



Volunteers from the Salvadoran Red Cross are attending to the elderly caught up in the COVID-19 pandemic. They prepare food and distribute it in rural zones where people are living in vulnerable conditions. Photo: Salvadoran Red Cross

Structure of this report

The IFRC COVID-19 emergency response operation is a global response of individual domestic responses. The IFRC network comprises 192 member Red Cross and Red Crescent National Societies, responding to the local needs of those affected by COVID-19 in their own countries, based on their respective mandates and COVID-19 National Society Response Plans. They are supported by the membership and by the IFRC Secretariat, in a Federation-wide approach.

The Federation-wide CHF 1.9 billion [appeal](#) laid out the broad support needs, and this update reports on the progress in executing this plan over the first 6 months. The structure starts with a birds-eye-view and then zooms in, looking first at what has been accomplished from the Federation-wide perspective. Next, it looks to the progress of IFRC Secretariat support, first globally, then regionally, including country-level National Society response highlights. Finally, the Validated Financial Report provides information on the level of donor response, income, budgets, and registered expenditure at the end of the July 2020 reporting period, disaggregated by country, regional and thematic level.

Federation-wide Overview	3
Global Overview	11
Regional Overview	35
Africa	36
National Society response	55
Americas	73
National Society response	96
Asia Pacific	131
National Society response	145
Europe	163
National Society response	176
Middle East and North Africa	198
National Society response	216
Validated Financial Report	222

COVID-19

Federation-wide Overview

Overview:

The IFRC has established, in consultation with many National Societies, a Federation-wide COVID-19 operational response framework to harmonize planning, monitoring, and reporting on Covid-19 global response. With a harmonized approach, the IFRC increases accountability and transparency across its network and positions the membership as a key player in the response to Covid-19.

A Federation-wide approach to operational priorities outlining the overall funding requirements for the IFRC, including the multi-lateral funding needs was included in the latest revision (#3) of the emergency appeal that was published on 28 May 2020.

The IFRC seeks **CHF 1.9 Billion** for the global work across 3 priorities:

- I: Sustaining Health and WASH
- II: Addressing Socio-economic impact
- III: Strengthening National Societies

Out of this total amount, the IFRC specifically seeks **CHF 450 Million** for multi-lateral assistance provided through the IFRC to National Societies and for Secretariat services and functions assigned to the Covid-19 global response.

Standard data collection and monitoring tools included:

- *Template for a National Society Response Plan*
- *Covid-19 field report* to provide regular updates on the context and activities of each NS
- *Covid-19 NS financial overview* to collect data on budget, income, and expenditure of each NS
- *Covid-19 indicator tracking tool* to collect quantitative data on Covid-19 standard indicators (launched on 15 July 2020 with so far an extraordinary response rate of 130 National Societies).

Results of these Federation-wide data collection exercises are regularly published through [dashboards and other visualizations](#) under the Covid-19 Global Operation pages on the GO platform. The following pages attempt to provide an overview on needs, results and achievements National Societies.

Data Limitations:

- *Missing data, missing disaggregation and breakdowns:*

National Societies are diverse and have their own data collection systems and processes that may not perfectly align with the standardized indicators set by the Covid-19 operational response framework. Data may not be available for some indicators for some National Societies, and this may lead to inconsistencies across different reporting tools. Disaggregation by sex and age and further data breakdowns are particularly challenging to report on and National Societies reporting these breakdowns might be smaller than those reporting overall totals.

- *Reporting bias:*

The data submitted through the Federation-wide data collection and monitoring tools is self reported information by each National Society (or its designated support entity) and may be subject to reporting bias. The Covid-19 NS financial overview is not supposed to replace formal financial reporting required by different entities. This means that there might be some differences between formal financial reporting and numbers reported through the Covid-19 NS financial overview. The Covid-19 NS financial overview remains an important tool for fast operational decision-making and for providing a Federation-wide overview of budgets, income, and expenditure. The Covid-19 indicator tracking tool was only launched on 15 July and National Societies had limited time to prepare for and report on the list of standard indicators. Some National Societies may have provided estimates.

- *Global Results and data quality:*

Even though a set of standard indicators is being used to collect and consolidate global results, we also acknowledge that standardization sometimes leads to combining different levels of activities/types of engagement together. We believe that the data on indicators and finances being collected every quarter will improve over time and once National Societies have adapted their data collection systems and processes to respond to the Federation-wide COVID-19 operational response framework. There will be an increased number of National Societies reporting overall and by indicator.

Please note that the financial data in this report is as of **2nd September**, and response data – **10th September 2020**. To see updated numbers, visit the [interactive dashboards](#).

Income

162 National Societies reporting

TOTAL INCOME

1,25b CHF

162¹ National Societies have reported a total income of 1,25 billion Swiss Francs since the beginning of the COVID-19 response.

Income is defined as fiscal value of money, material goods, and services received by the reporting National Societies to respond to COVID-19 epidemic during their specific reporting timeframe, from any source, excluding internal transfers within the reporting National Society, and excluding soft pledges.

Notably, the income of only 15 National Societies accounts for 80% of all reported income (997 million CHF), with the income of the other 147 National Societies amounting to 255 million CHF. Explore more data [here](#).

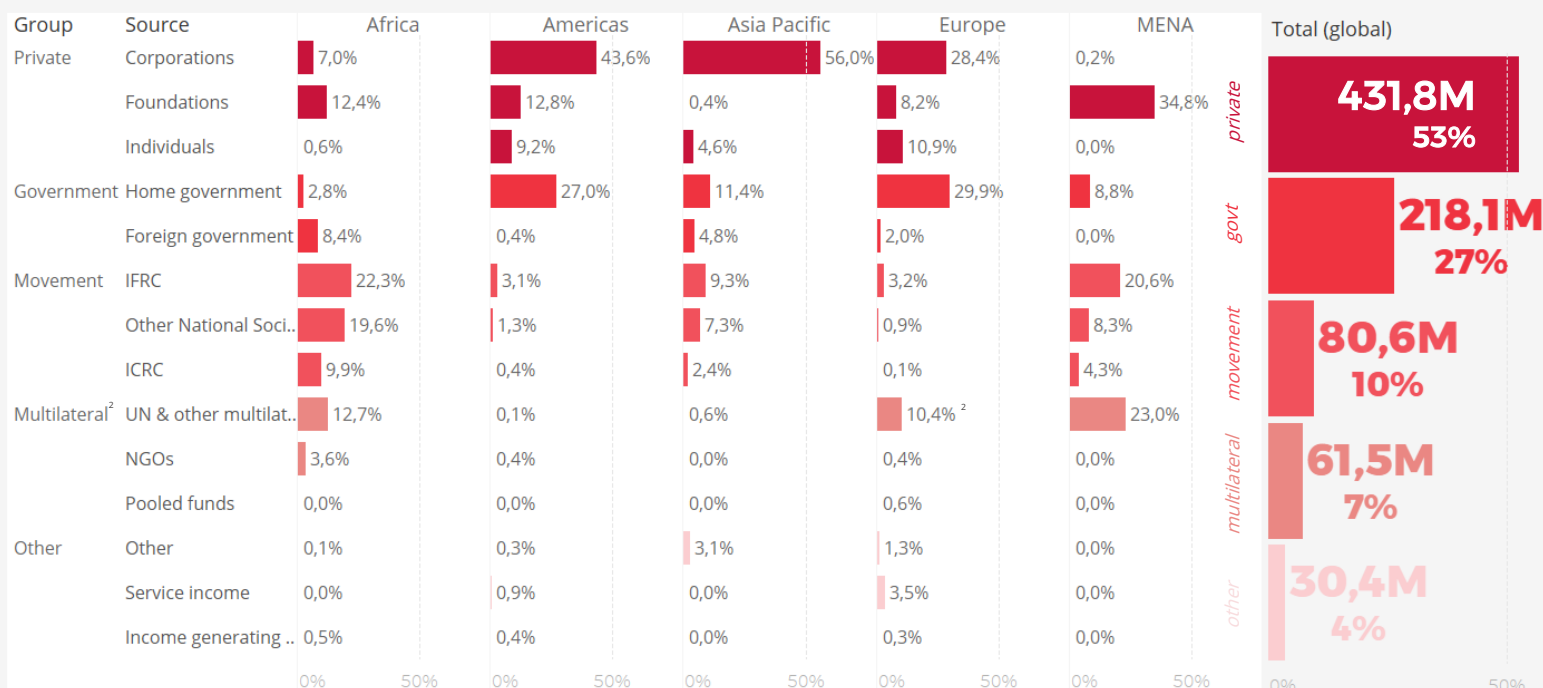


The reported income of 15 National Societies accounts for 80% of all income



NATIONAL SOCIETY INCOME SOURCE BREAKDOWN BY REGION

Please note that the total income disaggregated is 822.3m CHF (reported by 156 National Societies). The figures vary greatly depending on region: for example, Multilateral agency and Movement funding accounts for more in MENA, Africa, and Europe than in the Americas and Asia Pacific. Explore more financial data [here](#).



¹ 171 National Societies reporting overall, 162 National Societies reporting total income, 156 National Societies reporting income source breakdown

² Including € 40 million contribution which relates to DG ECHO funds reprogrammed within the ESSN program in Turkey to address the socio-economic impact of COVID

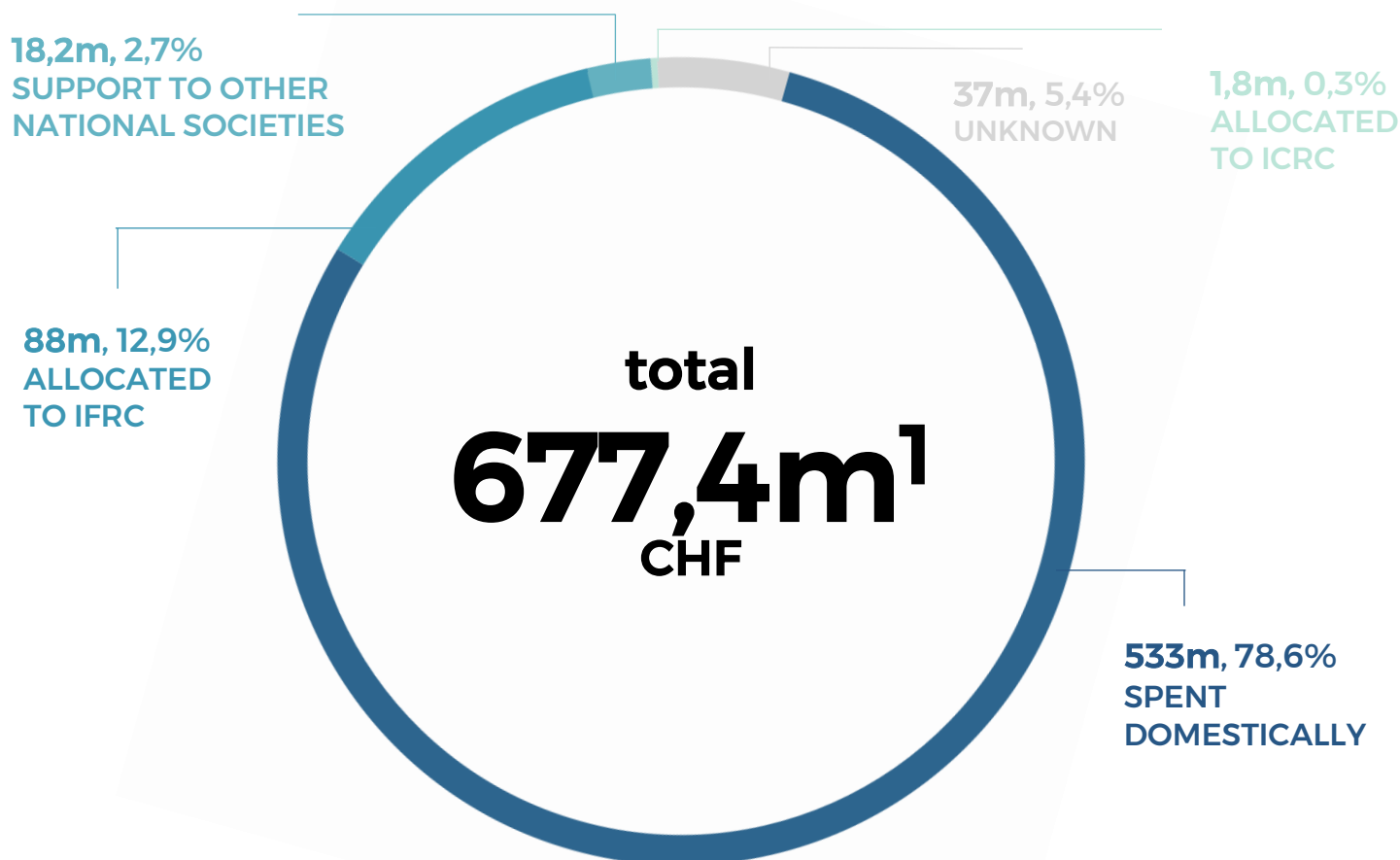
Expenditure

156 National Societies reporting

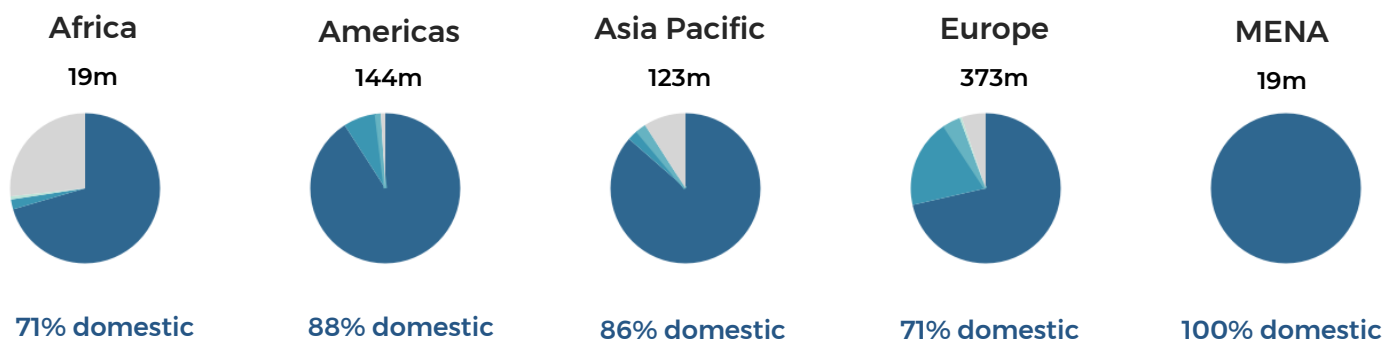
TOTAL EXPENDITURE AND SPENDING BREAKDOWN¹

156 National Societies reported 677,4 million Swiss Francs in expenditure from the beginning of the COVID-19 response. Expenditure is defined as the fiscal value of money, material goods, and services which the reporting National Societies spent to respond to COVID-19 epidemic during the reporting timeframe, excluding internal transfers within the reporting National Society.

