



COVID-19 OUTBREAK OPERATIONAL UPDATE #18

REPORTING DATE: 10 July 2020
REPORTING TIMEFRAME: 1 July 31 July 2020

OPERATIONAL TIME FRAME: 31 JAN 2020 - 31 DEC 2021

Situation Update

18,575,326 confirmed cases globally reported to WHO as 6 August 2020

Rapid acceleration in transmission, with approximately 1.5 million new cases per week.

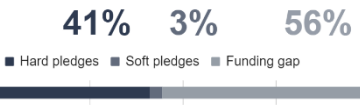
COVID-19 Global View
Produced: 4 August 2020



COVID-19 Global View map shows new cases per population. Larger map in annex.

Funding**

150,000,000 CHF Required



** Funding gap calculated after factoring in soft and hard pledges.

National Society Response

125 National Societies reporting via public COVID-19 Field Reports as submitted on the GO Platform.



125
Sustaining Health and WASH



118
Addressing Socio-economic Impact



118
Strengthening National Societies

*Breakdown of pillars in annex and on [GO](#). 5 May – 5 August

GO Platform

National Society [Field Reports](#) and Emergency pages can be found on [GO platform](#).

[Click here](#) for the detailed up-to-date information on the situation, analysis, RCRC Movement actions, documents and additional information available on go.ifrc.org

Useful Links

Technical Guidance - Compendium

The [Red Cross And Red Crescent Movement Resource Compendium](#) has links to resources and guidance and resource hubs such as

- Health Help Desk
- Business Continuity Planning Help Desk
- Cash Help Desk
- Community Engagement Hub
- Livelihoods Help Desk
- IFRC Reference Centre for Psychosocial Support
- National Society Resources and Guidance by a number of topics

The latest WHO sit-reps are [here](#) and visualisations at [WHO](#) and on [GO Platform](#).

OPERATIONAL UPDATE

The **Revised Emergency Appeal (28 May 2020)** is available [here](#).

A Six-Months Update will be published by 31 August 2020

Red Cross and Red Crescent activities globally

Health and Care

The health and care team participated in the GOARN sub-working group on contact tracing and the importance of community engagement during the process. To support the IFRC guidance developed on contact tracing the department conducted a global webinar and a regional webinar with AP region to review the guidance and share National Society experiences. WHO updated guidance for surveillance in the context of COVID-19 refers readers to IFRC as a key resource for CBS and developing community definitions.

Risk Communication, Community Engagement and Accountability

Coordination: As part of the Collective Service work, the [first draft of the revised global RCCE strategy for the COVID-19 response](#) has been shared to collect inputs from membership of the group. IFRC continues to co-chair the weekly GOARN coordination group with special focus on how to collect and respond to global feedback. A [dedicated EPI-WIN webinar](#) on listening to community feedback and how to better close the loop and inform action was conducted on the 5th August with more than 200 participants from around the globe.

Technical: IFRC together with contact tracing workstream partners developed the first operational tool to ensure that contact tracing processes are effectively rolled out with the fullest engagement of communities themselves. The initial draft has been presented and very well received among the contact tracing global consultation membership, external organizations and local NGOs.

Work continues in the collection and analysis of regional feedback as well as identifying global trends that can be linked with actions. To do so a feedback analysis plan is currently being implemented as well as template briefs per region and a global dashboard mock-up. The community engagement and accountability in times of [COVID-19 e-learning course](#) is in its piloting phase. The course has been designed in cooperation with Learning Platform and will be launched globally.

Livelihoods and Household Economic Security

Coordination: The Food Security and Livelihoods (FSL) [HelpDesk](#) continues to provide remote support to National Societies. The main requests are focused in how to conduct remote livelihoods assessments, how to adjust the ongoing operation to COVID-19, how to target effectively and how to integrate the social protection systems in the response.

The Cash Hub and the Livelihoods Resource Centre organized a join webinar on the Livelihood and Household Economic Security (HES) for Cash and Voucher Assistance (CVA) during the COVID-19 pandemic with examples from several countries on the 15th of July. The webinar counted with 169 participants

The LRC with the infographics and other materials produced regarding COVID-19 has reached up to date (from 4/4/2020) on Facebook, 16.919 people and in LinkedIn 21.424 people.

Technical: IFRC in cooperation with the LRC and British Red Cross have been produced a document to support National Societies in the area of targeting more efficiently and how to define potential response options given the great impact of the pandemic in people's livelihoods. The document is named **COVID-19 EPoA Livelihoods Response Options and Targeting** in [EN](#).

Shelter and Urban Settlements

Shelter and settlements team has been working with the Cash Hub to organize the webinar 8 on "Shelter and Settlements through CVA" (accessible through this [link](#)). There were more than 100 participants from 28 parts of the RCRC Movement (NS, IFRC and ICRC). The webinar focus on Shelter and urban settlements interventions during COVID-19 where CVA is used as implementing modality, but also on the adaptation of existing programmes to the actual restrictions imposed because of the pandemic. Examples

were presented by Bahamas RC and ICRC work in Iraq. It was also presented the new developed “Step-by-step guide for rental assistance to people affected by crises”. This guideline provide the required information to establish a rental programme that it is one of the possible shelter interventions to mitigate the social-economic impact that the lockdown imposed measure are having on the most vulnerables. Global Shelter Cluster has issued its key messages and actions for security of tenure and COVID-19. This has been a collaboration of the GSC and the HLP Area of Responsibility of the Global Protection Cluster and can be accessed on [the GSC website](#).

National Society Preparedness

- Ongoing efforts to capture **NS Preparedness experiences**, in particular **how preparedness is contributing to the COVID-19 response and other emergencies**. During the last month case studies ([Mongolia](#) and [Barbados](#)) and video on [NS Preparedness experiences from 6 countries in CA](#) were released. A webinar attended by 127 people from 26 countries was organized with 6 NS from Central America to share their [experiences](#). Two dashboards to visualize the PER results trends and lessons learned from DREF supported operations using the PER mechanism are updated on a regular basis ([PER results trends](#) and [PER- DREF Operational analysis](#))
- Netherlands RC developed a paper that captures **how Response Preparedness work has contributed to a more efficient COVID-19 response**. Findings indicate that response was not only faster, it was also of much higher quality. NS developed good quality COVID-19 response plans quickly, collaboration with their government was reinforced, and use of data allowed more accurate risk analysis to target the areas and communities most at risk. Canadian Red Cross developed a paper to **advocate for greater investment in local actors’ preparedness and capacity to support localised humanitarian action**.
- A dissemination process has started with focal points in the regions and in NS regarding **NS Business continuity planning (BCP) and contingency planning (CP)**. Whereas for the **BCP a template** is shared to support a simple and straight forward use by NS, the CP process **builds upon collecting best practices and supports the process to review existing plans** taking into account the current COVID 19 restrictions in different countries. GDPC, through the [BCP helpdesk](#), is planning further webinars and the translation of the BCP template in Spanish, French, Russian, Arabic. The **Contingency Planning** process is closely linked with the preparedness activities of NS and regions for other disasters like hurricanes, monsoon, droughts and related events. In order to **enhance scenario development and contingency planning** in light of COVID19 restrictions a revision of **tools for NS and consultation and testing** is ongoing.

Business Continuity Planning and Security within IFRC Secretariat

Priority will be maintaining Business continuity plans updated and capacity in the IFRC and strengthen capacity of National Staff and our NS as we will struggle deploying international staff during flare ups or second/third waves.

Under economic and social pressure, countries begin to reopen, triggering new outbreaks and resurgence of COVID-19 cases. Local and provincial governments take the lead in managing the public health crisis by re imposing restrictions. Some countries contain COVID-19 and begin to enter the “new normal” but others remain severely impacted. The world divides between countries in recovery and those still in crisis.

Following the [Guidance approved](#) by Secretary General on gradual readjustment of working arrangements, 8 offices worldwide have received authorization to change the working modality. The Secretary General recently approved guidelines for [“International meetings, seminars, workshops, conferences organized by the IFRC during the COVID-19 sustain and suppress phase”](#) and also the [“COVID-19 Event and Venue Readiness Checklist”](#). These documents aim to provide meeting organizers with key information for organizing and managing meetings in light of the current COVID-19 outbreak. They will be reviewed and adapted based on the evolution of the situation worldwide. As with the previously issued documents on Business Continuity, these documents **are also for mandatory use across the whole organization**.

The global security threat environment remains unchanged in most countries. As previously reported, COVID-19 remains only one of multiple factors influencing the security threat environment in a number of humanitarian operating contexts. Civil unrest continues to be either ongoing or anticipated in a number of countries, sometimes causing disruption to humanitarian activities. While the pandemic initially depressed crime levels as people stayed at home, these seem to be starting to shift – both as some economic activity resumes and as criminal organizations adapt their operations. In Latin America, there are mounting concerns

and emerging evidence that increasing unemployment brought about by the pandemic could contribute to increasing levels of crime.

Communications

Media Highlights

- **IFRC Secretary general's interview with AFP:** [Red Cross warns of big post-Covid-19 migration as WHO hits back at US](#) from the Guardian
- [Press release on South Asia floods and Covid-19 impact](#) quoting IFRC Secretary general has been picked up by [AFP](#), [AP](#) and [Press Association](#) (PA).
- The [AFP](#) and [AP](#) articles have been relayed by some key major media outlets such as New York Times, Washington Post or Financial Times. The article from Press Association has been carried over by a considerable number of UK based media.
- [BBC story](#) featuring Claudia, a volunteer contact tracer with the South African Red Cross.
- **The FIA donates almost two million euros to the Red Cross.**
- **Live from Devex:** [On the Frontlines: Empowering health workers in the era of COVID-19](#) with Dr Emanuele Capobianco as one of the panelists

Social Media Highlights

- **3.4 Million followers** on our IFRC [TikTok](#) account
- Today we have 192,000 followers on Instagram. We gained 8,000 new followers in the past week. A photo from Indonesian Red Cross published this week on Instagram **became our second best performing post in terms of likes in the past 6 months.**
- **173,000 subscribers** on Viber.
- On LinkedIn, in the past week, **we still managed to keep the first highest engagement rate with 4.6%**, among all humanitarian organizations.

Supply Chain

Four global requisitions were signed in March and April for the procurement of 12.5 million PPE with a budget of 11.9 million CHF. Thanks to global efforts, we have procured 13.8 million PPE for a budget of 10.2 million CHF. All the contracts have been delivered by suppliers from China, the PPEs have been all transported to final destination in COs or to RLUs (Dubai, Panama, KL). Three regions received 100% or near of the PPEs they requested, MENA is in the process of receiving the last shipments to complete this round (with the exception of Palestine and Tunisia whose shipments are on hold). For Africa, most deliveries will be completed by mid-August, and a new round is being organized ex-Dubai following new funding received.

Destination	PPE TOTAL QTY (PCS)	% of QTY	TOTAL VOL (CBM)	TOTAL WEIGHT (KGS)	Value (USD)
AFR	1.475.445	100%	209,80	26.740	\$ 955.292
Delivered	317.160	21%	20,59	2.463	\$ 175.076
In transit RLU	177.415	12%	12,45	1.582	\$ 58.262
Under delivery	980.870	66%	176,77	22.694	\$ 721.954
AMERICAS	394.904	100%	108,11	14.916	\$ 987.930
Delivered	394.904	100%	108,11	14.916	\$ 987.930
A-P	2.289.069	100%	361,43	46.570	\$ 3.018.355
Delivered	2.266.569	99%	353,75	45.417	\$ 2.966.035
In transit RLU	22.500	1%	7,68	1.153	\$ 52.320
EURO	1.741.080	100%	211,13	19.588	\$ 1.512.860
Delivered	1.741.080	100%	211,13	19.588	\$ 1.512.860
MENA	6.868.230	100%	515,10	65.428	\$ 3.941.195
Delivered	6.052.850	88%	385,95	49.206	\$ 3.279.581
Under delivery	765.690	11%	113,29	14.329	\$ 603.835
On Hold	49.690	0,7%	15,86	1.892	\$ 57.780

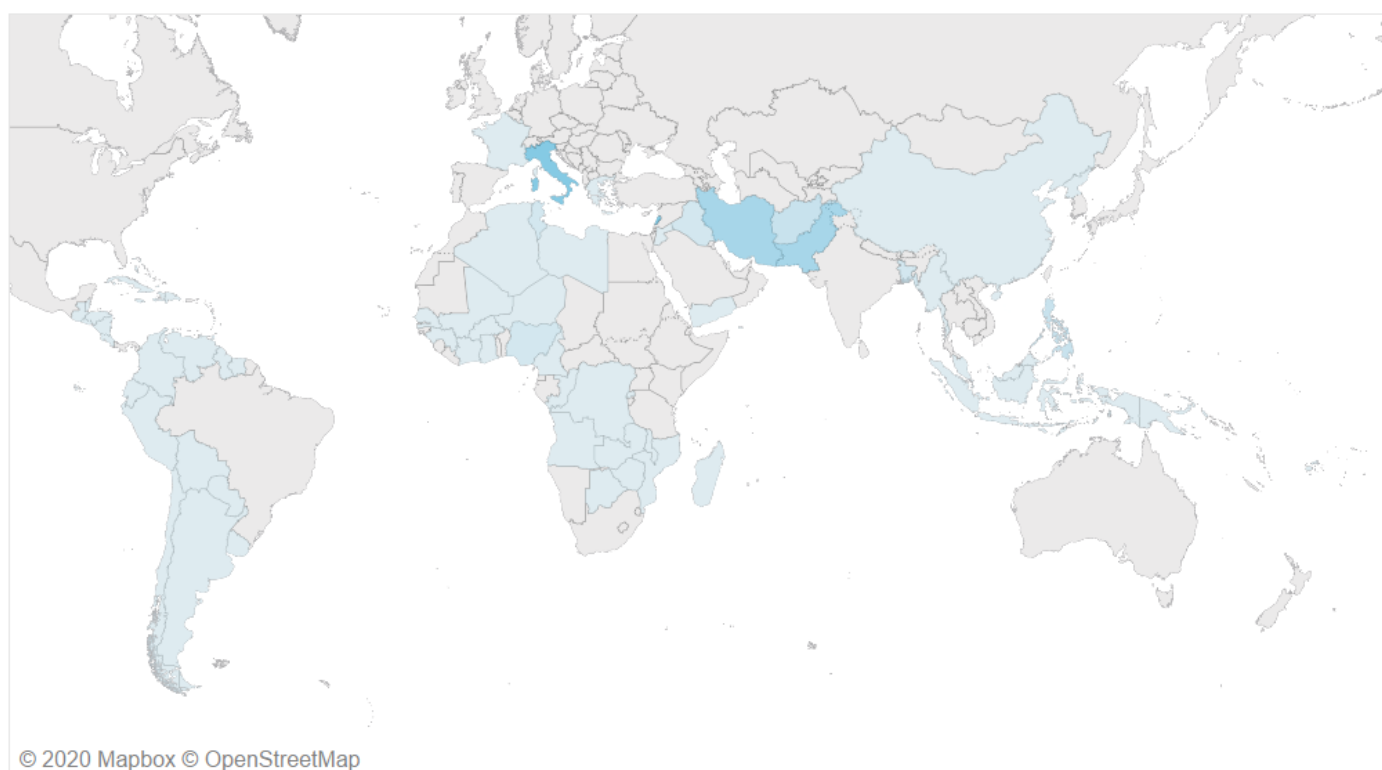
STOCK AVAILABLE	DUBAI	KL
Cap, Surgical	40.600	10.500
Coverall with hood	0	2.000
Face Shield	0	0
Gloves, Examination	85.700	0
Gloves, surgical	3.050	500
Goggles	0	6.240
Gown, isolation	3.200	2.000
IR Thermometer	110	0
Masks, Surgical	2.297.100	247.000
N95/FFP2 respirators	998.380	15.435

To deliver these PPE, we have used a global framework agreement signed with a freight forwarding company, but we also have transported 81,9 MT/ 495.33 CBM using WFP services, amounting to a total savings of **1,003,484 USD**.

Thanks to this global procurement, we managed to also preposition stock of PPEs in RLUS as below:

This stock is available to all NSs and PNSs provided they have budget to cover the cost of goods and transport. For additional request, GVA LPSCM and all OLPCSM will continue to provide support for local or global procurement, as well as organizing transport using WFP services or commercial airlines. The Medical Logistics is also present until end of August to continue advise on specifications and quality of PPEs and other medical equipment.

PPE Shipments to National Societies (Global Logs)



As at 10 August 2020. Data sources: Shipping table (Global Supply Chain), with addition of Americas PPE data 1 July. Includes items Delivered, Under Delivery, In Transit RLU - to National Societies (excluding stock, and unallocated items). Shipment value in USD is for PPE items excluding shipping costs and fees. The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

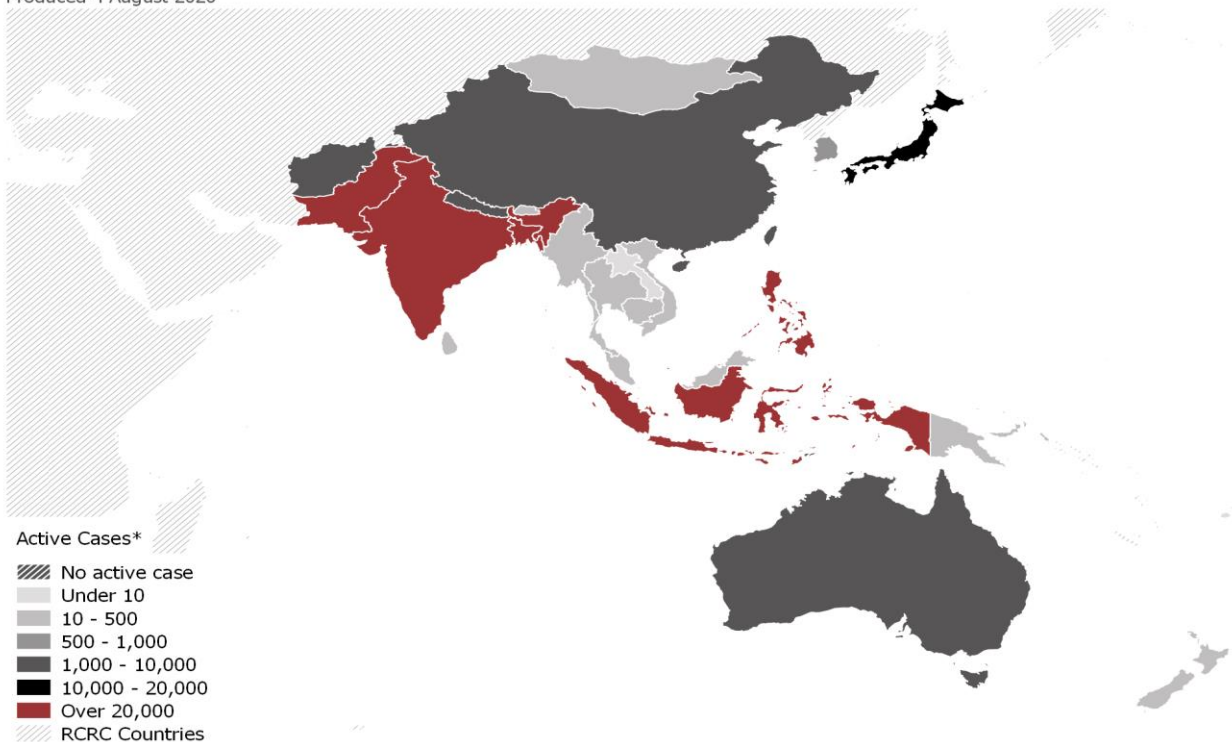
Red Cross and Red Crescent activities by Region

Asia Pacific

Regional Update

2,831,351 confirmed cases in Asia Pacific
62,378 confirmed deaths in Asia Pacific
reported by WHO as at 10:00am CEST, 3 August 2020

COVID-19 Asia-Pacific Region
 Produced 4 August 2020



*Active cases= total confirmed cases - total recovered - total deaths
 This map does not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Produced by SIMS (2020).

National Society Response

According to public COVID-19 field reports submitted to [GO platform](#)
38 National Societies are engaged in...



Health and WASH
26



Socioeconomic Interventions
20



NS Institutional Strengthening
26

HEALTH AND WASH

- 11 Ambulance services for COVID-19 cases
- 9 Community-based surveillance (CBS)
- 18 Epidemic control measures
- 16 IPC and WASH (community)
- 15 IPC and WASH (health facilities)
- 11 Isolation and clinical case management for COVID-19 cases
- 16 Maintain access to essential health services (clinical and paramedical)
- 16 Maintain access to essential health services (community health)
- 2 Management of the dead
- 30 MHPSS
- 33 Risk communication, community engagement, and health and hygiene promotion

SOCIOECONOMIC INTERVENTIONS

- 23 CEA, including community feedback mechanisms
- 30 Livelihoods, cash support & food aid
- 11 Shelter and urban settlements
- 29 Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

- 26 National Society readiness
- 23 National Society sustainability
- 31 Support to volunteers

During the period under review, the IFRC Asia Pacific Regional Office (APRO) continues to provide guidance and coordination support to National Societies through the five Country Cluster Support Teams (CCSTs) and eight country offices. The Asia Pacific Regional Office updated the CCSTs and country offices on the status of the operation and ways forward through regular communications and coordination at all levels and through the fortnightly Joint Task Force (JTF) calls with the global headquarters in Geneva.

The Asia Pacific Regional Office continues to monitor the evolving situation in Asia and Pacific – which has seen spikes in the number of cases in countries like Australia, and continuous high numbers in India and Bangladesh, both of which were also battling floods and cyclones during the reporting period – and is actively keeping the region informed through the weekly Regional Task Force meetings with CCSTs and country offices. Similarly, CCSTs and country offices continue to update the Asia Pacific Regional Office on the progresses in-country for preparedness measures, trends in the number of confirmed cases, governmental actions, and activities being implemented or planned by the National Societies.

Priority 1: Sustaining Health and WASH

Epidemic control

Epidemiologically Asia Pacific is showing a diverse picture in terms of COVID-19 prevalence. Six countries in the region accounts for almost 95 per cent of all active cases in the region. National Societies are responding according to their mandate to curb the COVID-19 pandemic.

To enable National Societies to further strengthen existing capabilities in epidemic prevention and control regional office continues to host health technical webinar. In addition, the regional office has updated the health guidance note based on the current evidence to better support National Societies to implement COVID-19 operations. National Societies in the region are supporting their Ministry of Health with public health interventions like entry point screening, contact tracing, etc. National Societies are also providing social emergency services at quarantine facilities. The Asia Pacific National Societies are primarily focusing on tailored health awareness and education to ensure right information is disseminated to the most vulnerable.

WASH

As the Asia Pacific region is adapting how we do things in these uncertain times, there has been a plethora of different materials emerging from various organizations. The APRO WASH team has collated a list of [key WASH resources related to the pandemic](#). This is a living document where relevant new and/or updated resources will be added over time. The resources are categorized according to different WASH-related topics and consists of internal and external sources i.e. general, handwashing infrastructures, handwashing, hygiene kit (including distribution), hygiene promotion, menstrual hygiene management, personal protective equipment, disinfection, and waste management.

The APRO has also recently finalized a [distribution protocol](#) which outlines precautions to be taken when distributing kits in the context of the pandemic, to limit the risks of spreading the virus and to protect those involved. The protocol also provides supplementary information on how to [layout distribution sites and the proposed steps for house-to-house distribution activities](#).

Isolation and clinical case management for COVID-19 cases

In Asia Pacific region, support has been given to nine National Societies that are involved in providing isolation and clinical care for COVID-19 patients. Some National Societies are supporting governments' efforts in testing capacity such as the Philippines Red Cross and its network of 7 laboratories across the country, and the initiative of the Indonesian Red Cross to implement testing activities in the country. Support and follow up has been provided to other National Societies implementing and adapting clinical services for COVID-19, especially to Pakistan Red Crescent Society's Corona hospital, and Bangladesh Red Crescent Society's Holy Family hospital in Dhaka and two isolation and treatment centers in Cox's Bazar (one that opened on 22 July, and the second expected to open on late August). The level of support involves technical and strategic advice to implement infection, prevention and control strategies including proper use of PPE, quality assurance and decision making in adapting services.

Ambulance services for COVID-19 cases

Eight National Societies have been supported and guided to maintain, scale-up and adapt pre-existing ambulance services for COVID-19. National Societies such as Philippines Red Cross, Indonesian Red Cross and Nepal Red Cross provide massive support in

transporting COVID-19 patients. As part of the support to the response efforts, negative pressure ambulances for transportation of possible and suspect COVID-19 cases were provided and put available in National Societies such as the Malaysian Red Crescent Society. Support also involved training and provision PPE for paramedics and drivers.

Maintain access to essential health services (community health)

National Societies are slowly resuming community health work to keep other public health threats at bay in close coordination with Ministry of Health. Vaccinations recently resumed in the Philippines, all done under extreme care and caution, with Red Cross staffs and volunteers helping keep everyone safe. Resuming First Aid training guideline has been shared with National Societies followed by a webinar.

Maintain access to essential health services (clinical and paramedical)

Ten National Societies are implementing actions in order to maintain access to clinical and ambulance services in the context of the COVID-19 pandemic. Blood services are being implemented by National Societies such as Korean Red Cross and Bangladesh Red Crescent Society, the Philippines Red Cross is also involved in blood services, including the collection of plasma for therapeutic use. Other National Societies are involved in continuous prehospital support through their ambulance services such as Nepal Red Cross, Indonesian Red Cross and the Philippines Red Cross, among others.

Priority 2: Addressing Socio-economic impact

Livelihoods and household economic security (livelihoods programming, cash and voucher assistance)

- Ongoing monitoring and analysis on regional developments and trends related to socio-economic impact of COVID-19.
- Continued co-chair of the regional cash working group where technical support to some country cash working groups.
- Continued technical support and guidance to National Societies implementing cash and voucher assistance as part of their response.
- Facilitated monthly call with Asia-Pacific National Society Cash focal points.

Shelter and urban settlements

The IFRC Asia Pacific Shelter focal point continued to provide regional coordination and technical guidance to National Societies to support any shelter and settlements related activities related to COVID-19.

Community engagement and accountability

The community engagement and accountability (CEA) team continues to support National Societies with technical input, regional coordination and expanding partnerships. This included:

- A joint online training with WHO and Indonesian Red Cross Society (and with support of PMER) on perceptions survey data analysis (capped at 30 participants, with nearly 70 sign ups).
- Drafted perception survey package for National Societies with tools and resources to continue implementing perception surveys.
- Continued to co-chair the inter-agency risk communication and community engagement (RCCE) working group.
- Supported data analysis of perception survey data (Pakistan, Malaysia, Indonesia, Myanmar).
- Led inter-agency joint analysis of perception survey data with WHO, UNICEF, UNOCHA and National Societies.
- Coded all feedback data and adapted coding framework (Nepal, Pakistan and Indonesia).
- Presented preliminary results of perception data to global team.
- Supported the migration-led collection and sharing of relevant COVID-19 IEC materials for AP National Societies. Coordination as part of a shared leadership approach with New Zealand Red Cross.
- Developed matrix of all Asia Pacific RC/CEA webinars and online trainings with key takeaways.
- Coordinated translation of RC/CEA online Training of Trainers PowerPoint and community engagement guidance.
- Drafted Feedback report (Nepal and Indonesia feedback data).
- Facilitated bi-weekly movement-wide CEA call to support.

Migration

- The IFRC Asia Pacific Migration and Displacement team continues to provide regional coordination and technical guidance to National Societies to support migrants, refugees and IDPs at risk from COVID-19 and its impacts. This included:
- Ongoing monitoring and analysis of regional developments, trends and risks related to migration and displacement.
- Engagement in the inter-agency regional thematic working group on migration, refugees and COVID-19 (hosted by IOM).

- Ongoing Movement coordination and cooperation at the regional level (with the ICRC Regional Migration Advisor) and at the CCST and country office levels, especially on mutual areas including Restoring Family Links (RFL), Immigration, Detention, and aspects of Protection.
- Technical support and guidance for the development of National Society plans to address the needs of migrants, refugees and IDPs continues, focusing on support to Myanmar Red Cross, Pakistan Red Crescent, Sri Lanka Red Cross, Malaysian Red Crescent and Nepal Red Cross.
- Coordinated the development of guidance for AP National Societies on the Global Migration Strategy, the Manila Call for Action and connections with COVID-19 programming. Coordination as part of shared leadership approach with Australian Red Cross.
- Coordinated the collection and sharing of relevant COVID-19 IEC materials for Asia Pacific National Societies. Coordination as part of a shared leadership approach with New Zealand Red Cross.
- Coordinated the development of new migration needs assessment guidance in the context of COVID-19, with IFRC country office Pakistan and shared leadership with Australian Red Cross.
- Acted as project lead for Thai Red Cross Society programme to reach more than 400,000 migrants in Thailand as part of the COVID-19 response.
- Facilitated a Webinar on Protection, Migration and COVID-19 with more than 65 participants from National Societies, IFRC and ICRC including presentations from Indonesian Red Cross (PMI) and Maldivian Red Crescent.

Priority 3: Strengthening National Societies

National Society readiness (preparedness, capacity strengthening, auxiliary role and mandate)

Global RC/CEA Training of Trainers was organized – the RC/CEA coordinator and delegate co-facilitated two global training of trainers (ToTs) on Risk Communication and Community Engagement and Accountability, reaching around 100 participants, with many drawn from the National Societies in the region. Based on this CEA team adapted and facilitated a regional ToT with contributions from National Societies from Pakistan, Indonesia and Bangladesh with over 50 participants.

International support and resourcing

Partnerships and Resources Development

Potential Red Cross Red Crescent partners call scheduled for the first week of August. Unresolved issues remain regarding earmarking guidelines, especially for small countries; this is resulting in holdups in pledge registration, use of funds, and potential negative donor relationships.

Logistics

International procurement for PPE has been secured and concluded 100% for nine countries such as Afghanistan, Bangladesh, Myanmar, DPRK, Pakistan, CCST Beijing, CCST Jakarta, CCST Suva and Papua New Guinea. DPRK shipment under UN Sanction Exemption for COVID-19 response arrived in country on 7 July and after 10 days quarantine/disinfection process is received by DPRK RCS.

To reinforce the long-term plan needs of the country offices by organizing “Deep Dive” calls country offices addressing the longer term on procurement needs taking into consideration the perspective of Health, Operations, Logistics’ challenges and availability of resources in country.

Logistics dashboard developed for the COVID-19 operation detailing the procurement and mobilization achievement (quantify in value (total procurement undertake/secured) and quantities (total shipments delivered in countries).

Coordination efforts with WFP on Global Cargo Provision Service for AP in which 10 shipments had been requested and activated to Bangladesh, Indonesia, Pakistan, Philippines and Papua New Guinea.

National Society response – key highlights

Afghan Red Crescent Society (ARCS)	During the period under review, ARCS inaugurated a 50-bed hospital for COVID-19. A total of 280,984 people was screened for COVID-19 by the ARCS health facilities during the reporting period. 41,934 suspected cases were identified, out of which 1,808 cases were referred to the governmental COVID-19 testing centers. 387,500 received
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awareness on COVID-19 from the ARCS medical health teams (MHTs) and basic health centers (BHCs). Personal protection equipment (PPE) kits were distributed to relevant staff and volunteers at all the layers of ARCS. 177 (42 female) ARCS MHTs and immunization staff were trained in IPC. 30,735 people affected by COVID-19 received food and non-food items from the ARCS. Distribution of cash to 2,000 families was initiated in Balkh. To ensure accountability at the community level and to seek the perception of the beneficiaries who received food assistance from the ARCS, post-distribution beneficiary satisfaction monitoring was conducted in Herat. Further to this, the ARCS community-based health and first aid (CBHFA) volunteers and the immunization teams were actively involved in epidemic control, risk communication, psychosocial support (PSS) and community-based care (CBC) activities (data will be shared in the next update). 39 MHTs and 46 BHCs and sub-health centers continued to provide routine health care services this past month.

IFRC continued to provide technical and financial support in the implementation of the ARCS COVID-19 response plan. Most of the activities planned under the ARCS COVID-19 response plan are funded by the IFRC through its COVID-19 domestic response plan. IFRC has been the main body for coordination of the ARCS response with the partners and donors. Similarly, IFRC has played a crucial role in ensuring the visibility of the ARCS response both at the country level and globally.

ICRC supported the establishment of the ARCS COVID-19 hospital. Norwegian Red Cross provided technical and financial support for conducting IPC training for the NHQ and BHCs staff. Canadian, Swedish, and Norwegian Red Cross continued supporting the ARCS MHTs to deliver routine health care services at the community level. A shipment of surgical masks donated by the Singapore Red Cross arrived in Kabul during this period. Turkish Red Crescent continued to provide food assistance in different provinces of the country. Qatari Red Crescent supported the activities of the sub-health centers.

Australian Red Cross (ARC)	ARC's humanitarian response to COVID-19 has moved into a recovery phase which aims to ensure that people experiencing vulnerability can cope with the psychosocial impacts of the virus. Phase 1 aimed to flatten the curve of the spread of COVID-19 and to help people cope with the psychosocial impacts of COVID-19 transitioned to Phase 2 on 20 May. The country is currently at Phase 2, which is resume business as usual (in most states) though at a lower capacity compared to pre-COVID.
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PSS has been provided through: Emergency relief to approximately 20,053 migrants on temporary visas and provided information through 115,607 visits to the emergency relief the website; psychological first aid phone outreach to 36,192 people experiencing self-isolation or mandatory quarantine; development of a social connection phone call service for 507 of the broader population of adults experiencing social-isolation due to COVID-19 restrictions; well-being kits provided to 3,507 people in mandatory hotel isolation or advocated to government on psychosocial impacts; developed resources and training to build capability of community organizations to support their clients facing increased vulnerability; public information activities to encourage people to help flatten the curve and cope with the impacts with 39,963 views of content; and a Recovery Positioning document to guide advocacy to government and other agencies. A rapid needs assessment of Red Cross clients, including a particular focus on people on temporary visas, Aboriginal and Torres Strait Islander peoples and people in mandatory quarantine, has been completed to determine further recovery needs. Key insights from the needs report are:

Many Australians have experienced some degree of impact to their social connections over the past several months. Whilst most appear to be coping through the use of technology and by turning to friends and family for support, some people are experiencing more significant impacts to their psychosocial well-being.

COVID-19 is impacting the ability of bushfire-affected communities to address their psychosocial recovery needs. As Australia faces upcoming disasters, the country will face new challenges in terms of readiness and response to emergencies due to ongoing physical distancing requirements. ARC will need to monitor the pandemic closely and prepare for different response scenarios based on the status of the pandemic at any given time. This should include business continuity planning for a wide variety of circumstances.

Aboriginal and Torres Strait Islander communities are disproportionately impacted by both the health risks and mental health impacts of the pandemic and have faced additional barriers accessing safe cultural spaces for connection and psychosocial wellbeing. The compounding factor of a digital divide has also meant many Aboriginal

and Torres Strait Islander peoples have not been able to access support, services, education and other opportunities equally through the pandemic period.

Migrants in transition continue to be particularly hard hit by the pandemic and lockdown. Their needs are wide-reaching and diverse –and given they fall outside the social safety net, migrants in transition are likely to require significant support as the pandemic and economic situation evolves. ARC has also mobilized funding and technical support to the IFRC global appeal and ARC partner national societies, and influenced the Australian government and humanitarian sector to take global action and strengthen global solidarity in response to COVID-19 and its impacts.

ARC commenced Phase 3 of the COVID humanitarian response on 29 July with additional priority work on monitoring and planning for future wave scenarios, needs assessment and psychosocial wellbeing resources for Aboriginal and Torres Strait Islander communities underway.

Bangladesh Red Crescent Society (BDRCS)	<p>In addition to responding to the current flood situation in the country as well as to Cyclone Amphan and the COVID-19 pandemic, BDRCS has been continuing its planned activities. As an auxiliary to the Government of Bangladesh (GoB), BDRCS supports government efforts to the COVID-19 response operation. To date, systematic activities have been carried out by BDRCS, which includes but not limited to the major sectors, e.g. clinical case management for COVID-19 cases in Holy Family Red Crescent Medical College Hospital, health and PSS, infection prevention and control (IPC), livelihood and basic needs, access to essential health care through its countrywide 56 mother and child health (MCH) care centers, epidemic control measures, risk communication and community engagement (RCCE) and health and hygiene promotion while integrating protection gender and inclusion (PGI).</p>
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Between 22 June to 15 July, a total of 868 COVID-19 patients had been admitted in the Holy Family Red Crescent Medical College Hospital in Dhaka. Of this, 746 people got treatment and were discharged. To support the government initiative of testing, BDRCS, with the support of IFRC and partners, established 20 COVID-19 walk-in sample collection booths in ten different districts. BDRCS conducted 2 basic Psychological First Aid (PFA) online training for the Unit Level Officers (ULOs) and Youth Chiefs of 68 branches. As part of caring for staff and volunteers, BDRCS provided support to all volunteers when they were admitted in the hospital. Extension of 2 Intensive Care Unit (ICU) beds with all the accessories at Holy Family Hospital, with the support of IFRC. BDRS is establishing a mortuary (capacity of 40 dead bodies) at Holy Family Red Crescent Medical College Hospital for safe and dignified management of the dead due to COVID-19, supported by ICRC.

During this reporting period, with the support of Qatar Red Crescent, BDRCS provided another 24,000 households (HHs) with food packages. BDRCS, with the support of Turkish Red Crescent, reached 6,600 HHs with food support. BDRCS with the support of German Red Cross (GRC), funded by ECHO reached 1,800 urban families with cash grants of BDT 5,000 (CHF 53)/family in Dhaka city (South City Corporation) whose income was affected by COVID-19 pandemic. Out of that, British Red Cross supported 250 HHS.

BDRSC reached 3,595,252 people with life-saving awareness messages on COVID-19 through social media. BDRCS and IFRC are contributing the to mask campaign with the RCCE platform. One animation on importance of uses of mask reached 113,000 people and another instructional graphics on how to make mask at home reached 133,000 people through the BDRCS Facebook page. The contents were approved by the Directorate General of Health Service (DGHS). BDRCS, with the support of IFRC, also organized a Facebook live session on 17 July focusing on COVID-19 and ongoing flood situation, which reach more than 23,500 people.

