducts livelihood-focused assessments that inform planning and determine triggers for programme implementation. This support has facilitated resource allocation planning at the CCST office and contributes to enhancing National Societies’ plans.
- In some cases, NS need direct implementation support. IFRC support can be provided by staff, global/regional tools, or by creating bilateral links to capable pNS. Detailed NS implementation capacity assessments can help pre-identify potential implementation support needs and identify additional methods to support.
- Strengthen NS capacities to implement appropriate financial and management systems. The large influx of funds coupled with challenges related to COVID-19 could increase possible incidents of fraud, corruption, waste and abuse or produce concerns over integrity and institutional reputation. Engage with NS to develop a constructive risk management approach to minimize or mitigate potential institutional risks and integrity concerns.
- IFRC should consider providing additional financial and technical resources to strengthen NS administrative support teams. Not only is this important to facilitate implementation, financial and programmatic monitoring reporting, but it is essential to address compliance and accountability risks that have been exacerbated by COVID-19-related impacts. In addition, this support is likely to benefit the NS beyond the COVID-19 response and generate favourable lasting effects.
- IFRC should develop a NS communication and engagement strategy that seeks to simplify communication channels and facilitates coordination and collaboration. Key informant interviews with NS representatives have identified streamline communication as a major challenge when working with IFRC. IFRC staff in these interviews indicated that emails and other messages are often lost as NS leadership and focal points are inundated with messages coming from IFRC leadership, technical focal points and staff operating at different levels.



### **Enabling Actions by partner National Societies:**

- Leverage shared leadership models to provide support based on strengths and capacities. Although global tools and other multilateral mechanisms exist to leverage pNS capacities, additional avenues for engagement exist such as staff secondments, bilateral integration agreements, etc. In many cases, pNS with long-term programmes or partnerships are “best in place” to provide support and leadership. PNS should consider bilateral support as well as traditional multilateral avenues to support NS.

- In line with the Grand Bargain Agreement commitments for more flexible multi-year funding, consider different ways to provide adaptable funding to the EA operation. The initial disbursements from the global appeal were heavily restricted. This created a situation where funding was “pushed” to NS based on donor restrictions rather than “pulled” by NS based on informed assessments and plans. This creates significant risks for NS and the Movement as many NS are unprepared to spend and account for these funds in a sustainable manner. The irony is that many donors restrict funds under the belief that it ensures accountability to back donors and support monitoring and reporting requirements. Unfortunately, in some case it has the opposite effect as NS struggle to implement and report on plans that are donor-driven. While understood that flexible financial support is complicated for some donor NS, there is a clear challenge when IFRC staff or other support services are ineligible costs. PNS should explore different mechanisms to provide funding that is flexible and allows the Movement to fund evidence-based plans instead of only disbursing funds to National Societies that are overwhelmed, and might have under-resourced accountability and monitoring mechanisms in place.
- PNS should ensure that the IFRC Secretariat is aware of their programmes, which should also be reciprocal, to ensure proper coordination and facilitate the identification of opportunities to collaborate, benefit from economy of scale or even integrate programme objectives to achieve more extensive and sustainable impact. This can occur through a shared leadership framework, as well as regular participation in Movement coordination meetings occurring at regional, sub regional or national levels.



### **Promote and support the sustainability of the NS by helping adapt, strengthening and/or diversify income generating activities and public/private partnerships.**



#### **IFRC Enabling Actions:**

- IFRC should support NS as they develop or generate strategic alliances with public and private partners. Additional partnerships can lead to new opportunities, enhanced capabilities and additional sources of revenue. COVID-19 funding and operational opportunities can be leveraged to generate long-term improvements with support from IFRC to develop strategies and engagement plans. As a KII suggested, corporate social responsibility plans from extractive industries companies could be implemented by Red Cross teams, creating a profitable income stream and helping to solve social conflicts in the region.
- IFRC should provide technical support to improve business plans and business continuity plans to improve or adapt existing revenue generating activities.
- IFRC should study the idea of providing seed capital for new income generating ideas, with stringent evaluations and controls.
- Volunteer engagement and management support should be provided to NS in need. Detailed needs assessments could highlight needs and identify avenues for support to NS in relation to security, protection, promotion and motivation of volunteers according to their needs and characteristics.



#### **Enabling Actions by partner National Societies:**

- PNS can provide staff or funding to support these efforts. Many pNS have expertise in these areas and could leverage this to support operating NS in the region. One example is the American Red Cross adaptation of its blood services within the COVID-19 context. Technical adaptation and recommendations were shared through Movement platforms and other NS have been able to learn from their adaptations.



## Internal IFRC structures, systems and processes should be adapted to foster improved collaboration and integration of programmatic objectives.