140 National Societies reported their spending breakdown (641m CHF). Unallocated spending has been marked as "unknown". Almost 80% of expenditure was spent domestically. Explore more financial data [here](#).



total expenditure and spending breakdown by region:

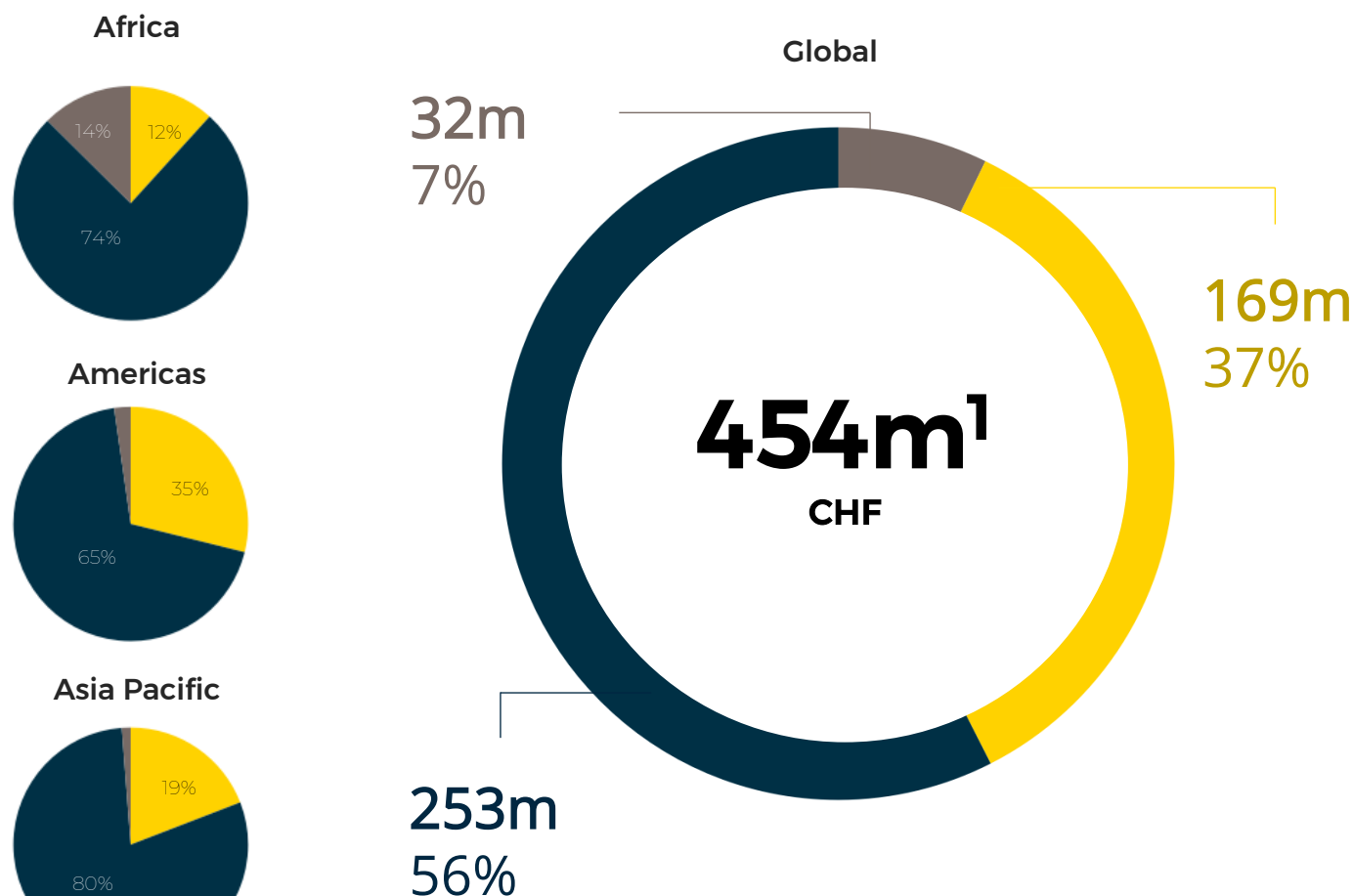


¹ The number of National Societies reporting total expenditure (156) is not the same as the the number of National Societies reporting spending breakdown (140). Expenditure not assigned has been marked as "unknown".

EXPENDITURE BY OPERATIONAL PRIORITY¹

Please note that the expenditure reported under operational priorities is not equal to the total expenditure. See more [here](#).

● Ops priority I: Health ● Ops priority II: Socio-Economic ● Ops priority III: NS Strengthening



Key insights:

- 56% of global expenditure was reported under activities falling under **Operational Priority I: Health**. It can be noted that health-related activities have the largest share of reported expenditure in all regions, except in Europe and MENA.
- The activities falling under **Operational Priority II: Socio-economic** represent 37% of global reported expenditure.
- 7% of global expenditure was reported under activities falling under **Operational Priority III: National Society Institutional Strengthening**. Africa is the only region with more funding reported to priority III than priority II.
- The figures show significant differences between regions, with Africa, the Americas and Asia Pacific reporting a much larger share of their expenditure under health-related activities than Europe and MENA. In the latter regions, the socio-economic related activities have the largest share of reported expenditure.

¹ 156 National Societies reporting expenditure allocation breakdown, however not all expenditure can be allocated (454m)

Response

134 National Societies reporting*

*different number of reporting National Societies for each indicator

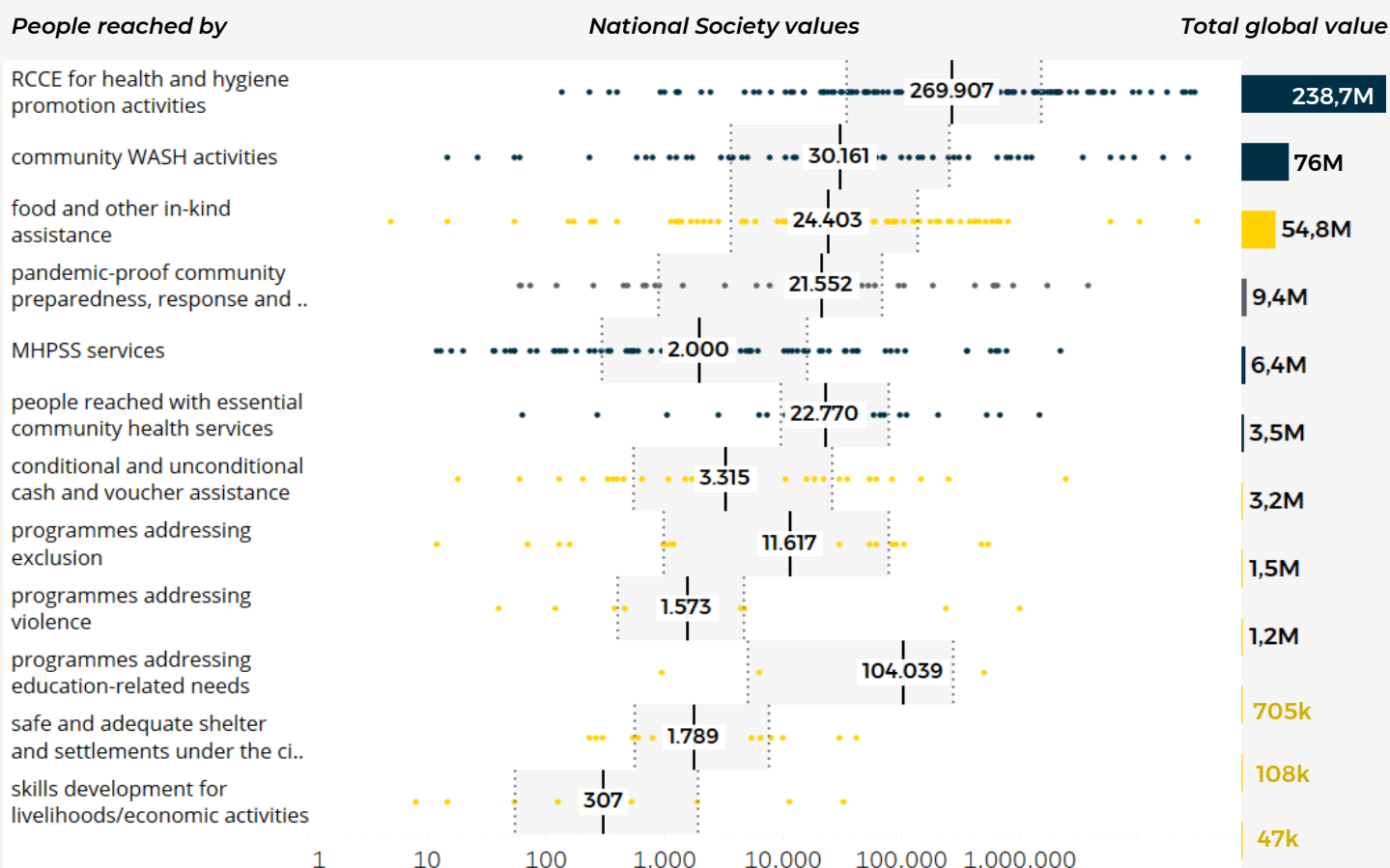
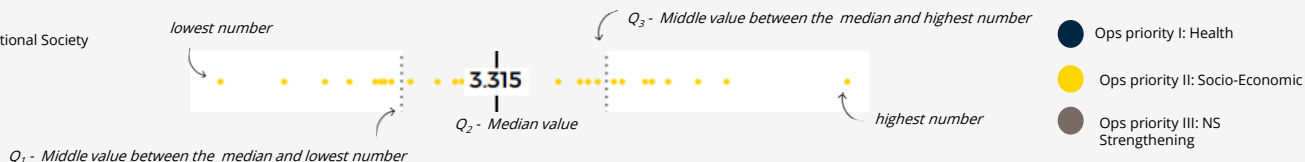
PEOPLE REACHED BY NATIONAL SOCIETIES

In response to the COVID-19 pandemic, Red Cross and Red Crescent Societies have implemented various activities across three operational priorities and have reached millions of people across the world. The number of people reached by each activity is based on indicators reported by National Societies. While looking at a global overview of total numbers is important, it is equally critical to consider the wide range of the distribution of number of people reached by National Societies. Please note that the indicators should not be summed in order to avoid double counting.

The below chart displays the total number of people reached (*bars and labels on the right*) and the number of people reached by each National Society (*circles*). It reveals that there is a wide array of number of people reached based on indicator and country, ranging from a couple hundred to millions. Explore the data further in the interactive Indicator Tracking Tool ([click here](#)).

How to read

One circle – one National Society



ALL ACTIVITIES BY OPERATIONAL PRIORITY

As of 10th September. Explore more data [here](#).

The number of people reached and other indicators of National Society activities are grouped by operational priority. Notably, the highest value indicators commonly coincide with a high number of reporting National Societies (e.g. people reached by RCCE, 238,7 million people and 131 National Societies reporting).

Please note that indicator values should not be summed. The people reached by RCCE may be the same people reached by WASH activities, so adding them together could lead to double counting and inflating data.

To further explore National Society activities – for example, the regional distribution of indicator values, or all indicators per specific countries – access the indicator dashboard [here](#).