Bhutan Red Cross Society (BRCS)	<p>During the reporting period, BRCS volunteers have been providing support in the four southern branches of Saprang, Tsirang, Phuntsholing and Samdrupjongkhar. Volunteers were deployed at the Waklatar checkpoint, located about 45 kilometers from the capital. The BRCS volunteers have been working in shifts carrying out health screenings, taking temperatures and recording the details of those passing through the border checkpoints. BRCS volunteers also advocated on personal hygiene and health safety practices. In addition to the border checkpoints, BRCS volunteers also monitored physical distancing and hygiene practices at the vegetable markets during weekends.</p>
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From the beginning of the pandemic, BRCS has been part of the national response operation. Moreover, the National Society has been directed with a lead responsibility on dead body management by the Health Emergency Management Committee. BRCS has trained 854 volunteers on dead body management across all 30 branches and 374 volunteers have been based in four risky branches: Thimphu, Mongar, Sarpang and Phuntsholing. BRCS is supporting the government with PPEs and BRCS volunteers were provided with PPEs when on duty.

Cambodian Red Cross (CRC) Following the IFRC financial support for IEC and hygiene material, CRC procured 50,000 pieces of soap and printed 30,000 units of IEC material on handwashing and 30,000 units on COVID-19 which are now being kept in CRC warehouse and will soon be distributed to their Red Cross branches. All 25 CRC branches used their allocated own funding, IFRC/ICRC fund contribution and in-kind materials received from CRC NHQ to disseminate key COVID-19 preventive messages through mainstreaming with core activities of all 25 RCBs. The number of people reached through CRC branch activities was 113,351 persons (59,240 females) in 361 places of 25 provinces and CRC branches used the following IEC/hygiene materials: 97 units of PVC banners of COVID-19 prevention and handwashing; 6,625 units of Posters of COVID-19 prevention and handwashing; 18,117 Units of Flyers of COVID-19 prevention handwashing; 169 loud-speakers for disseminating key messages; 7,970 pieces of soap and 13 bottles (500 ml/bottle) of gel; 27,167 face masks; 208 liters and 792 bottles (500 ml/bottle) of alcohol; 161 units of Krama (Svay Rieng province); 468 T-shirts provided by CRC branches (Tbong Khmum, and Mondulkiri provinces) RFL officers of Cambodian Red Cross at the branch level closely collaborated with the operational staff, COVID-19 response teams and Red Cross Volunteers (RCVs) to conduct safe migration awareness sessions by distributing leaflets to community members and returnee migrants at the borders.

From 13 - 27 July, 12,310 leaflets were distributed. CRC branches continue to collaborate with local authorities (Head of District/Commune/Village) on campaigns and dissemination of COVID-19 prevention messages in communities as well as with provincial health department on key messages designed by the Ministry of Health, WHO and RCRC movement.

IFRC continues to support CRC and conducted a field mission to 4 provinces from 14 - 18 July to monitor the COVID-19 operation led by CRC.

Red Cross Society of China (RCSC)



Red Cross Society of China personnel undertaking preventive and control operation in Beijing. Photo: RCSC

As new COVID-19 cluster cases occurred in Xinfadi seafood market in Beijing, RCSC actively participated in the prevention and control operations. Its disinfection volunteer service team in Beijing, consisting of six professional disinfection volunteers and four community volunteers, carried out disinfection work on an area of 2.62 sq km throughout a day, covering a space of 27,994 sq km.

RCSC supported the nucleic acid testing, with the Beijing branch of RCSC dispatching “999” ambulances to participate in patient transfer. The NS sent 4,311 tents to nine key epidemic prevention and control areas, and donated 2,250 health kits to Xinfadi and other frontlines. It also assembled a nucleic acid testing (NAT) team of more than 30 people led by

the director of the nursing department to support the NAT work in Beijing.

RCSC, Beijing Red Cross Emergency Rescue Center (999) urgently assembled a nucleic acid testing (NAT) team of more than 30 people led by the director of the nursing department to support the NAT work in Beijing.

Chinese Red Cross Foundation (CRFC) dispatched two “Red Cross First Aid Stations” (COVID-19 sample collection booths) to two hospitals in Urumqi city to carry out free NAT work. In the previous COVID-19 prevention and control work in Beijing, CRFC donated ten sample collection booths to four hospitals in Beijing.

<p>Democratic People's Republic of Korea Red Cross Society (DPRK RCS)</p>	<p>During this period, DPRK RCS conducted an active health and hygiene promotion involving Red Cross volunteers while reinforcing community-based epidemiological surveillance under the prevailing situation in which the trend of re-infection and re-expansion of the malignant contagious disease persists throughout the world. The Red Cross volunteers' promotion is to ensure community people's better awareness on COVID-19 and their proper observation of anti-epidemic rules such as proper mask wearing and hand washing.</p>
	<p>During the reporting period, 29,442 Red Cross volunteers (15,284 male, 14,158 female) were mobilized in health and hygiene promotion and disinfection activities targeting more than 310,000 community people throughout the country.</p>
	<p>As part of implementation of COVID-19 EPoA, the DPRK RCS initiated the overseas procurement of priority materials needed for the prevention of the pandemic such as RT-PCR machine, reagent, RNA mini kits, PPE, and infrared thermometers with the support of the IFRC. From the very start, the procurement process encountered manifold hardships owing to the worldwide shortage of the health materials, difficulties in storage of the reagents under cold-chain condition and sanctions on DPRK. By protracted and remittable efforts of the DPRK RCS and IFRC, all items safely arrived at Sinuiju City, the DPRK border, through Dandong, China, on 7 July. DPRK RCS made sure that the items were transported and stored in the MoPH Central Medical Warehouse (CMW) on 19 July, after keeping them under cold-chain condition for 10-day quarantine period at the entry point. On 20 July, the Head of IFRC country office, and Health and WASH programme manager visited CMW and checked on the arrival and keeping status of all materials. The materials will make substantial contributions to the state anti-epidemic activities to prevent COVID-19. Following the enhancement of the state of emergency anti-epidemic measures, the traditional way of National Society workshops and trainings with many people became impossible. In this situation the National Society has been considering new ways of conducting workshops, such as using online means.</p>
	<p>For WASH activities, the custom clearance and necessary process for procurement and delivery of water purification tablets (WPT) and jerrycans were in process and the goods are expected to be delivered in August. The procurement of the WATA electrolyser and household water filter is still at a standstill due to financial constraints. The country office supported the National Society to develop its EPoA and budget and synchronize its annual plan with the COVID-19 plan of action. The IFRC DPRK country office maintained its regular coordination with DPRK Country Cooperation Agreement Strategy (CAS) partners through Skype meetings, sharing of monthly reports and other ad-hoc COVID-19 updates including MoPH epidemiological data.</p>
<p>Fiji Red Cross Society (FRCS)</p>	<p>During the reporting period, the National Society provided information about the prevention and PPE to support staff and volunteer engagement.</p>
	<p>IFRC worked closely with FRCS in providing technical assistance in the acquiring of funding to support local preparedness activities. Some of this support included the procuring of PPE equipment for the National Society, as well as all National Societies in the Pacific – in response to the pandemic. ICRC also provided resources to assist FRCS in its media reach and coverage.</p>
<p>India Red Cross Society (IRCS)</p>	<p>In addition to the ongoing COVID-19 response, India was also facing floods in Assam. The IRCS teams in Assam installed hand pumps to provide clean drinking water to families who have been affected by the July floods. The Assam State branch has also set up relief camps in several locations to provide immediate shelter to people who have lost their homes in the wake of the floods. To prevent the transmission of COVID-19, IRCS volunteers have earmarked spaces for different families so that social distancing can be maintained, and families would feel safe during their stay in the camps. Concurrently, the IRCS teams continue to work with communities to ensure that they follow all COVID-19 precautions in the camps. Dry ration, utensils, mosquito nets, soap, clean drinking water and other relief aid have been provided. Volunteers continue to distribute tarpaulins among the needy across different districts. In Assam, 9,283 tarpaulins have been distributed by a network of 500 IRCS volunteers to the most vulnerable communities in the remotest areas. Another group of over 500 volunteers has reached almost 40,000 people in need with 1,000 dry ration kits, 800 mosquito nets, 2,000 hygiene items such as soap, 2,000 utensils, and 3,400 PPEs.</p>

On 24 July, nine IRCS trucks filled with relief supplies departed from Rashtrapati Bhavan for beneficiaries battling devastating floods amidst the ongoing COVID-19 pandemic in Assam, Bihar and Uttar Pradesh. The relief supplies included tarpaulins, sarees, dhotis, cotton blankets, kitchen sets, mosquito nets and bed sheets, and were distributed among the most vulnerable in the three states. In addition, COVID-19 protection items such as surgical masks, PPE kits, gloves and face shields were also part of the relief material. These items will safeguard and protect health workers associated with IRCS medical services in these states as well as IRCS volunteers who have been at the forefront of the flood relief and rehabilitation efforts. IRCS NHQ has continued to dispatch supplies of soap and masks for all State branches.

Palang Merah Indonesia (PMI/Indonesia Red Cross) As of July 2020, PMI COVID-19 response operations have been conducted in 34 provinces and 386 PMI districts/cities all over Indonesia, where 5,549 personnel were mobilized for distributing 10,169 units of sprayer; 21,742 hazmat suits; 4,874 raincoats; 7,837 goggles; 46,575 N95 masks; 6,503 rubber gloves; 1,139,872 surgical gloves; 9,093 pairs of boots; 963,115 hygiene kits; 2,759,211 fabric masks; 2,887,200 surgical masks; 251 body bags; 85,515 food packages; 4,290 face shields; 554,106 Wipol pouches; and 30 units of ventilators.

PMI provided ambulance services for positive and suspect patients of COVID-19 to 430 people and for 220 dead bodies. PMI also provided the restoring family link (RFL) programme support for deported migrants in Nunukan Districts, North Kalimantan.

PMI branches have supported the overall national COVID-19 operation, such as supporting the installation of handwashing stations in several provinces and districts/cities, and in collaboration with several partners, such as PDAM (local water company), PMI Medan distributed mini hand-sprayers for public transportation (angkot) drivers, and PMI Deli Districts is currently providing disinfectant services in Kualanamu Airport—as preparation for the arrival of TKI (Indonesian migrant workers.)

PMI has maintained 3 main focuses in response to the COVID-19 outbreak: (1) educate and inform communities through health promotion activities; (2) mitigation efforts through spraying disinfectants in public areas; (3) distribute food packages and hygiene kits for vulnerable communities impacted by the COVID-19 outbreak, along with strengthening its blood transfusion unit to contribute in the treatment of COVID-19. of COVID-19.

PMI has also continued with the RCCE programme. To date, 1,955 PMI engagements have been recorded which consist of 145 articles published by printed media, 1,778 articles published by online media, 29 news broadcasted by National TV, and 3 radio interviews since 26 March – 26 June 2020, where most of the engagements are related to new normal preparation, and PMI’s response to the new normal.

During the reporting period, the PMI Secretary General was invited as the guest speaker on KOMPAS TV Indonesia Business Leadership Program to talk and share PMI’s COVID-19 operation.

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Japan Red Cross Society (JRCS) On 26 July, the number of coronavirus infections in Japan rose to 30,000. The figure soared by 10,000 in a mere three weeks after surpassing 20,000 on 4 July. People in their 20s and 30s account for about 60 percent of the newly infected, but cases are spreading as well among those in their 40s and 50s.

As the southwestern part of Japan has experienced heavy rains and flooding in July, the JRCS medical teams have been actively involved in medical support while paying attention to hygiene at the evacuation centers.

JRCS has published a “Staff Support Guide Vol.2” for the Red Cross hospitals. The aim of this guide is to share unique experiences of the Red Cross hospitals that have been taking care of COVID-19 patients for the past five



Japanese Red Cross doctors examining an elderly citizen. Photo: JRCS

months and try to bring them together to ensure that other hospitals can cope with when the second wave comes in. As the number of daily positive cases is now increasing in Japan, the Red Cross hospitals are on high alert and are preparing to admit new patients.

Lao Red Cross (LRC) LRC received feedback and approval on the COVID-related IEC materials from the Ministry of Health. Upon approval, LRC printed the IEC materials and delivered it to four of their branches (Xaignabouli, Bokeo, Savannakhet, and Champasak) to be used for their public awareness and public education sessions on COVID-19. LRC also procured a total of 3,600 pieces of hand soap and 210 bottles of hand gel for six of their branches (Xaignabouli, Bokeo, Savannakhet, Champasak, Luangprabang, and Vientiane) to support awareness-raising sessions, LRC staff and volunteers.

The procurement of a photocopier and scanner for the LRC finance team was also completed. From 22-27 July the LRC Champasak branch conducted awareness-raising sessions related to COVID-19 in six villages from two districts (Sukkhumba and Munlapamok). Sessions were also conducted at the quarantine center located in Champasak Capital. A total of 1,042 people (524 female) participated in the awareness-raising sessions led by the LRC Champasak branch. The LRC Xaiyabouli branch also conducted sessions to share information on COVID-19 in six villages located in the two districts of Khob and Xieng Hon. A total of 570 people (328 female) received information on COVID-19 through these sessions. In the public awareness and public education sessions, LRC covered the following topics: i) What are the COVID-19 symptoms; ii) How to prevent COVID-19 infection including demonstrations on handwashing and mask use; and iii) Emergency contacts for COVID-19 in province and HQ.

The IFRC CCST Office continues to provide support to LRC with the finance and reporting for the COVID-19 operation. IFRC allocated USD 59,730 under the Red Ready Project to LRC to cover some of the National Society's COVID-19 activities. The activities included i) public awareness and public education (PAPE) on disease prevention including hygiene promotion in communities and schools in three provinces (Haupan, Xiangkhwang, Bolikhamsay); ii) mask and hand gel procurement and distribution to the population in targeted locations (Haupan, Xiangkhwang, Bolikhamsay); iii) training for staff and volunteers on Epidemic Control for Volunteers in three provinces (Haupan, Xiangkhwang, Bolikhamsay); iv) contextualize, design, translate and print IEC materials (poster A3 and flyer A4) and distribute IEC materials to three branches; v) procurement of a refrigerator and IT equipment to support mobile blood donation; vi) support for virtual meeting and internet connection in LRC main meeting room; and vii) kitchen set for three regional warehouses.

Qatar Red Crescent has provided CHF 19,340 to LRC to support the COVID-19 Outbreak Response in Vientiane Capital and Vientiane province, targeting 2,060 people.

Maldives Red Crescent (MRC) As of 30 July 2020 (145 days since first cases), the total number of COVID-19 cases in the Maldives is 3,567, of which there has been 2,554 recoveries (recovery rate of 71.60 per cent), leaving 983 active cases, of the active cases 56 are hospitalized. COVID-19 has left 15 deaths in the Maldives (mortality rate is 0.42 per cent). As part of the on-going National COVID-19 Response and Coordination in the country, MRC continues to be a key stakeholder in the Health Emergency Operation Committee and the Health Emergency Coordination Committee established by the Ministry of Health. MRC is actively engaged in Risk Communication and Community Engagement efforts, in providing PSS, and in providing support to migrants in hardship. RCCE: MRC has developed over 85 information, education and communication (IEC) material of which most have been translated into more than one language. MRC has been working with migrant volunteers in disseminating these messages and have been able to provide translated materials in at least 7 languages. Key messaging has provided better understanding of the nature of the disease, risk reduction and preventive measures as well as messaging focused on promoting mental well-being. As part of RCCE work, MRC has also been carrying out hygiene promotion activities. Over 80 volunteer facilitators have been trained in hygiene promotion and COVID-19 information dissemination. MRC through its outreach activities has been able to reach out to over 7028 institutions and organizations, sharing COVID-19 IEC materials. Approximately 70,000 direct and indirect beneficiaries have been reached through targeted sessions carried out to migrant population in multiple languages as well as via Zoom sessions that were held for locals. MRC has also been able to provide a total of 1,259 hygiene kits to migrants.

Providing PSS: MRC has established a helpline to provide PSS to the public. Statistics from the call center from April - June 2020 shows that a total of 1,511 calls were logged in to the 3CX call management system, the number of abandoned calls left unanswered was 81 calls. Overall, volunteers at the call center most frequently provide information and contact numbers for medical services at IGMH (32.9 per cent), mental health services (22.4 per cent), incident command posts (ICP) (18.0 per cent). They also provide information regarding positive coping strategies (11.0 per cent) to help people minimize their distress. The average duration of an outreach call was about 15 minutes. The average number of calls was 20.4 per day overall and 3.4 in June 2020. Approximately two thirds (66 per cent) of referrals received by the call center were from facilities management and the rest (34 per cent) were from contact tracing. As part of the MRC collaboration with the Ministry of Education and UNICEF Maldives, MRC conducted 77 Psychological First Aid orientation sessions. A total of 5,486 teachers have now been oriented through these sessions.

Providing support to migrants in hardship: As part of the MRC COVID-19 response and coordination effort, a Migrant Support Centre was established by MRC Male' branch to provide much needed support to migrants in the capital experiencing economic hardship and living in difficult circumstances especially due to the lock down measures that have been put in place in the capital since 15 April. Key activities carried out by the Migrant Support Center include providing meals to those with no means or access to food, providing hygiene kits and providing support via a migrant helpline service. The activity to provide meals to migrants was initially a targeted response to migrants who were living in households/sites that were placed under containment by police and HPA as a measure to restrict movement of migrants who were living in confined communal spaces. In addition to these migrants, meals were also arranged to those who reached out to the helpline service that was established. During the lockdown period, the Migrant Support Centre was able to provide a total of 148,803 meals with a beneficiary reach of approximately 3,900. MRC supported a joint operation by the Ministry of Health, Senahiya Hospital and Indira Gandhi Memorial Hospital in carrying out a mobile medical clinic focused to migrant living quarters that were placed under strict containment measures. Taking opportunity of this intervention, MRC was able to carry out assessments of 22 migrant living quarters. These assessments helped evaluate their living condition as well as their access to necessary items such as hygiene products and food. MRC had issued Beneficiary Cards to a total of 1,526 migrants. Information collected through this process is only shared with health services. Through the Migrant Support Centre, MRC was able to provide 782 hygiene kits, that included toothbrush, toothpaste, towel, shampoo, soap and detergent. The center mobilized over 65 Volunteers in its operations. MRC has also provided support to those migrants that were voluntarily repatriating due to the disease outbreak. This assistance includes providing support in the medical screening process, providing support at the temporary shelters that were put in place for those repatriating. MRC also provided in some instances, emergency meal packs and hygiene kits to those who were repatriating.

Marshall Islands Red Cross Society (MIRCS)	As of 27 July, there have been no confirmed cases of COVID-19 in the Republic of the Marshall Islands (RMI). Travel restrictions are still in place with a ban on incoming international travelers. The RMI is on Travel Advisory #15 which will lapse on 5 August. The Cabinet has approved a second ex-gratia payment for stranded citizens. Seven local businesses have been awarded to participate in the provision of food basket items for neighboring islands as part of preparedness measure for food.
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Assessments of Arno, Wotje, Jaluit, Utrok, Likiep, Maloelap, Ailinglaplap and Mili atolls have been completed. Four local businesses have received COVID-19 economic relief assistance. To date, about 70 local companies have submitted applications and are currently under review.

Implementation of the condition level training of trainers will include teams from Ebeye and Jaluit atolls. MIRCS have been engaged with the traditional leadership and Majuro Atoll Local Government to support the pilot test of condition level outreach.

The first aid strategy retreat as part of the holistic preparedness and response plan of action was completed during this period. There had been ongoing coordination with risk communication advisory groups and coordination and support of the National Emergency Operations Center (NEOC) to include cluster engagement. MIRCS continued with the inventory of PPEs and COVID-19 awareness and hygiene promotion on Jaluit Atoll.

Procurement of additional supply to continue COVID 19 outreach awareness. Awareness videos on COVID-19 related contents were created by volunteers with support from the MIRCS communication team.

Mongolia Red Cross Society (MRCS)

During the reporting period, MRCS focused on three activities: food and hygiene parcel assistance, public health in emergencies training, and COVID-19 prevention messages.

Food & Hygiene parcel assistance: Through the COVID-19 response operation, MRCS delivered 3,000 food parcels and 2,500 hygiene parcels to the most vulnerable households across the country. Households who have lost their income due to COVID-19 prevention lockdown, specifically of those with disabled members, single-headed households, households who have more than three children and with elderly members were targeted.

“Public health in emergencies” training: With support from IFRC, Australian Red Cross and the Ministry of Health of Mongolia, 480 volunteers from all provinces and districts of Mongolia has been trained in “Public health in emergencies”. The three-day training provided knowledge on providing PSS in emergencies, using PPEs, communicable disease prevention, child protection, first aid and volunteering code of conduct. The trained volunteers will provide support the prevention activities of their respective local government.

Delivering COVID-19 prevention messages: Since February 2020, MRCS is producing various contents on COVID-19 prevention and hygiene promotion. MRCS produced 12,000 pieces of brochures on psychosocial support messages, 4,000 COVID-19 prevention news tellers, 5,000 handbooks on PSS in emergencies, and 8,700 COVID-19 prevention handbooks for volunteers.

Through the operation, MRCS made contract 1 TV channel, 2 newspapers and 1 news site to disseminate COVID-19 prevention and hygiene promotion messages nationwide. Currently MRCS is preparing to construct 10 hand washing stations at most populated markets and public centers of Ulaanbaatar city.



A couple receiving their share of the food parcel assistance distributed by Mongolia Red Cross Society. Photo: MRCS

Myanmar Red Cross Society (MRCS)

RCCE: According to the Community Engagement and Accountability (CEA) approach, public awareness sessions during this period were conducted among the general public in both urban areas and villages as well as people in the community-based facility quarantine centers throughout the country by using hand speakers, loudspeakers or mobile amplifiers, referring to the health education materials reprinted or adapted from MOHS. IEC materials (posters, stickers, DVDs) for various messages of COVID-19 were distributed and verbal dissemination of messages were also conducted at public places in each location. Audio messages produced by MOHS were also disseminated among the public through MRCS volunteers. RCCE was also conducted in the camp setting such as in Kachin State and Rakhine State. The making and distribution of reusable cloth masks, distribution of hand sanitizers, demonstration of hand washing steps and hand washing campaign were also conducted by Red Cross volunteers (RCVs) in public places. RCVs involved in COVID-19 preparedness and response activities were provided with the trainings for epidemic control and PSS skills focused on COVID-19.

PSS: MRCS provided the community who were in need of PSS due to their fear, getting misinformation and peer panic. TRCVs also supported communities in getting access to the right information and updates of government guidelines. At the community-based facility quarantine (CBFQ), RCVs also conducted PSS activities such as performance for dancing and singing or taking physical exercise together. In consideration of physical distancing, RCVs were encouraged to do PSS via phone calls, messengers and other similar mobile tools.

Auxiliary role to the government: At the bordering townships of the country, returnees from abroad were screened their body temperature, provided with food, transported to the respective CBFQ and communicated with risk information and health education and RCVs were involved in all these kinds of activities together with other local stakeholders. RCVs also cooperated with respective stakeholders at the check points of other townships and

conduct temperature screening and ask risk factors or possible symptoms of COVID-19 and take the records. Moreover, RCVs cooperated in the disinfectant spraying activities which were led by the local health department and local general administrative department.

National Society readiness: The amount of MMK 500,000 (approximately CHF 331) has been transferred to 279 active townships as the Township Emergency Management Fund (EMF).

The IFRC country office continued to engage the MRCS leadership and provide support in identifying MRCS's areas of intervention, its roles and responsibilities in its coordination with Red Cross Red Crescent Movement partners, UN agencies, national and international NGOs, and donors.

Nepal Cross Society (NRCS)	Red Society	<p>In coordination with IFRC, ICRC and PNS, NRCS has developed an approach paper which will guide the overall COVID-19 response and preparedness operation in Nepal. Guided by the approach paper, NRCS developed a domestic response plan in coordination with IFRC, ICRC and PNSs. However, NRCS has been active since the first case was detected in Nepal. NRCS has continued the coordination with the government line agencies, ministries, and other stakeholders.</p>
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As auxiliary to the public authorities, NRCS has been actively participating in meetings convened by Ministry of Health and Population at the national level, and District Disaster Management Committees (DDMC) and local authorities at district and community levels for planning and responding the COVID-19 response planning and response. The Government of Nepal (GoN) has established a COVID-19 crisis management committee (CCMC) in each of the districts being led by the Chief District Officer (CDO). Some of the District Chapters are members of CCMC working closely with the unit for COVID-19 response. In addition, NRCS is coordinating with UN agencies, private agencies, and other organizations to implement the COVID-19 response and preparedness.

As 9 July, a total of 124 Situation Reports were issued and shared widely with government authorities, district chapters, UN agencies, donors as well as Movement partners. The data shows active engagement at local level in the 77 districts of the country, although with various coverage from location to location given existing local capacities and resources.

NRCS has been conducting various activities in all 77 districts of Nepal through its provincial, district and sub-chapters.

Health and Care: This is the leading and most important sector to act given the nature of the COVID-19 pandemic. NRCS has a rich experience in health and has been well recognized by government authorities and partners for its response during and forth emergency time. At this time of the COVID-19 response, NRCS has ensured the continuity of essential services such as blood transfusion, ambulances and eye hospital/care centers. Hence, availability of adequate PPEs and related orientation/trainings to the frontline service providers had been ensured. In addition to that, NRCS has been rolling out trainings for RC staff and volunteers for contact tracing based upon the contact tracing guideline of GoN. A total of 214,213 people has been reached through awareness sessions, orientation sessions, door-to-door visits, messaging through hand mic and RCVs supporting the help desk either established by the government or NRCS. Similarly, more than 298,211 personal protective items; masks, gloves, hazmat suits, boots, air-tight goggles, etc. have been distributed by the headquarters and District Chapters. A total of 1,739 members from the community received PSS from NRCS. In addition, a total of 356 NRCS staff and volunteers received online training on Psychological First Aid (PFA) being conducted by NRCS through its online learning platform. A total of 148 ambulance drivers have been oriented on Infection, Prevention and Control (IPC) guideline and 247 ambulances are providing services in various districts.

WASH: NRCS has ensured the provision of WASH services (hand washing facility, toilet, water point etc.), and 568 pieces of hygiene kits, and 33,030 pieces of soap have been distributed to various quarantine sites, public places and government offices. Likewise, 766 handwashing stations have been installed in the quarantine sites, public places and government offices providing hand washing services. In addition, 8,262 people have been reached with the hygiene promotion activities such as hand washing demonstration and practical sessions being conducted by the WASH trained RC volunteers. As of 24 July, 109,848 people coming back to Nepal from have been benefitted by the bottled water supported by NRCS through its help desk established in the border areas in coordination with other agencies in different districts.

RCCE-CEA: Diverse channels such as Facebook, Twitter, radio, hotline, and other means have been used to communicate with the wider population and specially with people at risk and affected populations. NRCS is also working on rumors-tracking mechanism and widely sharing the message regarding stigma. NRCS has started a new concept of social media volunteering which is an open Facebook group where everyone can join. It will be used for peer-to-peer learning. Specifically, NRCS has distributed 696,514 IEC materials among the communities and 131 episodes of radio programmes have been broadcasted with an objective to create awareness against COVID-19 infection. In addition, 556 calls related to COVID-19 have been received and resolved in the NRCS hotline -1130. As of 24 July, 447 COVID-19 related content were posted in NRCS Facebook page with 43,374 posts reached and 6,580 posts engaged.

Protection Gender and Inclusion (PGI): Continuous collection of information and analysis of those at risk to this disease, or to neglect, exclusion, violence, exploitation, or discrimination related to the impacts of COVID-19 have informed NRCS' services and programming. As of 16 July, NRCS has organized virtual orientation on PGI reaching out to 50 RCRC staff and volunteers. Likewise, 17,933 people who had returned to Nepal from India were fed with meals and ready to eat food like biscuits, noodles etc.

Shelter: NRCS is supporting at local quarantine and isolation facilities with relief items support tarpaulin, tents, blanket, bed sheet, mattress, mosquito nets. As 23 July 2020, NRCS has supported 449 tents, 2,406 tarpaulins, 14,772 blankets, 3,546 mosquito nets and 7,850 mattresses to various sites including quarantine and isolation sites.

Planning Monitoring Evaluation Reporting-Information Management (PMER-IM): As an enabling action for COVID-19 response and preparedness operation, NRCS PMER-IM division is working closely with the NRCS departments, IFRC, ICRC and PNS while fulfilling the PMER roles and responsibilities related to COVID-19. As of 23 July, 77 districts have been oriented in the 5W data collection template. Data is generated and being shared with sector team. In addition, PMER-IM division in coordination other departments developed mini stories capturing the key success and other stories from various district with COVID-19 activities.

National Society Development (NSD): NRCS has developed four guidelines which will guide and expedited the COVID-19 response and preparedness operation. Similarly, the business continuity plan of NRCS is under process of finalization. At least 1,933 RCRC volunteers are being mobilized to provide support to the COVID-19 response and operation.

Pakistan Crescent Society (PRCS)	<p>Red</p> <p>During the period under review, PRCS continued with its 10-bed ICU with nine ventilators at the and the 120-bed Isolation facility at the Corona Care Hospital (CCH) in Rawalpindi. Four positive cases have been admitted in CCH. The PRCS Muhafiz Force has continued to spread COVID-19 awareness and collecting food for the deserving, and promoting guest and host concept.</p>
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The PRCS Virtual Call Center at NHQ is operational with support of Ufone through toll free helpline for guidance to public regarding COVID-19. The PRCS "COVID-19 AAGAH Call Center" continues to guide communities. A team of doctors remain available in shifts to guide and advice people. A total of 3,466 calls were received, of which 1,841 were transferred to doctors for medical guidance. On 19 July, 22 suspected cases were also registered for COVID-19 PCR test sampling at PHQ.

PRCS NHQ is in the process of establishing BSL-03 laboratory for PCR testing services in Islamabad. In addition, NHQ will support the establishment of one PCR lab at PHQ Sindh and one at PHQ Punjab. PHQ Sindh, in collaboration with Indus Health Network, established a sample collection center at PHQ for free of cost PCR tests. A team of paramedical volunteers collected 22 samples under the supervision of technical staff from Indus Hospital Karachi on 19th July (day 30). To date, 860 tests have been performed so far.

After distribution of the first consignment (49,160 pieces), NHQ dispatched a further 93,000 KN-95 masks as the second consignment to all PHQs for further distribution to government-designated health facilities for COVID-19 treatment and health staff at different PRCS hospitals across country as per the list of government-designated COVID-19 health facilities (source: NDMA, Provincial Health Depts). In the following months, PRCS is planning to distribute complete PPE sets (masks, gowns, goggles, head caps, shoe covers) to medical staff of 24 hospitals in 12 cities across country with support of Telenor.

Palau Cross Society (PRCS)	Red Society	The IFRC CCST Suva and its North Pacific sub-office have been providing technical support to PRCS in putting together a business continuity plan and contingency plan for the National Society. IFRC is also providing key technical advice through communication, logistics, finance, resource mobilization and overall operation management to the National Society, as this is the first time for PRCS to seek support from the Red Cross Response Tools.
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Papua Guinea Cross Society (PNGRCS)	New Red Society	During the reporting period, PNGRCS has been working in 10 provincial branches through its volunteers and available staff for risk communication and community engagement. It has been advocating precautionary measures to be taken to avoid spread as well as measures for handling positive cases. It has been distributing relevant handouts in communities as well as advocacy through volunteers.
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The IFRC PNG country office has been continuously providing technical support and facilitation as well as required financial support through the global emergency appeal. It has also facilitated in the training of staff and volunteers. PNGRCS is regularly invited to attend all health-related webinars and other trainings/updates, procedures, SoPs and various policies pertaining to the COVID-19 operation. IFRC has facilitated in the procurement of PPE through its APRO office. A portion of PPE has been donated for frontline workers at various levels. There is a critical need of PPE for health workers, police, and provincial disaster committees, amongst others.

The Department of Health, in collaboration with various UN agencies such as WHO, UNICEF, IMO, etc., is conducting a major campaign through all media channels, emphasizing on physical distancing, the need for testing, and issuance of regular health advisories based on the developing situation. It is also providing essential PPE to health staff at various hospitals. The government is also maintaining an isolation center of 72 beds at Rita Flynn Netball Stadium.

Philippine Cross (PRC)	Red Society	The PRC “Helpline (1158)” established to take calls related to COVID-19 continues to be operational 24/7 and is run by psychosocial support trained volunteers, who provide information and advice to people in their own language. This also help address rumors and misinformation related to COVID-19. The pandemic also undermines the health systems to leading to secondary morbidity and mortality because of decrease in the accessibility and availability of quality of care. PRC continuously support the healthcare authorities by mobilizing its medical tents. PRC has set up 71 medical field tents, which served as a staging, isolation wards were set up in different parts of the country. Th PRC together with IFRC and UNICEF also mobilized additional medical tents in Metro Manila and Cebu as cases is increasing and with limited available rooms in selected hospitals.
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In terms of resumption of immunization programme, PRC have vaccinated 84,178 children, reaching 105% accomplishment of the target, with the engagement of 608 volunteers and 43 staff. Meanwhile there are 93 communities in 36 cities/municipalities reached from 17 Chapters in Mindanao with support from IFRC and ICRC. The PRC has 7 operational molecular laboratories in the following areas Mandaluyong City (2), City of Manila, Clark, Subic and Batangas.

The PRC Molecular Laboratory in Cebu has passed its proficiency testing in line with the Department of Health (DoH) standard operating procedures and was recently inaugurated. PRC also conduct testing among the healthcare workers in Metro Manila. Presently PRC tested 301,051 specimens which comprise 26% of the national tests output in the Philippines. PRC ambulances are continuously mobilized to support DoH with the transportation of suspected and confirmed with COVID-19 individuals. A total of 817 suspected and confirmed COVID-19 cases were catered. PRC opened a convalescent plasma center in Manila to augment the needs for the treatment of COVID-19 patients. The facility is located at the humanitarian organization's National Blood Center in the Port Area. COVID-19 survivors aged 18 to 65, who are interested to donate their plasma to other patients who are still battling with the virus may call Red Cross at its hotline 143. The facility's opening follows the pronouncement by Philippine General Hospital-based experts that 90% of COVID-19 patients who underwent the treatment recovered. The procedure involves the extraction of blood plasma from COVID-19 survivors and giving it to patients who are still battling the disease, as the yellowish blood component is expected to contain anti-bodies against the virus. COVID-19 is already demonstrating its potential to have a devastating and inequitable impact in human health.

As movement restrictions began to be lifted, people will be travelling back again in search for work. Social and economic determinants to health play a vital role on risk and severity of illness. The secondary impacts of COVID-19 are already demonstrating unprecedented levels of anxiety and stress further impacting on coping mechanisms and mental health due to loss of livelihood, stigma, and breakdown in social cohesion. As COVID-19 surges in the Philippines, record job losses have forced many people to leave cities and return home to family. The pandemic also shows dramatic impact on financial systems. Meanwhile, 11,064 families received with cash assistance together with IFRC while 181,142 people provided with hot meals and 18,105 individuals with PSP. The need to install/establish and maintain water and sanitation facilities and handwashing stations, provision of water, soap and other related materials for effective cleaning and disinfection. PRC is working with IFRC, ICRC, American Red Cross, Netherlands Red Cross and UNICEF to scale up in addressing the needs and gaps in terms of WASH. To date, 721,918 people were reached with hygiene awareness activities. The key messages include use of mask, physical distancing, hand hygiene and respiratory etiquette. PRC also put 1,804 handwashing facilities in different parts of the country. The PRC NHQ units and all 103 active Chapters across the country is adapting has adapted to the new norm. This also includes adjusted measures to ensure continuity of the 95 blood service facilities and one dialysis center that are being operated by PRC. Coordination with DoH and authorities are prioritized to ensure special permits can be granted to blood donors and dialysis patients to ensure that they have continuous access to these services regardless of movement restrictions put in place due to COVID-19. PRC issued a communication to all Chapters on protocols to be followed prior to undertaking the implementation of any activity, and coordination with LGUs is also being enhanced. Current operations/programs are being reviewed to identify measures that can be taken to redesign or adapt activities to ensure continuity of implementation, including main-streaming a COVID-19 sensitive approach. This has included the use of revised workflows for cash and relief distributions, and application of social distancing regulations.

Korean
National Red
Cross (KNRC)

In South Korea, the first confirmed case of COVID-19 was reported on 20 January. Since then, the number of daily confirmed cases remained at two or three for a month until 19 February when cluster infections brought a drastic surge, recording the highest in terms of the number of daily confirmed cases on 29 February. Since then, the number has gradually decreased due to aggressive preventive measures of screening, testing, contact tracing, self-isolation and quarantine, social distancing along with curative measures for infected patients. As of 20 July, the total number of confirmed cases of COVID-19 is 13,771 (including 2,067 imported cases), of which 12,572 cases have been discharged from isolation. There are 4 new local transmission cases and 22 new imported cases. The cumulative death toll since January 2020 is 296.

During the period under review, KNRC provided 27,000 face masks and 10,000 bottles of hand sanitizer to foreigners in cooperation with the Ministry of Justice in order to eliminate any blind spots of COVID-19 that could possibly cause community transmissions and also procured additional 18,000 sets of emergency food items to meet the immediate needs of the most vulnerable groups of people affected by COVID-19. At the same time, as construction workers returned home from Iraq, KNRC released 350 sets of emergency relief items and delivered them to those returnees who had to stay in quarantine centers or self-isolation.

In preparation for the second wave of COVID-19, KNRC has been stockpiling PPE such as face masks and protective clothing sets. Additionally, KNRC has produced 5,000 psychosocial support kits to take care of those depressed by COVID-19.

As a follow-up to recommendations made by the KNRC Disaster Relief Advisory Committee, KNRC is planning to establish a trained volunteer group to support local community quarantine activities for future responses. It will scale-up volunteer capacity so that they can do professional volunteer work such as disinfection and nursing activities in case of similar infectious disease disasters in the future.

The 2nd International Forum on Disaster Resilience was held at APDR on 3 July at the Seoul office of KNRC. Under the theme of COVID-19's implications for the existing disaster-response mechanism, this event was organized by APDR and co-hosted by KNRC, UNDRR, the Korean Society of Hazard Mitigation, and Korean the Korea NGO Council for Oversea Cooperation Development (KCOC). The forum consisted of three different sessions, at the first session, the experts from NGO, local government, IFRC and National Societies could share their respective experiences and lessons learned from their operations at the front line of Covid-19 response. At the second session, global agendas

such as Sendai Framework, UNDRR scorecard and Health E-DRM and Korean National DM Strategy were reviewed. The third session was time to think of our future through constructive discussion among 6 professionals from Red Cross, academia, NGO, UNDRR and hospital about how to build a more resilient society by reflecting our lessons learned from the COVID-19 crisis. The key message from the forum was **'To build a resilient society against any unpredictable crisis, the integrated and systemic approach across all sectors and collaboration among all stakeholders are indispensable'**. This forum was broadcasted in two languages, Korean and English, the recording will be shared on the webpage of the APDRC, <https://www.apdisasterresilience.org/>.