### IFRC Enabling Actions:

- IFRC should consider a follow-on assessment, or business process review, of internal operating procedures and structures. It is necessary to adjust and socialize the existing Disaster and Crisis Preparedness, Response and Recovery (DCPRR) unit's standard operating procedures in the context of COVID-19 to enable a better understanding of roles and responsibilities of the CCSTs and the DCPRR. An improved alignment should strengthen the communication and coordination mechanisms and streamline reporting lines for COVID-19 stakeholders at the cluster level and the Disaster Managers-Operations Manager with the DCPRR teams. This is especially relevant since additional teams are being created and these new elements must be properly aligned and socialized.
- COVID-19 teams should be fully integrated in the CCST or CO structure and not seen as a separate internal structure within these. This will improve coordination, collaboration and the integration of objectives.

# ANNEXES

## I. Methodology and Limitations

The methodology responded to the multipurpose nature of this assessment, as well as represented the strength of the Movement working together. The team coordinator, specialized in disaster management, was seconded from the American Red Cross. The Canadian Red Cross and the Spanish Red Cross used their rapid response pools to support the participation of specialists in public health in emergencies and in livelihoods, respectively. The team was rounded out with IFRC staff competent in national society development, disaster management, information analysis, information management and PMER.

The mixed methods used enabled the team to identify qualitative and quantitative data on the evolving panorama in the region, which included the following actions:

- Desktop review of IFRC and National Society documents (COVID-19 related, sector-specific, including National Society Development).
- Data collection from secondary sources such as assessments, reports, plan of actions from the UN system, State institutions, humanitarian organizations, academic institutions and other actors related to COVID-19, as well as pre-pandemic situation.
- Key informant interviews with 61 people, of which 47 were from the Secretariat staff in the Americas Regional Office (ARO), country cluster support teams (CCST) and country offices (COs) and meetings were held with 10 National Societies (See Annex: People Interviewed).
- Online survey answered by the Directors-General of 20 of the 35 National Societies.
- Data analysis using DEEP. In an attempt to discover, sort and understand the many impacts associated with COVID-19, this report utilized the IFRC Analytical Framework for Humanitarian Rapid Risk Assessment. This model takes the assessors through an analytical process that seeks to identify information gaps, estimate the severity of the situation and expose risks and opportunities.
- The secondary data sources used for the assessment report passed through a comprehensive analysis focusing on countries of the Americas region. Secondary data sources were processed with the IFRC Analytical Framework, adapted to the current context. The regional assessment team compiled recent document for the secondary data analysis process. These documents were published through humanitarian organizations, media outlets, and others.

Once identified information gaps through secondary data analysis, the regional assessment team conducted key informant interviews to members of the National Societies in the Americas region and the IFRC. The secondary data analysis has been processed and extrapolated through [the Data Entry and Exploration Platform \(DEEP\)](#). Contact [im@ifrc.org](mailto:im@ifrc.org) or [im.americas@ifrc.org](mailto:im.americas@ifrc.org) for more information about IFRC Analytical Framework and secondary data processing through DEEP.

- Presentation and validation session to corroborate the assessment's findings with key staff from Movement components in the Americas.

Although steps were taken to triangulate findings, *the views, information, or opinions expressed in this report are solely the responsibility of the individuals involved Final Assessment Report and do not necessarily reflect the official position of the IFRC.*

## Limitations

The IFRC is committed to do no harm. In compliance with governments' containment measures against the further spread of COVID-19, this assessment was conducted within a context of generalized restriction of movement. Understanding this principle, the assessment team did not travel to conduct their activities and was limited in its inability to observe and conduct primary in-person research. However, the methodology enabled the obtaining information from the IFRC, National Societies (including partner National Societies), ICRC, as well as other humanitarian actors from outside the Movement.

Due to the rapidly changing and uneven development of the impact of COVID-19, and governments' diverse actions to address the health and socioeconomic needs, this assessment does not provide in-depth analysis of specific country and sub-national situations. However, the assessment findings, using an approach that groups together countries with similarities to provide input to guide future country-specific actions. Additionally, as mentioned in the report, it is recommended that the Secretariat in the Americas provide technical support, as required, to National Societies for their own assessments of the pandemic and its aftermath.

Despite the incorporation of Strengthening National Societies (previously "Detailed Institutional Strengthening Plan") as one of the priorities in the global (and regional) Emergency Appeal operation, this focus was not as clear in the Terms of Reference and in the initial team composition. While great work was done once the lead on National Society Development joined the assessment in week two, this inadvertent oversight indicates the ongoing challenges to ensure that National Society Development is embedded in all emergency response operations.

Although the ToR and later consultation with the SMT indicated that the primary audience for the assessment was the IFRC Secretariat in the Americas, time constraints did not enable as many interviews with all the National Societies in the Americas, which might have been useful for a fuller validation of the findings. The key informant interviews with key Secretariat staff in week three supplemented a revision of the secondary information analyzed, but time constraints did not permit further interactions with the National Societies beyond the online survey Directors General and one-off interviews.