I: HEALTH

253m CHF

Curbing the COVID-19 pandemic

People reached by

RCCE for health and hygiene
promotion activities

238,7m, 131 NS reporting

community WASH activities

76m, 83 NS reporting

MHPSS services

6,4m, 94 NS reporting

people reached with essential
community health services

3,5m, 35 NS reporting

0M 50M 100M 150M 200M



Health Facilities

4,415

Supported
57 NS reporting

1,406

Treating COVID-19
17 NS reporting

844

Maintaining services
32 NS reporting

1m

COVID-19 cases in isolation
receiving material support
54 NS reporting

1,7m

People tested
24 NS reporting

91,6k

Contacts identified
32 NS reporting

1,3k

Community burials by
volunteers and staff
17 NS reporting

317k

COVID-19 cases received ambulance transport
42 NS reporting

1,8m

Staff and volunteers
supporting screening
39 NS reporting

196k

CBS staff and volunteers trained on
COVID-19 risks
48 NS reporting

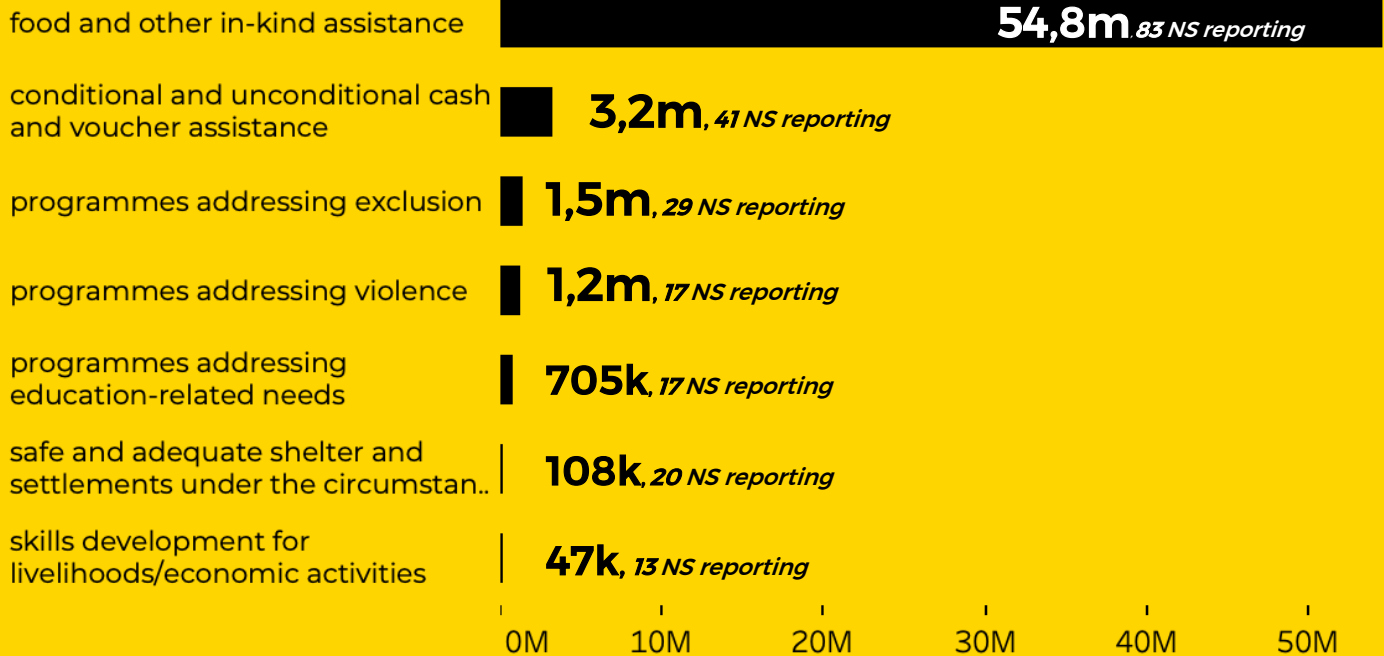


II: SOCIO-ECONOMIC

169m CHF

Tackling the socio-economic impacts of COVID-19

People reached by



Community Feedback Mechanisms

138,6k

*Community feedback comments collected
49 National Societies reporting*

413

*Reports produced based on feedback
29 National Societies reporting*



140k

*Staff and volunteers trained on CEA
67 National Societies reporting*



1,4k

*Branches with marginalised needs analysis
35 National Societies reporting*

III: NATIONAL SOCIETY STRENGTHENING

32m CHF

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



1,6m
covered by
insurance

*74 National Societies
reporting*



1,3m
with access to
PPE

*105 National Societies
reporting*

National Society Readiness

9,4m people reached by pandemic-proof DRR

57 National Societies reporting

73

*National Societies are included in
government plans*

72

*National Societies have contingency
plans*

National Society Sustainability

55%

*Avg. core organisational budget
funded (46 National Societies
reporting)*

45

*New income streams (25 National
Societies reporting)*

51

*National Societies have adapted
BCPs*

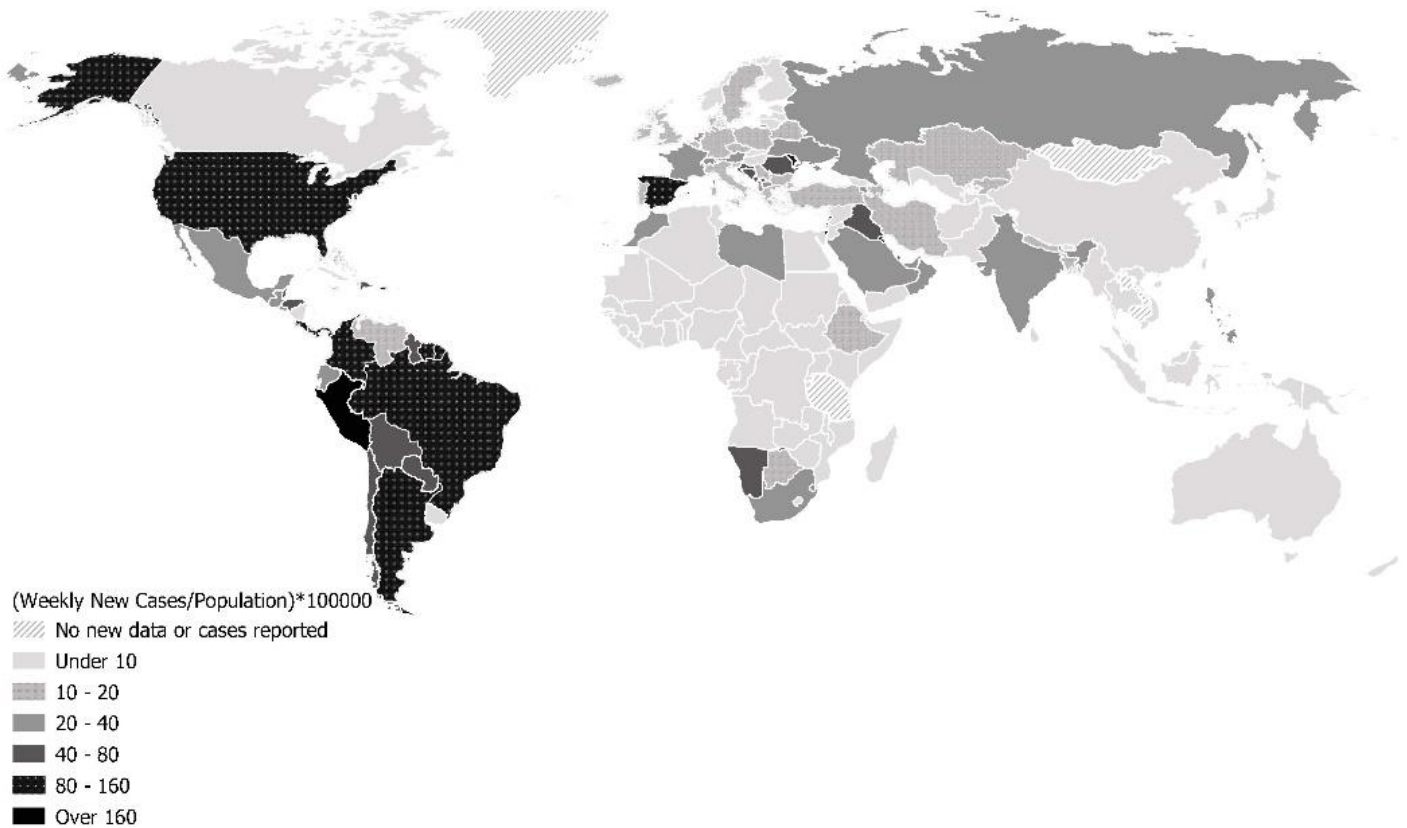
14

*National Societies have unrestricted
financial reserves for 3 months*

Global Overview

COVID-19 Global View

Produced 26 August 2020



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 SIVIS (2020).

In the first six months of the COVID-19 pandemic, the world has faced this unprecedented outbreak of a new disease, with rapid spread between and within communities and countries, and devastating health, social and economic impacts in societies of all types. Beginning with large-scale outbreaks—and early successes in epidemic control—in Asia and the Pacific, the virus quickly spread to Europe, which became the global epicentre, before again quickly shifting to the Middle East and then the Americas, where it quickly overwhelmed health and social systems across the continent. Within months, there was a multi-centred pandemic, with southern Africa, South Asia and many smaller countries reporting explosive growth in transmission and devastating impacts. Some small island states have faced an overwhelming burden of disease, with some of the highest per-capita infections rates in the world. Globally the pandemic has highlighted the direct and indirect vulnerabilities of the world's most at-risk people, with large-scale outbreaks in humanitarian settings and disproportionate impacts on migrants, racialized and minority communities, and those with the least access to quality preventive and curative health services, and economic and social safety nets.

Around the world, countries and communities have taken a wide variety of measures and approaches to suppress transmission of the virus. In many places where clearly articulated, widely available, and effectively implemented public health epidemic control measures have been put in place, the burden created by the pandemic – in terms of lives lost, and social and economic impact prevented or mitigated – have been greatly reduced. Communities that have not been provided with effective interventions to prevent large-scale transmission have faced devastating health, social and economic impacts. Around the world, Red Cross and Red Crescent societies are supporting these epidemic control measures, in an attempt to prevent the worst impacts of the pandemic in

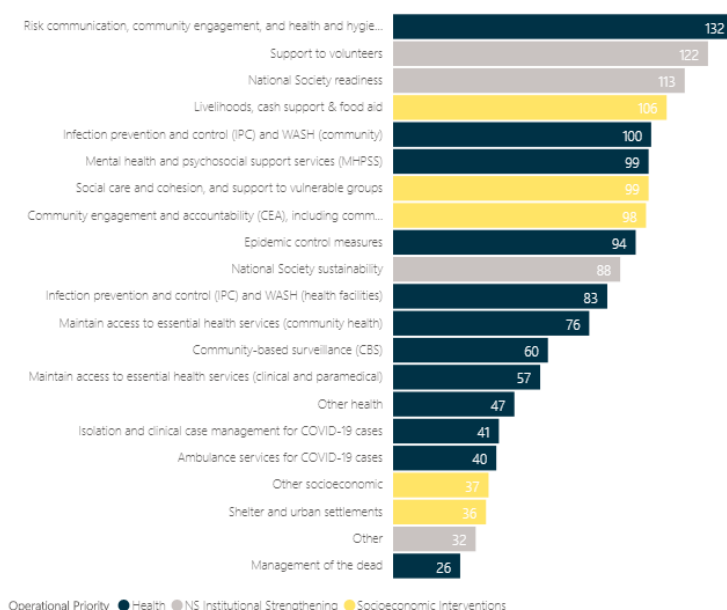
communities, and supporting the most vulnerable people through sustained access to health, social and economic services.

While individual communities and countries have experienced different outbreak dynamics, globally rates of infection have remained consistently high, with weekly confirmed cases surpassing and remaining above one million since mid-June, and, together, countries' combined reported weekly deaths have never been fewer than 25,000 since the end of March. While significant movement restrictions in many countries—including closure of schools and workplaces, public transportation, and borders—led to initial successes, as mandated physical distancing prevented transmission of the virus, many communities have struggled to implement and sustain high-quality public health epidemic control measures to maintain these gains.

Overview of National Society involvement in each thematic pillar

Data source: NS reporting engagement in pillars via public COVID-19 Field Reports on IFRC GO Platform. Data updated on 31 August 2020.

Activity overview



As the northern hemisphere enters winter and the cold and flu season, there are rising concerns about the impact of the intersection of these diseases may have on health systems. While colds and influenza may be limited by the public health and individual behavioural changes in place to prevent COVID-19 infection, the overlapping symptoms may also hide cases of COVID-19, resulting in greater transmission, while people who are ill with multiple infections at the same time may experience more severe illness. The challenge of maintaining and adapting appropriate and effective epidemic control measures while restarting critical elements of society, like schooling and economies, cannot be underestimated, and sustained support at the community level is critical to its success. As vaccine development advances, for example, vaccine hesitancy and concerns in affected communities will require large-scale community engagement and trust-building.

During the pandemic to date, migrants have remained and will continue to be particularly at risk to both the health and socio-economic impacts. As health, social and economic systems become stretched by COVID-19, in both developed and developing countries, this is limiting access for migrants to essential services. Migrants are people who live outside their country of origin and as such, are far from family and social or economic support networks and safety nets and can face additional exclusion or discrimination at this time. The IFRC gives specific attention to 'at risk' migrants and displaced people in countries experiencing COVID-19 to ensure they are included in ongoing preparedness and response plans, in line with the respective NS's mandate and capacity to respond.

The volume of information and misinformation is still one of the biggest challenges. Belief in conspiracy theories regarding COVID-19 continues to spread and often drive protests or are linked to political movements. These theories are undermining physical distancing, the wearing of facial coverings and the eventual uptake of vaccinations. In some cases, false information appears to be propagated knowingly and deliberately by rival groups, intending to damage social cohesion and social and political stability.