Sri Lanka Red Cross Society (SLRCS)

During the period under review, SLRCS has been implementing Social Behavioural Change Communication (SBCC) activities as one of the priority operational areas across the nation. Under the SBCC component, 375 behaviour-focused interactions across the social ecology have been implemented across the nation by 25 district branches of the National Society as well as directly by the NHQ.

SLRCS also plays a leading role in community trust-building in Risk Communication Sector in the country-wide Sector mechanism, and closely collaborates with the Health Promotion Bureau of the Ministry of Health of the Government of Sri Lanka (GoSL) and contributes towards the National Risk Communication Strategy. Currently, as the situation changes in Sri Lanka, SLRCS is in the process of reviewing its SBCC strategy to the latest developments of COVID-19 in the country. As schools are reopening, SLRCS is supporting the Ministry of Education with a Transmission Risk Reduction (TRR) programme in 127 schools designed based on Inter-Agency Network for Education in Emergencies (INEE) guidelines. IFRC and private sector companies - Ceylon Biscuits Limited (Munchee) and Maliban Biscuit Manufactories (Pvt) Limited - are supporting the programme financially. At the same time, SLRCS continues its staff and volunteer care interventions whilst staff and volunteers are deployed in the front-line working administrative support.

As direct support to the health sector, SLRCS continues to support the critical health facilities with 10,153 robes as part of PPE distributed across the island with the financial support of Movement partners, IFRC, ICRC and the corporate sector. ICRC is supporting a national-level programme in dead-body management in the context of COVID-19 targeting medicolegal institutions in the country at district and central level. As testing is a key in pandemic prevention and containment, SLRCS supports the Ministry of Health with total of 29,800 PCR test kits and total of 30,160 Viral Transport Medium (VTM) with the financial support of The Coca-Cola Company and Standard Chartered Bank – Sri Lanka. So far, through its network of 25 branches representing all districts of the country, SLRCS has reached out 4,352,426 number of total people across the country.

Thai Red Cross Society (TRCS)

During July, TRCS printed and distributed to migrants IEC materials on COVID-19 in Thai, Burmese and Khmer. The distributed IEC materials included 24,512 leaflets (Thai = 962, Burmese = 14,900, Khmer = 8,650), 1,022 storybooks (Thai = 692, Burmese = 330) and 7,870 posters (Thai = 180, Burmese = 2,840, Khmer = 4,850). Furthermore, IEC materials in Burmese and Thai were distributed to Red Cross and Health Stations in Chiang Mai and included 300 leaflets, 300 storybooks and 300 posters.

TRC procured a million cloth masks intended to migrant populations in Thailand. A total of 284,216 cloth masks have been distributed to migrant adults and children (children = 21,350 pieces, adults = 262,866 pieces) located in Tak, Chiang Mai, Rayong, Samut Prakhon provinces.

The TRC team will start working with the document at the Migration Training Workshop which will take place in early August. The procurement of a mobile blood drive bus with 4 beds has been delayed. TRC will make a request to IFRC for a working advance and aims to start the procurement process for the mobile blood drive bus in August. To complete the entire procurement process, the project duration will have to be extended until March 2021 with TRC submitting the narrative and financial report to IFRC at the end of March 2021. TRC supported the provincial authorities training for Migrant Health Volunteers through the provision of prevention material. Provincial authorities have also requested the TRC to provide training to their Migrant Health Volunteers on the TRC's disaster alert application "PhonPhai". In the training, prospective Migrant Health Volunteers also learn how to use TRC's disaster alert application "PhonPhai" that can be used to notify suspect cases of COVID-19.

Timor-Leste Red Cross Society (CVTL) As of 3 July, CVTL COVID-19 preparedness operations have been conducting the following programmes: health and hygiene promotion and services.

CVTL continued efforts to disseminate information related to COVID-19 pandemic to the community in rural and urban areas, and distributing posters on COVID-19 prevention to 13 municipalities, especially strengthening the dissemination activities in Dili as it shares borders with high-risk areas such as Covalima, Oessue, Bobonaro Municipalities and also Indonesia. Approximately 10,000 brochures and posters on COVID-19 have been distributed across the branches reaching 1,080 people. The NS used the door-to-door approach for disseminating information related to COVID-19 to ensure that all communities understand the pandemic situation, along with public sensitization on COVID-19 prevention through megaphones in all 13 municipalities. CVTL also continued with the installation of handwashing stations in several municipalities. In June alone, CVTL has installed 24 hand washing stations in several schools and public spaces. To note, CVTL has installed a total of 60 water tanks and handwashing stations with capacity of 200L and 650 handwashing stations with capacity of 20L in all 13 municipalities; approximately 3.550 people benefitted from this service.

During this past month, CVTL had scaled-up disinfectant spraying activities as the country is reopening several public facilities – both indoors and outdoors such as tents in CVTL HQ, Vera Cruz Health Post, quarantined sites, malls, universities, schools, and airports. A total of 44 small tents have been set up in clinics, hospitals, and other important places as screening sites for COVID-19 testing. Continuing with the promotion of CVTL’s COVID-19 operation activities through the CVTL Facebook page. The CVTL Health Department attended a cluster meeting with WHO and MoH. The meeting was focusing on the discussion of the plans for the next phase of COVID-19 response plans in the areas of health, education, WASH, and economy.

The IFRC CCST Jakarta has confirmed CHF 324,000 funding for the Timor-Leste Domestic Response Plan, to contribute to reducing morbidity, mortality, and social impacts of the COVID-19 outbreak by preventing or slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services and can support themselves in dignity. CVTL has outlined its activities for six months in its Domestic Response Plan. Under the coordination with the Timor-Leste inter-ministerial team established by the Ministry of Health, CVTL supported by IFRC will provide PPE, and is supporting hygiene promotion and installation of hand-washing stations focusing on border municipalities., as well as implementing risk communication programmes. IFRC CCST Jakarta has established a COVID-19 response operation cell that is assisting CVTL in designing and monitoring the implementation of the operation plan.

Viet Nam Red Cross (VNRC) During the reporting period, VNRC HQ continued to conduct trainings with chapters on cash beneficiary selection. The training covers selection criteria, amount to be received by each household, implementation process and templates. In all provinces, participants included chapters project management boards, technical supporting groups, local authorities, and village heads of targeted communes. The training in Ho Chi Minh City was conducted on 25 June and drew in 51 participants (28 female), including village heads from 3 targeted communes. The training in Hanoi City took place on 30 June and had 26 participants (12 female), including village heads of 2 targeted communes and representatives from the women and youth unions. The training in Ninh Binh was conducted on 2 July and had 40 participants (6 female) with two village heads from 2 targeted communes attending. In target provinces, project management boards in collaboration with head villages implemented the cash beneficiary selection process.

A total of VND 300 million (approximately CHF 11,782) has been allocated for cash grants and 999 households in 8 provinces have been selected so far (Khanh Hoa = 140, Quang Nam = 142, Binh Thuan = 125, Lao Cai = 111, Ninh Binh = 129, Quang Ninh = 122, Da Nang = 104 , Hue = 126 households). In all provinces, technical groups have finished the validation of beneficiary lists and the results of the validation process will be presented in the first week of August. In July, VNRC HQ continued to work with provincial project management boards and potential financial service providers (FSP) to select suitable FSP for cash distribution in the remaining targeted provinces. VNRC selected Dong A Bank and cheque payment method for Ho Chi Minh City, Vietnam Post for Quang Nam province, AgriBank and cheque payment method for Ha Noi City, Vietel Ninh Binh for Ninh Binh province and AgriBank and cheque payment method for Da Nang province. FSP will help distribute cash support to selected beneficiaries in

targeted provinces. Six VNRC provincial chapters (Lao Cai, Binh Thuan, Khanh Hoa, Ninh Binh, Quang Ninh, Hue) have signed their contract with their FSP. The remaining provinces (Ha Noi, Ho Chi Minh City, Quang Nam, and Da Nang) are planning to sign the contract with their selected FSP in August. Furthermore, VNRC plans to distribute cash to targeted households in Binh Thuan, Hue and Khanh Hoa in August.

VNRC selected the bidder to produce 1400 polo shirts for Red Cross Volunteers (RCVs) and production of the uniforms has started. VNRC also finished the first draft of the pandemic preparedness and response plan and framework and is currently gathering comments on the draft. VNRC continues to cooperate with the consultants from the Ministry of Health and local Centre for Disease Control (CDC) to develop and update the pandemic preparedness and response plans at both central and local levels. In July, VNRC organised one communication/dissemination event for COVID-19 in Quang Ninh which integrated blood donation recruitment and collection. Eleven Epidemic Control for Volunteers training courses were also delivered with 396 volunteers participating in Ha Noi, Quang Nam, Da Nang, Thua Thien Hue. IEC materials (posters and flyers) were designed, translated, printed, and distributed to 10 Red Cross chapters. VNRC also completed the procurement and distribution of hand sanitizer gel (2,344) and masks (113,858) to 10 Red Cross chapters. Items were used to establish the COVID-19 epidemic prevention and communication points at the Red Cross facilities. VNRC is now devising a procurement plan to be sent to IFRC to procure an additional 26,600 masks. VNRC continues to inform the population on their COVID-19 operation by designing and updating infographics that are publicly shared now monthly instead of weekly. During the reporting period, they also shared 16 news and pictures on COVID-19 on their website and fan page. VNRC signed the contract with a news producer to produce a video clip on “humanitarian market” and the production is ongoing. The TV Talk show on good practices scripted by VNRC was also broadcasted in July.

Sri Lanka Red Cross Society (SLRCS)

SLRCS has continued to implement its Social Behavioral Change Communication (SBCC) activities, having conducted 1,069 outreach activities across all 25 districts of the country in close collaboration with the health Promotion Bureau of the Ministry of Health. With clusters of cases having been reported in the community in late July, SLRCS is reviewing its SBCC strategy while ensuring duty and care of its staff and volunteers. In support of the Ministry of Education in the reopening of schools, SLRCS has conducted in 127 schools the Transmission Risk Reduction (TRR) programme based on Inter-Agency Network for Education in Emergencies (INEE) guidelines.

In support to the health sector, SLRCS has also deployed staff and volunteers for front-line administrative support and has provided critical health facilities with 10,153 surgical robes, 29,800 PCR test kits, and 30,160 Viral Transport Medium (VTM).

Despite the social pressure induced by fear and stigma at the very onset of COVID-19 epidemic in Sri Lanka, hundreds of volunteers stepped out of their comfort zones to support people in need. Among those volunteers, there a young student who tirelessly and selflessly worked for the cause, rubbing shoulders with the boys who were volunteering at SLRCS.



Aditha, 18, a volunteer from the SLRCS Galle Branch, speaks to a child while distributing IEC materials in Unawatuna, Galle on 28 July. **(Photo: Dr. Iresha Madurangani, Branch Executive Officer, SLRCS Galle Branch)**



Dilini, a psychology undergraduate at the Metropolitan University in Sri Lanka and a SLRCS volunteer from the Galle Branch, believes that ultimately volunteerism matters, and that female volunteers can truly make a change. (Photo: Pramudith Rupasinghe, Head of Operations, SLRCS)

Dilini Senevirathne is a psychology undergraduate at the Metropolitan University in Sri Lanka. Despite the pressure from her family and close friends, she decided to join SLRCS Galle branch to contribute to the COVID-19 operations. She would come to the district branch every day and visit affected communities and listen to people, supporting them in dealing with their fear, anxiety and stress. "When I return home in the evening, I feel so happy to be a person who can serve the people in my community with what I know," she said.

Senevirathne also opined that volunteering is a very challenging feat for a young girl, especially in times of COVID-19, for "COVID-19 has affected women and children differently, making them more vulnerable, especially to in-house abuse and violence". Nevertheless, Senevirathne did not forget to mention that her contribution to the Red Cross as a volunteer has enhanced her own personal and professional growth, has become an added happiness to each day and has also added a special meaning to her life. She implores more women to volunteer with their knowledge and experience to Red Cross as she says, "Volunteerism matters". She is confident that female volunteers can truly make a change.

Africa

Regional Update

The coronavirus disease outbreak continues to accelerate with over 818,199 cases and 14,374 deaths reported in the Africa Region¹. In Africa, South Africa is the most hard-hit country with the number of infected rapidly surging and overwhelming hospitals and the economy of the country as well. So far, 521,318 cases have been recorded in South Africa and 8,884 deaths. The most densely populated province, Gauteng, is the most affected province with 180,532 cases as of 02 August, while the second most affected province being Western Cape with 96,838 cases. Given that the economies of most counties in the Southern region of Africa depend on South Africa, the economic effect of the pandemic in South Africa will be felt in the neighbouring countries and will affect livelihoods beyond South Africa.

South Africa has registered more than half, 64% (521,318) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (44,433), Ghana (37,812), Kenya (23,202), Ethiopia (19,875), Cameroon (17,718), Côte d'Ivoire (16,293), Madagascar (11,895), Sudan (11,780) and Senegal (10,432). These 10 countries collectively account for 87% (714,758) of all the reported cases.

The African Region and South Africa hit an unfortunate milestone with their highest daily deaths of 625 and 572, respectively, on 22 July 2020. The total number of deaths reported in the region is 14,374, reported in 48 countries. Two countries, including Eritrea and Seychelles, have not registered any COVID-19 related deaths since the beginning of the pandemic.

During the reporting period, the IFRC AfRO COVID-19 Response Team continued to provide technical support to the National Societies (NSs), specifically those applying for multi-lateral support, for implementation of the activities for COVID-19 response. The specific activities already supported will be outlined below in the report.

¹ Reported Data is from 25 February to 05 August 2020

To ensure a data driven Volunteer Management in this COVID response and beyond , the PSK and PMER units are working on **NS Volunteers Data Collection** Standard Operating Procedure (SOPS) to be implemented as soon as it is approved during this Q3 period. The NS Volunteers Data Collection seeks primarily to facilitate having have real time volunteer data in all COVID 19 Operations within the Africa Region that will support in decision making , management and funding of volunteers’ insurance mechanisms, record activities by volunteers and establish the Duty of Care initiatives by IFRC and NS to all volunteers supporting various emergency operations.

The 3rd revision of the regional Emergency Plan of Action (EPoA) has been approved and published, with the priority now shifting towards supporting the National Societies in implementing their workplans, and monitoring and reporting of the operations, as well as risk management, business continuity planning, and coordination. The Africa Region is seeking a total of 80 million Swiss Francs, across three areas: 1) health and WASH, 2) addressing socio-economic impacts, and 3) national society strengthening.

To date, approximately 33 million Swiss Francs is the income received, of which 23.6 million Swiss Francs has been committed to support National Societies for the implementation of their response plans. About 6.7 million Swiss Francs has been transferred to National Societies and is being complemented by ongoing procurement of necessary assets and equipment which is being done directly in support by IFRC. The diagram below shows the number of National Societies that are implementing COVID-19 specific activities in the region.



Priority 1: Sustaining Health and WASH

The Health and Care Department is continuously supporting the NS to effectively respond to COVID-19. The unit organised two webinars on First Aid and COVID-19 in English and in French on 10 July 2020 in collaboration with the Global First Aid Reference Centre. It also organised a regional Webinar on Immunisation and COVID in English on 20 July and a online discussion on IFRC’s Community Health Strategy on 30 July. As well as participated in a global Contact Tracing Webinar featuring the work of the South Africa Red Cross. The combined ECV/RCCE online training for East and Southern Africa CCSTs was rolled out by CCST technical focal person to 21 participants from NS in those clusters. They also participated in the UN Technical Working Group for Laboratory, PoE and Surveillance and Africa level calls with WHO, and the Regional Health Partners call hosted by WHO.

In terms of WASH activities, the National Societies supported in procurement of soap and supplies for setting up handwashing stations in high risk areas. Five NS signed Memorandum of Understanding with their respective Ministry of Healths to support the Government efforts in contact tracing activities. Community volunteers were integrated in to MoH reporting and supervision structures and were trained on contact tracing. Additionally, they were tasked to support active case finding teams. Training of volunteers on active case finding was also done.

Risk communication, community engagement and health and hygiene promotion

During July, the IFRC CEA team produced four Africa Region community feedback reports, documenting key trends in feedback across an average of 10 African countries per report. Each report included recommendations on how National Societies could address issues raised through community feedback. Key trends in July included questions and suggestions about the response, including requests handwashing, protective equipment and livelihoods support. Also common was beliefs and questions about the treatment of COVID-19, with many mentions of herbs and traditional medicines. Questions and comments about ways to protect yourself from COVID-19 were also common. There was an increasing amount of statements mentioning the non-compliance with rules such as wearing face masks and physical distancing, especially by people in positions of power. Many mentioned the difficulty of respecting physical distancing, especially at markets and within families. Lockdown measures and the restriction of movement were mentioned frequently in the feedback, with people asking about Government's plans and reopening of schools and places of worship. There were many comments indicating mistrust in people or organizations, most commonly that the outbreak is used to make money, for political purposes or for intentionally harming people. Many also do not believe that the disease is real or that they don't believe there are any cases in their area, particularly because they do not see sick people in the media or their communities.

Four Ask Dr Ben (English) and Demandez au Dr Aissa (French) factsheets were produced to help National Societies tackle these community feedback issues, answering questions such as; "Do children have to wear face masks?", "What is the Red Cross doing to help stop the spread of the disease?", "Are there masks which have been deliberately infected with COVID-19?" and "Do couples have to practise physical distancing?".

Three Ask Dr Ben and two Demandez au Dr Aissa videos were shared on IFRC Africa Twitter and with National Societies through WhatsApp. Topics included; herbal remedies and treatments for COVID-19, recovery from COVID-19, why COVID-19 is real, how to use face masks safely and why it is safe to still attend hospitals for other treatments.

From the 6-10 July, the CEA and health focal points for the IFRC East Africa and Southern Africa cluster offices conducted a combined epidemic control for volunteers (ECV) and risk communication and community engagement (RCCE) online training, attended by 24 CEA and health focal points from 15 different National Societies. The training was held over three days and coordinated by 8 trainers from the IFRC, Botswana Red Cross Society, British Red Cross Society, Malawi Red Cross Society and Tanzania Red Cross Society who were trained during the Africa level ECV/RCCE training held in June 2020. Participants will now roll out this training for staff and volunteers in their National Societies in either online or in-person sessions as part of efforts to increase their capacities to contribute to the COVID-19 pandemic responses in their countries. A half-day RCCE training was also delivered in Spanish to 19 Equatorial Guinea Red Cross staff and volunteers in collaboration with the French embassy, who supported by providing a venue with reliable internet where volunteers could join the online training.

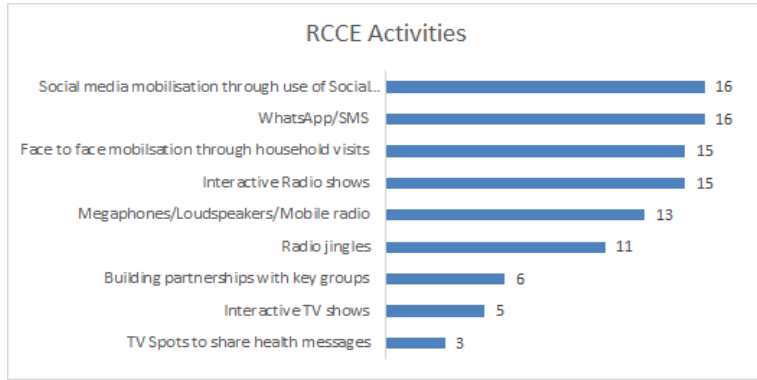
IFRC continues to co-chair the weekly interagency Risk Communication and Community Engagement (RCCE) technical working group (TWG) for East and Southern Africa, as well as the sub working groups for community feedback in West and Central and East and Southern Africa.

During July, the RCCE TWG published a guidance note on how to work with communities in refugee and IDP camps and informal urban settlements to adapt and develop local, practical solutions to managing COVID-19, for example how physical distancing can be achieved in crowded settings or how to isolate sick people when households have limited space. Led by IFRC, the guidance note outlines the challenges faced in these settings in adhering to standard COVID-19 prevention and control measures, RCCE considerations, step-by-step guidance to planning locally led solutions and includes examples of best practices from across Africa.

Three interagency community feedback reports were also produced, documenting the main trends in community feedback across agencies. Two reports were produced covering West and Central Africa, and one for East and Southern Africa. The reports include recommendations on how to act on the feedback and are shared across all technical working groups, with country level RCCE coordination groups and with members of the WHO health partners coordination group.

The East and Southern Africa RCCE TWG launched a series of bi-weekly media webinars to mobilize national and local journalists to help tackle key issues arising in community feedback data, recognizing the power of the media to influence opinions and behaviours. Coordinated by Internews, the first media webinar took place on Thursday 23 July and addressed the persistent belief that COVID-19 is not real or cannot affect Africans. The webinar presented key findings in community feedback, explained the current case rate and Africa and predictions for what to expect, discussed how journalists address this by sharing the stories of real people who have had the virus and heard from a Kenyan journalist who broadcast a series of reports from inside one of the

country's intensive care units for COVID-19. Future webinars will tackle topics such as treatments for COVID-19, purpose and importance of quarantine, isolation and lock-down and recovery and stigma of COVID-19 patients.



The graph left outlines the number of NS that carried out specific RCCE activities during the reporting period.

Priority 3: Strengthening National Societies

National Society readiness (Preparedness, auxiliary role and mandate)

During the reporting period, the IFRC AfRO COVID-19 Response Team continuously shared knowledge and offered technical support to the NSs/CCSTs of the region by organizing the following webinars and sharing the information below to support the operation.

- **Immunisation and COVID** in English on 20 July and French on 23 July 2020.
- Introduction to contact tracing.
- Community Based Surveillance and COVID-19.
- Africa Regional CBS Webinar
- The PMER Regional team conducted a webinar with the CCSTs PMER and COVID-19 focal point persons on the **Global Monitoring Tools**. This aim of this training was to ensure that the CCST cascaded it to the NS.

Coordination for quality programming

Africa Briefing with Africa Union Ambassador to the EU: This high level meeting brought on board the IFRC Regional Director and Secretary Generals from Nigeria, Kenya, Botswana and DRC National Societies. The meeting discussed the work of the IFRC and its National Societies in Africa in response to COVID-19 and the ongoing coordination between the AU and IFRC including its partnership with the Africa CDC. They also shared a National Society perspective, operational insights and broader policy challenges from all the five regions.

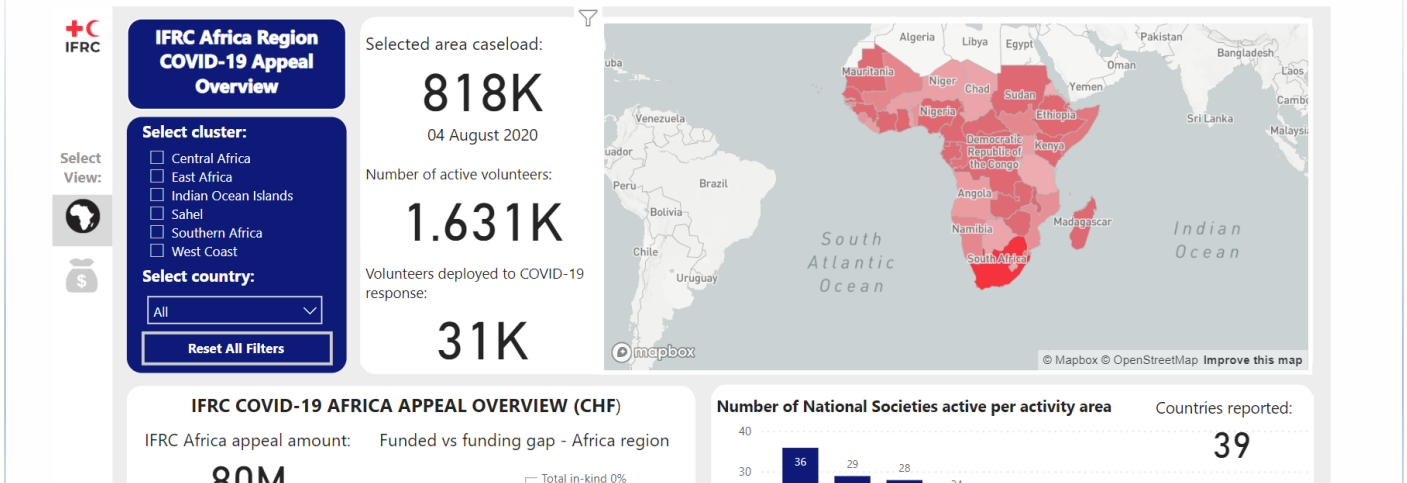
Movement Coordination: A Cash-in-Africa Coordination Meeting was held on 17 July 2020 which was facilitated by the IFRC Geneva Cash Team Lead (Caroline Holt) and Regional Cash Coordinator (Daniela Vergara). This was attended by ICRC and Partner National Societies with the intention of information sharing on Cash and Voucher Assistance (CVA) being provided in the Africa Region; and coordination of resources in response to COVID-19. A Movement Operations Group Meeting was also held on 22 July 2020 which was attended by Partner National Societies to update them on the COVID-19 Operation and for information sharing.

Partners Call: The Partners' Call held on 15 July 2020 presented the current humanitarian situation in the region, as well as priorities, plans, and needs in response to the pandemic in Africa. It highlighted the funding coverage, currently at 41% against the total funding requirement, the growing concerns in South Africa, and the overall operational impacts featuring information management results and inputs from Heads of CCSTs.

Evidence-based insights, communication and advocacy

COVID-19 Africa Dashboard: To support coordination efforts and visually represent the Africa COVID-19 operation a dashboard was developed and published in the Africa Operations Room and on the COVID-19 response Africa Region page of IFRC GO. The dashboard tracks activities of African NS as well as financial allocations from IFRC and bilateral partners. Country-specific pages are under development to better show the more granular details of activities undertaken by African NS.

COVID-19 Appeal Overview



Real-Time Review of the COVID-19 Plan of Action Process: An analysis was made on the process of allocating funds to National Societies for the COVID-19 Operation in Africa Region. It gives insight into the practical steps required to have funding available in the bank accounts of National Societies, as well as some of the hurdles. It provides evidence of the realities of IFRC systems and those of the membership and offers recommendations on areas for development, such as improving the timeliness of the process. The final report was circulated via email on 12 July 2020.

National Society Updates

Comoros Red Crescent

The NS carried out disinfection activities in 173 schools and 3 treatment centers. They also did production of chlorine solutions (15 litres per day) by volunteers to increase the quantity of the needed disinfectant. As part of income generation/ sustainability the NS is engaged in domestic production of face shields (200 per week) by volunteers and 370 gowns for volunteers. Djoumoi Cheha Mariam has been a volunteer with the Comoros Red Crescent Society for 22 years. She is also a good seamstress. She is one of the four volunteers supporting the COVID-19 response through production of the cloth face masks. "I make around 250 face masks per week, and I am happy that I contribute to the epidemic response", she said. A total of 20 volunteers were trained on psychosocial support through collaboration with Ministry of Health and WHO. In terms of Risk Communication and Community Engagement a total of 60,360 people from 3 islands were reached through community sensitization sessions on preventive measures. The NS also updates its Facebook page to share epidemiological information for public utility. .



Production of gowns, @ Camaras Red Crescent

Red Cross of the Democratic Republic of Congo

In response to the communities' insistent demand for handwashing facilities, Democratic Republic Congo Red Cross volunteers are supporting communities to the manufacture of locally designed makeshift handwashing stations. The innovation involves utilizing household water jerry cans that communities use for collecting and storing drinking water. Simply cut a small hole at the base of the jerrican and insert a plastic tap - which is easy to find at the local market - into the canister. The handwashing station is easy to construct and at an extremely low cost. As a result, this nifty contraption has been well received by the communities who are now constructing their own stations and washing their hands more regularly.

Ghana Red Cros Society

The NS trained 36 staff and volunteers on ECV as Trainers of Trainers. The procurement process for hygiene kits and medical equipment completed and the suppliers identified, they are expected to submit their quotations by close of week. During the reporting period 5 COVID-19 water stand points were identified to establish water systems. A total of 4 regions completed

stepdown training with total number 83 volunteers trained. Blasting of SMS on COVID-19 is still ongoing and the NS blasted SMS to 632 persons through MTN, voda-phone and airte-tigo.

Lesotho Red Cross Society

The Lesotho Red Cross Society (LRCS) in partnership with TEBA undertook food and cash distributions in response to the COVID-19 in Ramabanta, Semonkong and Thaba Tseka whereby 350 households were reached. The total number of beneficiaries in Thaba-Tseka is 591 whereby 294 were females and 297 were males. In Semonkong 271 females and 258 males were reached making a total of 529 while a total of 388 people, 202 females and 186 males, were reached at Ha Ramabanta



Wash promotion including the installation of low-cost tippy taps with locally available materials was done in partnership with the MOH and local business such as Shoprite and Standard Bank. In Mafeteng, 12 such tippy taps were installed, 13 in Mohale’s Hoek 21 in Maseru 547 in Berea, 232 in Qacha’s Nek, 236 in Butha-Buthe, 213 in Mokhotlong, 262 in Quthingand 253 in Leribe The installation of 1789 locally constructed tippy taps reached out to 12,798 people.

LRCS volunteers also held social distancing promotion and COVID-19 prevention education. In Mafeteng more than 6,000 people were reached, in Mohale’s Hoek 22 and in Maseru 393. In Leribe 366 people were reached whereby 242 were females and 124 were males. In Beream, 2,655 people were reached where 1,405 were females and 1,250 were males. At Qacha’s Nek 419 males and 529 females were reached making a total of 948 people. Butha-Buthe recorded 234 males and 525 females which makes a total of 759 people. Mokhotlong reached 554 males and 859 females, making a total of 1,413 people.

LRCS Volunteers have produced COVID-19 video that shall be used as a tool for dissemination of information and educating communities about the virus.

Liberian Red Cross Society

The COVID-19 operations team in the NS is fully operational, with the recruitment of the PSS Coordinator, which was new position. They also completed training and deployment of 93 volunteers (54 male, 39 females); 30 among these volunteers from the 15 Chapters were trained on PSS supported by the Swedish Red Cross; 45 volunteers from 3 Chapters were trained in WASH/COVID-19 related supported by the ICRC and the rest 18 volunteers trained in eCBHFA supported by the IFRC.

Through social mobilization, community outreach/engagement and handwashing awareness, volunteers reached out to 22,326 (12,447 males; 9,879 females) persons during the reporting period. Supported by the CEA/RCCE, health and communications teams, the volunteers are continuously engaged in promotion of social distancing measures. The safe-distance marking of places where people crowd like the banks, supermarkets, and grocery stores, are some innovative ways the NS is creating awareness on the need for maintaining social distance among the population.



Marking shopping centres with the participation of the SG

Madagascar Red Cross

The Madagascar NS continuously carried out weekly disinfection activities in the high risky public sites of Antananarivo and Antalaha. The NS installed 8 tents with 15 beds to improve the Ministry of Health capacity in COVID-19 cases management. A total of 20 volunteers were mobilized for disinfection activities and sensitization on social distancing in the main medical center of Andohatapenaka in Antananarivo which is managed by the Ministry of Health. They also supported in setting up 27 new handwashing points in markets and neighbourhoods in Atsinanana and Sava and 88,608 people were sensitized in handwashing demonstrations. The NS distributed 198 face masks to 99 students in Antalaha. Home visits were conducted to 7,065 families to provide psychosocial support to manage anxiety in Antsirabe, Fénérive-Est, Fianarantsoa and Toliara. A total of 482 suspected

cases were detected by trained volunteers and reported to the health centre Antsirabe, Fénérive Est and Toliara.

The volunteers of the NS reached out to 32, 208 people through on-going RCCE activities in Antalaha, Antsirabe, Fénérive-Est, Fianarantsoa, and Toliara. The NS hotline received 25 calls during this reporting period- the subject of these calls includes psychosocial need, rumors, feedback, complain, acknowledgements and suggestions. Depending upon the nature of the call, it were addressed, or shared with the Ministry of Health.

Malawi Red Cross Society

The NS supported hand washing and sensitisation in 198 strategic points (markets, big shops, banks, roadblocks & mobile markets) set in the implementing districts . The Malawi NS used local communication channels like community and national radio stations, van publicities, mobile cinema, billboards, campaigns and megaphone to message on COVID-19 prevention messages. The Malawi NS partners with World Food Programme to distribute take-home ration in 7 districts (Salima, Dedza, Mangochi, Zomba, Phalombe, Chikwawa and Nsanje). in a bid to promote livelihoods and food security during the lock-down period.



Mauritius Red Cross Society

A total of 10 volunteers from Rodrigues were trained on RCCE to conduct sensitization activities. The NS also did sensitizations on preventive measures via its Facebook page, banners fixed at the main supermarkets in the capital and on 60 billboards across the country. The NS is currently supporting psychosocial support activities.



RCCE training, © Mauritius Red Cross

Namibia Red Cross Society

The NS in partnership with Coca Cola Foundation deployed 100 additional volunteers (May-July 2020) in the Khomas region to carry out the RCCE activities. This funding has supported 800 households with health packs, water storage containers and 70 handwashing stations. Commodities such as sanitizers, disinfections, face masks, gloves were amongst the commodities distributed to the most vulnerable. The Bank Windhoek, Capricorn Group also partnered with the Namibia NSs which has helped to deploy 10 volunteers for one month at the boardering Northern part of the country to carryout the similar activities. A total number of 5,000 households benefited from these interventions. A total of 35,021 females and 25,806 males were reached with health education information in the communities. A total of 584 tippy taps were constructed for vulnerable people and 176 tippy taps distributed to the communities. The staff and volunteers of the NS visited some strategic places where people assemble to monitor see if they comply with social distancing, handwash and face mask regulations. This includes 332 schools, 7 wedding ceremonies, 20,201 Shebeens and 180 funeral services. As a special initiative, 1596 expecting mothers and 1 245 lactating mothers received RCCE education.

Seychelles Red Cross Society

A total of 25 Red Cross blood donation clubs are being relaunched by Seychelles Red Cross Society in collaboration with the Ministry of Health and the Ministry of Education to ensure sufficient blood during the COVID-19 crisis. They also supported the training of volunteers in the use of PPEs by the Ministry of Health to assist with suspected/affected people to quarantine and isolation centers. A total of 70 contacts tracing have been conducted by 5 volunteers in collaboration with the MoH. In terms of RCCE , 4 volunteers were trained on basic COVID-19 information and proper use of masks. A total of 815 students from Anse Royale Secondary School were reached through sensitization sessions in collaboration with the Ministry of Education. Additionally, mass sensitization on the proper use of masks, other preventive measures, and stigma, through stickers, TV & radio spots, and National Society's Facebook page.



South African Red Cross Society

The NSs carrying out the following activities in all nine provinces- RCCE , contact tracing, screening and testing, public awareness at hotspots, hygiene promotions, distribution of food parcels, non-food items (hygiene packs, household essentials) and fumigating schools and community radio stations. These activities are currently the main focus for the NS, taking into account the needs that are evolving due to increasing cases and the socio-economic impact caused by the pandemic. As part of the global plea that vulnerable groups should not be left out from the interventions, SARCS has taken further steps in ensuring that the vulnerable

groups are also supported in the COVID-19 response. The National Society is supporting the elderly in old age homes, OVC, child-headed families, refugees, asylum seekers and other migrants with food parcels, daily hot meals, hygiene packs, household essentials, public education and hygiene promotions. As part of intensifying risk communication and public awareness, the NSis working closely with the community radio station in a way to spread the messages on the prevention of the virus and addressing the misinformation, myths and rumours. The NSis also ensuring that community radio stations are in good conditions by supporting them with fumigation of the buildings and ensuring that preventative measures are observed at all times. The NShas also worked closely with the local authorities and traditional leaders in ensuring that communities residing in places that are cut off from service provision are also receiving services and are provided with preventative messages.

Sudanese Red Crescent Society

The Sudanese Red Crescent Society (SRCS) mobilized more than 6,000 volunteers at branches to respond to COVID-19. The NS also reviewed and updated the country plan for COVID-19 which showed that there was an imbalance in funds allocation as it didn't initially consider the number of cases (some states have higher number of confirmed cases with less funding). This called for the attention of the NS and partners to review the funding allocation/distribution. As a result of the gap analysis, some states were replaced by others that had great funding gaps and high confirmed cases. SRCS reduced the number of IFRC targeted states from nine to six, the new ones including Gezira, North Kordufan and Northern States. Also, there is support from UN agencies and MoH at State-level. More than 1,436 SRCS staff, volunteer leaders and medical staff were trained in the prevention and control of COVID-19, dead body management, feedback mechanism, and the coronavirus radio show guide and running order. SRCS distributed



around 91,211 leaflets, posters in public places and conducted 210 educational and awareness sessions. More than 1073 radio show programs to create awareness on COVID-19 were done in all States in local languages. SRCS carried out awareness campaigns through mobile radio, targeting different public places and more than 1,803,222 persons were reached in addition to the 358 massive spraying campaigns that were carried out and covered 33,003 institutions. Child corners in the isolation centre were supported with games, awareness and psychosocial support messages made through radio & TV, wall drawings and posters. Ready-made meals (food and water) were distributed to migrants and returnees, and the vulnerable in the isolation centres in addition to supporting them with training in FA and PFA, sanitation, health, shelter and protection services. One of the activities to be highlighted in the last two weeks in Northern State branch is the distribution of food baskets to combat the effects of the Corona pandemic to 200 affected families with the support of Danish Red Cross. The NSis receiving the stranded Sudanese nationals who came from abroad through Khartoum Airport and Northern State by providing them with ready meals upon arrival, PSS and PFA, and distributing PPEs. The number of arrivals up to date stands at 5,866 in Khartoum and 4,446 in Northern State.

Tanzania National Red Cross Society

The Tanzania National Red Cross Society (TNRCS) is implementing various RCCE interventions with support from different donors to raise community awareness on COVID-19, and prevention of the spread of the virus. The NS is working in the refugee camps in the western corridor of Tanzania providing health services to more than 300,000 refugees from Burundi and Congo. These were also targeted in the preparedness and response of COVID-19. The NS conducted community mobilization activities by engaging communities in public awareness sessions where mobile vans, Megaphones and motorbikes with addresser systems were used to reach out to different places to communicate key messages. Nevertheless, TRCS participated in the message development by supporting the team to address community feedback as collected from different sources. More than 1,500,000 printed IEC materials were also part of the communication tools throughout the response period involving posters displayed in open public places, and brochures distributed to communities in different



avenues. The NS continued with the implementation of the RCCE and ICCM & IPC activities where more than 370 staff and volunteers were involved. Apart from the refugee camps, the NS continued with community awareness and IEC materials distribution in the country. The demonstration of handwashing, and wearing of masks, social distancing, and other social behaviour practices to school going children who resumed their sessions 29 July 2020 in Zanzibar were also part of the sessions.