Even with the clear localization emphasis in which National Societies not only have the leading role, but also contribute the knowledge and experience of their staff and volunteers to this global Emergency Appeal operation, human resources for this assessment and future assessments in the new normal face limiting factors. As mentioned, the Secretariat staff in the Americas is overextended and, in many locations, understaffed. Five of the eight key assessment team members were regular IFRC personnel who juggled prior and ongoing responsibilities with the duties required for this assessment, something that was often not done in previous assessments when home office responsibilities were put on hold as staff deployed to the field. However, the upside of not having physical deployments was the incorporation of two assessment team members, based outside of the Americas, who demonstrated a great deal of flexibility and commitment as they managed to coordinate smoothly, and with good humour and patience, in unusual working hours.

The remote work made collaboration and coordination at times was complicated, particularly in the final phase of collectively drafting this report. The Movement is still learning and institutionalizing best practices related to remote work and management of remote teams. The Assessment Team attempted to overcome these challenges with a range of tools and processes, but not all impacts were mitigated, and it is difficult to fully understand the impact on the quality of this report.

Given the broad and multi-layered impact of the development of this pandemic, the one-month duration of this assessment proved challenging. In the period of one month, some countries shifted from having few reported cases to desperately responding to an upswing of cases, and fatalities. Other developments over this short period included changes in State policy on the re-opening of the economy or the lifting (or often not) of border controls occurring in parallel with outbreaks of social unrest, xenophobia and other types of violence. Unable to engage in the daily modification of its research and drafting of recommendations, the assessment team aimed to identify potential risks, as well as opportunities, even as the situation continued to be highly dynamic.

## **II. List of Key Informant Interviews/ meetings**

From IFRC, a total of 61 key informants (25 women and 36 men) were interviewed.

These included 47 people (19 women and 28 men) from IFRC staff in the technical areas of Disaster Risk Reduction, Shelter, Livelihoods, Health, WASH, PGI and Migration, as well those responsible Policy, Strategy and Knowledge (PSK), National Society Development, Volunteering, Disaster Management, Logistics, Cash and Voucher Assistance (CVA), Community Engagement and Accountability (CEA), Disaster Law, Partnership and Resource Development (PRD), PMER and Finance. The Deputy Director, all Heads of Country Cluster Support Teams and Country Offices, the head of the ARO DCPRR and several Operations Managers were interviewed.

A meeting was held with two representatives of PAHO to provide further background on health issues in the region.

Key Informant Interviews were conducted with the following National Societies of the Americas and National Societies with presence in the region:

1. American Red Cross
2. Argentine Red Cross
3. The Canadian Red Cross Society
4. Colombian Red Cross Society
5. Dominican Red Cross
6. Ecuadorian Red Cross
7. German Red Cross
8. Guatemalan Red Cross
9. Guatemalan Red Cross
10. Honduran Red Cross
11. Italian Red Cross
12. Norwegian Red Cross
13. Panama Red Cross Society
14. Salvadorian Red Cross
15. Spanish Red Cross
16. Swiss Red Cross

An online survey for this assessment was sent to the Directors General of the 35 National Societies in the Americas; the following 20 National Societies responded:

1. American Red Cross
2. Antigua and Barbuda Red Cross
3. Belize Red Cross Society
4. Bolivian Red Cross
5. Colombian Red Cross Society
6. Costa Rican Red Cross
7. Cuban Red Cross
8. Dominica Red Cross Society
9. Dominican Red Cross
10. Ecuadorean Red Cross
11. Salvadorean Red Cross Society
12. Grenada Red Cross Society
13. Guatemalan Red Cross
14. Honduran Red Cross
15. Mexican Red Cross
16. Red Cross Society of Panama
17. Paraguayan Red Cross
18. Saint Kitts and Nevis Red Cross Society
19. The Trinidad and Tobago Red Cross Society
20. Uruguayan Red Cross

### **III. Regional Assessment Team Composition**

The Regional Assessment Team was composed of the following eight people:

- Gonzalo Atxaerandio (IFRC ARO), Disaster Management
- Luis Fanovich (IFRC ARO), Information Management
- Juan García (Spanish Red Cross), Livelihoods and Basic Needs
- Andrés Gómez (IFRC Colombia Country Office), Information Analysis
- Noé Hatchuel (American Red Cross), Emergency Need Assessment and Planning Coordination
- Marie Manrique (IFRC CCST Andean countries), Planning, Monitoring, Evaluation and Reporting
- William Parra (IFRC ARO), National Society Development
- Elise St. Denis (The Canadian Red Cross Society), Public Health in Emergencies

# Endnotes

- 1 American Red Cross and the Canadian Red Cross Society have not solicited funds from the Emergency Appeal.
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- 3 See daily estimates of confirmed cases of Covid-19: <https://go.ifrc.org/emergencies/4379# covid-19-situation>
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- 6 World Bank data indicators of interest to the Covid-19 outbreak. Available at: <https://data.humdata.org/dataset/world-bank-indicators-of-interest-to-the-covid-19-outbreak>.
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- 9 International Labour Office, [Women and Men in the Informal Economy: A Statistical Picture](#), (April 2018).
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