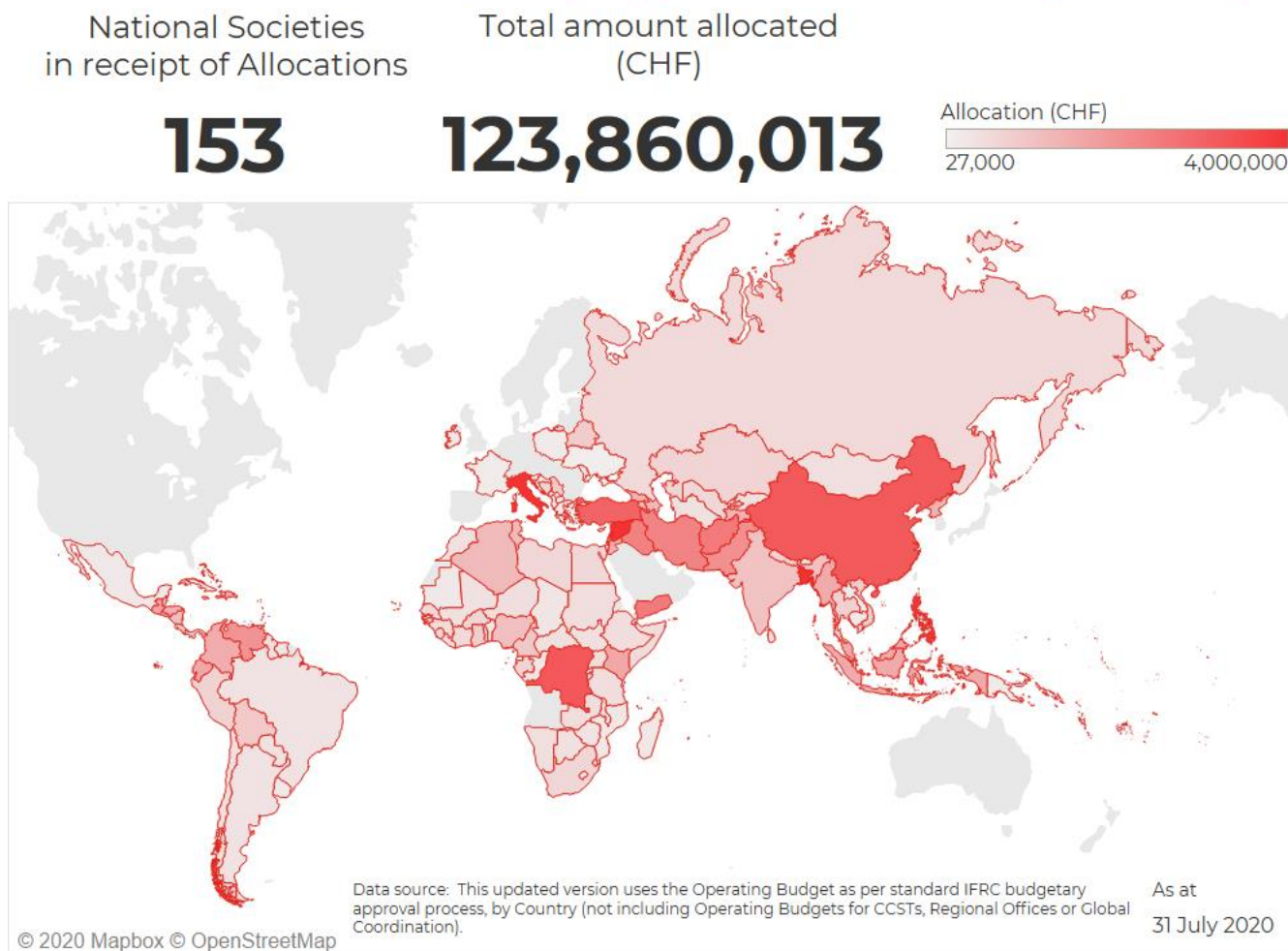
During the reporting period, the IFRC continued to provide financial assistance to those NSs requesting multi-lateral support, and to provide technical support for the implementation of the activities across the three Priorities, in response to COVID-19. This included a focus on support for:

- technical guidance and standards

- online training and webinars
- coordination of wider support and fundraising, including for NSs own domestic resource mobilization
- advocacy and representation on behalf of our member NSs, including support NSs in their own domestic representation

In the reporting period, 153 National Societies were allocated nearly CHF 124 million (see map below)

IFRC COVID-19 Emergency Appeal Allocations by country



Both the health and socio-economic effects have had a serious impact on the working environment of our member NSs and on their funding and future financial sustainability. Initial inflows of COVID-19 funding are concealing deeper concerns about ongoing funding from both domestic (government, the public etc.) and international sources. So far, attention on NS Strengthening (Priority 3) has been overtaken by a strong NS emphasis on health and socio-economic response (see Federation-wide Overview above). As the situation evolves, many NSs are struggling with ongoing costs and trying to find new ways to bring in funding and support to sustain their organization, their staff and volunteers and their work. This will be monitored closely by the IFRC Secretariat as the pandemic and related socio-economic situation evolves in the future.

Priority 1: Sustaining Health and WASH

As the epidemiological situation has evolved, with more than 29 million confirmed cases worldwide, different regions and NS have required support based off emerging evidence and research, based on their unique epidemic dynamics and NS capacities. Recognizing that getting the pandemic under control, reducing the risks of

transmission and maintaining access to essential health services are the foundation for reducing the health impacts of the pandemic and for rebuilding livelihoods and social and economic recovery, the IFRC and NS have adopted a multifaceted approach to health and WASH to ensure the continuity of care from the community to facility level.

All National Societies providing data report working in Health and WASH operational priority. NS reported reaching 239 million people through RCCE for health and hygiene promotion activities and 76 million people reached through community WASH activities. These critical actions at the community level extend the reach of both COVID-19 prevention services, and basic health services, into the most affected communities. Community WASH numbers were highest in Africa, Asia and MENA.

Since the beginning of the outbreak, the IFRC has been providing guidance and technical support to National Societies, regional offices, and country cluster support teams to enable high-quality, evidence-informed responses to prevent transmission and meet affected communities' health needs. This has included the development of global guidance and tools, coordinated webinars and knowledge sharing sessions to build capacity and share evidence among National Societies implementing health and WASH activities, and quality assurance measures to ensure response plans are based on current epidemic intelligence and best practices in the medical community. To facilitate the coordination and dissemination of global health-related guidance for COVID-19, the IFRC has established the [Health Help Desk for COVID-19](#). It contains an FAQ section developed to provide guidance on common health-related questions, global guidance notes for National Societies available in four languages, links to important external guidance, webinar presentations and recordings, and direct remote technical guidance available upon request. Since its launch, the Health Help Desk has seen over 8,000 views worldwide. Development of the Red Cross Health Information System (RCHIS) project has accelerated, and functionality of the application enhanced (see clinical case management below).

Epidemic control

Epidemics begin and end in the community, and make the Red Cross and Red Crescent National Societies uniquely placed to facilitate epidemic control activities. Controlling the spread of the SARS-CoV-2 virus remains the key focus of the IFRC and NS response, which includes epidemic control measures such as case detection, screening, testing, contact tracing, and support for quarantined contacts. These continue to be some of the most used public health interventions to prevent the spread of COVID-19. When communities are engaged and trained in epidemic preparedness and response, they become vital contributors to finding and stopping outbreaks, saving lives, restoring services, reducing negative impacts, speeding recovery and building resilience.

To enhance capacity building and experience sharing, several regional offices, including the MENA and AP Regional Office have facilitated weekly or bi-weekly health and WASH webinars focusing on key topics including epidemiological updates, surveillance strategies, WASH, care in the community and MHPSS and other essential elements of epidemic control. In the Africa region, a virtual ToT was adapted from in-person training materials encompassing epidemic control for volunteers and risk communication/ community engagement packages. The virtual ToT included IFRC country cluster staff members as well as focal points for health and CEA in NS across the region.

Contact tracing as well as screening for signs and symptoms at health facilities, border crossings and hot spots has been another key element in NS epidemic control measures to COVID-19 throughout all regions. In Afghanistan, more than 280,000 people have been screened for COVID-19 at ARCS health facilities. The South African Red Cross Society (SARCS), as an auxiliary to the government, trained 2,350 volunteers and 137 Red Cross nurses on screening, testing and contact tracing in 9 provinces. Some of the volunteers have been attached to different health facilities, such as clinics, call centres and hospitals.

In their auxiliary role to the government, several NS have also been involved in the testing process for COVID-19. South Africa Red Cross Society established a testing centre in Vereeniging, Gauteng province, which is managed by SARCS health experts, and the centre was approved by MoH for compliance and quality assurance. The

Philippines NS has supported their government's response through 7 operational modular laboratories, allowing for 301,051 specimens to have been tested, comprising 26% of the national testing output.

Risk communication, community engagement, and health and hygiene promotion

Community trust, knowledge and empowerment are key to ending this pandemic and addressing its unprecedented health, and socio-economic consequences. To build trust, it is key to understand how communities perceive the disease and the response, so that we can respond to and act on their questions, suggestions and capacities. If our response remains static and is not adapted to reflect the changing concerns, questions and suggestions from communities, it will not remain relevant or trusted by people.



Bangladesh Red Crescent Society volunteers go door-to-door to inform people on how to prevent COVID19, Cox's Bazar, Photo BRCS

To date, National Societies have reported that more than **239 million people** have been reached through locally adapted risk communication and community engagement approaches for health and hygiene promotion. These activities ensure people are alert and engaged in sustaining protective measures to safeguard their own and others' lives. For example, the **Sierra Leone Red Cross** used lively interactive radio discussions to sensitize more than **60,000 people** and engage communities on COVID-19 on 6 local radio stations. In Colombia's Vichada Department, which borders Venezuela, the **Colombian Red Cross** helps cross-border migrants to adopt public health measures thanks to mobile hand washing stations with loudspeakers promoting self-care and prevention measures and providing information about COVID-19. The **Libyan Red Crescent's** "Volunteers in every Street" approach has

engaged more than **2,000 households** through community health volunteers amid a conflict setting and protracted crisis that has undermined community trust and lasted since 2011.

The COVID-19 pandemic affects marginalized populations disproportionately (for example, migrants and those in economic, ethnic or racial minorities). NS have worked tirelessly to ensure these groups are reached through key risk communication adapted to their specific needs, community engagement and health and hygiene promotion activities. In Bangladesh, for example, the Red Crescent has reached 845,000 people in Cox's Bazaar through risk communication and hygiene promotion activities in local languages, both within the displaced population from Rakhine State as well as throughout the host population. The **Nepal Red Cross** has reached nearly 215,000 vulnerable people through awareness sessions, door-to-door visits, and a help desk.

At the global level, IFRC is recognized as a leader in RCCE and thus plays a key role in inter-agency coordination. IFRC chairs the CEA [Collective service](#) and also assists thematic subgroups within migration programmes to [implement COVID19 RCCE activities](#) and suggests tips for engaging communities during COVID-19 in [low-resource settings, remotely and in-person](#). Work has pulled from the experiences of NS working contact tracing, including experiences using proximity tracking applications, and contributes to country packages developed to support MOHs in their ongoing efforts in contact tracing.

Community Surveillance Measures

As a leading actor in surveillance at the community level, the IFRC and Red Cross Red Crescent National Societies have engaged with surveillance activities, including community-based surveillance and other early alerting mechanisms that have facilitated MoH response efforts during the COVID-19 pandemic. These community-level interventions contribute to reducing the risk of transmission by supporting national health services by linking early detection of health risks to response measures within the most affected communities.

Since the beginning of the COVID-19 response National Societies have been engaged in surveillance efforts at the community level, including community-based surveillance (CBS). National Societies who had already been implementing community-based surveillance (CBS) as part of their approach to epidemic and pandemic preparedness were able to scale-up efforts and include the new community case definition for COVID-19 rapidly into their CBS system and train volunteers on the new health risk.

- In **Indonesia** the NS (PMI) has **640 trained and experienced volunteers** reporting on health risks – including COVID-19 in their communities.
- In Somaliland, only two weeks after being trained on the new health risk corresponding to COVID-19, **SRCS volunteers** were able to detect a person unwell and matching the COVID-19 symptoms in their community and share an alert with their supervisor. The volunteer shared key messaging on physical distancing and hygiene, while their supervisor alerted the local MoH for case investigation and follow-up. Following testing, the MOH confirmed that the **alert led to the identification of the first COVID-19 case in Somaliland**. Through early detection, key messaging, and a rapid response, the person experiencing symptoms was isolated early, limiting further spread of COVID-19 within their community, demonstrating the important role surveillance and early detection of health risks by volunteers within their communities play in the community-based approach to early warning.

As the dynamics of the epidemic evolve in Many more National Societies have been actively planning to begin CBS and other early alert surveillance efforts in targeted communities to support the local health response for COVID-19, and to provide early detection to other health risks with epidemic potential. The **Americas** region has held strategic meetings with NS on how CBS can contribute to the various National Health Systems during epidemics, and in the European region, the Southern Caucasus country cluster held two webinars for health focal points in the **Georgia, Armenia and Azerbaijan** National Societies followed by country-level trainings as the NS prepare for assessments. In the **MENA** region discussions have been ongoing with multiple NS and WHO counterparts on how best to implement surveillance strategies alongside MOH, WHO and partner's efforts.

Global guidance for Community-based surveillance (CBS) as well as accompanying regional webinars for National Society capacity building were developed by the IFRC and are available in English, French, Spanish and Arabic on the [Health Help Desk](#) with general guidance available on the [CBS website](#). The IFRC has also contributed to the inclusion of CBS in WHO's updated [public health surveillance for COVID-19](#).

Infection prevention and control and WASH in health facilities and in the community

- National Societies are at the forefront of increasing awareness, knowledge and skills in helping to prevent cross infection and transmission of SARS-CoV-2 amongst their staff and volunteer, communities, refugee/displacement camps, urban dwellings, places of detention and health services.
- Some NS are providing support at control points or through installation of handwashing stations and disinfection.
- WASH teams are providing support in temporary shelters, distributing water, disinfection material, improving sanitation, and hygiene promotion key messages to the population and reinforcing handwashing messages. Some NS are also distributing hygiene kits which have been modified to better suit COVID-19 prevention.
- National Societies are supporting existing Red Cross Red Crescent (RCRC) health facilities to be better prepared for COVID-19 associated risks in healthcare settings and are supporting them to safely respond. This includes ensuring that staff are trained and equipped in Infection Prevention and Control (IPC) measures for COVID-19. The focus is on ensuring these health facilities can remain operational to ensure that other essential health services continue to be available to communities. This includes ensuring that staff are trained and equipped in Infection Prevention and Control (IPC) measures for the transport of COVID-19 patients.

Mental health and psychosocial support services (MHPSS)

Through the coordination and work of the IFRC and 93 NS, over 6.3 million people were reached with MHPSS services as part of the global COVID-19 response. Globally, the [IFRC Psychosocial Center](#) has developed tools and guidance from online and remote PFA training to back to school guidance and child friendly activity cards in multiple languages.

In addition to close collaboration with the Psychosocial resource Center, over half of NS have been working in MHPSS, conducted trainings in PSS and/or PFA for staff and volunteers. In the Africa region these trainings have included over 306 RC volunteers, staff and MOH health workers trained in **Liberia, Burundi, and Nigeria** to support additional needs of persons affected by COVID-19. In the AP region, webinars were established to share experiences on remote PFA, caring for volunteers and challenges face by staff and volunteers in NS throughout the region. Additional support services have been provided by NS to some of the most vulnerable populations, including migrants, those displaced and health workers in **Bangladesh** (in Cox's Bazar), the **Philippines** (through a hotline reaching over 1,000 people), and in **Korea**, providing support to over 1,600 evacuees in quarantine and vulnerable people living around quarantine centres. In the **Americas Region** a 13-hour online training package was developed, tested and rolled-out throughout the region and contained topics such as PFA for adults, PFA for children, PFA for loss and grief and self-care, led by the region. Regional support from the MENA region was coordinated with the IFRC Reference Centre to deliver material translation and webinars for **Iraq RC, Lybia RC, Morocco RC, Egypt RC, and Bahrain RC**. In **Europe, 22 National Societies** have established psychosocial support hotlines for the general population, in order to ensure basic PSS services are available to all people experiencing anxiety, stress, fear, and anguish.