Togolese Red Cross Society

The NS conducted crisis and risk communication through group awareness-raising in markets and schools with loudspeakers and speakers in markets and schools in Lomé commune through which they reached 30,000 people. The NS has also continuously utilized Interactive radio in local languages and radio jingles and adverts to share key health messages. They have also used social media to encourage positive behaviours and address fear, rumours and stigma (whatsapp, Facebook). A total of 315 volunteers and 200 women were trained on Community mobilization for the fight against gender-based violence and the promotion of reproductive health through UNFPA. Innovative approaches: Use of the so-called "7 useful daily" approach initiated at the CRT in connection with COVID-19 and GBV. Indeed, this approach based on communication within the family in general and the couple in particular aims to establish dialogue between child-parents, husbands-wives through the simple words of everyday life in order to reduce or even abrogate GBV. This violence tends to increase in households with COVID-19 because many parents have lost their jobs or their income has drastically decreased; children are no longer at home because of the closure of schools causing unusual promiscuity leading to household conflicts

Uganda Red Cross Society

An average 1700 customers visit Nakasero Market in Kampala, Uganda, daily. The market has a community radio station called Vendors' Voice Radio, where experienced presenters run daily shows broadcast from a small studio via speakers mounted at strategic points around the market. To help customers and vendors protect themselves from COVID-19, an expert from the Ministry of Health and Uganda Red Cross Society (URCS) are participating in one hour daily interactive shows on Vendors' Voice Radio. A range of topics are discussed, including COVID-19 transmission, signs & symptoms, prevention methods and correcting the myths surrounding the virus. Listeners, including vendors and customers, can call or SMS with questions, comments and suggestions which are answered live on air by the health experts, with the aim of providing clear, factual information. All the talk shows are conducted in the local language, Luganda, including the recorded music, spots, and jingles on COVID-19. Presenters also broadcast frequent reminders to the traders and their customers, to utilize the hand washing facilities at designated spots within the market.

During Uganda's lock down period, the Government asked all food vendors to sleep at their stalls to reduce the risk of COVID-19 transmission. Up to 900 vendors were allowed to operate on a rotational basis during the lockdown. The radio shows are equipping vendors with important knowledge they are passing on to their customers and having a visible impact on the adoption of recommended health practices such as frequent hand washing with soap and chlorinated water, maintaining

physical distancing at the stalls and cooperating with the temperature checks at the entrances to the market, as well as use of masks by the vendors and their customers. Namukasa Jane, a vendor in the market, says the radio shows have helped her to understand COVID-19 and eased the anxiety as well as boredom in the market during the difficult lockdown period. "I was able to call the presenters and have my questions answered in real time which was fulfilling." The radio shows are replicated in three other markets, St. Balikudembe, Nateete and Bugolobi.

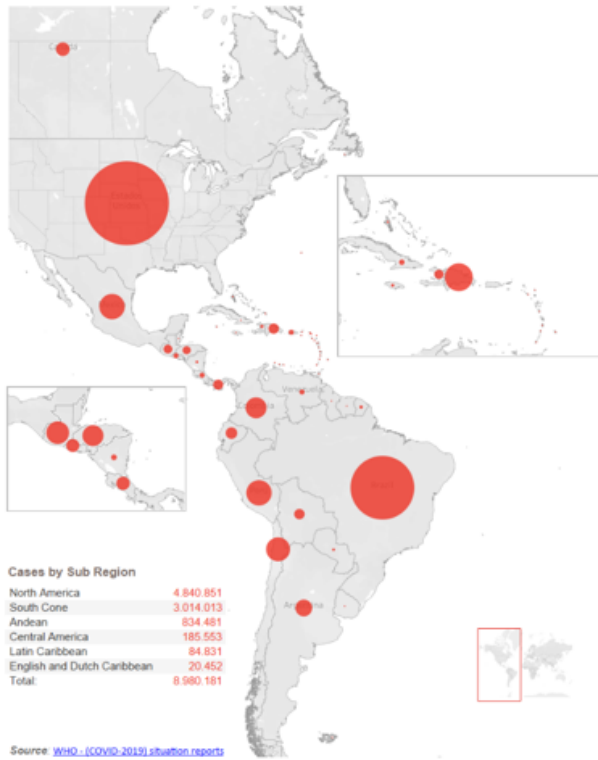


The Americas

9,152,173 confirmed cases in the Americas
351,121 confirmed deaths in the Americas
 reported by WHO 3PM Panama Time, 30 July 2020

According to public COVID-19 field reports submitted to the GO platform
29 National Societies are engaged in

+C IFRC COVID-19: Confirmed cases in Americas Region
 Data as of 30-July-2020



Health and WASH

26



Socioeconomic Interventions

22



NS Institutional Strengthening

25

- 1 Ambulance services for COVID-19 cases
- 8 Community-based surveillance (CBS)
- 9 Epidemic control measures
- 7 IPC and WASH (community)

- HEALTH AND WASH
- 15 IPC and WASH (health facilities)
 - 6 Isolation and clinical case management for COVID-19 cases
 - 10 Maintain access to essential health services (clinical and paramedical)
 - 14 Maintain access to essential health services (community health)

- 1 Management of the dead
- 26 MHPSS
- 26 Risk communication, community engagement, and health and hygiene promotion

- SOCIOECONOMIC INTERVENTIONS
- 19 CEA, including community feedback mechanisms
 - 22 Livelihoods, cash support & food aid
 - 7 Shelter and urban settlements
 - 21 Social care and cohesion, and support to vulnerable groups

- NS INSTITUTIONAL STRENGTHENING
- 25 National Society readiness
 - 16 National Society sustainability
 - 25 Support to volunteers

Regional overview

From June 1 to 30, 2020, the Americas region has doubled the number of cases reported, becoming with clarity the geographic centre of the pandemic, although with significant sub-regional differences, especially in relation to the Caribbean, where the non-Spanish speaking islands have managed to contain the transmission. The number of deaths in these 30 days has experienced an increase of 60%, although also with clear geographical differences. In any case, the reported figures, even though they are the only source to describe the situation in general lines, may not be capturing the real dimension of the problem with low testing rates confirmed with generally very high positivity rates, which would indicate a greater transmission than that identified at the official level. In the reported period, most countries, despite increasing their efforts in testing capacity, have seen their positivity rates increase, indicating a clear permanence of community transmission. In the region, the epidemic, according to official figures, follows a slow curve with an average effective reproduction number slightly above 1, maintaining weekly increases of around 10%, which would indicate that public and social health measures would be effective in controlling mass transmission but would be failing at individual and small groups level, mostly in the family and work environment.

The situation, apart from numbers of cases and deaths, continues to suppose an increasing overload on healthcare systems, especially those that are already structurally weak with growing alarm at the potential collapse of healthcare systems,

something of particular concern in Central America and some areas of the Andean region. This continues to force the adoption of extraordinary measures of auxiliary support to the health authorities through human and material resources.

National societies continue their tremendous work in community policing, health care, health promotion, hygiene access and promotion, and significantly their response in mental health and psychosocial support. However, as the epidemic continues, efforts must continue to be made to control transmission, avoid the impact of discontinuation of essential health services, and strengthen psychosocial support for individuals and communities. At the same time, special attention must be paid to the fatigue and stress of the frontline aiders who increase vulnerability, reinforcing biosafety protocols.

In the reporting period, the IFRC Americas Regional Office (ARO) COVID-19 Response Team continued to provide technical support to the National Societies (NSs), specifically those requesting multi-lateral support, for implementation of the activities for the COVID-19 response. Wider support has also included supporting NSs in own income generation activities, including activities of the NSs Response Plans.

IFRC ARO deployed a Regional Assessment Team between June and July 2020, aiming to identify the regional impacts of COVID-19 and enable the IFRC ARO to define mid- and long-term actions that address the essential humanitarian needs. The report of the Assessment is available in [English](#) and [Spanish](#). This analysis has led the Revision Process of the Regional Emergency Plan of Action published on the 13 of July 2020. The Americas EPoA has been increased to 75 million CHF to scale the operation and address other regional impacts of COVID-19 with a recovery perspective. [Revised EPoA no. 3 available here](#).

Also, the Port of Spain CCST launched a COVID-19 Perception and Impact Survey in the Caribbean to understand how people are feeling about the pandemic and how it is affecting their lives and their communities. The [Learning from our communities: COVID-19 in the Caribbean Report](#) is available here.

The IFRC ARO is in operational cooperation with 33 NSs on the COVID-19 response, 2.6 million CHF has already been transferred and committed to 31 NSs from the funds available in the COVID-19 Emergency Appeal and 440,000 CHF is committed through procurement.

Priority 1: Sustaining Health and WASH

Epidemic control and Community-based surveillance

During this period, efforts have been made to continue strengthening community surveillance and training national societies in identifying suspected cases in communities and tracing contacts. Webinars have been developed and taught in Spanish and English with wide acceptance by the NS. In general, national societies from the beginning adopted an auxiliary role in screening at entry points as well as in the screening of people associated with migratory flows, especially in those most permeable borders. This continues and is reinforced by active community screening and crucial support to health authorities in controlling transmission through contact tracing.

An important milestone in this period has been the production of a guide on the use of the different tests available for COVID-19 and the different indications. This has greatly contributed to clarifying the role of NS in testing tasks.

Risk communication, community engagement, and health and hygiene promotion

In the area of risk communication, we continue to produce materials for distribution in digital channels. It is worth noting that we have been working with health teams to produce key and preventive messages for NSs regarding Chlorine Dioxide.

The following stories were published:

- [Mexico: violence and attacks against health workers are on the rise in the context of the COVID-19 pandemic](#)
- [Fighting COVID-19 in planes](#)

The broadcast "We're in this together" is still ongoing.

Interviews in Spanish:

- [The CEA approach and its importance in humanitarian interventions. July 24th.](#)
- [Volunteering in COVID-19 times. July 3rd.](#)

An anti-stigma and discrimination campaign focusing on migrants in the context of COVID-19 was launched. Toolkit available here.

Infection prevention and control and WASH at the community level

Training in cleaning and disinfection of community spaces has been widely disseminated during the period due to the need derived from the multiple requests addressed to the NS to assume activities and responsibilities in this field.

Mental health and psychosocial support services (MHPSS)

- To visualize the impact that the COVID-19 outbreak is having in the whole population and advocate about the importance of develop interventions that promote wellbeing and prevent mental health problems, June was declared the MHPSS month in Latin America. Most of the NSs were actively participating in this initiative. The principal actions developed were:
- A massive media campaigns culturally and linguistically adapted for different target populations with the support of CEA and Communication units was lunched. More than 30 different key messages such as self-care, resilience, promote hope, prevention of the stigma, importance of the mental health and other topics were delivered by IFRC media channels.
- Information through webinars about MHPSS community interventions, the importance of a culture of MHPSS after COVID-19 with American Red Cross participation, and GBV in telecare assistance with PGI support. 400 peoples joint the events,
- Promote the increase of the capacity building of NSs by Technical workshops with the MHPSS NSs focal points of the Latin Americas countries about Community interventions, Movement MHPSS resolution and Policy and resilience.
- In addition, in coordination with the Reference Centre, a Psychological first Aid COVID-19 pilot was launched with the participation of 10 NSs from the Caribbean and Latin American countries. Also, started the translation to the Guarani dialect of the PFA training with the intention to provide PFA to the native communities in the region.
- Coordination with external partners PAHO MHPSS section took place to join efforts in the region in terms of promote a culture of MHPSS and, participation in the MHPSS IFRC global coordination meeting.

Ambulance services for COVID-19 cases

Virtually all NS have continued to provide transfer services for suspected and confirmed COVID-19 cases. Strengthening and supporting appropriate biosafety protocols for these activities has been one of the secretariat's priorities.

Priority 2: Addressing Socio-economic impact

Shelter and urban settlements

During the past months of June and July, 4 educational online sessions and evaluation process on Camp Management and Camp Coordination during Covid -19 took place with the support of PGI, CEA, HEALTH sectors and the Coordination Group of CCCM LAC for 352 participants from the following National Societies in the Americas: Argentina, Bolivia, Brazil, Colombia, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Uruguay, Paraguay, Venezuela, Mexico, Guatemala, Nicaragua, Panama and Peru.

Most of the mentioned NS are supporting the coordination or assisting Collective or Transit Centers to support their local governments with the population movement that is ongoing at the borders or families who have lost their homes due to natural disasters such as tropical storms that passed through Central America and the Caribbean.

In addition, there is significant impact on the economic security of the Households, and many of those affected by loss of income have been struggling to pay rent, utilities, or debts to maintain accommodation. Several NS are considering supporting families in COVID-19 response with rental assistance.

Community engagement and accountability

During the month of July, two webinars were organized to share good practices and lessons learned, that had good participation from the NSs (First= 40 people / 10 NSs, Second= 25 people / 10 NSs).

ARO Communications Team has been supporting the NSs in different areas:

- Supporting some National Societies, especially in the Caribbean, to resume their activities in the field.
- Developing the CEA plan for Venezuela.

- Support to the Caribbean perception survey process. The second round started. The results are expected in August.

A RCCEA workshop was facilitated jointly with the Shelter Cluster in the Americas, as part of the workshop on managing temporary shelter for migrants and displaced persons. Working with the CBI team to develop a CEA toolbox for interventions of this type. A CEA senior officer position for ARO has been opened.

Social care, cohesion, and support to vulnerable groups

The PGI area focused its efforts during the month of June in virtual events regarding gender-based violence in order to advocate for this protection risk to be addressed during the pandemic. These were the different events held for the region:

- Effects of gender-based violence during COVID-19 together with Luz Patricia Mejía- Member of the Follow-up Mechanism to the Belém do Pará Convention (MESECVI).
- Psychological Support for gender-based violence disclosures together with the team of the GVB prevention and response project of the Colombian Red Cross.
- Policy and actions for the prevention and response of Sexual Exploitation and Abuse (PSEA) together with IFRC's PSEA Coordinator.

In addition, fulfilling with the aim of PGI to mainstream the area of focus into-and work together with-the other areas of focus, during the month of June with the RedLac of CCCM (and through the IFRC's ARO Shelter Officer), the PGI area was included into the interagency training "CCCM management during COVID-19" addressing topics such as PSEA, Code of Conduct, Child Protection and Gender.

The National Societies have continued providing key messages and informational virtual sessions through their media, regarding GBV, child protection, inclusion of persons with disabilities and recognition of LGBTQ+ rights (considering June as the month of pride). In addition, some key initiatives such as the distribution of dignity kits and kits oriented to children and adolescents with a psychosocial approach continue their implementation.

Priority 3: Strengthening National Societies

National Society readiness (preparedness, capacity strengthening, auxiliary role and mandate)

During June, the National Societies of the Americas, depending on the measures taken in each country in relation to free mobility, social distancing and economic recovery, reviewed their short- and medium-term plans in order to prioritize, continue or reschedule their work in favour of the most vulnerable populations.

As all the National Societies in the region are coordinating activities with national or local authorities, the need to formalize partnerships through collaboration agreements has been identified, especially to implement activities related to health services.

To implement the different activities reported in May, National Societies have increased protection measures for their staff and volunteers and are working on identifying actions to involve volunteers who, for various reasons, cannot provide their services in person. Among the most developed face-to-face activities in the region are awareness raising with key messages on prevention of COVID-19, psychosocial support, WASH activities and NFI deliveries, while the virtual activities that have been implemented in greater numbers in the region are those related to psychosocial support, telecare and peer support and webinars (regional and national).

At the regional level, 15 webinars were organized during the month of June (6 in Spanish and 9 in English) in which 1,158 people participated. In June, the IFRC shared guidelines for the organization of the webinars, which will be managed by the PSK unit through the Reference Centers (CADRIM, CREPD). Several National Societies have organized webinars for their staff and volunteers, with the Ecuadorian Red Cross and the Costa Rican Red Cross being the most active (at least one per week). The Ecuadorian Red Cross held 8 webinars in which 536 people participated.

National Society sustainability

During June, more than 50 per cent of the region's National Societies expressed concern about the reduction in their income, given the suspension of some of their income-generating activities, the fall in demand for their services due to users' reduced ability to pay and the uncertainty of the dates foreseen for economic recovery in each of the countries. In many cases, National

Societies in the Americas depend on a single source of income and/or on international cooperation that has regularly been limited, focused and intermittent.

National Society management teams have attempted to secure sufficient resources to ensure continuity of operations, but the economic impact of the COVID-19 is not encouraging for communities, staff and volunteers, providers and users; and external partners, so National Societies assume that in the coming months, their situation will become more volatile and many are likely to experience severe income (cash flow) pressures and be forced to reduce risk by considering coping strategies such as closing down services, selling assets, seeking loans or reducing staff.

Considering the context, some National Societies are reviewing their continuity, contingency and development plans to identify, programme and implement activities to strengthen their short- and medium-term continuity and long-term sustainability. In the region, the response to COVID-19 has enabled all National Societies to explore new ways of relating to governments, improving their positioning as humanitarian actors, and strengthening their visibility.

On 17 June, the webinar/panel "From continuity of operations to the sustainability of National Societies in the Americas as a result of the response to COVID-19" was held with 151 participants (70 women, 81 men) and aimed at sharing experiences among the region's governance and management bodies on the implementation of continuity plans and the sustainability of National Societies. 15 Presidents and 11 Directors General (National and Subsidiary) participated in the webinar

For the organization of the webinar, at least one National Society from each Cluster participated in the coordination meetings in order to identify the main problems for the implementation of continuity plans and prioritization of actions that guarantee sustainability; generate spaces for learning and information exchange among the management teams of the National Societies of the Americas; and identify regional and national strategies that contribute to the continuity and sustainability of Red Cross activities in the region. Among the documents considered as a basis for the preparation of the webinar was the Financial Sustainability Guide presented in the May report.

During the webinar, National Societies stated that there are important challenges to be overcome in order to ensure the continuity and sustainability of services and programmes, but that the most important is to ensure safe and secure spaces for volunteers and staff. Some of the challenges raised in the webinar are the following:

- prepare better by strengthening training,
 - strengthen coordination with many actors,
 - to foster new partnerships with the public and private sectors,
 - to reinforce teamwork,
 - learn to be more creative and flexible to take advantage of new opportunities,
 - diversify and expand the volunteer base,
 - diversify sources of funding,
 - quickly interpret the changing environment and the challenges it creates,
 - innovate plans,
 - strengthen the corporate image based on the visibility achieved during the crisis,
 - clear and public accountability,
 - strengthen advocacy and humanitarian diplomacy,
 - build operational and financial sustainability plans,
 - to strengthen the proper use of and respect for fundamental principles (a fundamental pillar of all Red Cross action).

In addition, the International Federation's regional office is committed to providing support to National Societies in building continuity and sustainability plans and linking them to contingency plans (COVID-19 action plans) and the strategic planning.

Support to volunteers

During the month of June, several actions took place to guarantee the safety and protection of volunteers:

- Regional Webinar - Safety and Protection of volunteers. Almost 400 participants including volunteers, national volunteering directors, secretary generals, NSs' presidents and NSs' staff, took part in this webinar. During this activity, the duty of care guidelines was presented thanks to the support from the IFRC Secretariat in Geneva. An open session took place where volunteers were able to share their experiences and concerns during the pandemic. Furthermore, explanations were provided in relation to how find options for private or public insurance, the creation of local solidarity funds and the use of the Maurice de Madre Fund. Additionally, experiences were shared from NSs in relation to the use and management of local insurances and the challenges of this approach.

- General meeting with the NSs from the Central American Cluster – Security and Protection. A tailored meeting took place with the NSs from the Cluster of Central American to share the experiences in relation to the use of private insurance in the subregion and the challenges so far. This meeting included staff from the NS, President from the Panama Red Cross, Secretary Generals from several NSs and volunteering directors. Some of the key conclusions: Solutions should be based in the reality of each NS and country situation; there is not an “one solution for all”. Each NS requires a different solution. The Americas Regional Office supports those solutions through different departments and units; there are several measures in the NSs (insurance or solidarity funds) but there are not widely known by the volunteers
- Meeting of the Regional Director, HoCCSTs/HoCOs, Head of PSK and Regional Coordinator for Volunteering and Youth Development. Aimed at sharing updates on insurance coverage and opportunities. Urgency on the situation was expressed and proposed next steps identified including holding discussions with insurance companies to explore sub-regional or regional coverage options etc.

International Support and Resourcing

Logistics, Procurement and Supply Chain

The Americas Regional Logistics Unit (RLU) defined the supply chain management of the operation, fulfilling the needs of PPEs elements for the National Societies of the region, channelling the resources of the global sourcing strategy. The coordination for dispatch of materials still ongoing with the NSs, by preparing the last batch to complete the orders placed. Parallel, the ambulances requested for the region, start arriving since July to the destination countries with success. RLU continues with the support of the operation to secure the needed humanitarian supplies.

The procurement team has been supporting the National Societies in their local sourcing processes and has shared guidelines for the request of quotations. The regional team also shared a Global directive to accelerate sourcing and procurement management with a certain degree of flexibility and ensure an adequate level of compliance and accountability for any procurement conducted for COVID-19 emergency response. The Directive remains valid during the emergency COVID-19 response, and they shall apply for global, regional, and local procurements.

International multimodal logistics remains functional, and both humanitarian and commercial markets can move throughout the region with few restrictions by air, land, and sea. RLU is still in contact with the National Societies, to keep updated laws and exonerations related to COVID-19. The main supply chain strategy continues to be through the consolidation of goods at Panama hub for redistributions to the national societies.

Surge

The surge team has so far deployed a total of 26 people from different National Societies and experience areas to provide support to various sectors that are currently responding to the operations as a result of the effects caused by the pandemic product of COVID19, to date the support has been provided Limited to remote assistance and to provide technical advice in different areas such as: public health in emergencies (PHiE), mental health and psychosocial support (MHPSS), Planning, Monitoring, Evaluation and Reporting (PMER), Information Management and Data Visualization (IM & DataViz), among others. Support for the moment is expected to continue remotely due to the impossibility of physically deploying as a result of the restrictions imposed by governments that include the closure of borders, port, and airport. However, this modality has proven to be successful mainly in technical areas that have managed to adapt the activities carried out using the remote modality. The regional surge capacity team has worked together with the surge team in Geneva to guarantee support, although due to the wide demand for some profiles, it has been quite a challenge.

Human Resources

The COVID-19 Operation Human Resources plan has been approved. Total headcount of 112 positions has been reviewed and approved by the Secretary-General. 79 headcounts will be for National Staff distributed among ARO, CCST Lima, CCST Port of Spain, CCST Buenos Aires, CCST Port of Prince, CCST Tegucigalpa, CO Venezuela, and CO Colombia. 33 international delegate positions will be recruited as well.

The HR team has supported the hiring process of NS for this operation in the following positions: Ecuador 34, Bolivia 4, Chile 4, Honduras 2, Brazil 1, Panama 1, Paraguay 1, Uruguay 1. Including active Volunteers in National Societies from Costa Rica, Honduras, El Salvador, Guatemala, Nicaragua, and Panama: 8,300.

Planning, monitoring, evaluation, and reporting (PMER):

The PMER Regional team has provided constant support to all technical areas for this operation. The Regional PMER team has expanded its workforce with two rapid response members from British Red Cross and Ecuadorian Red, supporting the review processes of the NS plans, learning processes, monitoring, data analysis and reporting.

The PMER team has worked on a Regional COVID-19 Reporting Guidance to support the NS in the Americas and their response to the COVID-19 pandemic. The Guidance seeks to simplify and streamline processes by maximizing the data collected and aligning the different initiatives. Webinars are planned with NS focal points.

The IFRC has an established practice of conducting real-time evaluations (RTEs) as part of large emergency operations meeting certain key criteria. With the outbreak of the COVID-19 pandemic, the global reach and rapidly evolving scale and scope of the pandemic has also required a different approach for review and lesson learning around such a response. In an effort to address this gap in RTEs and respond effectively to the COVID-19 outbreak, the global PMER team piloted an internal, qualitative learning approach, Real-Time Learning (RTL), which can be used during this COVID-19 response to review areas of the ongoing response, using stakeholder feedback to bring back timely, meaningful feedback to the operation. The pilot was carried out over a 14-day period from end of March to the beginning of April on the first question: *“How well is the rapid response process able to adapt to a global response of this scale?”* Fifteen key informants from the Americas were interviewed for analysis.

A second pilot is being carried out between July and August regionally, focused on National Society needs, with key and sub questions focusing on *“How are National Society needs being addressed through the prioritization and allocation of funding to allow it to better rebound from the effects of COVID-19?”*.

Information Management:

Surge IM team: The Regional IM team has expanded its workforce with two members from Argentine Red Cross and Chilean Red Cross, focusing on data visualization to support the Regional Office and National Societies.

Surge Information Management Support (SIMS): Members and IM focal points from Argentine Red Cross, Chilean Red Cross and Uruguayan Red Cross have recently joined the global SIMS network, which is currently activated and supporting the global COVID-19 response.

IM support to technical areas: IM support to Shelter, Livelihoods and IDRL in data collection and visualization.

Centralization of IM products in the GO Platform: The IM team is centralizing dashboards, maps, visuals, and key documentation in the [GO regional emergency page for COVID-19 response](#).

Communications

During the month of July, the communications team focused on pursuing opportunities with regional and global media, looking for interesting angles that have received little media coverage. Special mention should be made of the increase in Dengue cases in Central America note.

Media Coverage

Humanitarian Aid

[La Cruz Roja abre un corredor humanitario para llevar ayuda sanitaria a Haití](#)

[Cruz Roja abre corredor humanitario para llevar ayuda desde la RD a Haití](#)

[Red Cross opens humanitarian corridor between the Dominican Republic and Haiti](#)

Dengue, COVID and hurricanes

[En medio de la atención al Covid-19, se descuidan avances contra el dengue en Asia y Latinoamérica](#)

[Cruz Roja: El dengue y los huracanes complicarán la respuesta a la COVID en América Latina](#)

[Dengue prevention efforts stifled by coronavirus pandemic \(Tallarico interview\)](#)

Migration

[El presidente de la Cruz Roja, Francesco Rocca, se mostró preocupado por el cierre de fronteras que están provocando el bloqueo de cientos de migrantes](#)

[Growing COVID-19 impact in the Americas a major concern, says global Red Cross President](#)

[IFRC: COVID Could Affect Migration Patterns For Years](#)

COVID-19

[América Latina ve la mitad de todas las nuevas infecciones por covid-19 a medida que tambalean los sistemas de salud](#)

[Brasil supera la barrera de los 60.000 muertos por el coronavirus](#)

[COVID-19 Outbreak Americas Regional Assessment Final Report](#)

Coordination for Quality Programming

Security and Safety:

The Regional Security Unit has worked to guarantee the Duty of Care of our personnel, providing constant guidance to the Head of Country Cluster Support Team and people responsible of security on field.

The security team is providing a weekly analysis of the epidemiological curves to monitor the possibility of progressive reopening of the offices as soon as they meet the requirement of having passed 3 weeks after the epidemiological peak. The region of the Americas continues a constant analysis. However, this moment of the pandemic has marked the need to continue working from home as possible. Security briefings continue to be provided to new personnel and to those exceptions that had to carry out missions.

It is coordinating with the Geneva and World Food Program team to monitor the progress in the Americas of its humanitarian air service that recently began a route in Mexico - Bogotá. In terms of Civil Military Relations during June some proposals have been analysed to look for funding in this area and two recruitment processes were done to have two volunteers that follow up and support the Humanitarian Wing initiative in the region.

Regional Security Unit has continued to update the daily [dashboard of travel restrictions and internal measures](#) to be aware of the established contexts and government measures.

Business Continuity Planning and Security within IFRC Secretariat

A regional meeting is held every two weeks with the Business Continuity Team to analyze the reality of the countries in the region, the progress of the different offices, and compliance with parameters, among others. Weekly meetings are held with the BCP Global Group in Geneva to ensure alignment and compliance with procedures.

During the month of June, support was provided to the office that was then ready to return to work gradually, complying with the required procedures and obtaining the approval of the Secretary General.

In the Americas, the occupational health and safety committee has joint to the BCP Team group to guarantee a more effective work and to look after these aspects in a more direct manner.

Personnel who are stranded in other countries are followed up on to seek viable alternatives for their return home as far as possible. The Human Resources strategy of "you have my support" continues to provide psychosocial support to staff.

IT

Local ARO Server Drive Migration Progress to the Cloud: in order to have information available in the cloud to ensure business continuity at teleworking mode 70% from 1 million files located in Americas Region Office server has been migrated to Microsoft Sharepoint IFRC cloud. Additional Training has been provided to 5 Departments.

Panama Logistic Humanitarian Hub: to contribute to World Food Programme (WFP) business continuity, internet service from IFRC Warehouse was shared for 1 month with WFP warehouse.

Costa Rica RC: to ensure business continuity of Costa Rica RC and enhance collaboration between them and external partners, support was provided to enable NS Microsoft Teams to add external users per their request.

Panamanian RC: provided advise on trending technology for new EOC/meeting room that can integrate current tools from NS such as Microsoft Teams and WhatsApp with Logitech Video Conference Systems.

North America

American Red Cross (AmCross)	<p>American Red Cross COVID-19 missions focus on supporting community efforts to help those impacted while adapting its ongoing mission to help staff and volunteers stay safe.</p>
	<p>Blood Services</p> <p>AmCross is working closely with the FDA and blood industry partners to collect and distribute convalescent plasma. People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus. This convalescent plasma is being evaluated as treatment for patients with serious or immediately life-threatening COVID-19 infections, or those judged by a healthcare provider to be at high risk of progression to severe or life-threatening disease.</p>
	<p>Food Security</p> <p>To help ensure vulnerable people do not go hungry during this public health crisis, AmCross is working with local community partners to support feeding efforts where there are government-ordered quarantines or mandatory stay-at-home orders, when we have the resources to do so. Amcross is following social distancing protocols and setting up fixed food distribution sites where possible. This includes several requests for volunteers to support critical feeding missions for some of the hardest-hit areas, such as Los Angeles and New York City. Some 1,200 local Red Cross volunteers have worked alongside partners to help serve more than 31 million meals to students affected by COVID-19 school closures in the Los Angeles area.</p>
	<p>Disaster Response</p> <p>As AmCross adapts its physical response due to COVID-19, is providing hotel accommodations rather than opening emergency shelters. Since April 16, has provided more than 39,400 overnight stays in emergency hotel lodging, rather than opening traditional shelters for tornadoes, large home fires affecting multiple families and other crises. Since February, Red Cross workers have helped more than 62,000 people recover from more than 20,000 home fires nationwide.</p> <p>AmCross is also working with public health officials on our COVID-19 plans to respond as needed to the ongoing threat of spring flooding, severe storms, wildfires and the above-normal hurricane season forecast for this year. As we head into this wildfire and hurricane season, the Red Cross has created new protocols to keep everyone safe in this pandemic environment. In preparation for Tropical Storm Cristobal, disaster workers followed these safety measures.</p>
	<p>Health, Training, and Psychosocial Support</p> <p>AmCross volunteers are making face coverings for veteran and military hospitals across the world. AmCross has adapted its First Aid and CPR training during this critical time. Essential courses are being held, where permitted, with social distancing approaches and follow public health guidance. Grieving is always difficult, the COVID-19 pandemic has created additional challenges and needs. The Virtual Family Assistance Center offers information and resources to help people who have lost loved ones.</p>
Canadian Red Cross (CRC)	<p>Support to quarantined travellers: CRC is providing care and comfort services at designated sites to travellers who upon arrival are not within a 12-hour drive from their home location, do not have the means to transport themselves via private transportation to their final destination, or who are arriving for temporary employment in Canada. Travelers remain ‘quarantined’ until their isolation period is completed. CRC is also providing virtual relief support to asymptomatic returning Canadians who cannot complete the self-isolation period in their home. To date, 2,134 travellers have been supported. CRC is also providing support to seasonal migrant farm workers in southwestern Ontario affected by a COVID-19 outbreak</p>

Support to isolated individuals & families: CRC has provided immediate relief services including information, referral, safety & well-being, financial assistance, call center support in several areas across Canada. CRC is also enabling municipalities and communities to support those in isolation through the provision of emergency response stock including cots, blankets, and personal items. To date, over 445,000 Individuals have registered for relief assistance, 158,000 incoming calls have been attended by The Red Cross Call Center, and 56,000 emergency response stock items and over 66,000 pieces of Personal Protective Equipment have been provided in several provinces, municipalities and communities

Support to indigenous populations: CRC is working with First Nations, Métis and Inuit communities to strengthen their health preparedness and response capacity. This includes securing and shipping food, personal items, medical supplies, and the provision of emergency response stock including cots and blankets. CRC is also supporting Indigenous communities through the Indigenous help desk aimed at providing information and referrals on planning & preparedness for health emergencies, health guidance information including infection prevention & control as well as guidance on community wellness and protection. CRC has supported 160 Indigenous Communities with health and emergency guidance and has provided emergency relief stock to address COVID-19 needs in several locations across 5 provinces

Support to seniors: CRC actively supports thousands of Canadians across the country by connecting vulnerable individuals and older adults to a wide range of community support services. These services provide needed resources and daily supports to older adults, vulnerable people, and their caregivers. Services for emergency care connections include meal delivery, wellness checks, and friendly calls. To date, over 15,500 friendly calls have been completed to vulnerable individuals and older adults to address the social isolation impact, over 12,399 food deliveries have been made to address food security risks and over 4,691 door to door wellness checks were completed.

Health Emergency Response Unit (ERU): The Emergency Health Unit (ERU) is a field hospital that has 24/7 year-round deployment capability. It is a standardized modular package of trained personnel and equipment, deployed to emergencies on short notice. It provides an essential, basic and standardized service platform, fully self-sufficient which can be deployed for up to four months. The ERU offers pre-trained groups of technical specialists, standardized pre-packed equipment. CRC provided support through Health ERU to support two quarantine sites and to augment hospital services in Montreal and Vancouver.

Support to long term care facilities: CRC is responding to the growing gap in the collective ability to respond to the needs of seniors and vulnerable individuals in residential & long-term care homes. Services include recruitment and training of new staff, equipment loan, as well as providing teams of experts to assist those facilities in containing the spread of COVID-19 through a series of concrete actions including site assessments, site-specific recommendations on layout, protocols, coaching and monitoring. To date, the CRC has provided support to 67 long term care facilities and conducted over 1,400 interviews for referral to the health authority of Montreal. Recruitment efforts have been placed on hold to provide support to the Montreal health authority by interviewing applicants for the “Preposes aux bénéficiaires” government training. Training was provided to over 1,400 people and delivered through a total of 153 courses. In partnership with Public Safety Canada and Health authorities in Montreal, CRC has been engaged to provide personnel support, site administration and EPC advisory services in long term care facilities in Quebec in order to replace Canadian Armed Forces personnel. To date, 10 sites have been evaluated and team of over 99 epidemic prevention and control specialists have been trained to support with EPC technical guidance and expertise

Support to community partners: CRC provides support to community partners through several avenues including administration of grants, training on prevention of disease transmission and the use of personal protective equipment as well as psychological first aid courses. Eligible organizations can apply to CRC for funds to support activities related to COVID-19 as they continue to deliver critical, community-based support to vulnerable populations in Canada and are addressing a pressing social inclusion or wellbeing need. Activities eligible for funding can include: the recruitment of volunteers to support services related to COVID-19, efforts to increase community awareness, information and education related to COVID-19, among others. To date CRC has served over 400 organizations, awarding over \$6M to 149 organizations. CRC is supporting community partners and organizations through the provision of Personal Protective Equipment (PPE) and Preventing Disease Transmission (PDT) Training to ensure that local community organizations can continue delivering vital services during this pandemic. This program supports charitable and non-profit organizations undertaking direct service delivery by providing training to volunteers and staff on use of personal protective equipment and infection prevention. In partnership with Employment and Social Development Canada (ESDC), the CRC is working to support local community organizations with funding to adapt frontline services for vulnerable Canadians during COVID-19

Central America

The IFRC office in Central America is in constant communication with National Societies, holding regular movement coordination meetings in which the ICRC and other Partner National Societies also participate. These meetings facilitate the exchange of information and complementarity and review progress in the implementation of each SN's action plan. Similarly, IFRC has continued to support the logistical systems of the Central American NS to facilitate the procedures with the respective governments for the dispatch of PPE and ambulances. The financial situation of the SN has also been analysed and different support options are being evaluated, including support to adapt business models and increase the SN's capacity for domestic fundraising.

With regard to volunteer protection and insurance, a working meeting was held during this period in which options for volunteer protection and security were analysed, and as part of the conclusions it was established that each SN requires a different solution based on its own reality. IFRC is supporting these solutions through different units and providing technical and financial support so that information and support about them reaches all volunteers

The migratory contexts in Central America continue to change constantly in the midst of the crisis due to COVID-19, and the cluster has provided support to the NS in the creation and updating of action plans focused on the response to migrants in transit, as well as the activation of binational communication mechanisms that allow for transnational work. In addition, support has been provided to the NS in planning key actions to provide humanitarian assistance differentiated by profiles and vulnerabilities.

During this period, work has also been carried out to support the analysis and increase the capacities of the NS in relation to disaster risk reduction and resilience in the urban context within the framework of COVID-19 and a proposal for a plan for recovery to COVID linked to DRR and climate change is being prepared.

Costa Rica Red Cross (CRRC)

The declaration of institutional alert, response level 4 (NR4), is maintained for the entire national territory and participation in the Emergency Operations Coordination Centre (CECOE) continues. 4 of 9 Regional CCOs remain active, participating in the actions of the Regional Emergency Committees (CRE) and the 46 Municipal Emergency Committees (CME).

During these last weeks, the number of people using the services of CATEM Norte and CATEM Sur has oscillated between 119 and 194 people. In the last week, 118 of these people were minors and 195 were adults. 10 RFL cases were attended to and resolved. At CATEM Sur, talks have been held to disseminate the new guidelines established by the Ministry of Health, with the aim of ensuring greater care during personal procedures in the different establishments. In Cartago, meetings were also held with the Deputy Minister of the Presidency, the mayors of León Cortés, Tarrazú and Dota, the Ministry of Labor, the Migration Directorate and other institutions, to define the management of migratory flows in the Los Santos Zone for coffee harvesting in the context of COVID-19. Similarly, the follow-up to the Border Operation Sixaola Panama (transporters) is maintained through meetings, coordination and follow-up to the Epidemiological Center in Talamanca. Training has been conducted with other institutions in the first response to the emergency, on the movements and protocols of the CCSS.