Isolation and clinical case management for COVID-19 cases

Globally, 41 NS have reported to be involved in isolation and clinical case management of confirmed and suspected COVID-19 cases. IFRC Geneva has been regularly updating technical guidance on IPC and clinical case management and has been disseminating this information through the COVID-19 Health Help Desk. In collaboration with regional colleagues, IFRC Emergency Health team has provided tailored support to various NS (for example, Egypt, Bangladesh and Mongolia) in clinical case management to ensure global minimum standards are well understood and adhered to in clinical settings. The **Egyptian Red Crescent**, for example, has established and equipped an isolation centre in the Ismailia hospital, and continues to provide psychosocial support to 200 patients during their 15-day isolation periods.

The Red Cross Health Information System (RCHIS) project has been infused with additional resources in order to speed up the design and building of the application. Electronic medical records and reporting functions of the application have been enhanced to improve both the scope and quality of the system. The application has undergone extensive development in order to allow for the translation into Arabic (right to left functionality) with the goal of having the application fit for purpose in Arabic-speaking environments. Reporting functionality has been enhanced and is currently under development. The interaction of RCHIS with community-based reporting systems is being analysed to facilitate seamless real-time data sharing during epidemics. These improvements and developments will allow National Societies to roll out a higher quality HIS in their epidemic responses, once the tool is complete.

Ambulance services for COVID-19 cases

Globally, 42 National Societies have so far reported providing ambulance services for COVID-19 patients, reporting over 317,000 patients transported.

IFRC Geneva established a remote support group via TEAMS where these NS can share best practices, evidence-based guidance and advice. As global guidance around patient transport protocols and IPC specific to prehospital

care have been developed by WHO and others, the group has been informed through online posts, chats and webinars. With the support of the emergency health team in Geneva, IFRC MENA produced a region-tailored guidance document and associated training for Ambulance Services and Safe Patient Transport During COVID-19, which was translated into Arabic and disseminated throughout the region.

In Asia Pacific region, 12 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 Pakistan Red Crescent and Nepal Red Cross provide massive support in transporting COVID-19 patients.

In Europe region, 20 National Societies are providing clinical and paramedical services. Austria, Germany, Italy, Israel, Spain and UK are all directly supporting their respective ministries of health if providing prehospital care.. These services vary country by country and include direct emergency treatment and transport of suspected and confirmed COVID-19 patients; support to safe discharge from hospital including psychosocial support; hospital transport and referral services; and delivery of mobility and medical aids.

In the Americas region, 11 National Societies are providing Ambulances services for COVID-19 patients.

In Africa region, IFRC regional logistics unit has supplied ambulances to a number of NSs to augment or create ambulance services in several countries, including Mauritius, Madagascar, Kenya, Cameroon, and Gambia, with more support in progress for Uganda, Kenya, Democratic Republic of Congo (DRC), and South Sudan. For example, Mauritius Red Cross has mobilized four (4) ambulances to support the MoH response to the pandemic.

Procurement of ambulances as well as the necessary PPE and other equipment to properly run ambulatory services was an important piece of National Societies ability to support their MOH and local hospitals in the response to COVID-19. The IFRC provided not only financial support for these activities, but also technical support.

Maintaining access to essential health services (community health)

National Societies are working around the world to maintain and adapt community health activities to the realities of the pandemic, in order to keep other public health threats—including worsening situations for vaccine-preventable diseases, malaria, and other communicable and non-communicable disease—at bay. IFRC contributed to the interagency guidance document: *Community-based Health Care*, including outreach and campaigns, in the context of the COVID-19 pandemic. This work, endorsed by WHO, UNICEF and IFRC is available in the four IFRC languages as well as Russian. In Africa, 17 National Societies have adapted their community health programmes in order to maintain essential health services at the community level

FIRST AID:

- Resuming First Aid training guideline has been shared with National Societies followed by a webinar

IMMUNIZATION:

In some of the hardest-to-reach communities with the lowest vaccine coverage, the IFRC has supported National Societies in **Afghanistan, Pakistan, Central African Republic and Nigeria** to maintain and adapt their immunization activities to continue to bring life-saving vaccines to children in the 'last mile', who are otherwise not reached with basic health or immunization services. In the **Philippines**, the Red Cross has adapted and resumed routine immunization services, vaccinating nearly 85,000 children across the country, and reaching 93 communities in 36 municipalities in Mindanao, a hard-to-reach area affected by violence. More than a dozen National Societies that support immunization have come together in a working group to share lessons learned, adapt and plan for both routine immunization and mass immunization campaigns within the context of COVID-19.

IFRC is a member of the COVAX Country Readiness and Delivery - Demand sub-group and is committed to advocating for the COVAX facility. IFRC aims to ensure that it supports all NS to be prepared for vaccine introduction and advocate for fair and equitable sub-national allocation. IFRC recognizes the proliferation of

misinformation (infodemic) and global increase in vaccine hesitancy. We support community engagement efforts to combat misinformation and increase demand for life-saving vaccination services.

Maintain access to essential health services (clinical and paramedical)

National Societies have been scaling up clinical services in support of their respective Ministry of Health or government requests for COVID-19; These include increasing the number of mobile health clinics, providing medical tents in hospitals and prisons, supporting screening and testing, providing ambulance services, providing isolation and treatment, and increasing blood product availability to maintain supply chain. 57 National Societies report programmes to maintain essential services. 31 NS report a total of 843 health facilities supported to maintain services to pre-COVID-19 levels. IFRC Geneva has worked closely with the regions and GAP to ensure resources and timely advice have been readily available to National Societies.

Management of the dead (MotD)

Epidemics, particularly of new and unknown diseases, often result in fear-based approaches to management of the dead. The IFRC has worked closely with ICRC and WHO to develop and promote best practices that are based on evidence, risk analysis, and a central respect for the dignity of the dead and the social, cultural and religious needs of bereaved families. The IFRC has contributed to the development of global WHO guidance on management of the dead for COVID-19 cases, and has developed joint implementation guidance with ICRC for both the community-level management of COVID-19 deaths, and adaptation of regular MotD activities for a pandemic context. This helps National Societies to balance the need for respectful adaptations to burial and cremation approaches, while limiting the risk of transmission of the virus. In addition to providing services for management of the dead, National Societies are advocating with their respective authorities for a humane and evidence-based approach to management of the dead in the context of COVID-19.

26 National Societies are supporting management of the dead in their respective countries. The **Bhutan Red Cross**, for example, is leading management of the dead in the country's pandemic response. In the **Democratic Republic of Congo**, the National Society is supporting the most affected communities through training and equipment to provide dignified and evidence-based management of the dead.

Priority 2: Addressing Socio-economic impact

The socio-economic impact of the virus is becoming increasingly apparent over the period and has become a major focus of the work of our NSs (see Federation Wide Overview section above). Globally, the impact on employment and poverty appear to be worse than originally forecast. It is predicted that the world could see the first increase in poverty in three decades - up by 500 million people, with 70-100 million people at risk of falling back into extreme poverty. A projected 82% decline in the earnings of informal workers—who comprise 62% of the world's workforce—is expected to have a major impact, particularly in Africa and Latin America. Overall, it is estimated that the global economy may lose USD 9 trillion over the course of 2020/21, with developing countries likely to lose \$220 billion in GDP in 2020 alone¹. Domestic food prices are increasing, while at the same time there is a serious fall in earnings, including exports and tourism. The pandemic is also undermining nutrition levels, particularly in low and middle-income countries (LMICs), with the worst consequences felt by young children. Urban centres and slums are at the “epicentre” of the pandemic, accounting for an estimated 90% of COVID-19 cases, but also leaving millions at risk of starvation. This situation is further exacerbated by ongoing disasters and crises, such as floods, storms and conflicts, that affect these vulnerable communities and increase pressure on their livelihoods and food security.

¹ World Food Programme, SitRep no. 12 for COVID-19

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

The global COVID-19 pandemic has created a situation where the impact on people's livelihoods and food security may be larger than the impact of the disease. Many NSs have taken this opportunity to step up and provide vital livelihoods and basic needs interventions for vulnerable households. The revised plans (EPoAs) for COVID-19 show that **92 NSs out of 192 have included livelihoods and household economic security interventions** in their response. Interventions under **Priority #2** represent 15% of the funding request in Africa, 30% in Europe, 20% in Latin America and the Caribbean, 30% in MENA and 20% in Asia Pacific.

In response to the COVID-19 pandemic, a [helpdesk](#) led by the [Livelihoods Resource Centre \(LRC\)](#) was established to support COVID-19 response actions in Livelihoods and Household Economic Security, and to ensure the continuity of guidance and support to NSs already working in this area. This includes: the provision of advice on programmatic issues to mitigate or adapt to the impact of COVID-19; orientation on assessment and analysis of the impact of COVID-19 on food security and livelihoods; and the creation of 12 thematic [infographics](#). These materials have so far reached **16,919 people on Facebook and 21,424 people on Linked In**. The helpdesk has responded to over 60 requests from NSs in different regions – these mainly focus on how to conduct remote assessments, support income generation activities and establish links with national social protection systems. LRC conducted a satisfaction survey with users of the helpdesk service and the **general satisfaction level was 4.27/5**. The main issues were around how to keep technical support relevant across a wide audience with different contexts and needs and how to support projects/programmes remotely when practitioners do not directly request this support.

Also, IFRC, working together with LRC and British Red Cross, have developed different technical documents, such as:

- **Guidelines on the impact of COVID-19 in the Food Security and Livelihoods (FSL) sector** and FSL response options for preparedness, emergency response and early recovery/recovery. Documents have been translated into all four official languages and disseminated to the regions and via the GO Platform and LRC website
- guidance on **Livelihoods Response Options and Targeting** to support NSs develop interventions for COVID-19 within the EPoAs, also translated into English, French and Spanish.

IFRC and LRC have also organized **7 webinars** on "Protecting and Restoring Livelihoods in response to COVID-19", reaching **430** people from NSs, PNSs and IFRC Offices across all regions (see table).

The global COVID response has created a unique opportunity for NSs to rapidly invest in and scale up **cash capacity**. Many Governments, NSs and communities realise that cash, especially digital cash, provides a safer and more dignified approach to reaching people and supporting affected households than the alternative of face-to-face delivery of goods in-kind. In addition to the reduced threat of transmission of the virus, giving cash to households allows them to use cash in the markets and provides **support to local economies**. There are currently around **60-70 NSs globally** using, or planning to use, cash in their COVID-19 response. So far, **31 national societies** have reported reaching **3.2 million people** with conditional or unconditional cash or voucher assistance.

In response to the increased demand for cash programmes across the IFRC membership, the Cash Peer Working Group has recently finalised a '**Fast Track**' **cash preparedness** approach which will be rolled out across nine NSs globally in the coming weeks, prior to more widespread adoption. The response to COVID-19 has also prompted

ORGANIZED BY	REGION	PARTICIPANTS
LRC	Europe/MENA	430
LRC/ BRC / IFRC CCST Sahel	Africa (2)	
LRC	LAC	
LRC	Spanish RC (2)	
LRC / IFRC ROE	Europe/Central Asia	
LRC / IFRC APZ	Asia Pacific	
Cash Help Desk / LRC	Global	

the need for strong collaboration between IFRC and its membership around cash, and in March, the **Cash Hub**, hosted by the British RC, launched the **remote support helpdesk for cash**. The helpdesk has played a central role in supporting NSs and Regional Cash Coordinators in the production of **technical guidance** for cash during COVID-19, as well as providing **surge support** for specific areas of work, including the procurement of Financial Service Providers. Bi-weekly webinars have also been held to allow NSs across the network the opportunity to explain their work, support others and exchange knowledge and information.

One of the challenges facing NSs in rapidly scaling up their cash response is the speed at which they can contract Financial Service Providers. To address this bottleneck, the Cash Team established a Taskforce in May, consisting of finance, procurement, legal and operations, to find solutions. The work of this Taskforce is ongoing and by September will provide recommendations and practical steps for a rapid cash response.

[A recovery approach](#) for IFRC has been developed and documented, which discusses the concept of 'resilient recovery' in pandemics, and proposes a recovery approach for the COVID-19 operation that includes not only socio economic resilience, but also health systems and National Societies to improve their readiness to respond to future waves.

Shelter and urban settlements

During the past 6 months, mandatory confinement imposed in many countries has shown deep inequalities as the recommendation '*stay home, wash hands often and exercise spatial distancing*' could not be met in many congested settings - such as camps and densely inhabited urban areas/slums - where the poorest and most vulnerable live. The significant economic impact of the pandemic worldwide has led to the loss of income and capacity to pay rent, subsequent evictions and homelessness, debt, and negative coping mechanisms. In addition, we noted the impact and recovery of COVID-19 were mostly to be seen in cities. As such, IFRC's shelter and settlements team made sustained efforts to support NS in response in urban areas: an Urban Pandemic Support Team was established with the support of German Red Cross, which offered a [helpdesk](#) function within [PrepareCenter](#), assisting IFRC offices and national societies with the design of their COVID-19 response in urban settings. A series of webinars with the title [Rethinking Urban Community Risk Reduction and Resilience while responding to COVID-19](#) was run June-July to allow national societies to learn from each other's experience on urban response. The series reached around 300 participants from the Movement, as well as interested independent parties.

The Shelter and settlements team focused their efforts on supporting national societies and IFRC offices on specific issues relating to the physical environment such as decongestion, quarantine centres (e.g. Chad, Qatar, etc.), advice on household items for various uses (e.g. disinfection), design of rental assistance programmes, etc. **Specific guidance papers and guides in several languages** were developed to help national societies on a number of these issues and the team has been instrumental in developing the relevant annex on slums and informal settings of [IASC guidance](#) on working in humanitarian settings. Late July, the IFRC **Step-by-step guide for rental assistance to people affected by crises** was finalized, which will serve efforts to help communities with conditional CVA and cash vouchers to pay for utilities and rent. To better understand shelter risks and increase youth taking action, the team has joined hands with the Global Education Summer Learning series with a module based on PASSA Youth "Build your safe® house! - workshop held for RCRC youth.

Already starting on the second week of the pandemic, the Global **Shelter Cluster** (of which IFRC is the co-lead) set up a specially indexed and [dedicated repository on the COVID19](#) response to allow shelter agencies to access and share resources on various topics and contexts. The repository page has so far had 5,404 page views from 3,774 unique visitors (data including 2 September). Most accessed resources from the repository were the [IASC interim Guidance for COVID-19 Readiness and Response in Camps and Camp-like Settings](#) (which the global team contributed to), Shelter Cluster Key Messages on COVID-19 (Spanish version) and UNHCR guidelines on Shelter and Settlements and Health Infrastructure. The GSC website also offers an interactive [dashboard](#) with measures put in place in countries where the shelter cluster is active. The GSC has also developed [key messages and actions on security of tenure](#) during the pandemic outbreak. IFRC has also participated actively and supported the COVID-

19-related exchange at the inter-agency level through the work of the Global Cluster Coordinators Group, which met on a weekly basis in the reporting period. IFRC-ran country level clusters were also supported by the global team in their COVID-19 coordination role.

The pandemic response is underscoring the importance of the localization agenda. All the response is being handled locally by local actors since nobody can travel. We can expect the same for the recovery phase. This aspect was emphasized by while co-organising with NSs from Belize, Cuba, Egypt, Germany, Morocco, Nigeria, St. Vincent and the Grenadines, Turkey, WHO, UNDRR, IOM the event late July entitled, “Building Back Better: Risk-informed COVID-19 Recovery and Rehabilitation and Strengthening Resilience to Climate Change-Related Disasters in Africa and the Caribbean”. The event focused on how African and Caribbean countries can develop and implement policies and programmes to build resilience, DRR and preparedness capacities and reduce forced migration as part of the SDG Decade of Action, capitalizing on efforts to build back better from COVID-19.

Community engagement and accountability

Collecting and responding to community feedback: Since the beginning of the response, the IFRC has focused efforts on establishing community feedback mechanisms to understand the beliefs, fears, rumours, questions and suggestions circulating in communities about COVID-19. To date, a total of **353 feedback reports** and more than **137,500 feedback comments** have been collected at national and regional level, globally aiming at informing and improving our operation and response activities. Led by Africa and Asia Pacific, with well-established and recognized experience in feedback mechanisms, interagency working groups are currently active in collating and triangulating feedback and perception data across multiple countries and through diverse methodologies (see Asia Pacific [community insights dashboard](#)). Moreover, the IFRC has developed a global analytical framework built to collate, triangulate, analyse and identify common trends of the feedback data globally. So far, data from 48 countries in Africa, four in Asia Pacific, and two in the Americas Region have been used to better understand perceptions, opinions and insights from communities.

Feedback data needs to be responded to and acted upon in order to be meaningful and have an impact for communities. In Africa, for example, the “[Ask Dr. Ben's weekly factsheet](#) and [videos](#) are distributed through diverse communication channels addressing some of the most common questions and rumours that are collected from communities by NSs across the region. Another example is the **WhatsApp line** that the Peruvian National Society established to identify rumours and misinformation in a timely manner as well as to understand concerns and doubts of people regarding COVID-19. So far, **26,920 messages** have been sent with special focus on cross-border migrants and host communities. Together with Translators Without Borders, IFRC has launched innovative ‘chat bots’ systems via SMS and WhatsApp to provide instant and automatic answers in local languages to key questions on COVID-19. The initiative is being piloted with Red Cross volunteers in the Democratic Republic of the Congo and soon in Bangladesh.

Across all response phases, the RCCE team has put special effort in strengthening capacities through the development of global and regional training packages and thematic webinars, reaching more than **135,700 NS staff and volunteers**. A well-coordinated liaison with the Health department has ensured that latest scientific updates and public health recommendations can be shared in an understandable, accessible and culturally tailored manner. Beyond the co-development of thematic Q&As, one special collaboration of the CEA team has been the [Contact Tracing guide](#) where community engagement plays a crucial role. This guidance has been the baseline of an interagency workstream to ensure that contact tracing processes are effectively rolled out with the fullest engagement of communities themselves. Community engagement is also taking an active role in the co-production of social media assets and infographics in close coordination with IFRC Communications team. An extensive catalogue of all [Information, Education and Communication materials](#) that have been developed at local, regional and global level is now accessible and regularly updated. (See also Risk communication, community engagement, and health and hygiene promotion above).

Protection, Gender and Inclusion

The initial focus has been to strengthen the capacity of NSs to respond to risks of violence, discrimination and exclusion, and to the disruption in education. This has been achieved by preparing and circulating guidance, tools, creating opportunities for peer exchange and learning webinars and through active engagement in advocacy. The reporting period saw the global coordination of a strategic approach to PGI, which was developed with Regional Offices and NSs and was used to support development and adaptation of regional and country plans for the COVID-19 response and to support monitoring, reporting, coordination with other sector and resource mobilization. Efforts were made to ensure that PGI was embedded in all sectors, with dedicated support given to specific themes, such as fragile and conflict-affected contexts. There was particularly strong and regular collaboration with MHPSS and CEA to ensure an integrated approach with these sectors.

The PGI team worked on several key areas to promote PGI across our COVID-19 response. While being unable to provide face-to-face support, these interventions allowed troubleshooting with NS and IFRC colleagues, and allowed greater peer-peer exchange between PGI technical focal points at all levels. They included:-

- Developing a series of guidance, technical notes and tools to address the increased PGI risks during COVID-19, in consultation with the regions and with the ICRC. The documents included explanations of the elevated risk; operational approaches for prevention, mitigation and response, and advocacy messages.
- Launching the PGI Toolkit in Emergencies and [‘We Need to do Better’](#) policy brief to enhance laws and regulations to protect children in disasters.
- Organizing 11 webinars and 3 Red Talks and running joint webinars with the ICRC on generic and specific topics (e.g. SGBV, trafficking).
- Contributing to several inter-agency processes, including annual partner meetings for the “Call to Action on Protection from SGBV in Emergencies”, the advisory group of the alliance for Child Protection in Humanitarian Action, the IASC MHPSS working group, the Global COVID-19 Public Health and Social Science Research Working Group on Children, Youth and Schools, and the Global Education Coalition launched by UNESCO, amongst others.

Education - The COVID-19 pandemic has created a major disruption to education systems, affecting nearly 1.6 billion learners in more than 190 countries across the world². The IFRC developed a technical guidance note on COVID-19 and its impact on education and a series of webinars presented on the RCRC’s support for education during the COVID-19 response. The team also supported a 'Virtual RCRC Summer School' in July and August, with two online workshop sessions for the general public, run by NSs in different languages and covering various topics. These helped underline the important role of NSs in supporting education during the disruption caused by COVID-19.

Migration and Displacement

Although they face the same risks in terms of health threats from COVID-19 as the rest of the population, migrants are in a situation that severely compounds their vulnerability in the context of the pandemic. Migrants live outside their country of origin, far from family and social safety nets and many were stranded abroad or in transit countries when the outbreak started. Others have lost employment or income and are outside mainstream or formal protection and safeguarding measures, making them more at risk of being exploited. In many cases, migrants have been unable to access support or critical information, in part due to language or cultural barriers. As health, social and economic programmes are stretched, it is likely that migrants will remain among the most vulnerable groups affected by COVID-19. The IFRC will therefore continue to ensure that ‘at risk’ migrants and displaced people in countries experiencing COVID-19 are included in ongoing preparedness and response plans, in line with the respective NS’s mandate and capacity to respond. Key actions during the six month period have included:-

² International Labour Organization (ILO) Education Policy during COVID-19 and Beyond, August 2020

- **An analytical response framework on COVID-19 and Migration and Displacement**, was produced and disseminated to inform the development of global and regional plans to support migrants and displaced persons during the pandemic. The tool aims to ensure that the impact of COVID-19 on migrants and displaced persons is properly considered under each area of intervention (health, livelihoods, protection, etc.) with corresponding activities included in the response plans.
- **Global and regional guidance**, policy and technical support was provided during the period. This included the publication of a set of recommendations on *"Reducing the impact of the COVID-19 pandemic on internally displaced people"*, jointly developed by the ICRC and the IFRC, and the *"Practical Guidance for Risk Communication Community Engagement for Refugees, IDPs, Migrants and Host Communities Particularly Vulnerable to COVID-19 Pandemic"* developed in partnership with other organizations.
- **A Mini MOOC on child protection case management** was developed, building on the previous MOOC for Children on the Move (MOOC4COM). This was aimed at enhancing the knowledge of first responders to address migrant children's needs in the context of COVID-19 and built on NS practices from different contexts.
- **A new report titled "Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic"** has been developed jointly by PSK and the Migration & Displacement Unit. The report looks at the main obstacles (legal, practical, administrative, etc) for migrants to access basic services in the context of COVID-19 and provides a set of recommendations to meet the humanitarian needs of migrants in this context.

Priority 3: Strengthening National Societies

This priority combines IFRC's work to both strengthen member NSs as well-functioning local organizations—relevant within their own communities—and to support NSs to maintain readiness for COVID-19 and other disasters and crises—delivering in their auxiliary role alongside government and other local actors. The safety, motivation and well-being of National Society staff and volunteers are essential and have been at the core of IFRC's COVID-19 response. With many countries on lockdown and staff working from home, volunteers have remained at the core of the frontline response to COVID-19 within NSs and communities. Some countries have however suffered a notable decrease in volunteering and NSs have struggled to maintain their services and organize their response operations.

Over the past semester, IFRC has focused its support on establishing mechanisms to share technical guidance, offer remote support to the RC network, and provide peer support and learning among NSs and volunteers to deal with this rapidly changing global situation. To support global knowledge sharing among RCRC Staff and volunteers, the IFRC:-

- Built upon a network of **global thematic helpdesks** supported by different IFRC Reference centres such as the IFRC [Livelihood resource centre](#), the [Cash Hub](#), the [Global Disaster preparedness centre](#) with a focus on Business continuity planning, [Disaster Preparedness reference centre](#) (CREPD), [Caribbean Disaster Risk Management reference centre](#) (CADRIM) or the [Psychosocial support reference centre](#).
- Established a **COVID-19 Resource Compendium** which is a joint effort between the IFRC and Global Disaster Preparedness Center (GDPC), with support from throughout the RCRC Movement including reference centres, regional offices, National Societies, ICRC, and others. This [compendium](#) offers a comprehensive, dynamic, and evolving list of resources positioned to support Red Cross Red Crescent National Societies in response to the COVID-19 outbreak. The resources include help desks, guidance documents, frequently asked questions pages, and other COVID-19 related documents. In the reporting period the compendium counted **33,400 page views, and 24,553 unique page views**.
- launched **"SOKONI"**, a global space for exchange of experiences (<http://covid.ifrc.org>), where volunteers and staff can interact. Key features include thematic discussion forums on selected topics moderated by experts, access to all official documents on COVID-19, and space for volunteers and NSs to interact. To be

inclusive, SOKONI grants immediate access with a one-stop registration and provides automatic translation of content in more than 60 languages.

- Developed the [#OurCovidStory](#) campaign, which connected the global RCRC network to explore how the pandemic was rapidly changing our ways of working and to create further opportunities to learn from each other and build on global momentum for change. The campaign collected hundreds of testimonials, stories, and messages, which were published on the Solferino Academy website (more than 50,000 visitors viewed these stories). These messages have been used to foster a good practice around learning across the network and some of the ideas, initiatives and articles were shaped into think tanks and virtual conversations. Some 3,000 staff and volunteers from over 100 NSs joined our virtual Think Tanks, which provided a new way to convene a global cross-section of volunteers, staff and leaders across the world. These virtual conversations provided a popular way to share experience and explore innovation, insights and ways to be fit for future purpose. The insights have been shared with the IFRC's Governing Board to inform decisions on COVID-19 and Strategy 2030.

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

Disaster Law and Auxiliary Role

National Societies received guidance to agree upon their auxiliary role to respond to the immediate health consequences and secondary impacts of the pandemic, and have actively participated in national, regional and inter-governmental coordination mechanisms. **79 NS's roles and activities are expressly mentioned in national government main plans for COVID-19 response and recovery.** The [resolution](#) "Time to act: Tackling epidemics and pandemics together" adopted at the 33rd International Conference of the Red Cross and Red Crescent supported this engagement in public health, which is new for a large number of National Societies. Further advocacy and capacity building are however required to ensure they can sustain their engagement epidemic and pandemic risk management beyond the current operation.

In response to the increasingly restrictive regulatory environment catalysed by the COVID-19 pandemic, the IFRC has mapped and analysed the emergency legal measures in 110 countries (results available on the [SOKONI](#) platform), and provided information about restrictions on freedom of movement, export restrictions, legal facilities and coordination mechanisms. The analysis also considered whether the RCRC and other humanitarian actors are benefitting from exemptions to COVID-19 restrictions and have the legal facilities necessary to conduct their response. The mappings have identified gaps, challenges and advocacy opportunities for NSs. Webinars were organized at regional levels to disseminate the results of the mappings and provide advice to NSs in their legislative advocacy efforts to government.

Throughout the COVID-19 pandemic, IFRC has developed: (i) resources to support NSs to strengthen their auxiliary role; and (ii) recommendations on best practice for domestic disaster law and policy. Topics have also included how to advocate with governments to ensure access to medical care for RCRC volunteers that have developed COVID-19 as a result of volunteering activities and how to provide compensation to families of RCRC volunteers who have died from COVID-19.