Messages continue to be sent to the population by means of peripheral communication, community talks and psychosocial support services. Talks and sessions on psychosocial care continue to be organized for the staff of the Costa Rican Red Cross.

Each week, hours of work continue to be invested in raising awareness about the use of personal protection equipment, verifying the correct use of this equipment, and the management of bio-hazardous waste. Support has been provided for the epidemiological sweep following COVID-19 Positive contact in the Auxiliary Committees in Alajuela and Athens, and follow-up has been provided on actions taken following the sweep and the isolation of personnel. Coordination has been made with the Ministry of Health on cases of exposure to COVID at the institutional level, as well as with the Costa Rican Social Security Fund (CCSS) to monitor and improve operational communication between the Centre for Strategic Development and Information on Health and Social Security (Cendeiss) and the Costa

Rican Red Cross. In Limón, monitoring of screening and dissemination of positive messages to COVID-19 front-line responders is maintained, and cases of staff in isolation and virtual psychological care for staff are followed up. In Limón, a regional activity was also carried out to distract personnel and motivate them in the face of the emergency (Self-Care activity),

In actions of the Protection, Gender and Inclusion sector, a video has been disseminated at LESCO, in Bibri and English

In the last few weeks, humanitarian aid packages were moved with a total of 9,651 packages in collaboration with the National Emergency Commission (CNE). The packages were distributed from the National Production Council (CNP) to different areas of San José, Puntarenas and the indigenous area of Talamanca (Bribri population). In Puntarenas, 404 food packages were also delivered. Cartago participated in the unloading of 1267 family kits (cleaning kits, oil and newspapers) and in the distribution of 267 kits. And in Limón 300 newspapers were distributed with their corresponding cleaning kits.

In this operational period, a total of 14,026 hours of work were achieved in support of pandemic prevention and aquatic rescue actions, with a total of 1116 precautions for bathers during the opening of beaches (recommendations on currents and other dangers) and 14 aquatic rescues.

Guatemalan Red Cross (GRC) The Guatemalan Red Cross has provided the following services, in close coordination with the Ministry of Public Health and Social Assistance in the areas of health, water and sanitation, prevention of gender-based violence, livelihoods, migration, volunteerism and communication:

502 people have been transferred in ambulances from the Guatemalan Red Cross, 25 tents have been set up in care centres. 1,080 units of blood have been collected and have benefited 13 assistance centers. Likewise, 290 health personnel have been trained as well as 633 volunteers.

2,079 hygiene kits have been delivered and to date 93 people have received psychosocial support and 556 people have received humanitarian aid.

1,762 migrants have been informed about prevention measures and 628 people from the general population have also been informed through educational sessions. To date, 326 communication materials have been produced.



The Guatemalan Red Cross provides pre-hospital care to migrants in Puerto Barrios, Izabal. Source: GRC. 30 June 2020.

Honduran Red Cross (HRC) As part of the Honduran Red Cross response, it has distributed 5,997 biosecurity kits, providing 53 HRC councils with biosecurity equipment and other service areas. The disinfection area in Council 2, Mayangle has already become operational.

4,695 transfers have been made in pre-hospital services and 7,395 people and 376 patients directly related to COVID-19 have been attended to.

In Catacamas, 17 families with members of the blind organization have been supported with food rations. During this period in Las Vegas, 100 hygiene kits were distributed, benefiting 100 families in the Jerusalem community, and 160

more hygiene kits were delivered to the Olympic Village CAT and INFOP. In addition, 3,217 families have benefited from food rations in El Paraíso and 5,250 more food rations were delivered in Las Vegas, Yoro and Puerto Cortes. Similarly, in La Paz, arrangements were made for the delivery of food to low-income families who are suspected or positive cases of COVID-19.

In San Lorenzo the SINAGER has prepared a space for municipal triage. As of July, transfers of persons suspected or positive for COVID-19 began. In Villanueva, coordination with mobile triage staff in the municipality is also being carried out for the transfer of patients to reference hospitals. In the last week, four transfers of COVID-19 suspects were reported. Support is being provided at the checkpoint on the road from Marcala to La Esperanza to check the vital signs of people entering the city, as well as maintaining the vehicle decontamination system.

In order to intensify COVID-19 prevention measures at the community level, periphytonation was carried out in 5 communities in Olanchito, reaching approximately 993 households. In 232 communities in the departments of Valle, Choluteca, Comayagua, Santa Bárbara, La Paz, Cortes and Atlántida, in coordination with the Ministry of Health, CODEM, health committees, CODELES, environmental committees, boards of trustees and water boards, various educational campaigns have been conducted at the community level on the prevention of COVID-19 and communication materials have been distributed.

In relation to PSS services, 45 councils have been covered, carrying out 91 self-care days to date, covering 760 volunteers and collaborators (425 men and 335 women). In addition, 75 health service providers (23 men and 52 women) and 54 teachers in the municipalities of San Isidro and San José Choluteca have been covered. CRH has 47 active psychologists, including professional volunteers and project collaborators providing care at the national level, and 167 PSS follow-ups have been carried out.

With the aim of raising awareness of the activities that can be carried out to control anxiety and stress and thus improve mental health, a series of Mental Health Fairs were held in coordination with Sonaguera Health Centres, in which a total of 100 people (45 men and 55 women) were approached. In addition, 12 online talks were offered covering the topics of managing confinement with children, grief in times of COVID, managing quarantine with older adults, stigma and discrimination due to COVID, emotional intelligence, psychosocial management with children with disabilities, and domestic violence, among others.

To date, 4,695 RFL services have been provided. The Honduran Red Cross has also provided humanitarian assistance to Nicaraguan migrants stranded between Guatemala and Honduras through hygiene kits, food, PPE, information on COVID-19 prevention measures, pre-hospital assessments, PHC talks and PHC kits for children, in addition to RFL services. Humanitarian attention has also been provided to irregular migrants from Africa, Cuba and Haiti in the community of El Chaguite and in the Guayabías shelter in El Paraíso, where they are living on the streets.

The Honduran Red Cross continues to be part of the National Emergency Committee, which has been activated in order to coordinate operational actions in the framework of COVID-19. The National Monitoring Centre of the Honduran Red Cross continues to be active, verifying and consolidating statistical data in accordance with the response provided by the Network of Councils at the national level.

It should be noted that a group of specialists, including staff from the Honduran Red Cross, are involved in consolidating a strategy that brings together all the efforts of the system, in order to have a framework document that guarantees the involvement of all sectors.



Honduran Red Cross. Humanitarian attention to migrants from Africa, Cuba and Haiti.

Nicaraguan Red Cross (NRC)

The Nicaraguan Red Cross is keeping the COE's Health and Communication and Information Commissions active. Disinfection measures for Red Cross ambulances and vehicles entering the facilities continue to be carried out, as does the taking of temperatures of staff members and outside persons visiting the facilities. To date, 329 volunteers have been trained in prevention measures.

The dissemination of key messages to the general population continues through social networks and the CRN's institutional website (YouTube, Facebook, twitter and Instagram), focusing on mental health and prevention measures against COVID-19.

The CRN Psychosocial Support Centre has been providing free care to people affected by the pandemic crisis in the departments of Managua, Matagalpa, Masaya, Jinotepe and Jinotega, providing 567 psychological consultations, 1,250 general medicine consultations and 213 psychiatric consultations. Similarly, CRN has been providing follow-up in psychosocial and medical assistance to volunteers and its staff members. Through the Psychosocial Support Centre, it is also promoting livelihood support for 60 vulnerable families.

From April to date, 44 ambulances have been equipped and 467 patients with suspected COVID-19 and positive cases have been transferred nationally through the pre-hospital care service, of which 380 have been transferred to Managua and 687 through its network of branches.

Through the campaign "Together we will overcome it" CRN has delivered 4,000 food packages and hygiene kits to 3,000 families.

The Nicaraguan Red Cross continues to promote the "Fear is no excuse for discrimination" campaign on its social networks.

The Nicaraguan Red Cross has resumed its services of conducting Driver's License Examinations at the "Victor Manuel Gutierrez" Nicaraguan Red Cross station, Operations are maintained in the eight components set out in the Action Plan for COVID-19, Water and Sanitation, Health, Shelter, Continuing Education, Restoring Family Links, Volunteerism, Institutional Strengthening and Livelihoods.

Salvadoran Red Cross Society (SRCS)

CRS continues to provide its services with 11,842 emergency clinic visits, 1,175 ambulance visits and psychosocial care.

During the emergency, 172,000 gallons of water have been distributed, 241 food kits, 517 hygiene kits, 4 kitchen kits, 771 mats and 2,263 blankets, and 1,294 disinfection kits have been delivered to various communities nationwide.

The Salvadoran Red Cross delivered 195 personal hygiene kits to the Directorate of Attention to Migrants so that returnees would receive the necessary supplies for personal hygiene in prevention to COVID-19.



Salvadoran Red Cross. Delivery of 195 personal hygiene packages to the Directorate of Attention to the Migrant

Facebook live sessions continue to answer public concerns on topics of interest to the COVID-19 pandemic.

The CRS institutional security unit continues to strengthen security guidelines and the installation of sanitary spaces.

Red Cross Society of Panama (PRC)

The Panamanian Red Cross continues to carry out actions aimed at maintaining access to essential health services, providing psychosocial support, supporting with COVID-19 prevention and control measures, hygiene promotion, livelihood support and institutional strengthening.

During this period, CRP has carried out spokesperson actions, delivery of medicines to elderly people, screening in epidemiological sieges and support to the blood bank.

With the support of different members of the RC movement, protection teams have been provided to volunteers and their capacities have been strengthened, as well as attention has been given to the migrant population in RFL, health and WASH.

CRP carried out a distribution of food bags to communities where there is a high percentage of contagion.

Progress continues on the installation of a Modular Hospital that will be managed by CRP.



Panamanian Red Cross. Panamanian Red Cross volunteers accompany the National President of CRP on a visit to the Modular Hospital that will be managed by CRP for the use of MINSA.

English and Dutch Caribbean

The IFRC Port of Spain (POS) Country Cluster Support Team (CCST) for the English and Dutch Caribbean has continued conversations with Presidents, Disaster Managers, and other Partners to better understand the situation on the ground and to provide support as needed.

There are ongoing conversations with donors and partners to explore the possibility of allocating additional resources to cover the activities identified under the Contingency Plans.

National Societies have made some adjustments to their Contingency Plans due to the changing scenarios and spread of the virus, funds available, and according to the role of the NS in the national response. The CCST is working closely with NSs to update Contingency Plans and to define and prepare Business Continuity Plans.

Antigua and Barbuda Red Cross Society (ABRCS)

COVID ads for the deaf community continue to air on the Antigua/Barbuda broadcasting service (ABS). The NS has partnered with the National Office of Disaster Services (NODS) to put out a series of ads for the English, Spanish and deaf communities to support both hurricane and COVID-19 preparedness. The NS distributed PPEs, infrared thermometers, industrial size hand sanitisers, industrial disinfectant and hygiene items to 5 nursing homes for 67 occupants. The NS is collaborating with the board of Guardians to better target support for senior citizens at higher risk to COVID-19 risks. The NS also completed a mobile distribution of 44 hygiene packages to sex workers across 5 locations, this was coordinated by the gender affairs office of the NS. 40 food packages were delivered through a partnership with ZDK radio that is expected to be repeated in July. 25 NS members and 20 volunteers were given food kits, sanitization items and PPEs to encourage continued practicing of good hygienic habits.



The Bahamas
 In preparation for the hurricane season the NS has received shelter kits, cleaning kits and hygiene kits from ARO to ensure that the hurricane response can meet COVID-19 response hygiene protocols. The BRCS has directly assisted 2,100 people in response to COVID-19 through the mobilization of 40 staff and 45 volunteers. Presently, a total of 600 food parcels and vouchers have been distributed by the Welfare Department of BRCS. Under the direction of the National Food Distribution Task Force, BRCS has supplied food for the Northern

Red Cross Society	<p>Bahamas, inclusive of the islands of Andros, Bimini, Berry Islands, Cat Island and the Exuma and its surrounding Cays. 500 boxes have been shipped to these islands with more people signing up through the online. On the island of Nassau, BRCS oversees the South Eastern Zone and a total of 1,100 boxes with 1 per household have been distributed</p>
	<p>BRCS continues to provide PSS support to the community and through programs like meals on wheels. BRCS conducted a walk with community leaders, where PPEs, gloves and sanitizers were distributed.</p>
	<p>PSS Kits and breakfast items were delivered to collective shelters. Volunteers are visiting these shelters 3 times per week to provide PSS services in the form of recreational activities, sharing information on epidemic control specific to COVID-19 and vector borne diseases.</p>
	<p>The BRCS PSS Coordinator participated as a panelist in the Webinar Civil Society Roundtable: “COVID-19 and Non-communicable Diseases (NCDs) in the Caribbean”. The panel consisted of several Directors and Presidents of Caribbean civil societies who shared their unique experiences in the Response to the CVOVID-19 pandemic and planning for the future. The Webinar was very well attended with just over 100 joining via zoom and over 400 people connecting via Facebook Live. There were high levels of engagement from the audience and submission of questions through the chat feature.</p>
The Barbados Red Cross Society (BRC)	<p>The Barbados Red Cross met with the Office of the Prime Minister (PMO) to propose a partnership in (i) the identification and dissemination of the cards (cash transfer), (ii) partnership in the provision of food security starter kits; and (iii) the collection of data on affected individuals. This unit is the primary body responsible for financial assistance to extremely vulnerable families.</p>
	<p>Cash support and food vouchers were provided to 30 migrant families. Masks and PSS Kits were also provided to 98 primary school students (56 girls and 42 boys aged 10-12). The masks and kit will support the students return to school to prepare for their common entrance exam. “No-tech” PSS kits were also distributed including Play Doh, crayons, stickers and “colouring cards” with positive messages.</p>
Belize Red Cross Society (BRC)	<p>An estimated 164,000 people have been reached through RCCE activities including the distribution of posters, flyers and social media. 76 NS volunteers were mobilized for food distribution and community education on COVID-19 risks and prevention. 600 hygiene kits and 1,300 masks have been procured for distribution. 2,437 families, persons with disabilities, migrants, and persons who lost employment due to COVID-19 were assisted with food package distributions. The NS prepared for a planned distribution of 1,200 back-to-school kits for students for July</p>
Dominica Red Cross Society (DRC)	<p>The Dominica Red Cross Society has continued island wide RCCE operations on social media and online news portals. RCCE activities on the national radio station have reached up to 350,000 people, with 30,000 reached on their website and social media. RCCE activities have also been conducted targeting the 8-12,000 subscribers of the Digicel Dominica telecommunications provider.</p>
Guyana Red Cross Society (GRC)	<p>270 households received cleaning and hygiene kits from the NS, and PPE training has been held for 20 branch leaders and CDRTs. 8 NS personnel and volunteers have been trained in PSS and a PSS hotline continues to operate for the general population. The final distribution of cash assistance through direct bank transfers occurred for 200-250 people.</p> <p>The Guyana Red Cross Society has continued to support the national COVID-19 awareness campaign through supporting the national COVID-19 hotline and through RCCE activities that have reached 117 people. The NS is also maintaining a community feedback and complaints system.</p>
	<p>51 hygiene kits were distributed to senior persons along with accompanying hygiene promotion sessions. 48 hygiene kits were distributed to vulnerable people with an additional 18 hygiene kits for vulnerable people with children returning to school. An additional distribution targeting the migrant population was planned for June but had to be postponed to July due to several factors.</p>
	<p>10 NS personnel and volunteers were trained in PSS in emergencies, 16 members of the public and 8 volunteers were provided with PSS support.</p>



Jamaica Red Cross (JRC)

The Jamaica Red Cross has procured 5,000 respirator masks, 2,000 tyvek protective overalls, 20 infrared temperature guns, 200 face shields, 10,000 rubber gloves, 148 hygiene kits, and 1,500 branded fabric face masks.



Laptop computers were secured for branches to facilitate participation in online training sessions and other remote activities, supporting continued functionality during the movement restrictions. Some of the trainings and webinars already conducted include security and protection of data and digital support for COVID-19 preparedness and response.

574 family food packages were prepared and distributed to branches for delivery to vulnerable communities in Portland, St Mary and St Catherine. The NS continued its partnership with the Ministry of Labour and Social Security, and the Private Sector Organization of Jamaica's COVID 19 response plans to coordinate the preparation and distribution of food packages. The NS signed a partnership with Nestle Jamaica, receiving a donation of 10 Million JMD (62,350 CHF) in cash and 2.8 Million JMD (17,450 CHF) of in-kind food products for the COVID-19 response campaign

PSS sessions undertaken by JRC's PSS Team for staff and volunteers who have been impacted and continues to respond to the pandemic as part of the NS

Saint Kitts and Nevis Red Cross Society (SKNRCS)

The NS have engaged in RCCE activities for widespread risk communication, reaching 41,000 people through printed posters and items, WhatsApp broadcasts, and other electronic media. 40 personnel and volunteers on both St. Kitts and Nevis received extensive sensitization on RCCE, 127 were trained in health (respiratory diseases prevention measures) and hygiene promotion behaviour changes, and 15 were trained in PSS in emergencies. The NS have prepositioned stocks for distribution and operational support, including 500 KN95 Masks, 300 Gowns, and 25 infrared thermometers.

153 personnel and volunteers, and 125 members of the public have been reached with PSS support. The NS is also maintaining a complaints and feedback system for individuals and families who have received care packages or PSS support.

166 personnel and volunteers have received training on PGI minimum standards and PGI focussed activities have supported 300 people.



Saint Vincent and the Grenadines Red Cross (SVGRC)

The Saint Vincent and the Grenadines Red Cross supported the Ministry of Health by providing 50 cleaning kits for quarantine and isolation centers. 167 people have been reached through RCCE activities and information on COVID-19 as it is distributed with food distributions. 35 volunteers have been mobilized for health services and 30 persons have been reached with PSS support. Nine members of the public shared their views, how they are being affected by COVID-19.

116 people across 10 areas received food packages along with printed information about COVID-19, an additional 51 women and 104 children also received food vouchers, donated by a private company. 185 volunteers attended a virtual training on PSS coping measures for COVID.

The NS maintains a complaints and feedback hotline as well as a specific hotline for volunteers to access information and provide feedback.

The NS attended a national situational awareness workshop on the 16th of June in preparation for the hurricane season and the additional adjustments that will be required due to COVID-19 risks. The NS has been asked, by the national Emergency Management to support nationally at shelters to provide temperature screening using PPEs, PSS, and food support in the communities.

Suriname Red Cross (SRC)

The Suriname Red Cross has engaged in RCCE reaching 21,000 people through risk communications videos on hand hygiene, social distancing and quarantining in indigenous languages for people living in the interior of the country. Facebook, Instagram and WhatsApp have been used for to disseminate these and other risk messages during the response.

22 NS personnel and volunteers were trained in health (respiratory diseases prevention measures) and hygiene promotion behavior changes.

Trinidad and Tobago Red Cross

The Trinidad and Tobago Red Cross Society have reached 5,000 people through risk communication activities including public loudspeaker announcements in four rural communities, distribution of posters on hand washing, and creating content in Spanish and English disseminated through social media. 50 wellness packages for healthcare workers were distributed, 20 clinical services were provided, and the ambulance and medical team continues their deployment to

Society (TTRCS) support screening at the socially displaced shelter. Cash and voucher assistance distribution is ongoing, 47 vouchers were distributed and brochures on COVID-19 were given to recipients. 110 NS personnel and volunteers have been trained in RCCE, 110 in health (respiratory diseases prevention measures) and hygiene promotion behavior changes, and 70 in PSS in emergencies. 50 volunteers have been mobilized by the NS for health services. 820 people have been reached with PSS support and PSP tools were distributed including adult and child coloring books and adult wellness journals. Emergency shelter standards were updated with new COVID-19 requirements for new shelter managers and a 2-day workshop on the “new normal” was arranged for 256 participants on Zoom. 4 simulation exercises with the Ministry of Local Government to test the ability to set up shelters and follow the COVID-19 guidelines were held.

French Red Cross (FRC) overseas branches (French Guiana, Martinique, Guadeloupe, St-Martin, St-Barthelemy, St-Pierre and Miquelon) and PIRAC regional delegation.

	<i>Activities of French RC branches</i>
Guadeloupe	N/A
Martinique	N/A
French Guiana	Implementation of food parcels distribution in various neighbourhoods with the support of volunteers from French Red Cross HQ (ERU trained). Beginning of a WASH project (organisation of water distribution and public awareness campaign) following a Regional Health Agency request (support from a WASH specialist volunteer from PIRAC)
Saint Martin	N/A
Saint Barthélemy	N/A
PIRAC	During the month of June, PIRAC has dispatched 28t of equipment (PPE for Covid 19 epidemic and NFI for the hurricane season) from its warehouse in Guadeloupe with the support of French Army airplanes. National Societies of Dominica, St Kitts and Nevis, Saint Vincent and the Grenadines, Grenada have received this NFI / PPE stocks. PIRAC deployed PPE stocks to the Haitian Red Cross with the support of ECHO humanitarian flight PIRAC deployed a Wash volunteer in French Guiana for a 4 weeks mission in Saint Laurent Maroni to support the French Guiana RC branch.

Latin Caribbean

Cuban Red Cross (CRC) The Cuban Red Cross has earned the recognition of government and health authorities and of the people for its dedication, constancy in its work, altruism and endless hours of work supporting those most in need. 6,000 volunteers have been mobilized for the COVID-19 response activities in the 15 Cuban provinces (158 municipalities). Complying with biosafety and protection measures, no volunteer on duty has tested positive for COVID-19. The work carried out in the red area of the various health centers established for this purpose had a biosafety protocol to be completed, where volunteers rotated through a cycle established every 7 days and by protocol went to 14 days of preventive isolation.



Cuban and Chinese Red Cross Volunteers in control points/Source: Cuban Red Cross

All provinces (except Havana) have moved to the 2nd phase of recovery. La Havana is still in phase 1 as it does not meet the technical requirements.

21 Cuban Red Cross relief groups received disaster response training and equipment (19 Municipal relief groups and 2 specialized relief groups).

336 volunteers are actively supporting the response in 63 of the Ministry of Health's isolation canters, 10 hospitals and 25 health centers (case reception, nutrition, psychosocial support to patients and families, logistics, hygiene, distribution of materials, among others).

Face masks distributed by 127 volunteers in 35 municipalities (11 provinces).

Working with Health and Civil Defense authorities in 23 border control points in 6 provinces.

Disinfection of key areas.

40 cases have been processed to support re-establishing contact with families.

Dominican Red Cross (DRC) The *Humanitarian Corridors in the Caribbean Program*, delivered 400 hygiene kits to the Haiti Red Cross at Port-au-Prince (through WFP and IFRC with funding from the European Commission's European Civil Protection and Humanitarian Aid Office (ECHO) and the Government of Belgium).

The Dominican Water and Sanitation Team (EDAS), with COVID-19 hygiene instructions from IFRC, installed 4 hand washing points and instructions within the framework of the project "Improving the Response Capacity and Increasing the Resilience of Vulnerable Coastal Populations before Risks Derived from Climate Change in the Province of Samaná" implemented with the Institute of Community Action (IDAC), the Assembly of Cooperation for Peace (ACPP) and the Center for the Conservation and Development of the Bay of Samaná and its Environment (CEBSE) funded by AECID.



Hygiene kits delivered to Haitian Red Cross/Source: Dominican Red Cross

1,927,996 people reached through communications campaigns promoting awareness and emphasizing compliance with protection and distancing measures ("You still have to keep the distance", "COVID-19 is not over", "Let's not let our guard down", "Safe Return to Work").

572,482 people have benefited from hand washing stations in high risk places.

2,946 people have benefited from psychological first aid provided to affected persons and pre-hospital care staff through PSS hotline.

120 ambulances units provided medical assistance (7,159 people reached) through the emergency service of the National System of Emergency Care and Security 9-1-1.

309 people have benefited from delivery of food kits (through private sector collaborations).

Community networks are kept informed and oriented on social distancing and the necessary distancing in supermarkets, markets and pharmacies was reinforced.

Branches continue to work with local organizations to carry out communication campaigns, train municipal leaders and share information through their social media.

Distribution of personal protection equipment continues at headquarters and branches.

The Ministry of the Presidency activated in April the Provincial Committees for Prevention, Mitigation and Response of which the National Society is an integral part. Close communication and sending of key messages to the national EOC.

Haiti Red Cross (HRC)

Volunteers continue working on temperature taking, hand washing techniques and disinfection actions. Training sessions continue on COVID-19 protection measures, disinfection and decontamination, ODK ET Méga V, prevention of abuse and sexual assault and psychosocial support. The communications team and the crisis preparedness and response coordination reinforce awareness activities through the deployment of volunteers and regular publications on online platforms and social networks, including WhatsApp and Facebook to reach as many people as possible.



Food kits delivered through WFP/Source: Haiti Red Cross

712 volunteers have been mobilized, 42 of whom have been deployed on a disinfection, sanitation and spraying program and 670 working to raise awareness among the population on hygiene promotion and practices to avoid being infected.

The Health team of the HRC is participating every Monday in the coordination meeting set up by the MSPP's Western Health Directorate. as well as in the regional teams.

HRC staff also participate in the working sessions of the National System for Risk and Disaster Management (SNGRD) and the partners of the United Nations System through the virtual National Emergency Operation Committee (COUN) and sectoral meetings to prepare for the arrival of the cyclone period, which remains one of the priorities for the Haitian Red Cross and the partners of the SNGRD in addition to the response to COVID-19.

Distribution of food kits containing rice and peas for 561 families and each beneficiary received a packet with a pair of masks and an awareness poster in Creole on the correct use of masks.

Mask distribution activities took place in the communities of Pétion ville and Arcahaie on the occasion of the patron saint festivals of these communities.

Spraying and hand-washing activities were organized in the West and Artibonite departments.

27 hand washing stations are being set up in the most at-risk neighborhoods of Port-au-Prince, Arcahaie, the Artibonite, North-West and South departments, Carrefour Feuille, Delmas, Route de l'Aéroport and Route de Gérald Bataille in collaboration with the Civil Protection Department and the town halls of Delmas and Port-au-Prince, l'Arcahaie, Pétion ville, the Artibonite department, the North-West and South departments

The National Society has intensified its actions through the mobilization of

Since the activation of the Haiti Red Cross-National Response Plan:

304,220 people have been sensitized

153,211 have used the hand washing points

78,211 key messages have been distributed and more than 35 sites hosting the offices of ministries and public and private organizations have been decontaminated by the disinfection team, The CRH's sanitation and spraying systems, in particular the Ministry of Finance, the Ministry of Social Affairs, the Ministry of Public Health and Population, the buildings housing the senior management of the Haitian National Police, the Haitian National Television and the premises of the CRH's central office.

The Haitian Red Cross contamination team also proceeded to spray busy private buildings such as: the Haitian Institute of Community Health (INHSAC), the Olympic Office in Pétion-Ville, Grace Children Hospital, Radio Tele-Caraibes, Radio Télé Guinen, Radio Télé Zénith, the Haitian Coast Guard, MTV (third voice movement), DAP (penitentiary administration directorate), APN (National Port Authority), Bureau des Mines.

South America

Argentine Red Cross (ARC)

More than 6,300 activities were carried out in the operation. There are more than 35,000 volunteers participating in the operation. Progress was made with the first stage of the food and livelihood projects, delivering food to 73 canteens in the country. Supporting the Ministry of Health of the Province, more than 35 volunteers are present daily in the Tecnópolis Sanitary Park performing admission, biosecurity and first aid tasks, among others.



Delivery to the Favalaro Hospital, located in La Matanza, 50 intensive care beds acquired through the #ArgentinaNosNecesita program. Source: Argentine Red Cross.

Brazilian Red Cross (BRC)

Delivery of basic items, medicine and food to 283,026 people. Rapid tests of COVID-19 were carried out for 250 people. Analysis of suspected cases of COVID-19 were carried out for 79 people. Flu vaccination campaigns were carried out, vaccinating 1,176 people. Distribution of hygiene and prevention items. Disinfection of public spaces.

Chilean Red Cross (ChRC)

Delivery of warm clothes to people affected by the emergency in Esmedal-Colina and El Quisco. Delivery of hygiene kits and food to homeless people living in Santiago de Chile and to older people in San Fernando, Agua Buena and Puente Negro.



Delivery of hygiene kits and food to homeless people. Source: Chilean Red Cross

Colombian Red Cross Society (CRC)

From March 4 to July 24, the CRC has responded to 839,375 persons in 29 branches in 144 municipalities. The services include: primary healthcare (55,356), humanitarian assistance (626,553), teleassistance (2,053), protection (36,044), dissemination of key messages (92,843), coordination with other Institutions (19,000), wellbeing for volunteers and collaborators (2,788), and provision of water (35,202 liters).

Through the virtual campus of the Colombian Red Cross, 207,616 participants accessed COVID-19 programs for the community, family emergency plan COVID -19, home care, and community first aid. Another digital initiative is Cruz Roja at home, which aims to deliver knowledge directly into people's homes, reaching 15,976 reproductions, 5,404 interactions and 70,010 people.

CRC launched the #YoDonoEnCasa fundraising campaign, which seeks to support the most vulnerable communities in the country and address the needs that arise from this pandemic. CRC is carrying various response actions targeting migrants (delivery of food kits, primary health care, cash transfer), setting up hand washing stations, distributing safe water, and attending the penitentiary population.

CRC is providing remote psychosocial support. As part of the procedures of this service, it has been developing a protocol on how to deal with cases associated with gender-based violence. CRC developed Practical Guidelines for branches "Guidelines for the prevention, reception, and referral of cases of gender-based violence, including sexual violence during COVID-19",

The formulation of a virtual-orientation strategy with emphasis on protection continued with the participation of 16 branches of the Colombian Red Cross. The project for the prevention of human trafficking was launched, with special emphasis on actions to prevent the phenomenon within the COVID-19 emergency. The National Leader for

Volunteering participated in the IFRC meeting, chaired by the IFRC president and delegates from around the world, to discuss COVID-19 scenarios and Movement actions.

Key messages for ethnic afro descendent populations have been developed for the branches of the pacific, mostly in topics related to mental health, prevention of domestic violence through the promotion of healthy parenting skills. Communication shared from the Red Cross Movement to respect the Movement's emblem, Emblem training with the participation of 266 people (including volunteers and employees at the national level), and a Campaign for the respect and proper use of the emblem.

Ecuadorian Red Cross (ERC)

Throughout the country the NS has had an active response since March 14. The CRE participates in the inter-institutional meetings of the Humanitarian Country Team, MTT1, MTT2, MTT4 and the plenary of the National EOC. Support has been provided through 21 ambulances to the medical emergency network at the national level with a total of 2,420 people reached.

19,526 pints of blood have been supplied for patients in the public and private health system, 31,120 people who donated blood voluntarily at home and in NS facilities.

5,392 patients were treated in outpatient health services; 1,858 consultations were provided through telemedicine and 1,475 COVID laboratory tests.

The articulated tele-assistance service is being provided to the Ministry of Public Health, reaching 3,306 patients with tele-education, emotional support, and emotional support.

Tents in health centers for respiratory triage have been installed in three provinces.

Sanitization for COVID-19 in public places, neighborhoods and facilities through mobile or manual equipment, reaching approximately 267,310 families has been completed. Vector control fumigation at home in neighborhoods and communities, reaching 1,847 families. In the WASH component, 18.18 m3 of sodium hypochlorite has been delivered to neighborhoods, shelters and health centers; as well as 60.46 m3. Benefiting approximately 5,446 families.

The NS has delivered humanitarian assistance (food and hygiene) to priority population groups such as the elderly, migrants, persons with disabilities and others, reaching 67,567 nationally. 1,624 body bags have been handed over to local authorities for management. Campaign to promote hygiene and water care through television and radio stations and social networks. [Link to the landing page of the PdA COVID-19 Ecuador.](#)

Paraguayan Red Cross (PRC)

Dissemination materials were developed on the following topics: hand washing, use of masks, social distancing, quarantine activities, mental health, telephone assistance, psychosocial support, health and symptoms of COVID-19, medical assistance in public areas. Training was given to communication volunteers who will be responsible for editing messages, managing social networks and contacting the media. The guides prepared by the National Society on safety and biosecurity for the context were disseminated to all the country's branches. Workshops were held on the following topics: personal protection equipment, disinfection methods, biosafety, correct use of masks. The subsidiaries of Fernando de la Mora, Nueva Italia, Itapúa, provided triage activities for a total of 6,252 people in health centres.

To support the 154 call-center system of the MSPyBS, a system of volunteers from the branches of Ñemby, Capiatá, Asunción, and Mariano Roque Alonso was set up. Each volunteer receives approximately 60 to 70 calls per day and a record is kept of these calls.

The Alto Paraná branch, in coordination with health authorities, is involved in the process of caring for the population in shelters by carrying out the following activities:

Health support partitions inside the shelters.

Temperature control, monitoring of people with symptoms of COVID-19.

Coordination of logistics, distribution of admissions, reception and distribution of donations and supplies.

Promotion of hygiene habits, hand washing, respiratory hygiene, social distancing.

Development of intervention protocols and training of volunteers for the psychosocial support service has been provided by the National Society. 3,100 hygiene kits are expected to be delivered. The branches identified the beneficiary families according to the vulnerability criteria, divided as: Asunción 400 families, Capiatá 700 families,

Concepción 200 families, Nueva Italia 455 families, San Pedro 100 families, Itapúa 645 families, Ita 200 families, Ñeembucú 100 families, Guairá 100, Mariano Roque Alonzo 100 families and Ñemby 100 families.

27 handwashing basins were installed in strategic locations in the cities of Encarnación, Nueva Italia, Ñemby, Itá, San Estanislao, Yrybucua, Fernando de la Mora, Limpio, Capiatá and Mariano Roque Alonso. 141 volunteers supported food distributions with the Ministries of Children and Education, delivering approximately 21,000 kits.

Volunteers from the Guaira, Itapúa, Nueva Italia, San Pedro and Alto Paraná branches have supported 107 soup kitchens, community snacks assisting 26,442 people. With ICRC support, the Paraguayan Red Cross delivered 28 sewing machines and supplies for making masks to various prisons.

Uruguayan Red Cross (URC) A psychosocial support coordinator has been recruited to enable the National Society to address the PSS response in the emergency, starting with a comprehensive approach for volunteers who have responded and then working with communities.

A workshop will be held to build the capacity of the SMAPS and PAPS to respond, as well as the internal monitoring of staff and volunteers.

Distribution of shelter kits and hygiene and protection kits in communities of the territorial network. Protection kits have been delivered to volunteers accompanied by digital thermometers that allow greater protection in the activities. A joint work plan was articulated with the branches to carry out an EDAN that helped the data collection to elaborate a feasibility study for future actions.

The first stage of delivery of food baskets to identified families and the delivery of disinfection kits to residential homes signed in the agreement with the Ministry of Public Health and the Ministry of Social Development was completed.

Logistical support was completed with the ASSE network, collaborating with the delivery of PPE (provided by the Ministry) to the territorial response network throughout the national territory.

The list of National Societies and activities above is based on information submitted to the IFRC Americas Regional Office on various channels and will be kept up to date. In case of required revisions/amendments or information about your NS which is missing, please let us know and it will be added with the next update.

Contact information at the IFRC Americas Regional Office

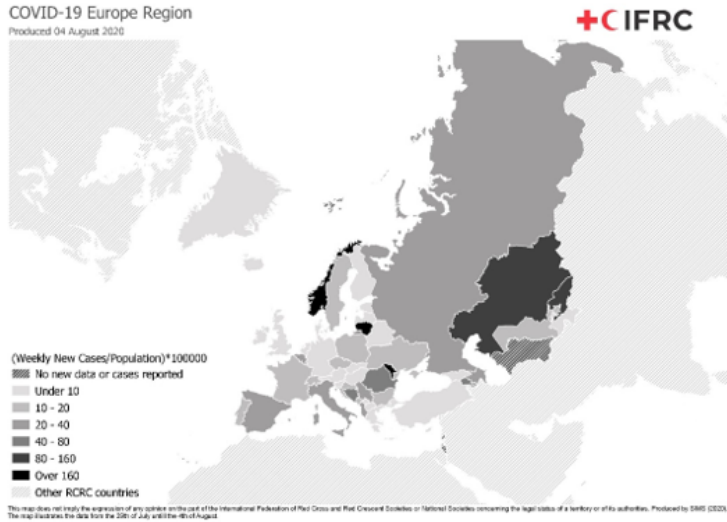
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Europe

3,477,225 confirmed cases in Europe and Central Asia
215,168 confirmed deaths in Europe and Central Asia reported by WHO as at 3.00pm CEST, 6 August 2020

According to public COVID-19 field reports submitted to GO platform **39 National Societies** are engaged in...



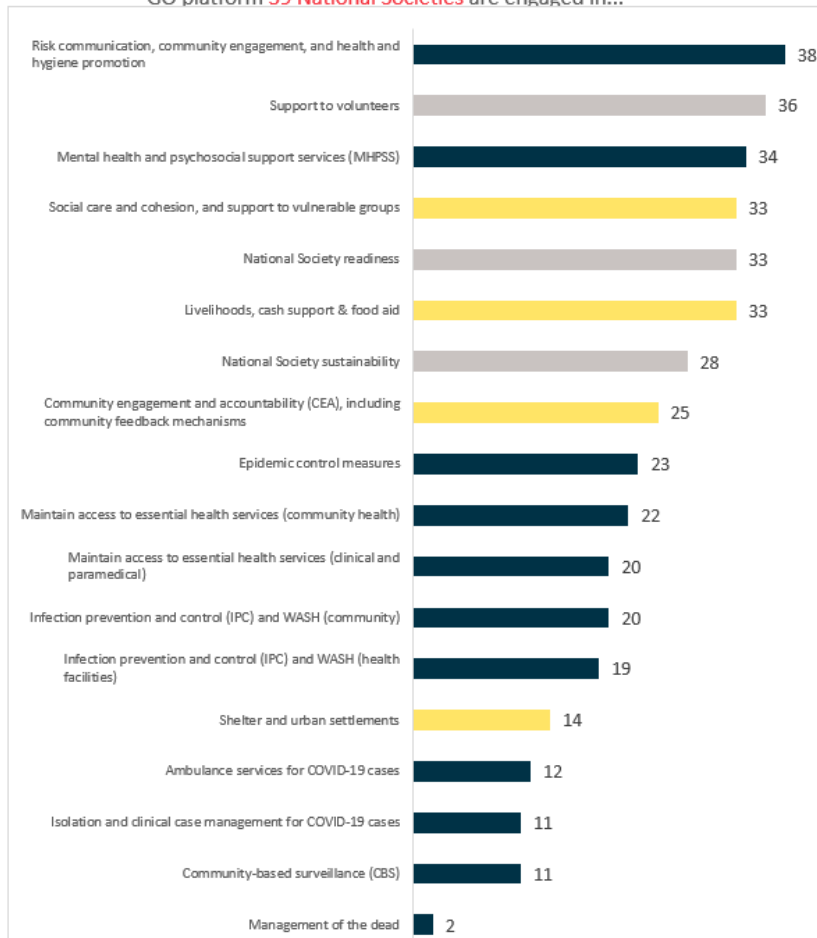
39 National Societies engagement in three operational priorities ...

39
Sustaining Health and WASH

37
Addressing Socioeconomic Impact

37
Strengthening National Societies

See Annex for information on National Society level of activity in the three Priorities



Regional overview

In the reporting period, the epidemiological situation in Europe region has not shown signs of improving. Just on the contrary, on 18 July 2020, the region broke yet another daily record of new cases, with over 33,000 cases reported in 24 hours. Globally, there are nearly 18 million cases and over 686,000 deaths reported to date. The pandemic continues to accelerate, and in past six weeks, the number of new cases has doubled.

As of 3 August 2020, 19% of the global cases (more than 48% in May) and 31% of global deaths (more than 68% in May) were observed in the Europe region. The dynamic of epidemic continues to evolve from Western Part of Europe to Central, Southern and Eastern parts including South Caucasus and Central Asia. As lockdown measures are being eased, there are signs of increase in cases in significant number of countries in Westerns Europe as well. Countries like Belgium, Spain, Croatia and Israel are seeing a trend of second wave. The epidemiological situation is deteriorating in other countries of the region as well: Kazakhstan, Kyrgyzstan and Uzbekistan also demonstrate rapid increase in number of new cases.

The top 10 countries with most cases detected are: Russia, UK, Spain, Italy, Turkey, Germany, France, Kazakhstan, Sweden and Ukraine.

In the reporting period, the IFRC ROE COVID-19 Response Team continued to provide technical support to the National Societies (NSs), specifically those requesting multi-lateral support, in implementation of the activities for the COVID-19 response. Series of Skype meetings with the NSs were conducted (see below) to provide them with technical assistance on operational issues in their response to COVID-19 in their countries, numerous exchanges with NS stakeholders on planning, implementing and supporting NS action were taking place. Wider support has also included supporting National Societies in own income generation activities, including domestic COVID-19 appeals. The IFRC ROE COVID-19 response team puts a focus on those countries with increasing caseload, closely communicating NSs and CCST.

A letter regarding the current evolution of COVID-19 pandemic in the Europe region and guidance to the National Societies on the response actions was developed by the IFRC ROE COVID-19 response team and addressed by acting IFRC Regional Director for Europe to the leadership and health focal points of the National Societies in Europe region.

34 NSs in Europe Region requested funding support from the COVID-19 Emergency Appeal. There is operational engagement with these NSs with total allocations of CHF 40.1 million, including global and regional procurement done by IFRC (CHF 5.1 million) mainly composed of PPE procurement. With the revised regional EPoA published on 13 July 2020, the COVID-19 operation reflects the three operational priorities outlined below. Fundraising efforts continue to support NSs until the end of the operation (December 2021).

Priority 1: Sustaining Health and WASH

The IFRC ROE COVID-19 Response Team continued to provide advisory support to South Caucasus NSs in the survey “*Secondary impact of COVID-19 on older people and caregivers*”. During this period, the selection process for an experienced consultant for the purpose of this survey finished and the process of developing the questionnaires for different target groups to be interviewed with this survey is being developed and should be finalized by the end of the first week of August. The survey will be also supported by UNFPA country offices in Armenia and Georgia both financially and with technical support.

The COVID-19 Health Team prepared and shared with NS health managers some recommendations for supporting the most vulnerable group of population in case of heat waves in context to COVID 19 situation as well the infographics , available publications from IFRC, WHO and IFRC climate centre that might help them for better planning of the activities in their respective countries.

IFRC ROE Health Team supported Global First Aid Reference centre to organize a webinar on First Aid in context of COVID-19 on 10 July 2020. This provided a good opportunity to discuss situation, challenges the NSs are facing in regard to organization and conducting the first aid trainings for different target groups but especially for candidate drivers and commercial first aid. GFRC send to NSs recommendations regarding organizing FA trainings and concept note for WFAD.

IFRC Europe and Central Asia offices health team members participated in WHO-UN-Red Cross COVID-19 coordination platform meeting. This meeting was concentrated specifically on knowledge and information sharing regarding COVID-19 activities in Tajikistan.

Epidemic control measures

IFRC Regional Office for Europe jointly with RC EU office in Brussels continue consultation process with the National Societies to enhance capacity on the mobile testing activities. Several EU member states’ National Societies have expressed their interest to participate in this initiative. IFRC ROE health team is currently working on a joint proposal for this initiative.

Bilateral knowledge sharing and exchange meeting between MDA, Israel and Georgia Red Cross organised to discuss possibility to develop COVID-19 testing capacity of Georgia Red Cross. MDA, Israel introduced its own COVID-19 testing experience and possible ways of further development plan of the testing capacity of Georgia RC was discussed.

Risk communication, community engagement, and health and hygiene promotion

Two complementary webinars entitled COVID-19: Engaging with Migrant Communities were held in June and July attracting more than 80 participants. Both were organised in partnership with the ICRC, with presentations from National Societies (Turkey, Greece, UK, Italy) and external partners (VOICES Network and Refugee Info/PEA Communications). Further webinars

are planned, based on feedback from attendees so far, looking at approaches to physically-distanced community engagement, and feedback mechanisms. There will be a hiatus in webinars for August as so many potential participants are on holiday.

Coordination with WHO has stepped up with the convening of a regional Risk Communication and Community Engagement sub-group. Led by the WHO regional office in Copenhagen, the group has good attendance from WHO and other UN counterparts from across Europe and Central Asia, as well as from IFRC colleagues working with the ROE, Turkey, South Caucasus, and Central Asia. The development of relations with WHO has already seen discussion and coordination on behavioural insight/perception surveys which both organisations are working on, as well as increased sharing of online webinar opportunities.

Discussions with the Ukraine Red Cross for a pilot of the “Do Better, Do More” RC/CEA innovation fund have been extremely positive, involving the National Society senior management, country office, and IFRC regional office, resulting in plans for development of a feedback mechanism to support the COVID-19 response and provide a model for a more developed mechanism in future. Discussions are also ongoing with National Societies in Central Asia and South Caucasus to identify opportunities to utilise the “Do Better, Do More” fund there.

Continued efforts from the IFRC and National Society RC/CEA teams in Turkey, and the South Caucasus, and Central Asia Country Clusters, main results of perception/behavioural insight/KAP surveys are expected to be available in August from Turkey and Kazakhstan, with surveys in the final approval stages in Armenia and Georgia. Support from the Central Asia RC/CEA and South Caucasus IM Surge Delegates, as well as from IFRC CEA colleagues based in Turkey has been critical for developing surveys, ensuring a harmonised approach and helping facilitate and technical enable NS participation.

Community-based surveillance (CBS)

A joint planning call regarding CBS assessment in South Caucasus took place 7 July with participants from IFRC GVA, ROE and South Caucasus.

Infection prevention and control and WASH at the community level

In the reporting period IFRC ROE Health Team jointly with IFRC GVA Geneva WASH unit, Learning Platform unit and Country Cluster Teams for South Caucasus and Central Asia continued cycle of webinars on WASH in COVID-19 context for the NSs of South Caucasus and Central Asia. A total of five well received webinars tailored to South Caucasus and Central Asia NSs needs took place in the reporting period.

Mental health and psychosocial support services (MHPSS)

Within the reporting period, MHPSS Delegate from the German Red Cross joined the ROE Health Team, supporting in the provision of technical support to the National Societies in the region. The MHPSS surge Delegate is in coordination with the NS's, assuring PSS activities are kept included in their interventions to COVID-19 response, not only to the at-risk and affected communities, but also to staff and volunteers, making sure they are being supported at all times, and encouraged to self-care and positive coping strategies.

A Webinar on "Working in PPE and PSS" held by the MDA and PS Reference Centre took place on 9. July. Several National Societies participated and shared the lessons learned and challenges their staff and volunteers are facing when providing PSS and wearing PPE.

On 16 July, the MHPSS Update Meeting took place, with the participation of the PS Reference Centre and MHPSS focal points from the different Regions, sharing their experience and activities on the outbreak response so far.

Priority 2: Tackle Poverty and Exclusion - Addressing Socio-economic impact

Livelihoods and household economic security (livelihoods programming, cash and voucher assistance)

The livelihoods and basic needs rapid response staff has now located to Budapest since 26 July.

The mapping of National Societies Livelihoods and Basic Needs plans and activities indicates that most of ROE National Societies are delivering in-kind or CVA to meet the basic need of the most vulnerable. Out of the 32 National Societies that are receiving

funding from IFRC global appeal, 6 NS are planning to carry out livelihoods activities and are receiving guidance and support in their livelihoods programming design, 12 NS have included CVA in their plans of action to cover basic needs. For CVA transfer mechanism, 8 NS considered unconditional multipurpose cash grants and 2 NS vouchers.

Additionally, PNS present in-countries where there are plans to address the socio-economic impacts of the pandemic have been reached out to see if they would be keen in supporting the identified NS in implementing their activities. So far, Swiss Red Cross and Italian Red Cross could potentially be interested if there are good plans and if funding is available. Furthermore, ICRC has also responded positively to assist Armenia Red Cross in design and implementation of the National Society livelihoods plan expected to start in March 2021.

On 31 July, in view of the preparation for the design of the Plan and Budget 2021-2025 translating the Strategy 2030 into specific commitments and targets, the IFRC Secretariat, British Red Cross (BRCS) and the IFRC Livelihoods Reference Centre (LRC) organised a roundtable on Food Security and Livelihoods which was attended by 44 people from National Societies, IFRC, and the Livelihoods Resource Centre. The discussions focused on the relevance of FSL and livelihoods for IFRC and its membership and the strategic direction that we want to adopt for the future of the food security and livelihoods (FSL) approach, both in response to emergencies and in building community resilience. Unfortunately, only Ukraine RC from Europe region could attend the meeting but another round of discussions will hopefully take place.

A CVA feasibility study for Southern Caucasus has started to confirm whether a CVA intervention is the best assistance modality to meet the needs of the affected population and also safeguarding minimum standards on CEA and PGI through the whole process. It will identify potential CVA projects, and will also look at NS priority needs in terms of livelihoods programming. The length of the study is 6 weeks and will be supported by the Austrian RC.

The 6th webinar about Shelter and CVA was proposed to the regional CVA focal points from the Cash Hub helpdesk.

Shelter and urban settlements

14 NSs in the region are actively involved in shelter activities, focusing on adaptation of collective centres for quarantined persons and the provision of household items to affected families.

Community engagement and accountability

CEA is working with Livelihoods colleagues to provide RC/CEA specific technical support, while at the same time seeking to ensure that behavioural insight/perception surveys include questions about people's livelihood and economic situation, as well as concerns about COVID-19 specifically.

Social care, cohesion and support to vulnerable groups

Different guidelines were produced in coordination with the Global PGI teams and International organizations to provide technical guidance to NSs on how to better address vulnerabilities related to COVID-19. The technical guidance document aims at IFRC and NS staff involved in the global operation, especially PGI and health focal points, and provides key messages and activities to deliver during the outbreak, considering key groups at risk of exclusion. The guidance outlines issues that may threaten people's dignity, access, participation and safety, and suggests actions to address these threats. Likewise, key messages were disseminated and basic guidance provided on PGI in the response to COVID-19 (IFRC for NS staff and volunteers). Technical webinars were also organized to discuss about NSs activities and challenges in addressing risks and vulnerabilities and provide guidance on best ways to adapt services and address access barriers. At the beginning of July, two main webinars were organized related to SGBV and Child Protection in COVID-19. Furthermore, TORs for a new global working group on child marriage are under revision and will be finalized in the upcoming month. The working group aims to contribute to the successful development of guidelines to support National Societies on programming to prevent and respond to child marriage. As the COVID-19 exacerbated the economic conditions in several low- and middle-income countries, the working group will play a strategic role in the upcoming months to prevent and respond trying to mitigate the increase of child marriage as coping strategy to overcome economic household burden.

Two main webinars were organized during this month. One webinar presented the new guidance on SGBV and COVID-19 and different case studies from the regions to provide technical advices on how to identify risks and address them accordingly,

considering the increase of SGBV incidents during the outbreak. It also addressed the long-term impact in relation to the socio-economic crises and its long-lasting effects. The other webinar presented the new guidance on trafficking in persons and it was presented in coordination with ATN. The webinar looked at providing technical support to be better equipped in addressing challenges and risks encountered during lockdown and aftermath.

An e-learning module on trafficking of persons has been agreed and in collaboration with several NSs and IFRC Geneva, it will be addressing main issues related to trafficking of persons based on current international approaches and best practices. The e-module will be an e-learning tool to support those NSs involved in the prevention of this severe protection issues. A specific session will be dedicated to adapting approaches and managements in case of pandemic outbreaks.

In cooperation with the Global Migration Team, PERCO Network, the RCEU Offices and ICRC there has been a specific focus in the region on the impact of the COVID-19 crisis on the vulnerabilities of migrants. In a follow-up of the first webinar organised on 15 April on this topic, the different technical networks and units have organised various webinars with further analysis of the current situation and showcasing specific good examples from National Societies with finding ways to adapt and scale up services in the times of the pandemic. Together with the CEA Team, a specific webinar dedicated to the topic of how to engage migrants in the response and activities addressing the vulnerabilities caused by the COVID-19 pandemic was also organised on 9 June.

One of the main outcomes of the webinar organised by the Austrian Red Cross on the 29 June (“Economic Pandemic”) was the need to continue raising awareness to the specific vulnerabilities of migrants in times of the pandemic as well as on how the potential economic fallout may affect them on the medium and longer term. As presented by different experts on the call, a potential post-pandemic economic backlash can have a serious impact on the distribution of income, and those at the bottom of income possibilities will be the hardest hit, which includes migrants in vulnerable or instable legal or employment status. In this context, prioritising and maintaining integration support especially to those with an insecure legal, employment status and those needing critical integration support (e.g. with finding employment, linking up with service providers, etc.) will be most important.

Priority 3: Strengthening National Societies

National Society readiness (preparedness, capacity strengthening, auxiliary role and mandate)

In the reporting period, the IFRC ROE COVID-19 Response Team continued knowledge sharing and technical support to the NSs of the region by organising the following webinars on different topics of COVID-19 response.

Livelihoods: FRC ROE together with the Livelihoods Resource Centre is planning to organize shorter trainings to provide key elements to be taken into consideration during planning, designing, assessment and targeting phases and as well and awareness raising sessions in view of the increase of caseloads in the region. At a later stage when NS are able to release staff currently busy responding to the pandemic, trainings that are run between 6 to 8 weeks aiming at reinforcing NS capacity in livelihoods programming will be offered.

To date, 14 National Societies have responded to the [survey on Livelihoods preparedness of National Societies](#), targeting all European and Central Asian NS. 6 out of the 14 NS indicated the need of trainings in Livelihoods programming, 4 reported the need for more financial or human resources to design Livelihoods interventions, and 3 NS expressed the interest in peer to peer learning and best practices sharing. The survey is still open to allow more NS participation.

National Society Sustainability

IFRC ROE continues to support National Societies in domestic income generation capacity building with a focus on launching systemic unrestricted income generation campaigns with a focus on regular giving via direct dialogue and digital campaigns. As part of the regional efforts IFRC ROE has supported the Russian Red Cross in finalising the preparations for a digital landing page launch and donor database integration by the end of July. This will enable the National Society to diversify its income streams and mitigate against the impact of COVID-19 related restrictions.

IFRC ROE RMCB team has finalized the interim desk research for unrestricted income generation in Armenia, highlighting investment opportunities into direct marketing (via TV, radio and direct dialogue, as well as digital fundraising channels).

Five National Societies in the Europe Region have been supported in completing their NSIA grant application with a focus towards financial sustainability, inclusively affected by COVID-19 impact.

In order to support National Societies Business Continuity Planning development and actioning process, Europe Region organized a webinar for European NS in coordination with the Global Disaster Preparedness Centre. Eight National Societies participated in the webinar where all requested support on the development and actioning BCPs. This webinar also created the opportunity for peer to peer support among the National Societies. The guidance documents will also be translated into Russian and two more regional follow up workshops will be organized in the coming months.

Coordination for quality programming

COVID-19 Federation-wide planning and reporting

On 21 July 2020, the IFRC ROE PMER team – with the participation of IFRC ROE IM team and GVA FDRS team – organized a reporting webinar for those NSs who are supported from the IFRC Global EA in the region. A total of 48 participants attended the call from National Societies and IFRC as well. During the webinar, the COVID-19 Federation-wide planning and reporting framework was again presented along with the newly developed reporting template as well as the NS financial tracking form and the global ITT tool as well as some new features of the GO platform.

Inter-sectoral coordination with WHO Europe

In July 2020, IFRC ROE Health and Care Team further developed its cooperation and coordination with WHO Europe Regional Office. On 2 July 2020, IFRC representatives participated in the Regional WHO-UN-Red Cross coordination platform to discuss Multisectoral health activities in the context of COVID-19. The main outcomes of this meeting:

- Strengthened coordination and the dialogue between health and non-health related agencies on country-specific matters, and provision of multi-sectoral input to the health needs and challenges of individual countries in the fight against COVID-19;
- Information sharing across the IBC-Health and other IBCs to ensure all partners remain inclusive and complementary in COVID-19 activities; Platform members will be informed of opportunities to participate in various parallel COVID initiatives, specifically related to risk communications and community engagement.

In the framework of IFRC cooperation with WHO, the IFRC ROE became a part of the Europe Regional Risk Communication and Community Engagement Working Group.

On 7 July, IFRC Regional Health and Care coordinator as a member of WHO Europe Expert Advisory Group on TB, HIV and Hepatitis C participated in the expert group meeting. The main aim of the meeting was to discuss the main needs and possible support to people with TB and HIV in the context of COVID-19. IFRC update on support to the most vulnerable people with TB, HIV and other pre-existing conditions was presented.

IFRC-ICRC Movement coordination

The "Joint ICRC IFRC Guidance on the inclusion and protection of migrants in the face of COVID-19 pandemic in Europe and Central Asia" was finalized and shared with all NSs in Europe Region. This guidance is to support advocacy-oriented communications and to provide talking points when engaging with governments, donors, humanitarian and development organizations, making sure that the protection of migrants and their access to key and basic services are considered in all national or regional level response plans and contingency measures.

IFRC ROE COVID-19 Response Team further developed its close collaboration with ICRC. IFRC ROE Health and Care Coordinator conducts regular (on a bi-weekly basis) meetings and exchange of information with ICRC, Head of Health Sector for Eurasia and Americas, based in GVA. Following main areas of cooperation identified so far: MHPSS, RCCE, PPE use. On MHPSS, close cooperation between IFRC and ICRC Europe regional PSS delegates established, joint actions identified. IFRC and ICRC closely work together in RCCE with special focus on the most vulnerable groups, such migrants, people living in fragile contexts. ICRC representatives in South Caucasus participate in the cycle of WASH webinars organised by IFRC. Currently ICRC supporting several NSs by adapting existing Health/MHPSS programs to the COVID-19 context: *Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Greece, Kyrgyzstan, Tajikistan, Ukraine.*

In addition to the above, regular calls are in place between IFRC Regional Director a.i. for the Europe Region and ICRC Regional Director for Europe and Central Asia.

Resources for National Societies

A number of useful resources have been created by the IFRC, IFRC Reference Centres and hubs and National Societies:

- The IFRC COVID-19 **Health Help Desk** for NSs can be reached by email: health.helpdesk@ifrc.org. It offers information and guidance to support public health and clinical activities in COVID-19. Guidance on the [rational use of PPE](#) now includes sections on quarantine facility workers and burials.
- The **SOKONI – global exchange platform for volunteers** contains forums for discussion, access to official IFRC documents, and the ability to upload experiences, documents.
- Daily updates on travel restrictions around the world can be found on [FedNet](#).
- The [INFORM COVID-19 Risk Index](#) to support prioritization has been updated and regionalized with maps, tables and summary analysis per region.
- Guidance and toolkits on **National Society Financial Sustainability** and on **NS duty of care for volunteers** are being finalized and will be shared soon with all NSs.
- The [Cash Helpdesk](#) hosted by the [CashHub](#) provides services to National Societies in EN, FR, SP, and AR.
- The **Food Security and Livelihoods (FSL) HelpDesk** hosted by the [Livelihoods Resource Centre](#) provides services to National Societies. [FSL infographics](#) and [IFRC resources and guidance](#) for COVID-19 available now in EN, FR and SP, soon in AR.
- A [Factsheet](#) on **environmental mainstreaming** in the COVID-19 response was produced by the **Green Response Working Group**, focusing on solid waste management, especially proper disposal of contaminated PPE.
- Webpages from IFRC reference centres and hubs:
 - GDPC (hosted by American RC)- NS business continuity [HelpDesk](#).
 - [PS Centre website](#) (hosted by Danish RC)
 - Livelihoods centre (hosted by Spanish RC) [resources](#) and [infographics](#)
 - Cash Hub (hosted by British RC) [dedicated page](#)
 - [CEA Hub](#) (hosted by British RC)

National Society response – key highlights²

Albanian Red Cross	Albanian Red Cross (ARC) distributed standard food packages for people in need - while maintaining distance as well as using protective equipment. Blood donations continue in some branches. Additionally, awareness raising activities are performed through social media about COVID-19 for prevention and sharing facts-based information on the disease. The three IFRC delegates in the country support the ARC in their efforts to enhance the ARC support to the COVID-19 affected families and communities.
Andorran Red Cross	The National Society is currently dealing with the social economic fallout, organizing a food bank and distribution of essential necessities to those in need, coordinating with other NGOs to ensure supplies. The National Society is providing volunteers to the government to help with contact tracing. The Andorran Red Cross has otherwise returned to normal operations. At the end of July, there have been 66 confirmed active cases in Andorra, up from 0 earlier in the month. They are mainly due to people returning from their holidays or not respecting social distancing when out of the country.

² Submissions that contain updates since last report indicated with green font.

Armenian Red Cross Society

ARCS is part of the national response mechanism which is set up under the auspices of the Deputy Prime Minister of the country. From the very first days of the State of Emergency, the ARCS has been implementing activities in response to the needs of vulnerable groups in collaboration and coordination with the Commandant's office, Ministry of Labour and Social Affairs, Ministry of Health, Ministry of Territorial Administration and Infrastructure, all the Administrative Regions of Armenia and the Yerevan Municipality. All ARCS care services continue to operate in the same mode, humanitarian assistance is being provided to lonely older people, people with disabilities and refugees in ongoing projects. To date in response to COVID-19, the Armenian Red Cross Society has supported over 23,000 vulnerable people across the country with basic food and hygiene supplies, in line with the standards set by the Ministry of Labour and Social Affairs. 1,500 Armenian Red Cross' volunteers support the humanitarian operation across the country. ARCS also works with the people in isolation and people with COVID-19 positive cases with mild symptoms and taking treatment at home. These people also receive social support and PSS consultation. Armenian RC works in cooperation with the Prime Minister's Office and Ministry of Labour and Social Affairs and Ministry of Territorial Administration and Infrastructure and in partnership with national and local businesses. ARCS Psycho-social support centres operate in an emergency mode, in cooperation with the Ministry of Health and the Ministry of Labour and Social Affairs, in four locations of Armenia: two in Yerevan, the capital city, one in Tavush region, city of Dilijan, another one in Gegharquniq region, city of Gavar, where ARCS psychologists provide psycho-social support services to anxious citizens and also conduct volunteer recruitment, registration and provide guidance. The centres allow the identification of people in difficult situations, establish their needs and assign volunteers to help with some households needs, including with shopping for lonely older people and people with disabilities. Between 16 March and 8 July, 7 PSS officers and staff responded to 12,700 calls and helped with 730 home visits by volunteers. Armenian RC continues to operate hotlines for people who are in isolation and provides referrals and direct services that are within its response plan. The Armenian RC is focusing on risk communication across the whole country through printed information materials, social media and telephone. To date, 570,000 people were directly covered by ARCS' risk communication and awareness raising work. Leaflets with the hot-lines numbers of Armenian government structures and Armenian Red Cross were printed and distributed to the general population and people in isolation. Leaflets were printed based on translated versions of leaflets developed by the IFRC. In cooperation with the office of Prime Minister the Armenian Red Cross Society established 36 Red Cross stands all over Yerevan to communicate information on COVID19, its risks and prevention activities as well as provide protection materials to the public. Such stands will also be placed in the regions of Armenia, regional centres.



Armenian Red Cross Society continues its efforts to relieve the social consequences of COVID-19 for the most vulnerable groups of the population. Photo: ARCS

Austrian Red Cross

So far 27,600 infectious transports and 228,400 COVID-19 helpline calls were handled. 333,100 regular COVID-19 tests were performed by RC staff and 111 mobile teams are still actively conducting tests on a daily basis. 34 drive-in and 4 fixed testing stations, as well as 11 quarantine accommodations remain open and operational. The blood donation centre of the AutRC continues with its convalescence plasma programme, which was rolled out in April, whereby SARS-CoV-2 antibodies present in the blood plasma of persons who have recovered from COVID-19 can be used as treatment for severely ill patients. This approach is especially important at a stage of the pandemic with no available vaccines, tackling the source of illness – the virus itself, rather than the symptoms. An updated overview of AutRC COVID-19 operations is available [here](#). The AutRC has developed a sample prevention strategy applicable in event management, as well as a sample checklist for responsible authorities in the supervision of prevention concepts. The documents are accessible in German language [here](#) and [here](#).



The Austrian RC is performing testing at different locations. Photo: Austrian RC

Red Crescent Society of Azerbaijan

All humanitarian activities that Azerbaijan Red Crescent Society undertakes in support of the efforts of public authorities against COVID-19 are done under the slogan “We are stronger together”. Since March up to present the AzRC provided 20,300 vulnerable households, including lonely older people, people with disabilities and migrant families with relief parcels consisting of essential food and non-food support and providing social services in Baku and 75 locations across the country. Online training sessions and reminding via phones calls, emails, the AzRC regional centres coordinator continues to be provided to all staff and 1,978 volunteers involved in COVID-19 related operation. Also, with technical support from the IFRC and ICRC, National Society is developing training modules, surveys and approaches on Community-Based Surveillance, impact of COVID-19 on lonely older people, WASH, Mental Health and Psychosocial support and communication. Along with developing materials joint efforts goes on regularly providing staff and volunteers with skills and knowledge on e.g. First Aid, WASH, MHPSS through the AzRC’ Facebook page or webinars. Brochures, leaflets and posters on COVID-19 prevention and PSS topic either produced by the AzRC or submitted by partners like MoH/PHRC, UNICEF are distributed to the population with relevant explanations. So far, 916,000 information-promotional materials were published and presented to various groups of population either separately or during food and hygiene items distribution (home or door-to-door visits), at bus stops, markets, and retail outlets through AzRC staff and volunteers. The distribution of information-promotional materials to the population is being continued. The AzRC established a hotline in Baku on the basis of its HQs. The information about hotline is placed on the AzRC webpage and Facebook page. 4,962 phone calls have been registered in HQs level and around 51,000 at branches were mainly about requesting support, especially from those who have low or no income, forced to stay at home like lonely older people, people with disabilities or restricted to continue working (especially in strict quarantine regime periods). Also, people requested information on proper hand washing, COVID-19 symptoms, using masks and actions to be done to overcome quarantine regime. Using this opportunity, the AzRC delivered risk communication messages, informed about protective measures and how to stay physically safe as well as emotionally safe. The majority of phone callers are women, age is between 30-55 years old. The average duration of the phone call is 2 min. The AzRC keeps regular contacts with Government agencies (Ministry of Health, Ministry of Emergency Situations), local authorities in Baku and the regions and international organizations and UN agencies (e.g. WHO, UNICEF) in order to coordinate activities and clarify mutual areas of involvement. Regular updates about the National Society’s activities and initiatives are shared with relevant Government authorities



With the support of the International Federation of Red Cross and Red Crescent Societies, volunteers and staff of Azerbaijan Red Crescent are distributing food packages and hygienic kits to lonely elderly people and low-income families across the country. *Photo: AzRC*

Belarus Red Cross

The BRC continues its work in accordance with the five main areas of activities. Provision of sustainable work of the medico- social service of the BRC "Dapamoha": 147 visiting nurses and 17 junior visiting nurses provide home care to more than 1,500 people. 1,812 volunteers have been recruited to provide social support to vulnerable groups of the population (older people living alone, people with disabilities, 1st and 2nd level contacts) throughout the country. More than 33,500 people have been supported to date. Also, more than 12,000 social workers provide social support to vulnerable groups of the Belarusian citizens at home. A total of 19,891 home deliveries of prescriptions from healthcare institutions, 9,406 deliveries of delivery of food and essential goods, 13,431 services related to other needs have been provided by volunteers. Personal protective equipment has been handed over to volunteers and social workers of 147 social service centres: 193,114 disposable gloves, 18,599 face masks, 23,084 litres of antiseptic, 260 medical overalls, 1,339 face respirators ffp2,



Belarus Red Cross purchased and distributed personal protective equipment among employees and volunteers involved in the fight against the pandemic. *Photo: Belarus RC*

6,570 shoe covers. Personal protective equipment was also provided to social workers in 92 inpatient social service institutions: 42,800 disposable gloves, 3,340 face masks, 4,788 litres of antiseptics, 2,922 medical overalls, 1,540 shoe covers, 1,400 medical aprons, 1,400 medical armbands, 100 medical caps, 50 protective shields, 18 non-contact thermometers, 5,766 ffp2 respirators, 1 cardiograph, 3 sterilizing lamps, 2 pulse oximeters. A multi-channel telephone helpline project has been launched in cooperation with the charity platform "IMENA" supported by telecom service providers. 30 volunteers provide informational and psychological support. Since the beginning of its work, 1,100 citizens have been provided with support. In addition, a new volunteer initiative has been launched in regional organizations of the BRCS: volunteers call older people living alone who are on self-isolation, providing information and psychosocial support. In total, support has already been provided to 3 310 people. Also, work on informing the population by distributing information leaflets is continuing. 270,500 COVID-19 prevention leaflets have already been distributed. More than 3,000,000 of the population of Belarus are engaged into information activities. Assistance to the medical staff of healthcare institutions: Thanks to corporate sponsorship, the BRC has transferred 81,828 litres of drinking and mineral water, as well as 4,200 litres of soft drinks to patients and staff in a total of 98 hospitals. BRC campaign "Medobed": together with various companies the BRC delivers free hot meals to the medical staff of hospitals in Minsk: 7,936 lunches, 1,500 breakfasts and 3,000 servings of coffee have been delivered to 10 medical institutions. The BRC also supports the state health care system by providing healthcare workers from 221 health care institutions with personal protective equipment to date: 172,098 disposable gloves, 13,149 face masks, 11,759 litres of antiseptic, 3,638 protective shields, 11,794 medical overalls, 86,673 face respirators ffp2, 7,802 medical caps, 1,080 medical sleeves, 27,505 shoe covers, 680 medical aprons, 300 protective outdoor suits, 1 mobile X-ray unit, 4 non-contact thermometers, 10 pulse oximeters have been provided. Assistance to the staff of the temporary detention facilities of the State Border Committee and Ministry of Internal Affairs of Belarus: With the support of the International Committee of the Red Cross, the staff of 21 temporary detention facilities received 25,200 disposable pairs of gloves, 25,200 face masks, 2,520 litres of antiseptic and 676 ffp2 respirators.

The Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) is still providing support to the elderly and is working on supporting vulnerable groups through socio-economic programs. Local RC branches are working closely with centres for social welfare to provide support to vulnerable groups. At all levels, RCSBiH, continues to promote all recommendations set by WHO and local authorities through its social media networks as well as through regular presence on national and local tv stations. Since the beginning of July, the number of newly confirmed cases has continued to rise. Besides the city of Banja Luka which had the highest number of cases from the beginning of the pandemic, the numbers of confirmed cases in Sarajevo, Tuzla, Bijeljina and Zivoring have dramatically increased. All these locations are also along the routes taken by migrants, which pose additional risks as wells as an additional burden to the local branches.

British Red Cross

Initial response activities focused on community-based support delivering food and medicines, hardship fund, telephone support line and education materials on health and well-being. As of the end of July, demand for some types of support is declining for services such food and medicine deliveries. However, evidence shows that need for the hardship fund (targeting in particular people with no access to state funds and people who are experiencing delays in state support) is increasing. As people increasingly take up paused/normal health services there has been a rise in demand for BRCS' usual services supporting people being discharged from hospital beyond Covid-19 cases. BRCS has continued to engage with communities and other providers to understand the changing needs on the ground and to inform how it can best support people in those locations subject to local lock down. BRCS will continue to focus its support on the most vulnerable communities, e.g. Black, Asian and minority ethnic (BAME) communities. To date, an estimated 108,000 people have been supported by British Red Cross since the outbreak in the UK started.

Bulgarian Red Cross

The Bulgarian Red Cross has assisted 88,728 people via its socioeconomic interventions, health activities, MHPSS services and etc. The NS has reached via risk communication, prevention and public awareness messages, another 264,903 people. In addition, the NS has been continuously assisting 32 health facilities throughout the country by procuring and distributing PPE, medical equipment, tests, disinfectants and etc. Current priorities are directed to continuous support to the most vulnerable groups, maintaining risk awareness among the population in risk, promoting hygiene and safe behaviour. A strong focus has been put on strengthening the National Society readiness for secondary outbreak and the resulting socioeconomic crisis which will be affecting the most vulnerable. The current status in Bulgaria is that restrictions have been gradually lifted, based on the government’s priority on recovery of economic and social life, in a context of still existing threat of a secondary outbreak of COVID-19. The numbers of infected are rising again, and varies between 200-300 people a day. The government has extended the extraordinary situation related to covid-19 till 31 August 2020.



The Bulgarian Red Cross are assisting minorities, especially supporting the Roma population. Photo: Bulgarian RC

Croatian Red Cross

The Croatian Red Cross continues to monitor epidemiologic situation and ensures humanitarian assistance according to its national capacities, promoting and respecting risk reduction and hygiene measures. The economic situation in the Republic of Croatia becomes more difficult faced with COVID-19 caused crisis. The interventions of the Croatian Red Cross fill the gaps in 21 counties and 131 local Red Cross branches with focus on vulnerable people, supporting their needs in humanitarian assistance. As the main "caregivers" in the country, the Croatian Red Cross provides home care services for 20,000 vulnerable persons with the assistance of 5,100 personnel (3,500 volunteers and 1,600 staff). The “call centre” (0800 11 88) operates on daily basis and psychosocial support is provided to approximately 6,000 persons with the aim to alleviate their anxiety due COVID-19. Volunteer services at three reception centres for foreigners and migration maintain risk reduction measures and psychosocial support. The mass Promotion Campaign with Washing Hands Guide will be promoted over the whole summer. The posters-banners will be advertised in public transport vehicles in the main cities, also on info maps and Watchtowers at the most of beaches on the Adriatic coast.



Croatian RC providing humanitarian support to those in need. Photo: Croatian RC

Cyprus Red Cross Society

From the first days of the outbreak, the CRCS created informative leaflets on COVID-19 in four languages, English, Greek, Turkish, and Arabic, which were distributed to all units nationwide for dissemination, as well as to all the facilities that the CRCS staff and volunteers visit e.g. Migrants Centres (Kofinou Centre for the Reception and Accommodation of Asylum Seekers, Kokkinotrimithia First Reception Centre for Asylum Seekers) and to various stakeholders. Since 19 March 2020, to cater for the needs of the most vulnerable, the CRCS has been operating the “Emergency Service for the Support of Older People and Vulnerable Groups”. The Service is available on a pan-Cyprian basis and is offered on a one-to-one scheme. The Service provides food supplies and other necessities, of pharmaceuticals or other kinds of assistance (such as provision of



Information leaflets in four languages.

oxygen/respirators, or gadgets for persons with disabilities, transport to medical/ paramedical institutions for emergency treatment or therapy, payments of utility bills, transport to the bank, etc). Applicants may call the dedicated hotline (22504419) located in the Headquarters. From 19 March until 1 May 2020, out of more than 3,600 requests, more than 2,500 related to free provision of food and medical supplies. The Emergency Service hotline has been operating on a daily basis, including public holidays. To this day the Emergency Service has responded to all requests submitted to it, be it for free provision of food supplies and/or medicines and other necessities, or only delivery, or other support in need. In parallel, in full compliance with the Government’s decisions, people continue to receive humanitarian aid from most CRCS units. However, the service is adjusted and is now available on a one-to-one basis, in respect of the public measures of health safety (1 person for every 8 square metres), while delivery at home is also possible through the Emergency Service. The CRCS, through the “Emergency Service for the Support of Older People and Vulnerable Groups” and through its Units has provided free food supplies and other necessities, to more than 12,000 persons. Additionally, after constantly evaluating the emergency needs of the most vulnerable of our society, the CRCS has established the new psychosocial support (PSS) service “Let’s Talk”. This emergency service is currently available for the older people in self-isolation. The CRCS will soon extent the service in order to reach the general population. Through this dedicated telephone line, the staff and volunteers of CRCS trained in PSS and Psychological First Aid (PFA) offer their services daily, to help people who suffer stress, loneliness and feelings of depression, or simply, general concerns on the pandemic. Furthermore, the CRCS continues its activity at the Kokkinotrimithia First Reception Centre, to cater for the needs of the migrants staying in the Centre. In accordance with the Government’s measures each mission is composed of maximum 3 persons and the services are provided in a one-to-one basis. The frequency of the visits has been adjusted to two (2) visits per week. The items provided are hygiene items, health equipment, as well as clothing, underwear and footwear. Together with the kits, the migrants receive our leaflets on COVID-19, on our Services, on Health and on Hygiene. The latter three brochures are available in English, French, Turkish, Arabic, Urdu, Farsi and Kurdish. It is important to note that due to reconstruction works taking place in the Centre, the CRCS storeroom was fenced at its three sides, two weeks ago, impeding accessibility of the CRCS staff and volunteers and created insecurity for their wellbeing amidst the virus outbreak, since they needed to serve the 600 migrants currently staying in the Centre. Due to this fact, the CRCS has postponed its activities until the reconstruction works are completed. The works, which are expected to be completed soon, will create a door and distribution window in the fence, guarantying the safety of the CRCS volunteers and staff, while not impeding the distribution of humanitarian aid. Finally, CRCS activities in the Centre of Kofinou (psychosocial support and recreational activities) have been postponed due to the new security measures of the Government. However, humanitarian needs continue to be catered upon request (i.e. medicines and kits for pregnant women and newborn children).