National Society Preparedness

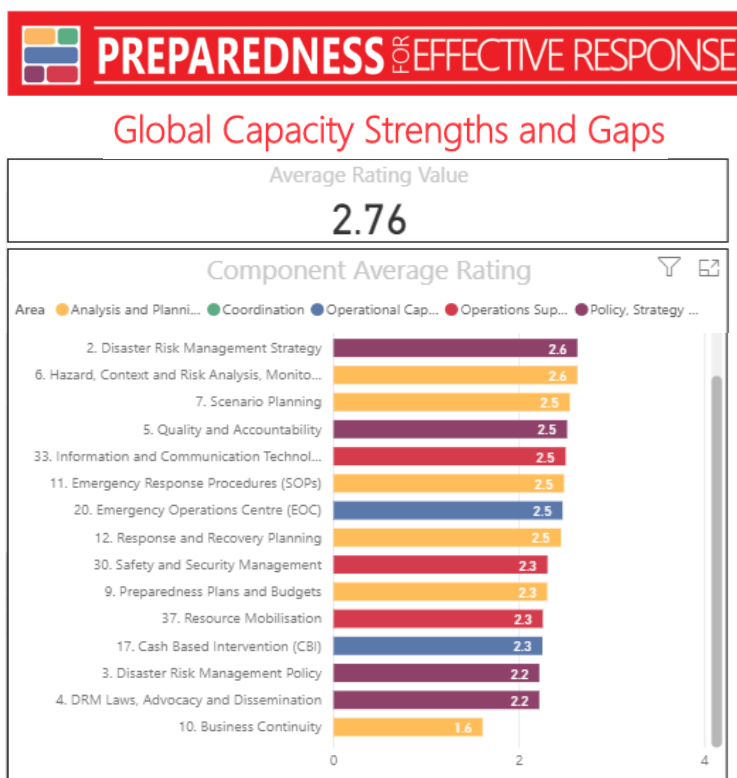
The IFRC and National Societies have established [approaches and tools](#) to prepare and respond to epidemics and pandemics, which were adapted and widely shared over the past 6 months – together with a broad range of [technical resources](#) to guide implementation of community and clinical health, WASH, livelihoods, shelter, community engagement and accountability interventions. IFRC also supported National Societies as they continued to prepare for and respond to extreme-weather events and other natural hazards (e.g. [hurricanes](#) in the Caribbean), public health emergencies (e.g. 11th [EVD outbreak](#) in DRC), social unrest (e.g. [Belarus](#) elections), population movement (e.g. in [Turkey and Greece](#)) and technological hazards (e.g. [Beirut](#) explosion). Some countries have been responding to multiple hazards simultaneously, e.g. Kenya battling with COVID-19, floods and the worst [locust swarm](#) in 70 years. The pandemic has reinforced the need to ‘make principled humanitarian action as local as possible and as international as necessary’⁴.

As IFRC’s Secretary General and the CEO of the World Resources Institute indicate, disaster preparedness can’t wait. *“COVID-19 and recent climate disasters have shown that we must step up investment in preparedness now, instead of waiting for the next crisis to hit. The choice is clear: delay and pay, or plan and prosper. We know that investing in disaster preparedness is worth it – both in terms of human lives saved and economic returns.”*³

Evidence from the ongoing operation shows that by July 2020 **113 out of 192 NS (59%) have scaled up their preparedness and readiness measures** to enhance their response capacity. **51 NS report having adapted or developed their Business continuity Plans** and **72 NS report having revised / developed contingency plans for COVID-19 and concomitant hazards**. Details can be found in the global [indicator tracking tool](#).

As an active member of the IASC Emergency response preparedness working group, IFRC disseminated the [ERP interim guidance for COVID-19](#) and the [IASC Emergency Response Preparedness Guidelines](#) aiming to increase the speed, volume, predictability and effectiveness of aid delivered after the onset of a crisis. IFRC’s [PER approach](#) and [epidemic considerations](#) were promoted for National Societies to review their capacities, adapt their preparedness plans and contextualise programming and services. The PER mechanism can now be used as a readiness check, to inform absorption capacity of a NS to implement as part of risk management, to remedy operational challenges, to review or evaluate the operation’s effectiveness, to inform broader organizational change/NS development initiatives, and by surge to support specific operational planning actions.

At the start of the pandemic, IFRC developed country profiles with information about risk and capacity of NSs to engage in COVID-19 response. [Trends analysis of 60 PER assessments](#) and the [analysis of over 119 recent response operations](#) have informed the development of training materials and tools to strengthen National Society’s capacity to respond to COVID-19 and other emergencies. Business continuity planning for instance is rated as the lowest performing PER component, and has benefited from particular attention over the past months. In the next semester, with funding from various sources and support from reference centres, IFRC will pilot updated contingency planning guidance, work with



³ <https://www.project-syndicate.org/commentary/governments-must-invest-now-in-disaster-preparedness-by-jagan-chapagain-and-andrew-steer-2020-06>

⁴ IFRC has signed up to the [Global Preparedness Partnership](#)

[INFORM](#) to strengthen risk analysis, develop and roll out National Response Teams common standards and training packages, update guidance on needs assessment, and support EOC development and management.

The [Netherlands](#)⁵ and [Canadian](#)⁶ Red Cross among others have started assessing the impact of preparedness programmes on the capacity of NSs to respond to COVID-19, and IFRC released two PER case studies ([Mongolia](#) and [Barbados](#)) as well as a video on [NS Preparedness experiences from 6 countries in Central America](#).

Disaster Risk Reduction and community resilience

- The IFRC held a series of discussions with regional offices to ensure **alignment of DRR activities across global and regional levels** through various iterations of the Emergency Appeal and EPOA revisions. Calls were organized between Regional DRR Coordinators and the Disaster Preparedness and Risk Reduction Working Group, comprising partner NSs and DRR / CCA advisors, to work together and build coherence around our COVID-19 preparedness and response plans and guidance papers. The IFRC presented its risk-informed COVID-19 response strategy at a meeting of the inter-agency DRR Focal Persons Group led by UNDRR.
- The IFRC also developed **guidance papers on risk-informed approaches** for NSs, including the guidance note “Towards a Risk Informed Approach Aimed at Building Community Resilience” and Technical Guidance: Primary and Secondary Effects of Natural and Technological Hazards and the Compounding Impact of COVID-19”. To provide NSs further guidance on “pandemic-proof” community preparedness, response and DRR measures, IFRC will review and adapt the existing DRR, climate change and resilience guidelines, tools and training manuals, taking into consideration all relevant COVID-19 pandemic safety measures. The IFRC has **reached 828,275 people**⁷ through its “pandemic-proof” community preparedness, response and DRR measures.
- Working in close coordination with the IFRC’s Global Disaster Preparedness Center (GDPC), **a number of digital services were supported** to provide community members with vital information during the pandemic, including:-
 - **First Aid mobile application:** working in close coordination with the IFRC’s health team, COVID-19 preparedness messages were developed and included in the First Aid App. To date, 65 NSs have updated their App content to ensure users in their countries receive the COVID-19 information in the local language. COVID-19 content in this App has received over 120,000 unique page views by users.
 - **COVID-19 Kids’ Activity Kit:** With lockdowns or quarantine impacting an overwhelming percentage of the world’s student population, there was a significant strain on balancing home-schooling and work-from-home arrangements. With these changes, the GDPC, in partnership with NSs and Save the Children, developed a Kids’ Activity Kit that families and children could use to help understand issues around COVID-19. The kit is a collection of activities focused on protective actions, mental health exercises, acts of kindness and general disaster preparedness games, all of which encourage learning through playing.
 - **Atlas: Ready for Business mobile application:** Designed specifically to target small and medium sized enterprises (SMEs) with preparedness information, the App team worked with the health team to develop a module covering COVID-19 content. The information, provided in 18 languages, is designed to help SMEs ensure the safety and resilience of their employees and the continuity of business operations.

National Society sustainability

The COVID-19 pandemic has also an impact on the NS way of operations, looking at the safety and care for staff and volunteers, the continuation of essential humanitarian services or the disruption of different sources of unrestricted income for NSs.

⁵ [Preparedness contribution to the COVID 19 response, Netherlands Red Cross](#)

⁶ [Case for greater investment in local humanitarian action, Canadian Red Cross](#)

⁷ COVID-19 Indicator Tracking Tool: <https://go.ifrc.org/emergencies/3972#actions>

To enhance support to NS to ensure the **Business continuity (BCP)** the IFRC with the support of the GDPC has set up a [BCP helpdesk](#) and developed an easy to use platform with Frequently asked questions and a ready to fill BCP template. These tools are supporting IFRC and NS staff to review key aspect of the Risk analysis and put resulting internal and organisational measures like staff health support or remote working modalities in place. To disseminate the guidance, tools were made available in key languages and IFRC and NS staff were briefed in regional webinars. Up to July 64 NS have reported new or revised BCPs.

One of the key challenges raised by NS is the continuous access to resources. In some regions more than half of the NSs indicated they are struggling to access unrestricted funds to sustain their ongoing community programmes. We analysed which NSs are more at risk in terms of long-term financial sustainability – out of the 131 analysed, 71 require support to manage risks related to sustainable resourcing and access professional advice. These NSs are not from a specific economic context but from across different context (43 from low-middle income economies, 11 from upper-middle-income economies and 17 from high income economies). While to some extent the full impact has so far been concealed by the (short term) access to emergency response funds, we have been working closely with these NSs to identify critical areas, prepare for and mitigate risks related to financial sustainability especially in view of the next unfolding economic recession and the highly possible diminution of access to unrestricted funds: the evolution of the situation is being monitored through three specific indicators included in NSs' plans that give an indication of trends and priorities.

A vast number of NSs has already started using the IFRC '**Guidance and Toolkits for NS Financial Sustainability in response to COVID-19 and its economic impact**' developed and disseminated to NSs in May. A number of NSs have been adapting their income generating activities, for example developing online versions of first aid courses, or even establishing contacts with new partners from the private sector. However, most indicate that these sources will hardly compensate for the loss of traditional income generating activities or access to funds from Governments or the general public. In order to facilitate NS leaders to identify risks and take action, a 12-month global agreement has been set up with the "World Institution of Action Learning (WIAL)", which allows NSs to receive support from pro bono action coaches⁸, who facilitate the identification of priority areas and support taking actions - the first 10 NSs are currently enrolling to take advantage of this methodology.

IFRC also set up a **task force** of experts in the different areas of financial sustainability to support NSs. Areas include analysis of financial risk; strengthening of financial systems; ways to support core-costs and generate unrestricted resources to complement losses in traditional sources of unrestricted funds. The work is coordinated with the Virtual Fundraising Hub⁹. In addition to the IFRC Secretariat, some 10 partner NSs have been supporting sister Societies in their financial sustainability during the pandemic and the global recession¹⁰. In several cases, this took the form of additional flexibility around pre-existing projects and initiatives and IFRC regional offices are supporting NSs to readjust their plans. Financial sustainability risks are included, in the development of National Society Business Continuity Plans (BCP). The IFRC has also strengthened its capacity to support NSs with the deployment of two regional Financial Sustainability coordinators, as well as the appointment of a global Financial Sustainability Advisor.

In front of increasing needs, an increasing complex economic environment and the diminution of access to unrestricted funds during the next few months, it will be crucial to continue the support to NSs leaders to review scenarios, identify risks, take early action, differentiate and increase their sources of unrestricted income, and increase the peer support on innovative approaches. Only sustainable NSs, able to quickly adapt to the new normal and emerging opportunities will be able to support their staff and volunteers to continue performing their lifesaving actions.

⁸ Action Learning is a methodology used for solving real-life work-based problems. The approach has been used widely in settings that are fraught with complexity, problems, challenges, and particularly effective for solving complex problems that may appear unsolvable.

⁹ The global digital fundraising platform was launched, and a number of pilot NSs have already registered to make sure they can take advantage of it.

¹⁰ The ICRC has also provided some flexibility for their partnering NSs.

Support to volunteers

Since the onset of the pandemic, volunteers have been at the centre of our attention. The IFRC has prioritized actions to ensure that volunteers are fully protected and supported during their activities, able to access PPE and to be assisted if they fall sick or if their families need support in case they pass away in the line of duty. The IFRC carried out a global analysis of volunteer and staff insurance coverage for COVID-19, mapping the existing capacities of national healthcare systems and carrying out an in-depth analysis with the ICRC of existing volunteer solidarity funds and mechanisms. This was used to facilitate the establishment of a solidarity mechanism to provide funds for NSs that do not have free and universal healthcare. The result is the *'Guidance on options for ensuring coverage for uninsured Red Cross Red Crescent Volunteers impacted by COVID-19'* (in Arabic, French, Russian and Spanish), which has been distributed to all NSs. Options to support locally-led solidarity funds for volunteers have also received the generous support of a global leading brand (Lacoste).

In close coordination between the IFRC, the network of research centres and the French Red Cross Foundation for Humanitarian and Social Research, two pieces of research were launched - one on volunteering in epidemics in France, and another on the place of volunteers in resilient action in sub-Saharan Africa. At the same time, the Spanish Red Cross developed a guide on "Volunteering from home", available for all NSs during COVID-19 to ease volunteering action from home for RCRC network.

Two global calls with volunteers were held to share information (with attendance from more than 600 volunteers each), followed by similar regional initiatives (more than 1,200 volunteers took part in the Americas region). These calls were an opportunity for volunteers to share their experience and insights related to the pandemic response. The IFRC also developed a checklist on the mobilization of NS personnel for the COVID-19 response (in Arabic, French, Mandarin, Russian, Portuguese and Spanish) and collected volunteer stories from the response. As mentioned in the introduction, teams from ITD, NSD and the Americas regional office teamed up to build a platform to share all relevant COVID-19 resources (guides, best practices, websites etc) and provide a forum for communities, volunteers and RCRC staff to communicate, share stories/best practices, and ask/answer questions (<http://covid.ifrc.org/> - SOKONI).