Czech Red Cross	At headquarters level, the Czech Red Cross has produced educative texts on COVID-19 for use on websites and social networks and has created TV and online educative campaigns. It works in cooperation with Integrated Rescue System of the Czech Republic. It provides counselling services and has prepared humanitarian packages for people detained on the borders for COVID-19 testing. It cooperates with the private sector and with celebrities, including to put on performances for vulnerable people: “Concerts under Windows” (e.g. clients of the Czech RC senior houses.) The Czech media inform the public on available services including those provided by the Czech RC. The local branches coordinate and recruit volunteers, provide humanitarian aid including obtaining basic food and medical items for vulnerable people and provide transport services for older people, distribute information leaflets, provide or support hotline services, provide psychosocial support, distribute masks and other protective items, blood services, assisting families with home education, and cooperate with hospitals and other social/medical facilities (asylum shelters, seniors’ houses etc.).
Danish Red Cross	DRC HQ has set up two call centres, where the NS on behalf of the Danish authorities hosts a COVID-19 call centre for three weeks. In the second call centre DRC has established a network linking those in need of support services (shopping/walking the dog) with volunteers to support them. More than 10,000 persons have volunteered. DRC is also supporting in running a shelter for the homeless and undocumented migrants, who have symptoms of COVID-19. A phone service platform has been set up so that volunteers can chat with people who are alone.
Estonian Red Cross	Due to the Covid-19 pandemic outbreak, the state of emergency was declared on 12 March 2020. Estonian Red Cross (ERC) continued with all the activities on branch level in close cooperation with local authorities including food deliveries for older people, supporting people in quarantine, operating soup kitchen, sharing information, explaining emergency restrictions to people and helping to ensure all the precautions are followed in public places

like streets, queues, shops, ATMs etc. Four regional coordinators have been involved in the work of regional crisis management centres in close cooperation with the Ministry of Interior.

Finnish Red Cross

The first phase of the Finnish Red Cross Society (FRCS) COVID-19 operation covering the period between 18 March – 31 July 2020 has ended. The Finnish Red Cross Society, together with other NGOs, is preparing for a possible second wave and the National Society remains on standby to support the government as new needs arise. Meanwhile, FRCS continues to support the most vulnerable people. This assistance includes food aid, friend-service activities, the possibility to reopen a helpline, as well as youth chat/phone- services. These are essentially all the same activities that have been carried out in the first phase. The main form of assistance has been food aid. Friend-service and errand-assistance are clearly the next largest forms of assistance. Two groups emerge in need of assistance: above all, the elderly population and, on the other hand, families with children. According to the reporting RC branches, 69% of those assisted are over 70 years old (only 27% reported the age) and 69 % where women (only 15% reported the gender). The most common request for support from the authorities was related to errand-assistance and COVID-19 hot line service. To date, Finnish Red Cross has reached 62,105 people through its COVID-19 response operation.



Finnish RC staff and volunteers preparing food parcels.
Photo: Finnish RC

French Red Cross

Since the beginning of the epidemic in France, more than 104,313 volunteers and staff were involved in the fight against the COVID-19. More than 12,000 people came to the Red Cross to volunteer spontaneously. The French Red Cross was able to help more than 687,206 people through its different programs. For example, more than 30 territories developed activities linked to the program "Allô how are you?" with the aim to avoid a break in the social bonds for vulnerable and isolated people. In the framework of this program, over 9,000 calls have been made, nearly 2,600 beneficiaries reached and approximately 400 volunteers mobilized on a regular or occasional basis. The French Red Cross continues its activities linked to COVID19 and its program « Croix-Rouge chez vous" (Red Cross at home) As of July 5: Number of calls received | 183,843 Number of baskets delivered | 62,457 Number of solidarity baskets | 29,328 | 35% Number of new volunteers identified | 7 632 The majority of callers are women. On callers: 41% of people call because their state of health does not allow them to go out and 30.2%, because they are over 70 years old 68% of callers live alone and 12% alone with a child.

Georgia Red Cross Society

The Georgia Red Cross Society (GRCS) has expanded the scope of its response operation in coordination with the Ministry of Health, and the municipalities in the regions, through its 39 local branches, over 5,000 active volunteers throughout the country, as well as over 4,500 trained spontaneous volunteers. In cooperation with the Coordinating Council against the spread of COVID-19, GRCS is arranging special spaces for COVID-19 testing (including bus drivers, etc.) at 11 checkpoints in the country. The volunteers and staff members of the different branches have also been involved in the process. It is worth mentioning that GRCS along with Movement partners have right tools in place for the response to the Covid-19 outbreak in Georgia. In addition, the National Society has developed an operational plan that covers the current calendar year. Some of GRCS'



President of the Georgia Red Cross Society, Natia Loladze, and Shida Kartli Governor, Giorgi Khojevanishvili, took part in the distribution of humanitarian parcels. Photo: Georgia Red Cross

regular programmes are still being implemented despite lockdown measures and have contributed to the COVID-19 emergency response, such as “Health in Emergencies” project funded by the USAID through the IFRC. The National Society has also established a close collaboration with the World Health Organization (WHO) and the National Centre for Disease Control. Additionally, in coordination with the Ministry of Health and IFRC, GRCS has elaborated and adapted internal guidelines on safety and protective measures for the frontline volunteers and staff, and has developed training modules accordingly. GRCS has also created an online platform for the volunteers who would like to be involved in the response of COVID-19, where some of the training modules include on the use of PPE, addressing social stigma, and how to manage stress related to COVID-19. The address of the platform is www.help.redcross.ge. Equipped with PPE, GRCS staff and volunteers have also supported the local health system by conducting regular body temperature monitoring, referrals to health facilities and risk communication for people through a door-to-door approach. Through printed and online media, active appearance on TV channels, online training and information sessions, GRCS has reached an estimated 2,5 million people. These information materials have been adapted to Georgian, Azerbaijani, Armenian, Ossetian, and Abkhazian languages and are disseminated among the entire population. Georgia Red Cross Society is working on elaboration of an information booklet focusing targeting people in quarantine zones. The GRCS has also been implementing MHPSS activities, and these are Based on methods and tools developed by IFRC Reference Centre for Psychosocial Support (PS Centre) and the IASC Guidelines on Mental Health and Psychosocial Support.

German Red Cross

Since 10 March 2020, a specific COVID-19 task force was set up with employees of the German RC headquarters. Furthermore, the German RC maintains a liaison office at the Joint Medical Service of the German Bundeswehr and the Ministry of Health, so that effective communication is guaranteed. The main functions of the task force are the following: Coordination of the German RC headquarters and branches responses and assistance in collaboration with public authorities. Conducting operations of the German RC which are commissioned by the Federal Government (i.e. taking care of returnees -care services, MHPSS, medical check-ups during quarantine in a military barrack or other buildings- patient transport of six Italian (region Bergamo) COVID-19 and two French (region Grand Est) COVID-19 patients for further intensive medical treatment in six hospitals run by the German RC. Provision of situation reports and updates. Central procurement and distribution of PPE and disinfectants. On 17 March 2020, the pandemic was internally classified as a “state of crisis” according to Art. 5.2 of the German Crisis Management Regulation and this is still in force. A detailed and comprehensive Pandemic Preparedness Plan was implemented for the German RC headquarters, which was developed in cooperation with the Robert-Koch-Institute (Germany’s leading governmental institution for public health). The National Society has communicated about Covid-19 via social media and through press releases. So far 13 million Euros has been raised via a Corona-emergency assistance fund. COVID-19 responses on a regional/Länder and local level: The 19 regional branches and the Federal Nursing Association of the German Red Cross and its more than 500 local branches conduct a wide spectrum of Covid-19 activities, such as opening of emergency operation centres, operating quarantine facilities, psychosocial support, support in outpatient clinics, conducting Covid-19 pre-tests, support services for people in home quarantine, infectious disease transports, hotline services, care for homeless people and stranded travellers, emergency day care services in kindergartens and schools.

Hellenic Red Cross

Greece has implemented measures to slow the spread of the coronavirus, from quarantines to school closures and finally to the lockdown. After the lift of the restrictions and the lockdown measures, most of the businesses have reopened with strict hygiene measures. Hopefully, we have not encountered any increase in the infection rate. As early as 18 May, Greece took the first step to open the airports and travel to domestic destinations. Gradually until the end of May, the interconnection with some major European destinations will be resumed. The Hellenic Red Cross in order to support the migrants at the Centre of Malakasa organized a humanitarian aid distribution of 1,200 individual hygiene item kits, which was successfully conducted on 20 May. A total of 1,189 migrants received the hygiene packages, containing liquid soap for hands, shampoo, body soap, body sponge, face towel, toothpaste, toothbrush, baby wipes, baby diapers, sanitary pads for women and razors for men. HRC’s employees and volunteers participated in the distribution, and executives of the IFRC and ICRC assisted voluntarily. Regarding the Region, the HRC Local Branch of Thessaloniki, following all the measures for the protection of the volunteer’s health and safety, restarted the educational programs for volunteers, on 18 May. With the reopening of the courts and at the request of the Bar Association of Kalamata, staff and volunteers of the Local Branch conduct body temperature measurements of people entering court premises, while the Local Branch of Loutraki provided the Corinth Bar Association with medical supplies, such as masks, gloves and antiseptics. At the request of the Federation of Judicial Officers of Greece to the Central Governance of the HRC, and following a relevant request of the Magistrates’ Court of Argos, the HRC Local Branch of the city began performing temperature measurements of

citizens at the entrance of the Court. Furthermore, people are provided with guidance on how to wear and remove personal protective equipment against COVID-19. HRC volunteers from the Nursing and Social Welfare Services of the Local Branch of Thessaloniki continue to operate a Temperature Measuring Station against the pandemic at the premises of the Ministry of Justice in Thessaloniki and Chalkidiki.

Hungarian Red Cross

Supporting families, the older people and those unable to provide for themselves with hot food, non-perishable food, hygiene products and replacement of medicines is a core area of focus in the Hungarian RC response operation. Existing food distribution programs e.g. Meals for Kids and Budapest Catering Program are ongoing. In addition, packages of non-perishable food and hygiene products are distributed to respond to the growing needs as a result of unemployment and its social consequences. Structure of social programs has also been re-designed and adapted to the current situation. Since schools are closed instead of school distribution programs more community distributions are organised. Donation collection points are set up to receive donations in kind in a contactless manner in order to reduce the risk of the transmission of infection. New hygiene and social distancing rules and lockdown measures have been introduced in social welfare institutions and shelters. New regional warehouses were rented to store the aid items and the Budapest Sports Arena was granted for free to the HRC to be used as a warehouse facility. PSS is available through the HRC Info Centre on the info line and similar services are also organised at the branches. The Info Centre disseminates COVID 19 information, organizes and coordinates volunteers. Online and offline information materials are available, info leaflets are distributed with the food and hygiene packages. Activities in support of the ambulance service include the transport of test samples to the laboratories, transporting the health care personnel and volunteers taking samples, providing food for paramedics during their shift breaks, and the assistance in entry temperature checks at border crossing points. Hungarian RC vehicles and drivers are at the disposal of the ambulance service. The Hungarian RC is involved in operator and dispatcher services to facilitate the coordination in terms of logistics. Hungarian RC teams support the Red Zones of hospitals.

Icelandic Red Cross

The Icelandic Red Cross activated a business continuity plan early in the operation. The NS was actively involved in the National Crisis Coordination and local Crisis Command Centres throughout the operation. The Red Cross Helpline 1717 served as an auxiliary health hotline for several weeks and served as an MHPSS hotline as well. The NS operates isolation centres in three locations (Reykjavik, Akureyri and Egilsstadir). Volunteers assisted people in quarantine and isolation with necessities in several places, mainly rural areas. Red Cross MHPSS teams were activated several times because of serious COVID-19-related incidents.

Irish Red Cross Society

While restrictions are relaxing and people across Ireland adjust to a 'new normal', Irish Red Cross continues to provide assistance to hundreds of vulnerable individuals in communities throughout the country. Ongoing key interventions include communication activities that include key messages on health and safety information and government advice. In the period from March to end of June 2020, the Irish Red Cross carried out 485 patient transfers nationwide. This includes a myriad of transport options in support of the Irish health authorities, including transporting patients to elective surgeries, oncology appointments, out-patient appointments, those discharged to home and step down care. As previously reported, Irish Red Cross volunteers continue to provide community support for vulnerable and high-risk groups with a variety of services including delivery of food, other essential household items, medicines and wellbeing check-ups. This includes the coordination and delivery of 1,519 care packages to key vulnerable households and groups. The Hardship Fund, which was set up in partnership with Age Action, and was put in place to help older, vulnerable people who had been experiencing additional financial burden due to the crisis had received more than 42,000 enquiries. Over €74,000 from the fund has been allocated to 453 individuals. Within 13 Irish prisons, more than 200 IRC in-mate volunteers and prison staff



Irish Red Cross branches have been providing amazing support in their local communities.
Photo: Irish RC

continue to work together on implementing different measures required to prevent outbreaks of the virus. Since the crisis began there has been no reported cases of COVID-19 among the prisoner population. Irish Red Cross will continue to monitor the evolving situation and will adapt its programming so as to address and respond as people's needs change over time.

Italian Red Cross

Italian RC is greatly contributing to enhancing coverage in the delivery of services, reaching vulnerable and most affected alike. Through its hotline, through municipalities-social services and directly in communities, ItRC makes sure to cover the last mile of vulnerability. Following the first outbreak of the epidemic, the Italian Red Cross has intensified its activities focusing at first on the health emergency and then moving on to develop and broaden the social assistance services (welfare and home care) tied to the new vulnerabilities that have arisen. Due to the uncertainty of the current situation, the Italian Red Cross is closely monitoring the situation and is preparing itself in case of a sudden rise in the number of cases. During the month of June, the Italian Red Cross worked very closely with the Ministry of Education (for the support to the graduation exams of high-school students) and with the Ministry of Health and the National Institute of Statistics to conduct a sample-survey on seroprevalence on the entire Italian territory. Furthermore, the Italian Red Cross continues procuring and distributing PPEs, providing ambulances services. The ItRC, according with the guidelines put in field by the government in order to give a prompt response to the health emergency caused by the spread of COVID-19, has implemented its main activities. In the last two weeks, the ItRC fielded the following forces: 2 medical and nurse staff in the airports, 249 volunteers in the airports, 44.398 volunteers involved in activities related to COVID-19. An average of 1,000 means of transportation per day for the activities related to COVID-19. 100 pre-triage tents were set up as well as 2 advanced medical posts. Thanks to the donations received, the ItRC has been able to provide the local branches with 3 blood mobiles. Furthermore, the ItRC, in collaboration with the Italian Ministry of Education has launched a project to support the school personnel in the activities related to the national exam at the end of the year. The support of the ItRC employees and volunteers are the following: 60 online training sessions addressed to teachers and school personnel, 21 regional focal points for 1,823 school facilities. The regional focal point is in charge to coordinate the Local Branch that will support the school director in order to facilitate and ensure the containment measures foreseen by the Scientific Committee of the Ministry of Health.

Kazakh Red Crescent

The Kazakh Red Crescent has been implementing preparedness and response activities since the first days of the COVID-19 outbreak in the country (March 2020). The key activities of the National Society have included communication activities on disease prevention through the social media and dissemination of printed information in the supermarkets and residential areas. The fundraising department mobilized resources for purchase and in-kind donations of PPE, (including masks, sanitizers and protective suits), which were distributed to health facilities, police, national disaster management office, NS's own staff and volunteers and the National Guard, all of whom serve on the front-line in prevention and treatment of COVID-19. A total of 228,880 masks and 50,000 gloves have been distributed among these groups. The lockdown measures have affected the vulnerable population whose needs have been addressed by the National Society through distribution of food parcels and hygienic items. Since the beginning of the pandemic, the KRC has coordinated all its' efforts with the –national and local authorities, Emergency Committee and Emergency Departments, WHO, USAID, UNHCR, NGOs and civil society organizations. Currently, there is no National COVID-19 Response Plan in the country, as all the measures are regulated through the government decrees. The Red Crescent of Kazakhstan has mobilized 1,200 volunteers and 78 staff to support the response across the country. KRC developed a guidance for staff and volunteer's safety during COVID-19 and conducted a briefing with each volunteer on protective measures. Some milestones of the response to date include: Food support where 9,076 vulnerable families have been reached with food parcels and non-food items; Support to medical personnel with the monitoring of people in self-isolation; assistance to the medical institutions in Almaty city with monitoring of people infected with COVID-19 in quarantine Moreover, volunteers have delivered medicines from clinics to people with chronic diseases and elderly people; to date the support was reached by 3,226 people. The NS has also been engaged in the provision of PPE to Health workers, as well as to 10 of its regional branches. KRC has distributed more than 3,613 masks of own



With the support of the USAID and IFRC, Red Crescent of Kazakhstan has been educating population about COVID-19 preventive measures by distributing informational booklets at public sites. *Photo: Kazakh Red Crescent*

production to the vulnerable population. Provision of Health facilities with medical items for COVID-19 testing has included 1,620 reusable protective kits distributed among 13 medical facilities in Almaty city. Additionally, 270 RNA extractions kits (enough to conduct 27,000 tests) and 120,000 swabs for COVID-19 testing were procured based on the request from the Ministry of Health (MoH) of Kazakhstan. The reagents and swabs have been distributed among all 16 branches of the National Centre of Expertise from MoH. Red Crescent of Kazakhstan has also continued to conduct CEA activities through social media, through electronic mailings and putting up leaflets in various organizations. Red Crescent of Kazakhstan has also ramped up its institutional preparedness with the establishment of the emergency logistics warehouse, and plans are underway for health education and promotion via social media like Instagram, Facebook, Twitter and YouTube. A total of 750,000 IEC material for COVID-19 information, tutorials for the proper wearing of masks, handwashing, and etiquettes of coughing and sneezing have also been disseminated.

Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan keeps on supporting the experts in reacting to pandemics and helping vulnerable groups with a view to forestalling and mitigating the adverse effects caused by COVID19. All activities are coordinated with health activities, government agencies and partners. In the past week, RCSK delivered 126 units of disinfectant to governmental bodies and 414 units of PPEs, 106 units of medical equipment and 532 litres of fuel to vehicles in the country's mobile health care groups who visited isolate patients. Since the beginning of its response operations, among others, RCSK has provided over 15 thousand units of disinfectants, over 60 thousand units of PPEs, close to 20 thousand hygiene kits, over 900 thousand information materials, 757 PSS kits, and over 16 thousand food parcels to vulnerable groups.



RCSK volunteers are supporting over 14,000 people across 7 regions of Kyrgyzstan by providing them with disinfectants, personal protection equipment, food parcels, hygiene kits, informational materials and hot lunches. *Photo: Red Crescent Society of Kyrgyzstan*

Latvian Red Cross

Latvian Red Cross (LRC) has worked without a stop, especially in providing services that cannot be done remotely, such as providing home care; running social centres, shelters for homeless people, crisis centre, accommodation centre for people in crisis (24/7) and day centres (also remotely). The National Society is also distributing food packages (through the 'FEAD' program), as well as buying and delivering food and medicine to isolated people by volunteers, and providing meals in night shelters and social apartments with a support of donations (catering companies) and volunteers. Latvian Red Cross continuously works with refugees and asylum seekers. The Secretariat of the NS has continued work non-stop. First Aid trainings had to be stopped for the whole period of state of emergency, but started again since 23 May with certain restrictions. First aid provision at public events has stopped at least until Autumn. LRC maintains regular communication with governmental institutions and municipalities to work together with local branches to provide support to people in need. The Ministry of Defence and Ministry of Health has appointed the Latvian Red Cross as the coordinator organization for distribution of protective equipment (face masks, disinfectants) - procured by the government – among NGOs. Latvian Red Cross is using all communication channels (webpage, Facebook, Instagram, e-mails) to communicate risk prevention messages. Health prevention materials, including IFRC informative materials, have been translated and posted to all information channels, also used as posters in Latvian Red Cross premises, as well as being shared with partners - companies, universities to be posted in their premises. A considerable challenge has been the lack of PPE on the market, accompanied by with increasing prices.

Lithuanian Red Cross Society

The NS manages a hotline for people in self-isolation and quarantine, mainly older people, providing psychosocial support, information and guidance. The reserve of the volunteers was established in the three biggest cities of the country. Together with the existing NS volunteers the task of the reserve is to provide vulnerable people with essential products and support their needs on a regular basis. The NS is focusing on supporting older people. The "Good neighbours help network" around Lithuania matches community volunteers with persons in quarantine or those at high risk and provides them with practical assistance – a food package, medicine, hygiene items, anything a person needs to survive.

**Luxembourg
Red Cross**

LRC has a Business Continuity Plan in place for the critical activities. Additionally, the NS created a coordination cell to answer the questions regarding precautions, etc. This cell is likely to also coordinate human resources if those become limited (an important part of their health-personal comes from the countries around Luxembourg). For the Health Department services (including home-care services, Rehabilitation Centre, Home for older people, Blood-Transfusion centre) there is work on preparedness and managing the stocks. Discussions with the Ministry of Health are ongoing evaluating the situation and human resources mobilization capacities.

**Malta Red
Cross Society**

The Malta Red Cross is working in coordination with the government in responding to COVID-19 amongst the migrant community. Activities include the following. Migrant Isolation Unit: Part of the Hal Far Tent Village (HTV) has been isolated to segregate those migrants who had been in direct contact with others who have tested positive for COVID-19. The Red Cross provides the medical assistance to those residing at the centre, including the daily monitoring of parameters, whilst taking all precautions recommended. The National Society is also managing a clinic at another reception centre to care for migrants who have tested positive for the virus, with 44 migrants receiving care up to 27 April. In direct contact with the Public Health Department, Malta Red Cross is also in charge of the swabbing procedure for the migrant community. Up until 27 April the Malta Red Cross have done 513 swabs in HTV. This is by far the largest sample of random swabbing that has been conducted on the Maltese islands since the beginning of the spread of COVID-19. These tests have yielded results as they managed to identify a cluster of positive cases. In the coming days more swabbing will be carried out in other migrant centres.

**Magen David
Adom in Israel**

In light of the increase in the number of new cases, MDA was requested by the Israeli Ministry of Health to continue and increase the activity in the sampling project. MDA continues to focus on nursing homes, as well as in the drive-through complexes in the four largest cities (Jerusalem, Haifa, Tel Aviv and Beer Sheva). In other cities the drive-through complexes are activated when needed on the demand of the MoH. The responsibility for home sampling has transferred to the primary health care providers since 3 May. MDA increases the number of samplers and samples taken and refreshes the instructions to the staff and volunteers. In the last couple of days, MDA's call centres experienced an increase of 420% in the calls, reaching more than 26,000 calls a day (normally receiving some 6000 calls daily). So far more than 735,600 individuals have been sampled for COVID-19 by MDA. Since 3 May, the responsibility for sampling is of the primary health care providers and MDA samples in nursing homes. MDA teams have taken over 12,500 daily samples in the last few days. MDA's teams are treating and transporting patients that are under home quarantine and suffer a situation that requires medical assistance, or exacerbation of their condition, or become symptomatic and are tested positive for COVID-19. MDA is also transporting the patients who tested positive to the hospitals, and those who are discharged from the hospital to the quarantine hotel. Following a request of the MoH, MDA is taking serological samples as part of a serological survey to study the extent of the spread of the virus in the country. MDA's paramedics were trained in the procedure that already started, with the goal of reaching 6,000 serological samples within the coming weeks. MDA has several members (staff and volunteers) under home quarantine. MDA is in constant contact with them to support their needs. MDA's blood services collect plasma from patients who recovered from COVID-19 and have antibodies, and provide it to hospitals to treat sever patients. More than 5,100 plasma units have been collected up to date, and 380 patients were treated this way so far, as a new treatment protocol with promising results so far. MDA's volunteers transport the donors from their houses to the blood centre for the donation if needed. Several of the donors had donated more than once. [MDA website has a dedicated section](#), with all the relevant information and instructions in several languages.



MDA performing testing at a drive-thru point. Photo: MDA

**Red Cross
Society of the
Republic of
Moldova**

Moldova RC engages people and communities, online and offline, in promoting behaviours that reduce the risk of contracting or transmitting the virus, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. The activities of Moldova RC are focused on development, printing and dissemination of informational materials, dissemination of antiseptic supplies (in public transport, but also for older people, families with many children, families of returned migrants), strengthening capacity of staff and volunteers. Through the IFRC-funded project “Moldova: Measures to respond COVID-19 outbreak”, Moldova RC developed, printed and distributed informational materials on COVID-19 and its prevention. The materials were distributed in partnership with health authorities (through health institutions), post offices (within the post deliveries) and by RC staff and volunteers. In total, 799,540 informative flyers were distributed in 23 regions of Moldova. 70 staff and volunteers were equipped with PPE. Two training sessions were conducted, and more than 75 staff and volunteers were trained. Moldova RC purchased and disseminated antiseptic supplies jointly with health and local authorities. The antiseptic supplies were placed at the local transport vehicles to allow those people, who have to move through the city within the quarantine regime, access to prevention in place. In addition to it, Moldova RC has the focus on hygiene promotion among the most vulnerable categories of people (institutions for older people, orphanages, etc.). A total of 3,790 litres of disinfectant were distributed in 48 regions of Moldova. At least 100,000 people received access to protection measures, including antiseptics supplies. On 2 June, volunteers of the Basarabyask branch of the Red Cross organized an informational campaign as part of the “Live Now!” Charity event. The volunteers handed out to city informational booklets “Protect Yourself Against COVID-19 Infection” provided by the National Red Cross Society Program of Moldova. In addition, the Recunoștința multifunctional centre for older people in Basarabăsk and the Speranța nursing home for people with disabilities in Sadakliya received disinfectants from Moldova Red Cross. Information booklets were also received in all mayoralties and all medical institutions of the region. The Vestfold branch of the Norwegian Red Cross, through the Red Cross Society of Moldova, supported the purchase of food and hygiene products for the older and socially vulnerable people in difficulty with low incomes through the distribution of 60 food packages, and 60 hygiene packages in the territory of Edinet district. According to the social status, the packages were formed and distributed according to what is strictly necessary for a person in need. The epidemiological situation in Edineț district is unfavourable. The Anenii Noi district, like the whole country, is now in a difficult position. Lately the situation has worsened due to COVID-19. Many people lost their jobs meaning many families lost their livelihoods. The older people suffer the most. Isolation has influenced their psychological state, prices have risen sharply. That is why the help received was welcome. In this context, 50 food packages and 50 hygienic packages were distributed in Anenii Noi, the villages of Ruseni, Albinița, Cobusca Nouă, Speia, Bulboaca. In cooperation with Directorate of Social Assistance and Family Protection from Bălți municipality, volunteers of the Red Cross branch from Bălți municipality distributed 60 food packages and 60 hygienic packages to single mothers with children at risk, lonely older people, large families (from 3 children upwards), disadvantaged families and people in difficulty as well as socio-vulnerable people with low income. In the same context, Moldova Red Cross with the support of Swiss Red Cross is distributing disinfectants, gloves, masks and protective costumes for penitentiaries.

**Red Cross of
Monaco**

As a response to the situation, Red Cross of Monaco operated a COVID-19 call centre with medical and psychosocial specific support helplines. The Red Cross provided home visits to confirmed COVID-19 cases and untested symptomatic cases providing medical and psychosocial support and “home bags” for symptomatic people. The NS delivered food and non-food items (i.e. pharmaceutical products) and other services, and delivered and distributed PPEs to the Princess Grace Hospital Centre, medical establishments, laboratories, general practitioners, pharmacies, ambulance drivers, and fire brigades. Additionally, the Red Cross of Monaco ensured support to the Ventimiglia camp for migrants managed by the Italian Red Cross. The Red Cross of Monaco provided funding for the IFRC appeal (EUR 150,000), the ICRC appeal (EUR 150,000) and NS appeals (Italy, Burkina Faso, Ivory Coast / total EUR 140,000). The Monaco Red Cross took part in the massive COVID-19 testing campaign led by the Monaco Government, that took place from 19 May and is ending now. The Call Centre is still operational whereas all the other specific COVID-19 activities have now stopped.

Red Cross of Montenegro

The Red Cross of Montenegro continuously provides assistance to socially vulnerable people in the country – older people, people without any or with extremely low income, persons with disabilities, Roma population... However, the current situation with Covid-19 pandemic is also affecting new categories of people - people who stayed without jobs due to restrictive preventive measures adopted by the Government of Montenegro. These are people who were receiving daily income (taxi drivers, waiters, hairdressers...) and due to complete lockdown of the country they were forced to stay at home. Some of them also lost their job. This has increased the need for basic items such as food and hygiene items. For this reason, one of the main activities related to addressing the socio-economic consequences of the crisis, was distribution of humanitarian assistance – food parcels, hygiene kits and baby parcels. In the period from March to July 2020, the Red Cross of Montenegro distributed 58 950 humanitarian parcels (food, hygiene, and baby), reaching 40 628 households. In addition, there were 1174 meals provided and 3385 procurement provided (groceries shopping, paying bills...). This was possible thanks to support from many national and international donors and partners, but also thanks to the Red Cross/Red Crescent Movement. As the so called second wave of the pandemic is heavily affecting the country, the local Red Cross branches continue to distribute relief items to those in need. The Red Cross will continue to monitor the situation and will act accordingly. If the need arises, the call centre will reopen even though all the communication with the beneficiaries is organized through regular communication channels.



Red Cross of Montenegro preparing for food parcel distribution. Photo: Red Cross of Montenegro

The Netherlands Red Cross

The Netherlands Red Cross (NLRC) set up a national helpline for psychosocial support and concrete support requests. The Ready2Help network volunteers is mobilised to support people with grocery shopping and home visits. Red Cross volunteers in the worst hit areas support clinics with non-medical tasks and provide transport to hospitals. NLRC finished collecting and distributing PPE materials to hospitals. NLRC supports homeless shelters with general capacity. Most vulnerable are assisted with food parcels and vouchers. Volunteers are mobilised to support the ministry of health with contact tracing and testing. Due to a decrease in hospitalisations, the NLRC support to hospitals, clinics and GPs is being downscaled. The situation is closely monitored to ensure NLRC is prepared for upscaling these activities whenever necessary, by means of scenario planning. NLRC volunteers have been trained and are ready to assist in contact tracing.



The Red Cross is distributing food packages to people who are struggling (financially) due to the corona crisis but aren't entitled to other types of support. Photo: Netherlands RC

Norwegian Red Cross

The Norwegian Red Cross response has consisted of a combination of activities that have been implemented as a direct response to COVID-19, and previously existing activities that have been adjusted to the situation. In addition to the consequences for those struck by COVID-19, the pandemic has led to quite serious consequences for vulnerable groups. The Norwegian Red Cross has attempted to ease these by keeping as many activities as running as possible, and/or replace the implementation of on-site activities with virtual ones. During the summer, the Norwegian RC has offered activities such as holiday camps or daytime activities for 12,000 children in vulnerable families. The NS is focusing on supporting local branches with adjusting its regular activities back to a new "normal" that upholds the regulations that the government still has in place as well as assisting local branches with the recruitment of new volunteers. Further, the National Society is assisting local branches in applying for government funds to compensate for the loss of income that the branches have experienced due to the lock down measures.

Polish Red Cross

In addition to PSS and CEA activities, during the period between 22 June and 22 July, the Polish Red Cross COVID-19 response has focused on providing material help to people in need, and cooperating with social welfare centres. The epidemic has deprived many people of the opportunity to earn money, and therefore more families have been in need of direct support. Thanks to Aviva's support, the Polish Red Cross has been able to provide parcels to 3,500 families who found themselves in a difficult financial situation. The parcels have been provided to people who either lost their job in the period from March to June, or were forced to close or suspend their business activities. The parcels contain food, hygiene products and household cleaning items. This action is implemented in June and July by the PRC District Branches from 14 voivodeships.



Polish RC staff and volunteers. Photo: Polish Red Cross

Portuguese Red Cross

The NS is providing support in transporting COVID-19 patients, with its 15 dedicated ambulances with a total of 597 transportations. A total of 15,199 people have been tested by the Red Cross for COVID-19, including in residential facilities for older people. The NS maintains 53 social and psychosocial helplines, directly supporting 4,298 people. It is working on awareness raising and prevention/mitigation, with 55,136 people directly informed. 14 medical field units supported public health facilities and 21 quarantine areas were also established. The National Society is also engaged in provision of food and non-food items to those in need, through the distribution of food aid and meals (28,446 people), personal and household hygiene items (16,148 people), provision of medicines (1,401 people), assistance with shopping (1,831 people) and care for the homeless (1,256 people).

Red Cross of The Republic of North Macedonia

The Red Cross of the Republic of North Macedonia (RCNM) has been active since the beginning of the pandemic including raising public awareness on COVID-19 and hygiene promotion, distribution of medicaments for the people with chronic diseases, distribution of insulin for people with diabetes that are in self-isolation, supporting vulnerable groups including children, distribution of food, hygiene, medicines, etc. for vulnerable people and people in isolation, an SOS Phone line for PSS for vulnerable people and people in isolation, and distribution of humanitarian aid for the homeless and social cases from stocks and donations. Additionally, the National Society has done disinfection of all its vehicles, premises and equipment of volunteers and staff. Other activities have included support to migrants that transit the country and migrants sheltered in the transit centres, as well as support to the centre for asylum seekers and centre for foreigners. In short, through its response operation, NS has achieved the following milestones as of 27 July 2020: 4,323 people assisted through PSS services; 6,289 people from vulnerable groups supported with delivery service for food, hygiene and medicines; 17,799 food parcels distributed monthly; 19,408 hygiene kits distributed monthly; 728 disinfection kits distributed; 100,016 protective masks distributed and 84,511 protective gloves distributed. The National Society has managed to achieve these milestones by mobilizing between 150 and 350 volunteers and staff on a daily basis.



Volunteers and staff of the NS supporting people in need.

Romanian Red Cross

Romanian Red Cross is working closely with the state authorities in charge of managing the COVID-19 Crisis (State Dept. of Emergency Situations, Ministry of Health, Secretariat of Government,) on one hand to better contain the spreading of the virus and to prevent new infections and on the other hand, to provide the front line personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results. The NS together with the authorities launched a public campaign to keep the population

informed with updated and verified information and instructions on prevention. RRC, on national level, based on the authorities' recommendations of the authorized hospitals and medical care institutions for COVID-19 treatment, has distributed tents for triage, medical and protective equipment and other equipment and materials needed for the personnel working in the front line. The NS is distributing on national level information materials on prevention including stress mitigation and also how to maintain well-being in this period of crisis and lock-down. On local level, RRC branches are working with the County Committees for Emergency Situations, with the General Directions for Social assistance, with Directions of Public Health, Prefecture and Municipalities. RRC has been designated by the state authorities at governmental level as main actor to receive donations both cash and in-kind and to supply/deliver to the hospitals, personnel working in front line and other categories in need with products and specific materials. RRC open for that different channels for donations, as: SMS campaign for donations (available only on national level through Romanian mobile phones networks) and online donations (available on the RRC website) as well as corporate partnerships for cash and in-kind donations. Romanian Red Cross also launch a national campaign named "#RomaniaSalveazaRomania to support the hospital and first responders with equipment. The Romanian RC is working in cooperation with other NGOs for assisting the most vulnerable people in need: Concordia, Romanian National Council for Refugees, UNICEF, Association Schools of our villages, National Council of Disabilities, Value the life, etc.

The Russian Red Cross Society

As of 9 June, more than 485,000 COVID-19 cases and 6,000 deaths due to COVID-19 are confirmed in Russia. Almost all the National Society's branches have been mobilized. More than 4,000 Russian Red Cross volunteers and staff are providing critical support to communities during the COVID-19 pandemic. Red Cross teams are distributing masks to public transport staff, providing food and water to some hospitals: more than 2,000,000 masks distributed and 12,000 masks produced by local Red Cross branches, humanitarian aid in the amount of more than CHF 300,000 (food and hygiene kits, vitamins and cream from Bayer, clothing) was transferred to health facilities. The Russian Red Cross focuses its efforts on helping those most vulnerable, including migrants and those experiencing homelessness. Teams are distributing food and hygiene items to older people, those living with chronic diseases such as HIV and tuberculosis, people with disabilities and other vulnerable households. More than 20,000 vulnerable migrants have been supported with more than 5 tonnes of food and hygiene kits. The National Society also runs a phone line where older people can request assistance in food delivery and rubbish collection. More than 18,000 appeals were received by the Russian red cross hotlines. Food, hygiene items and medicine delivered to more than 50,000 people. More than 1,000 people are under the permanent patronage of the Russian red cross (nursing service). The Russian Red Cross is conducting information and awareness-raising activities in media, public areas, via social networks, telephone hotlines. Red Cross teams are organizing COVID-19 information sessions in public areas such as shopping centres and universities. The National Society also provides reliable information on how to protect oneself from COVID-19, how to cope with isolation and how to manage stress. More than 7,000 vulnerable people have been supported through Red Cross operated telephone hotline, including psychosocial support.

Red Cross of San Marino

The Red Cross of San Marino is responding to COVID-19 emergency through the provision of clinical and paramedical services in the hospital of San Marino as well as emergency social services for quarantined individuals. Regarding clinical and paramedical services at the hospital of San Marino, 20 services are performed monthly with shifts of 6 hours. During these services, the volunteer staff of the San Marino Red Cross carries out patient assistance activities. In addition, the Red Cross of San Marino, in collaboration with the hospital, carries out both emergency and non-emergency patient transport services for patients with COVID-19. The number of these services is 40 per month. For quarantined people, the San Marino Red Cross carries out home care services and transport of COVID-19 patients to health facilities for medical visits. The number of these services is 20 per month. The number of active volunteers in both services is 25.

The Red Cross of Serbia

From the beginning of COVID-19 crises and declaration of the state of emergency in Serbia till 31f July, the Red Cross of Serbia engaged 176 local Red Cross branches and implemented the following activities. Needs assessment was conducted in 168 municipalities; 148 local RC branches organized info centres to provide the right information to citizens and to receive requests where support is needed to all people in need (183,485 people supported). Through the info centres and established info lines, over 42.000 callbacks were received from RC volunteers and staff to affected population. 158 local Red Cross branches formed and engaged RC field mobile volunteer teams in local municipalities to provide support and care to people in need in municipalities (76,937 people supported). 127 local RC branches organized psychosocial support for citizens in need, volunteers, and RC personnel through local

and National telephone info lines for psychosocial support and psychosocial first aid as well as via SMS messages (for hearing impaired vulnerable groups). Online platform for psychosocial support is developed, through which 92,619 people have been supported. 172 local RC branches are implementing risk communication and community engagement activities – providing advice from a safe distance on the correct use of PPE, keeping the physical distance, washing hands and helping them to carry food and non-food items that they have purchased observing all the safety guidelines (279,791 people supported). 103 local Red Cross branches have delivered more than 109,000 leaflets and printing material to the local community. Leaflets are providing information related to COVID-19 virus and risks. 16 local RC branches are providing support to the health care system and institutions in Serbia – by the placement of tents for triage of patients (6 tents placed in Belgrade, one in Jagodina, one in Tutin, two in Uzice, one in Backa Palanka,) and support in data processing of tested persons. Staff and volunteers have been engaged in data processing for more than 5,270 working hours. Safe space for triage within these tents supported for two months reaching more than 20,000 people. 44 local RC branches are proving support with tanks that are filled with disinfection liquid that is distributed to citizens (155,348 people supported). 125 local RC branches supported their local self-governments with the packaging of food and hygiene parcels (400,528 packed parcels). 157 local RC branches were distributing 432,532 pieces of food and hygiene parcels, reaching 698,523 people. During the state of emergency, 76 local RC branches were running public/soup kitchen program and 134,000 portions of meals were delivered to beneficiaries` homes. 141 local RC branches were implementing a blood donation program (405 local actions implemented for blood donations). In total, through the implementation of the previously mentioned activities during this period (from 15 March to 31 July), the Red Cross of Serbia reached and helped more than 600,000 people. There were 154,189 instances of volunteer engagement, 471,869 volunteer and 257,112 RC staff working hours dedicated, 741.248 kilometres passed over during implementation of activities.

Slovak Red Cross

Current activities of Slovak RC staff and volunteers include assisting people accommodated at state quarantine centres; a mobile unit run by the Slovak RC regional branch has started COVID-19 testing in a broader region; the Slovak RC regional branches are reaching out to homeless people, checking their health status, measuring body temperature, distributing protective masks, providing basic information on COVID-19, together with charities securing their basic needs (food, blankets, etc.); and several regional branches in bigger towns have been approached by municipalities and they may soon start being involved in quarantine centres for homeless people. The Ministry of Labour, Social Affairs and Family of the Slovak Republic has declared all the social services facilities (including those run by the Slovak Red Cross) to be subjects of economic mobilization – in order to maintain the smooth and secured running of these services.

Slovenian Red Cross

The National Society has continued to focus its response in the home delivery of food parcels, hygiene kits and/or hot meals for vulnerable persons. In addition, open phone lines offering PSS, COVID-19 information and support requests from the public continued to be provided. The NS has also provided additional COVID-19 trainings for its staff and volunteers and has continued to support state authorities in ensuring quarantine (providing temporary accommodation), basic foods supply and other support. Also, the NS has supplied non-food items to the Government Office for Support and Integration of Migrants due to the conditions caused by obligatory 14-day quarantine for all newly arrived migrants. The Slovenian Red Cross Society has also continued to inform and build awareness on COVID-19 prevention and response measures, and has continued to distribute food parcels and hot meals through humanitarian centres and its local branches. Regarding blood bank services, possible donors have been invited individually by SMS upon which a blood donation appointment is made. SRCS has also continued to explore options and finding solutions for digitalisation and online provision of services and support where possible. Finally, the Slovenian Red Cross Society contributed to the drafting of the National plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans, which was adopted on 23 July 2020 by the Government. The National Society contributed its comments and recommendations for improved preparedness and response.



Slovenian Red Cross staff and volunteers preparing basic food parcels. Photo: Slovenian Red Cross

Spanish Red Cross

With the Spanish Red Cross's RESPONDE Plan, the National Society contributes to the reduction of the effects of COVID-19, supporting health prevention messages, epidemic control measures and health assistance and diverse actions aimed to reduce the socioeconomic impact of the pandemic. In the last weeks there has been a continuous increase in the number of cases, with several outbreaks in different regions. The increase is related to the higher number of tests now available and to the relaxation of prevention measures after a severe lockdown. The mean age of infected people is lower than the first months of the pandemic and cases are being less severe, with many asymptomatic cases. However, the situation is worrying, and the increase in number of cases has led to additional prevention measures in some regions. Face masks are now compulsory in public open and closed places in almost all country. The socioeconomic impact is profound, and has seen the highest GDP decrease in the European Union. In the current phase, Spanish Red Cross action is concentrated mainly on addressing the socioeconomic impact of the pandemic. Health prevention messaging continues, as well as relief activities. In addition, epidemic control measures are being developed and are being focused on testing, providing shelter for migrant populations, etc. Since the beginning of the pandemic, Spanish Red Cross has assisted 2.408.218 people, of which 1.019.054 are men and 1.389.164 are women. In this phase, action is concentrated mainly in the socioeconomic impact of the pandemic although increasingly we are implementing relief related activities and support in epidemic control measures with testing, shelter for migrants, etc.



In Spain, help comes on two wheels: Spanish Red Cross volunteers are riding the streets of Valencia distributing masks to the community and teaching people how to use them properly. *Photo: Spanish RC*

Swedish Red Cross

The mission of the Swedish Red Cross interventions is to support and fill gaps in disaster relief to people in need, with a special focus on particularly vulnerable groups. The domestic response consists of several nationwide operations targeting all municipalities in the country, based on needs and requests. Nationally, Swedish Red Cross continues with information activities and safe meeting places in socioeconomic vulnerable areas with the aim of providing information, psychosocial support and alleviating anxiety in different languages to reach as many as possible. [Daily data can be followed through this link](#). The following data was collected by end of July and is regularly updated. However due to vacation period in Sweden certain data will be collected and verified in August. Statistics on local activities are based on branch reports and may be delayed. Local branches had corona-related activities in 311 locations. 290 branches reported new or adapted activities. 2800 people offered to become new volunteers. 48 branches reported coordination of volunteer services. 17 branches made protection equipment (face masks). Branches reported in total 63000 occasions of assistance to beneficiaries. Local language training, elderly support and youth activities are examples of activities that are adapted during the crisis. The Swedish Red Cross is also continuing the locally based collaborations with municipalities and other NGOs across the country to reach isolated and vulnerable groups with information, food and medication. 12544 deliveries were made in 99 municipalities under an agreement with the Swedish Contingencies agency. Data is delayed during the vacation period. The hotline received 1537 calls so far. The major concern in the calls has shifted from anxiety related to the corona outbreak to the growing isolation and consequences of loneliness. The corona crisis clearly has exacerbated the existing challenge with loneliness in the society. Hospital volunteers, offering information and psychosocial support at 6 emergency hospitals had reached 1469 people as of mid-June, and reach approx. 100-200 visitors each day. During the pandemic only essential treatments are booked at hospitals and only patients are permitted to be in the hospitals, so the number of people seeking support from hospital volunteers has been greatly reduced. With summer leave for staff we have seen a further large reduction. Many hospitals have asked hospital volunteers to suspend the ordinary services during the pandemic however we are prepared for future developments and have plans to restart with pandemic adjusted services when requested. Most of our 1400 regular hospital volunteers are over 70 years old and have been advised to quarantine. The majority of current 80-100 volunteers are newly recruited. The feedback on this special service offered outdoors and in specially designed shelters during the outbreak has been very positive not only from patients and visitors but also from medical staff. 38 transfers of protection equipment were delivered to emergency hospitals and companies/authorities as part of an agreement with the National Board of Health and Welfare. (Data from mid-June, pending update). Swedish Red Cross reached more than people in 10-15 lower socioeconomic areas. Lunches were served to families in need, approx. 200 deliveries each week. Data will be updated during August. Volunteer services at migration detention centres and

custodies have developed digital alternatives to maintain psychosocial support. The advisory service for asylum seekers and migrants as well as the travel support service for family reunification register an increased demand due to changing legislation and entry regulations. As the outbreak evolves, the Swedish Red Cross will adapt and adjust its strategy accordingly.

Swiss Red Cross

Domestically the Swiss RC provides the following services: Financial assistance: families or individuals running into financial difficulties due to the C19 crisis, can apply with the Swiss RC for financial support up to CHF 1,000/month. This support was made possible thanks to individual donations of the Swiss population to the Glückskette / chaîne de bonheur as relief for those immediately affected by poverty. The individually adjusted financial support will be prolonged for the coming three months and complemented with grocery coupons. Swiss C19-tracing App Through its digital multi-lingual health promotion services., the Swiss RC supported the translation of the official C19-tracing App into several languages crucial for reaching out to the Swiss migrant population. Next to the official languages in Switzerland - German, French and Italian, the tracing APP now is available in Portuguese, Spanish, and Bosnian/Croatian/Serbian. Corona-Documentary: SRC has produced a short documentary (7 minutes) featuring its activities during the C19- crisis. Besides showing what has been achieved within a short time, another aim of this dynamic video is to say thanks to everyone, who has contributed to help vulnerable people being affected of C19. The documentary was released on 2 July 2020. Protective gear: On request of the Swiss government, Swiss RC procured the needed protective equipment and tests - both for the Swiss population and for vulnerable people in other countries. A substantial shipment was delivered to the neighbouring Italian Red Cross in early May 2020. The supplies purchased by the SRC facilitated the national health care system and the general population with the necessary protection gear. Many of the face masks currently being sold at purchase cost by large distributors were imported by the SRC. Some of the protective equipment is also used covering the needs of the SRC branches, the Swiss Samaritans and the Swiss Army Medical Association, as well as the blood transfusion services. The SRC primarily purchased from China, but also received donations, for example 400,000 face masks from Taiwan. Drive-thru test centre: after three months of successfully delivering testing, the COVID-19-drive-thru test centre Bern was closed on 26 June 2020. The test centre was established and run on demand of the national and cantonal health authorities and test were implemented in collaboration with public and private partners. Swiss RC volunteers made it possible that needs-based testing was performed professionally, quickly and safely. The test centre can be re-opened if needed. New and existing services: New and existing services such as grocery shopping and individual transport have been adapted to the C19 situation. Grocery shopping will be continued for high risk groups and the individual transport is reserved for the chronically ill that cannot use public transport to get to medical appointments. International support: Swiss RC committed approximately CHF 5.5 Mio through diverse funding modalities to the C19 response of sister RCs: CHF 2 Mio were committed to national EoPA via grant modalities, CHF 1 Mio through bilateral C19-relief project, CHF 2.1 Mio are earmarked for C19-response activities including economic consequences of the health crisis, and CHF 500'000 were contributed directly to the IFRC appeal. Approximately CHF 2 Mio were additionally re-directed towards COVID-19 activities in the already running programming globally (WASH, prevention-provision).

Red Crescent Society of Tajikistan

During the period between March-July 2020, outreach and information sessions on COVID-19 were conducted by the Red Crescent Society of Tajikistan (RCST) and reached an estimated 810,493 people in both urban and rural populations as well as 511,959 schoolchildren (mostly at home online). In total, an estimated 1,322,452 people were reached through these activities in 32 pilot areas. All outreach and information sessions have been aligned with WHO and IFRC guidelines related to for COVID-19 preventive measures to (key messages have focused on keeping physical distance, washing hands, observing hygiene rules, using protective masks when visiting public places, etc.). Since 25 July, the process of sensitizing the population and schoolchildren in all pilot districts has been officially completed and the National Society is now conducting a survey to monitor the target population's level of knowledge and their application of the knowledge gained following these interventions. To implement its activities and support the government during this crisis, RCST has mobilized a total of 1,800 volunteers and 39 staff.



Tajikistan RC providing information and PSS to high-risk groups Photo: Tajikistan RC

Turkish Red Crescent Society

TRC continues to provide protective equipment support to its staff working in the field at hospitals, observation points and food banks. Up to 13 July, TRC distributed total 5,897,021 PPE. As of 9 July, Public Health and Psychosocial Services Directorate distributed 3,001,200 PPE to the public through the branches and 1,169,729 to the health institutions, 612,098 PPE to the branches, 385,107 PPEs to the staff and volunteers, 152,948 PPEs to the people working in the observation points for feeding services, 112,070 to the soup kitchens and nursing homes and 24,292 PPEs to other institutions and organizations. The community centres distributed 304,821 PPEs to the people in need. Kizilaykart distributed total 134,756 PPEs. Additionally, Public Health and PSH Directorate delivered 15 respirators to two TRC hospitals for COVID-19 treatment during the pandemic. To date, Community Centres reached 84,071 individuals. Since 17 April, the teams distributed 27,792 training sets to 42,730 children. Within the scope of Kizilaykart Social Adaptation Program, an additional payment was made to people at the amount of 500 TL. The total amount distributed was TL 150 million. TRC continues to reach out to vulnerable groups through the branches and representatives included in Vefa Social Support Group and reached 42 people under COVID-19 treatment. During the of the pandemic, up to 11 June, TRC teams delivered the Kizilaykart to 641 people. As of 12 July, TRC provides meals to 712 individuals in 4 service points in 4 provinces around the country. This service covers the need for three meals per person a day. Since 15 March, TRC provided 4,051,271 hot meals to 1,250,158 individuals. Total number of catering distributed is 2,196,682.



Distribution of relief items in rural areas. Photo: TRC

Red Crescent Society of Turkmenistan

The National Society has been conducting an awareness-raising campaign among the population and organizations on the prevention of spread of COVID-19, including through the media (radio, television, newspapers) on safety measures and personal hygiene. National Red Crescent Society of Turkmenistan (NRCST) has trained staff and mobilized and trained volunteers to participate in COVID-19 preparedness and response activities. The training included information on prevention of COVID-19, self-protection, information on handwashing, social distancing. The information material provided by IFRC has been adapted, translated into Turkmen and is used in presentations, and is also included in a seminar module. NRCST is a member of the working group for the implementation of the national COVID-19 Preparedness and Response Plan, closely coordinating with the Government Ministry of Health (MoH), UN agencies and other partners.

Ukrainian Red Cross Society

Ukrainian Red Cross Society continues to react on situation with COVID-19 in Ukraine and provide humanitarian assistance. Since the beginning of May 2020, the newly established Ukrainian Red Cross Society Information Centre has received 25,529 calls, 7,276 of them were about PSS assistance. As part of information campaign, URCS along with Ministry of Health released 30 videos related to COVID-19 information and broadcasted them via National TV channels and social network as social advertisement. (Up to 1,517 views on YouTube, 6,277,000 on Facebook, 38,000 in Instagram and 561,000 in TikTok) About 866,500 copies of printed material (posters, calendars, pocket notes, leaflets) have been distributed to the local population through the Ukrainian Red Cross Regional organizations and other government institutions. Ukrainian Red Cross Society distributed 244,785 pcs of personal protective equipment and 3,526 litres of disinfectant. 8,639 people received tea, coffee and sweets. 3,338 blankets, bed linen and towels, 2,645 Easter breads have been distributed. 2,432 kg of coffee, 30,300 litres of water and beverages were donated to health care facilities. Also, 21 core hospitals have received medical equipment in an amount of UAH 13,8 million along with 17,331 pcs medicines. URCS donated appliances to 24 hospitals and now in the process of delivering 750 pcs more to 100 hospitals and small health care facilities all over Ukraine as a part of humanitarian campaign "Assistance to 100 hospitals". The volunteers of URCS in cooperation with Public Health Centre of Ministry of Health of Ukraine conducted information sessions for medical staff of 182 core hospitals all over Ukraine. During the quarantine period, URCS arranged the delivery of 2,200 hot meals and 750 litres of beverages and 400 Easter breads to homeless people. As of 10 June, URCS distributed about 40,654 food parcels to the most vulnerable people. 5,618 portions of hot meals and 30,931 hygiene kits and 22,279 pcs of household chemicals were distributed to older people as well.

Red Crescent Society of Uzbekistan

To date, the NS has mobilized 298 staff and 976 volunteers at headquarters and in branches for its COVID-19 response activities, all of whom have received training on COVID-19, and personal protective equipment provided by the National Society and its branches (the government does not provide PPE for the National Society staff and volunteers). Throughout Uzbekistan, in local communities, in marketplaces, on public transport etc., Uzbekistan

Red Crescent has distributed a total of 25,951 information materials, in Uzbek and Russian languages, received from the IFRC, WHO, the Ministry of Health and ICRC. The Red Crescent Society of Uzbekistan has organized 2,004 different events, information sessions, workshops and classes related to raising public awareness of COVID-19, self-protection, and the proper use of PPE, reaching a total of 70,491 people. A total of 194 publications on mass media (on local TV, radio, newspapers, on Facebook, and Instagram). The National Society has distributed 57,853 medical masks to staff and volunteers, and also to at-risk groups (mainly produced by local manufacturers), funded by the National Society and its branches, and partly by USAID. The NS has also distributed 25,658 sanitary and hygiene products to staff and volunteers, and also to at risk groups (mainly products from local manufacturers), funded by the National Society and its branches, and partly by USAID. In accordance with the agreement on cooperation between the National Society and the Ministry of Health, the above activities were carried out at the regional and district level throughout the Republic of Uzbekistan. At the same time, the branches of the National Society worked closely with local health authorities. The Head of the Public Health Department of the National Society participated in meetings, seminars and on-line meetings, organized for partner organizations by the WHO country office in Uzbekistan. National Society staff and volunteers of regional organizations and branches took part in similar events organized by regional government health departments. Additional activities funded with domestic funds and other partners: In cooperation with the Ministry of Health, the National Society has an ongoing social care programme, looking after over 3,000 households from socially vulnerable groups across the Republic. These include disabled people, poor families, families with many children, families with disabled children and vulnerable older persons. During times of COVID-19, the National Society intensified its support to these groups and provided medical, social and home visit services to 10,261 people and provided financial or food assistance to 7,500 people. The National Society funded these activities from its own domestic funds and spent over CHF 28,000 on these activities.

The list of National Societies and activities above is based on information submitted to the IFRC Regional Office for Europe on various channels and will be kept up to date. In case of required revisions/amendments or information about your NS which is missing, please let us know and it will be added with the next update.

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The Middle East and North Africa

Regional Update

Health and WASH

MENA RO Health & Care unit has continued coordinating with WHO and other UN agencies through WHO weekly COVID-19 partner meeting. The Innovative programming in fragile and vulnerable settings and for disease outbreak response technical working group meeting and the WHO & UNICEF Care in Communities follow up meeting in which Arabic version of materials (UNICEF) were discussed and IFRC shared a list of MENA countries to look for a cooperation opportunity in county level. Moreover, the team is supporting in medicine procurement, medical evacuation protocol (for Lebanon /RO), airport entry protocol development (BCP), possible mobile field unit for COVID-19 response for Egyptian RC and Yemen RC PHiE training. Some of the challenges faced are delayed PPE procurement and delivery to NSs and access and medical equipment challenges due to annexation in Palestine.

Concerning Community based health, the team supported the dissemination and discussion of Care in Community Guidelines for COVID-19 response, FA in COVID-19 and the Community Health Strategy in the regional Health and WASH forum with 50 participants from 6 HNSs and 4 PNSs. eLearning sessions are ongoing with 4 NSs (Algeria RC, Iraq RC, Egypt RC and Yemen RC). Algeria RC has finalized the sessions on community health interventions covering COVID-19 health information and behavior change, WASH, MHPSS, RCCE, volunteer management; with 16 participants from the Community Health branches while a discussion is ongoing with Egyptian RC especially on WASH training for ERC health staff and volunteers. The 1st phase evaluation with Iraqi RC and the baseline assessment with Yemeni RC have started. The team is preparing with GVA team to have the community health interventions e-learning package on the IFRC platform, while developing the M&E plan for the package.

WASH team that has developed two guidance, one on handwashing hardware considerations amid COVID-19 and one regarding water quality testing parameters for MENA national societies. Furthermore, on-going coordination and discussion have taken place with MENA national societies regarding current and potential WASH activities following the IFRC COVID-19 appeal revision, especially with Lebanese Red Cross and Iraqi Red Crescent. As part of the Health and WASH forum, the health and care unit have been as well holding the MENA WASH sub-working group that is connecting the WASH technical capacity at the regional level and supporting information sharing for instance on Menstrual Hygiene Management (MHM), Handwashing and Disinfection amid COVID-19 and up-scale of WASH activities in MENA between the WASH focal points in MENA region National societies and partners. Furthermore, the WASH team attended the Global WASH Cluster meeting on UNICEF's response to COVID-19.

The health and care team also participated in a contact tracing consultation with global partners, with an aim to better position NS and clarify the role of NS volunteers in contact tracing at the community level. Effective and sustainable contact tracing is emerging as a key area for investment globally. At global level support to regional offices and national societies on implementation strategies and assessment processes for CBS (specifically MENA and NSs in AP region). Consultations with WHO during revision process of COVID-19 suspect case and community case definitions.

Risks Communication and Community Engagement

To ensure a community-centred approach which is crucial to building trust and acceptance especially among those in areas under lockdown. Working with RCRC volunteers already known to the communities will greatly support this continued interaction and trust, especially if more digital forms of interaction will be sought. However, it is important to consider and address the risk of attack on volunteers and staff due to the spreading fear, mistrust and misinformation.

Online sessions on community engagement approaches including setting-up feedback mechanisms, and rumour management have been provided jointly by the regional CEA and community health teams within a community health training package to different national societies within the MENA region.

Livelihoods and Basic Needs

The Food Security and Livelihoods (FSL) HelpDesk and the Cash Hub continue to provide remote support to National Societies. The main requests are focused in how to conduct remote livelihoods assessments, how to adjust the ongoing operation to COVID-19, how to target effectively and how to integrate the social protection systems in the response. A new webinar has been conducted providing information about the impact of COVID-19 in people's food security and livelihoods, potential intervention and services, tailored and facilitated by for Asia Pacific Region. Several infographics related to livelihoods and food security have been developed, focus in migration and food security and livelihoods assessments. Strategy for CVA coordinated with PNS in the region with focus on specific countries for each PNS and with ICRC.

- **Technical:** Participation in developing a Technical guidance on conducting remote rapid assessment of socio-economic impacts of COVID19 in urban settings.
- **Capacity Building:** Online session on CVA to interested National Societies. Feasibility studies for Cash and Voucher Assistance planed in several Countries.
- **Implementation:** Emergency cash assistance initiated.

National Society Updates

Special Update on the Lebanese Red Cross, COVID-19 Response and the Beirut Port Explosions

On 7 August [IFRC launched and Emergency Appeal for 20 million Swiss francs](#) on a preliminary basis to support the Lebanese Red Cross to deliver assistance and support to the people affected by the Beirut-Port explosions for 24 months, with a focus on health, livelihoods and basic needs, shelter, water, sanitation and hygiene promotion (WASH), taking into consideration the impact of the ongoing COVID-19 pandemic and the economic collapse in the country. The planned response will be adjusted based on further developments and more detailed assessments.

COVID-19 Pandemic in the aftermath of the explotions

Displacement of affected people combined with challenges with maintaining physical distancing and other preventative measures during the aftermath of the explosions can increase the risk of the spread of the COVID-19. The spread of the pandemic has dramatically increased over the past two weeks – approximately two-thirds of all confirmed cases in Lebanon occurred during the past 30 days - see below chart (source: Lebanon MoPH): Since the onset of the COVID-19 pandemic in Lebanon, LRC has been mandated to take the lead in transporting suspected and confirmed COVID-19 cases, as well as to transport test samples from multiple locations across the country to the laboratories where they are analysed.

As of 3 August, LRC has transported a total of 3,265 patients to medical facilities and 38,687 PCR tests to designated laboratories. Following this new disaster, the national authorities have put on hold the lockdown measures planned to be in force until 11 August. The response strategy envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the LRC as part of the national COVID-19 response and covered outside of this Emergency Appeal is available on the IFRC GO Platform.



Donate online or through the LRC Mobile App:
<https://supportlrc.app>

Palestine Red Crescent Society

Since February 2020, PRCS commenced activities in preparation for an outbreak of COVID-19 and then subsequently responded to the outbreak in Palestine. PRCS launched it COVID19, 2020 Response plan for \$6,544,765 (currently included training for staff

and volunteers (100 staff trained in TOT), dissemination of public health messages and issuing of personal protective equipment (PPE) to its medical staff (EMS, hospitals and clinics) preparation of isolation wards in PRCS hospitals as well as preparations of for the procurement of food parcels for day labourers who had lost their livelihoods as well as other vulnerable communities members (elderly, PWD, etc).

PRCS communication messages focused on precautionary measures to reduce the; spread of COVID-19. Social media campaigns: included daily posts on PRCS Facebook, Instagram and Twitter profiles. These posts have been shared by PRCS branches in oPt and Diaspora, and other pages such as Palestine TV, Voice of Palestine, Al Quds Newspaper, Ramallah Municipality, and other widespread social media pages. In addition, more than 300,000 SMS have been sent to the most affected communities and target groups such as the Bethlehem governorate, Gaza Strip local communities and the laborers in Hebron governorate.

Within its community work approach, PRCS empowered local communities through a network of active and specialized volunteers in health education, First Aid, relief assistance, rehabilitation and psychosocial interventions. More than 1,200 volunteers run Community Awareness Committees (CACs) in more than 75 local communities in the oPt raising awareness on COVID19.

PSS was provided mainly through phone calls and virtual meetings, with the allocation of 35 mobile numbers to the PSS team in the oPt, with the following number of people reached in the West Bank 3412 (1908 Men 1504 Women), Gaza Strip 1082 (873 Men 209 Women). Furthermore, 120 home visits were organized to provide Psychological First Aid to known as well as to new patients taking into consideration safety precautions.

The lockdown imposed by the PNA meant a loss in livelihoods for thousands of families and especially for wage workers. PRCS launched a national campaign for the distribution of food parcels to affected families. More than 400 volunteers took part in this campaign which reached out to 23,614 families (119,175 members).



Safiya Al Balbisi, EMT, said: "I am not afraid of transporting suspected COVID-19 patients because I follow all precaution measures: I wear protective gear and respect protocols in terms of disinfecting ambulances and EMTs".



From the PRCS official COVID-19 report.

Syrian Arab Red Crescent

(Information available until end of May / Early June, as per the National Society Health Information system)

Health

Risk communication and community engagement: 71,547 awareness activities and campaigns to promote awareness and personal hygiene of society on the pandemic of the Coronavirus in various Syrian governorate were conducted by The Syrian Arab Red Crescent, in its various programs and through its 8,305 employees and volunteer that they involved in this response, carried out from 1st of May to 31st, where the number of beneficiaries reached 207,330 disaggregated as 18% children, 36% men and 46% women, and most of these campaigns were concentrated in the governorates of Homs and Aleppo with a 57% out of the total activities, followed by Hama with 18% and Rural Damascus with 8%. The individual awareness campaigns dominated the largest number of these Campaigns with a total of 47,709 activities.

In terms of items:

- 41,406 Hygiene kits were distributed to the beneficiaries through the periodic distributions.
- 123,171 hygiene kits distributed to
- 211,061 beneficiaries during awareness campaigns carried out by various programs in SARC.

Printed Awareness materials like posters and brochures were distributed to raise the level of society awareness of the Corona pandemic numbering 30,085 materials. In addition to the various awareness campaigns carried out by the Syrian Arab Red Crescent departments, the Media Department has spread awareness about this pandemic through educational pictures and videos that reached more than 675,300 people through the official social media pages of SARC.

- **Infection prevention and control (IPC) and WASH (health facilities-community)**

- More than 6,364 sterilization campaigns were implemented through the Syrian Arab Red Crescent teams in health and WASH Sectors, which included 1,631 sterilization campaigns for the Syrian Arab Red Crescent Facilities that numbered 150 facilities, at the rate of three sterilizers per week, along with 1,188 sterilization campaigns for streets and public facilities and 46 Sterilize the shelters and points of entrye.
- **Mental health and psychosocial support services (MHPSS):** The mental health of the society especially of The most vulnerable groups, and psychological support, always been a priority for SARC especially during the difficult period like COVID-19 Situation, thus the psychological support and community services teams worked to provide counseling sessions, on-phone support, and continue their mental health services without interruption, taking into account the procedures followed to limit the spread of the virus.
- **Medical Referrals:** In May, The medical Health points and first aid team in the health department, in addition to the maternal and child health department, transferred cases amounting to 31, and the distribution of cases was 11men, 13 women, and 7 children.
- **Maintain access to essential health services (clinical and paramedical):** SARC is continuing to provide assistance to people in need of the Syrian Crisis while maintaining protection procedures. Health department with 150 Facilities and relief distributions ensure that the services don't stop during this situation cause its importance to the beneficiary's wellbeing, therefore SARC has reached 140,754 beneficiaries in 150 health facilities all over governorates in May 2020.
- **Socioeconomic Interventions:** Livelihoods, cash support & food aid: The disaster management team didn't stop working in the light of the virus crisis but rather was keen to provide its usual services from distributions to maintain food security for the beneficiaries, taking into account the virus prevention procedures and ensuring safety in the distribution processes. SARC also conducted 46 sterilization campaigns in shelter centers, and 33,532 different items were distributed in them Quarantine centers
- **Support to volunteers:** SARC has conducted 103 Training about COVID-19 Divided between 17 online training via the Internet to maintain the spacing procedures and 86 live training. 1,411 Staff and volunteers benefited from these training with a disaggregation percent of 58% females and 42 % males. The training was not limited to staff and volunteers, but included 53 health educators and local communities. SARC sets its employees 'and volunteers' safety as a high priority. Thus the logistics department, in collaboration with Partners and programs 'management, ensure to deliver personal protection equipment to the first responders.

Yemen Red Crescent Society

The activities carried out by the Yemen Red Crescent(YRC) in responding to the Corona pandemic, starting from the stage of preparedness and preparedness through assessing the needs of the quarantine and health isolation centers and coordination with the offices of the Ministry of Public Health and even supporting these centers and covering their needs as well as Providing personal protection tools for volunteers and training them, as well as providing personal protection tools for a number of offices of the Ministry of Public Health and Population, and spreading health awareness and health messages among the community to prevent the emerging corona virus.

- Needs assessment and coordination with the concerned authorities
- Hygiene and sterilization campaigns, and Toilets maintenance
- YRCS services reached 3811 people.
- Support MoPHP offices in Sana'a Capital, Sana'a gov, Hadramaut, Al Hudaydah
- Provide clean water support the quarantine centers for 1808 Beneficiaries.
- Provide the volunteers and health workers by PPEs
- Implementing an awareness campaign to broadcast audio spots for the most important awareness messages about COVID-19 by using the loudspeakers via the YRCS ambulances

YRCS is also implementing a campaign to distribute awareness posters for the most important awareness information about COVID-19 in areas of population gatherings in 21 Governorates implemented in 14 Governorates. As well asImplemented an electronic awareness campaign through our page on facebook which reached 133,000 people in all governorates.

FUNDING UPDATE

[Donor response to the Appeal MDRCOVID19](#)

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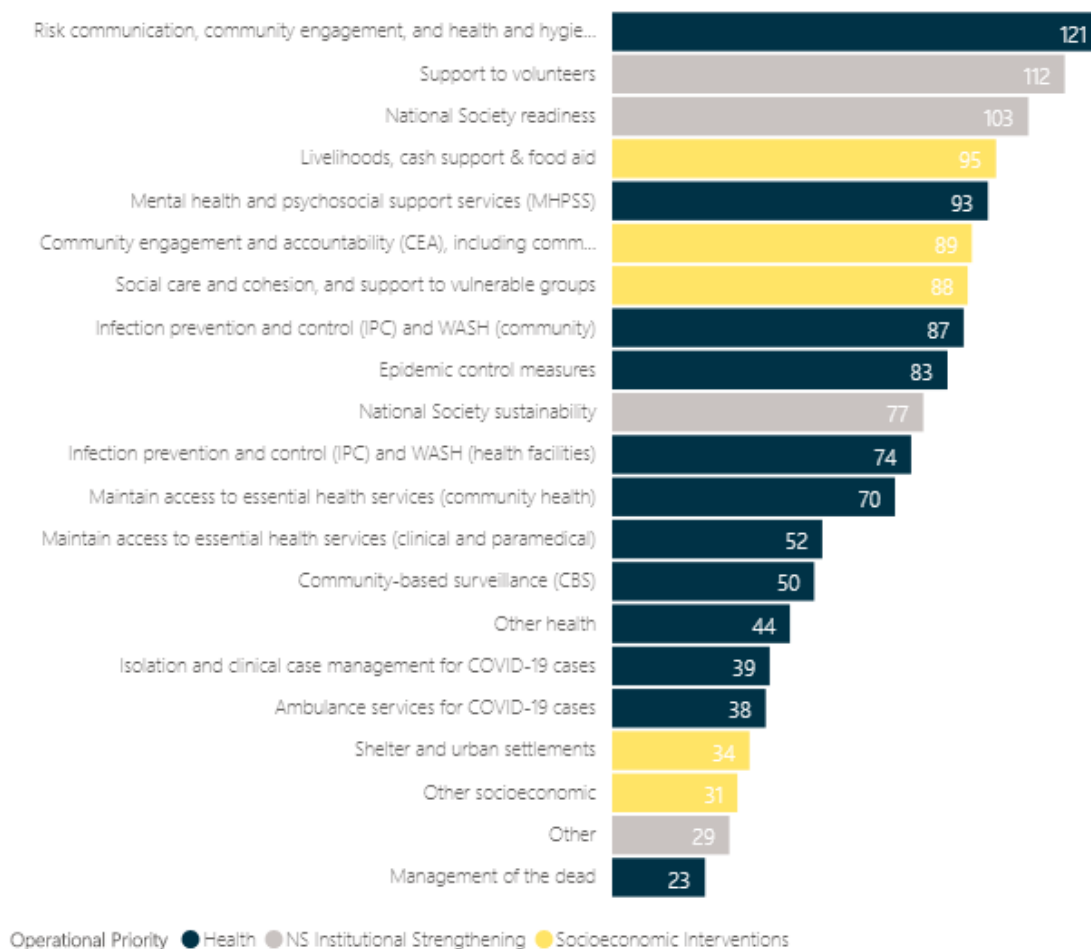
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The Operations Update covers new information from the last reporting period. Please see [previous updates](#) for more information on how National Societies and IFRC have been responding to COVID-19 since the start of the Emergency Appeal.

NATIONAL SOCIETY ACTIVITIES

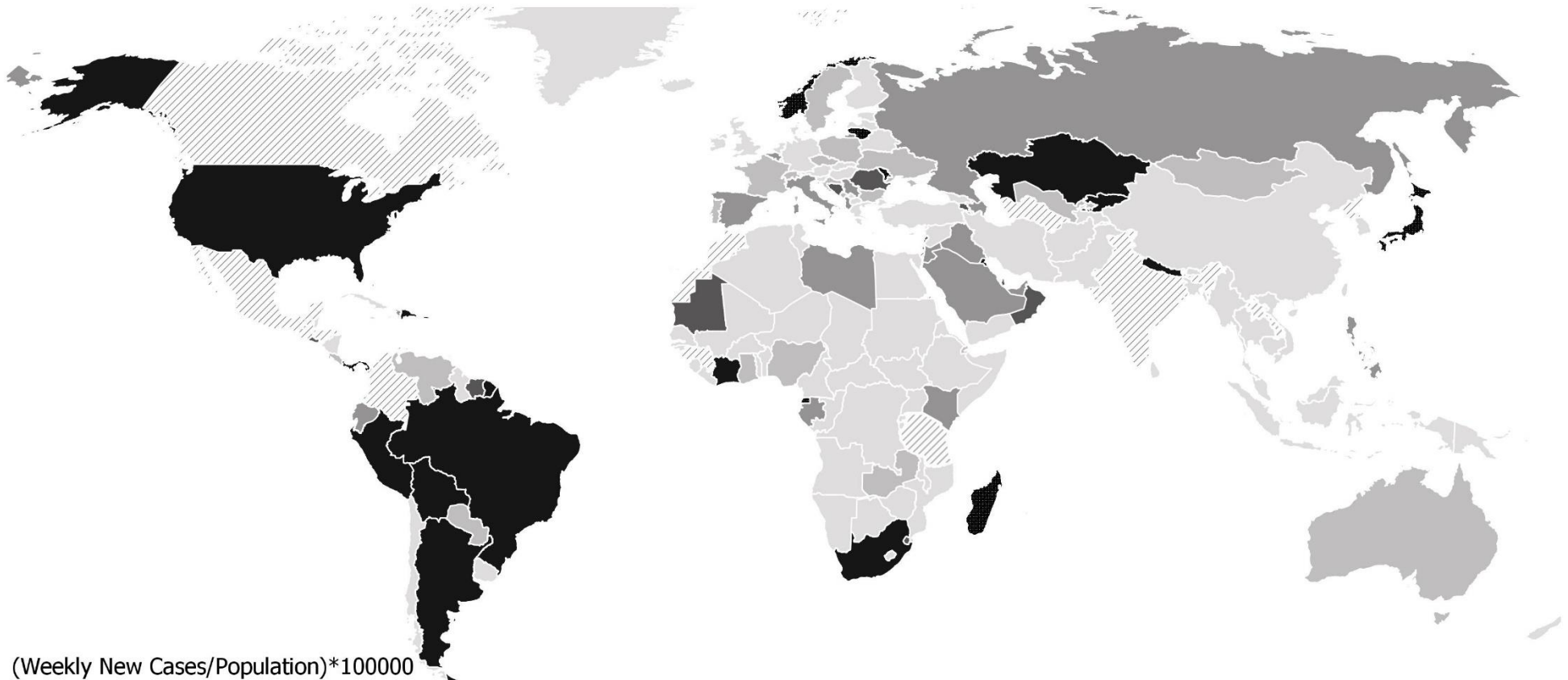
As reported via Public COVID-19 Field Reports on go.ifrc.org

Activity overview



COVID-19 Global View

Produced 4 August 2020



(Weekly New Cases/Population)*100000

/// No new data or cases reported

Under 10

10 - 20

20 - 40

40 - 80

80 - 160

Over 160