Enabling Actions

Coordination for quality programming

The response to COVID-19 is based on an **IFRC-wide membership coordination approach**, mobilizing the collective resources of the IFRC network and sharing leadership among the IFRC Secretariat and member National Societies. The IFRC-wide response has involved providing peer support among NSs, through the deployment of so called "Country Support Teams" where partner NSs, with presence and capacity in a country, take responsibility to support aspects of the local NS's COVID-19 response plan. There is also ongoing work to share and re-purpose human resources from across the network, to strengthen the IFRC-wide response. It also comprises thematic support through various co-creation groups and geographical support, with initiatives resulting in the adaptation or production of innovative COVID-19 tools and guidance of global applicability. This includes the creation of remote, online global support or help desks - the Business Continuity Planning platform hosted by GDPC, Service Desks for Livelihoods and Cash Transfer Programming support through the Livelihoods Reference Centre and Cash Hub, an Urban Pandemic Technical Support Service to support urban preparedness and response, a Health Help Desk <https://www.preparecenter.org/toolkit/healthhelpdesk>, and a global exchange platform for volunteers (SOKONI) to provide information, guidance and space for volunteer exchanges.

An **ambitious research project led by the Movement "Migration lab" and supported by the IFRC was launched**. The research includes extensive fieldwork in across all regions (Australia, Colombia, Egypt, Ethiopia, Philippines, Sudan, Sweden, UK), and focuses on the experience of migrants and the response of NSs in the context of the pandemic. Building on the work of NSs, the report will provide recommendations to strengthen informed programming.

Business Continuity Planning and Security within IFRC Secretariat

Since the beginning of the pandemic, the IFRC Secretariat has prepared and activated COVID-19 specific Business Continuity Plans (BCP) across all organizational levels (headquarters and Regional, CCST and Country Offices). All activities were based on detailed scenario planning and aligned with existing crisis management and business continuity structures. Five strategic objectives have guided this work and continue to be applied in all IFRC offices worldwide ([details of the IFRC BCP Strategic Framework](#)):

- **Care** – Provide duty of care to staff, volunteers and those we serve
- **Corner** - Predict ('look around the corner') and adapt to rapidly changing situations
- **Critical** - Sustain critical humanitarian operations
- **Crises** - Avert additional crises with effective risk management
- **Capture** – Learn lessons and apply learning

In many countries, local and provincial governments are taking the lead in managing this public health crisis and are re-imposing restrictions. For this reason, IFRC has prepared a [set of guidelines on moving to a gradual readjustment of working arrangements in IFRC offices during the sustain and suppress phase](#). These guidelines outline approaches to ensure a safe workplace for all IFRC staff and follows national government and WHO guidance where possible. The readjustment of working arrangements is based on the following principles: *ensuring the safety and wellbeing of staff, particularly, those in vulnerable categories; complying with national recommendations and leading by example; being an inclusive organization and supporting equal opportunities; optimizing the "new normal"; and ensuring the continued operation of business*. So far 11 (out of 80) IFRC offices have obtained approval for the readjustment of to their specific new working modality, based on the local context, epidemic situation, size of office and number of staff, however, some had to revert to working from home because of deteriorating epidemiological trends.

The IFRC Business Continuity Unit continues to monitor travel restrictions and more than 200 daily travel advisories have been sent to more than 100,000 NS volunteers and staff and 3,500 IFRC staff worldwide. Due to the restrictions or suspension of movement, IFRC has continued its partnership with WFP Air Passenger Service, to allow the movement of personnel to different locations. IFRC participates in air safety / air travel assessments within the RCRC Movement and with other humanitarian actors, including the UN and the EUs.

A regional meeting is held every two weeks between the Business Continuity and Security Units to analyse the situations in the different countries, the progress of the IFRC offices, and compliance with guidance. Joint analysis between the two units is also focused on monitoring and addressing growing anti-humanitarian and anti-foreigner sentiments in certain countries, fuelled by demonstrations, fear, anger and misinformation. Appropriate precautions are being taken to anticipate potential violence or the impact of future political dynamics, as various groups – both within and outside political structures – are capitalizing on discontent over government responses to the outbreak to garner popular support.

In addition, bi-weekly meetings are held between the global Business Continuity group to ensure alignment of and compliance with procedures. The IFRC/ICRC/PNS security focal points also have weekly meetings to update security/ safety information related to COVID-19, with further bi-weekly with Regional Security Coordinators. Global and Regional Security Units continue to support CCST / Country Offices and NS Security Managers / Focal Points with information gathering/sharing and with security guidelines and coordination within the RCRC Movement and with external partners in the humanitarian community. Security assessments and analysis are carried out to ensure security risk registers, plans and mitigating measures are up to date and implemented.

Humanitarian diplomacy

The IFRC organized a series of global teleconferences for National Societies to share information about policy barriers and challenges related to COVID-19. Based on these discussions and virtual exchanges, a global “COVID-19 Humanitarian Development Strategy” was developed to guide Secretariat and National Society advocacy efforts as well as key messages to be used in opportunities for dialogue. The strategy focused on four main objectives: (1) ensuring an effective public health response; (2) ensuring that no one is left behind in response and recovery efforts, (3) supporting an effective local health and humanitarian response, and (4) promoting ongoing preparedness for other humanitarian crises.

At the global level, IFRC led efforts to develop the “IASC Interim Guidance on Localisation and COVID-19” which was adopted by IASC principals in May, as well as outreach on this issue through the Grand Bargain’s Localisation Workstream. It updated its evidence base for policy briefs on migrants’ needs in COVID-19 and the safety and security of local responders (both to be launched in September). **A National Society working group on advocacy in immunization** was formed and directed the development of a specific strategy and tools for National Society and IFRC advocacy related to equitable and sustained immunization services (both for COVID-19 itself and for other vaccine-preventable diseases).

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

The Global PMER team has provided constant support during the pandemic to build coherence across all planning, monitoring, and reporting systems between regions and in its outreach to member NSs. A specific PMER Coordinator for COVID-19 has been in place since the outset and has been working to coordinate with Regional Offices and between the different processes, products and tools. Additional support has been provided by the global PMER team to provide occasional backstopping support to work in the regions. The team has also produced guidance to support the regional and country level teams in all areas of their PMER work. Over the six months the global PMER team has supported the following:

Planning

- The roll out of the global planning process, timeframe and templates to coordinate planning tools for the NS Response Plans and for a more global integrated planning system to reflect the challenges of the global domestic response. This will be further refined as plans evolve in response to needs assessments in the regions

Monitoring

- The Federation-wide Data and Reporting System (FDRS) team has led a process to set up two global monitoring systems, working directly with our NS membership and in collaboration with regional offices and teams in headquarters. The first form monitors the global financial position of NSs to capture the scale of global funding for NSs beyond just the Appeal funding. The second captures feedback against a set of agreed global indicators covering the three Priorities and 18 Pillars of the Operational Response Framework. This data collection is planned for a quarterly basis, and results of the first round are featured in this report.
- NSs have also been completing regular Field Reports on the GO Platform to provide alerts and short reports on the context and on their response against the three Priorities and 18 Pillars of the response. These provide a wide range of information from NSs, which can be used to validate other monitoring and reporting processes.
- The results of these IFRC-wide data collection exercises are regularly published through [dashboards and other visualizations](#) under the COVID-19 Global Operation pages on the GO Platform.

Evaluation

- The global PMER team has piloted an internal, qualitative learning approach - the Real-Time Learning (RTL) - which is being used to inform learning around the COVID-19 response. To date, two rounds of the RTL

process have taken place, focused firstly on rapid response and longer-term human resourcing and secondly on how effectively funding has been prioritized and allocated through COVID-19 to respond to NS needs. Both processes have interviewed a range of stakeholders across the wider-IFRC and have brought timely feedback to the operation. This RTL has been piloted to address a gap in Real Time Evaluations (RTEs), which can be lengthy and heavy evaluative processes, in an effort to respond more effectively to a rapidly changing COVID-19 context.

- The IFRC Secretariat is working with the American Red Cross and the Presencing Institute, with the aim of building an evaluation agenda and capturing learning and good practices around COVID-19. This links to wider work with operations and Regional Offices to capture current good practice on the ground and with other work by donor and recipient NSs to develop new learnings or remote evaluation work.

Reporting

- Since the outset of the pandemic, the IFRC has produced regular Operations Updates (18 to date) to detail the range and scope of work delivered by our member NSs world-wide. This has provided an ongoing overview of the evolving pandemic and the adaptation of the RCRC response and has been augmented by pledge-based reporting and quarterly financial reporting, as in the current 6-month report.

Information Management:

The GO online platform was greatly enhanced to aid in monitoring the evolving COVID-19 situation and response across the diverse membership. Improvements were largely driven by the growing and active National Society user base and expanded Humanitarian Sector requests. Several Key features delivered included 3W (Who, Where, What), improved visibility of NS activities, enhanced field report handling, improved visualization of response activities and translation into French, Spanish and Arabic. The Information Management team is centralizing dashboards, maps, visuals, and key documentation in the [GO regional emergency page for COVID-19 response](#).

Global IT development

The IFRC's actions to adapt the organization's IT development to better address the COVID-19 pandemic were structured around the following areas:

- **Supporting the teleworking of IFRC Secretariat staff** – The team carried out a staff survey to better understand the needs of staff working from home and acted on the survey results. They successfully managed to have 100% of the Secretariat staff working from home, allowing them to access information anytime, anywhere. This included managing all the extra flow of IT demands and assisting all staff to setup their “work-from-home” base; the early adoption of and investment in cloud-based digital workspace tools and digital workplace training, which enabled a quick move of extra resources to the cloud and of the workforce to working from home; the usage of the Microsoft cloud-based suite supported ongoing teleworking; the provision and configuration of IT equipment (printers etc.) to staff working from home; and the onboarding/outboarding of new and exiting colleagues during confinement including delivery of new IT equipment and training.
- **Addressing increased cyber-risks** – During the period there was a significant rise in the volume and sophistication of cyber-attacks, including an increase in targeted phishing and ransomware attacks against healthcare services and providers around the world. It was observed that 80,000+ malicious and fraudulent domains were registered monthly in connection with the pandemic. **All detected attacks were successfully neutralized and preventive measures taken.** This included IFRC joining the MELANI programme (the Swiss state-sponsored cyber security agency providing intelligence services), enrolling under Microsoft AccountGuard to benefit from higher account security against phishing through the provider's intelligence services, holding targeted information security sessions for staff and for NSs, piloting AI protection against account hacking through Microsoft's Advanced Threat Protection service, implementing multifactor authentication for users at risk, and rolling out an information classification solution to protect the increased electronic communication and document sharing.

- **Promoting and developing the use of the digital workspace** – The IFRC launched a successful campaign to promote and develop the use of our digital workspace tools. The training campaign reached 1,795 staff worldwide, through 28 training sessions, 11 Q&As and the sharing of Tips & Tricks to all staff on the best use of IT tools. A Self-Learning Site for users was built: <https://ifrcorg.sharepoint.com/sites/mslearning>. The limit is now reached with the number of staff we can effectively train in English and now Regional IT Managers will oversee the training campaign in different languages. Globally we will continue to help our colleagues to enhance their skills on the collaboration tools.
- **Re-purposing the IT team to address bottlenecks in the IFRC's digital space** – The ITD team made several changes to existing systems to improve the efficiency of work. The "Working from Home - Staff Survey" showed that a key priority for staff was the ease of access to and sharing of documents while working from home. To address this situation, ITD allocated more resources and projectized the **migration of file storage** (T:\ drive) to secured and accessible cloud storage on SharePoint. During the period, ITD migrated 33% of the 10 Million files stored in headquarters and regional offices and some country cluster offices and the New York delegation were also migrated. Another step to support the working from home situation was to work with the Legal Department to launch a **Digital Signature** project, which is now globally piloting two different solutions with 50 users, with a decision expected by mid-September followed by rapid implementation. Work was also done to improve **digital meetings**, through engagement with key users and management to assess requirements, gaps and opportunities to improve the digital meeting experience. This included the **eVoting solution** set up to support the virtual Governing Board meetings, providing a simple, secure and anonymous voting system as a solution. Steps were also taken to replace or upgrade outdated and vulnerable Windows7 laptops at global and regional level.
- **Re-prioritizing IT projects' scope to deliver key features for COVID-19 activities** – One new area of support was to the **data collection solution (Kobo)**. Due to the volume of data collected, KoBo servers had problems meeting demand and ITD worked closely with IM teams and other users to provide more powerful servers and to re-configure the technical components that could increase the reliability of Kobo. Issues have improved and are under investigation with experts in the USA to find a final resolution for the support and maintenance for mid and long-term usage.

Communications

The IFRC has consistently used our **social media channels** to feature the diverse aspects of the Red Cross Red Crescent network's COVID-19 response. Using a dynamic approach we have adapted to the different stages of the pandemic, from the early regional emergency to the global pandemic we face today. We have been able to make our IFRC expertise available for the world across our channels, hosting several live Q&A sessions in multiple channels and through many digital products. These include the following examples:-

- Since the beginning of the pandemic, TikTok has been one of our key platforms for communicating with millions of people. We have produced dozens of videos to connect with different audiences, in several languages. With the support of 'TikTok For Good', our videos, which include public health advice and on-the-ground footage showing how volunteers and staff are saving lives, have been seen tens of millions of times. Today, TikTok is the IFRC's largest social media audience with 3.4M followers.
- The IFRC has used Twitter to communicate real time as action happens, including stories from across the network, infographics, live Q&As, as well as the second most re-tweeted tweet in @IFRC's history with over 2,000 retweets.
- On LinkedIn, has continued to share news stories, live Q&A sessions and conversations, so that consistency keeps a high engagement rate (comments, likes, shares, clicks) among humanitarian organizations on the platform.
- The IFRC uses Facebook to share stories and connect with the RCRC community. This has seen IFRC content saw five times the shares in March than an average month in 2019 and posts shared 92.2k times in quarter one.

The IFRC media team also created dozens of **digital assets** to meet the needs of NSs and support their public health and RC/CEA efforts with public audiences. More than 50 COVID-19 infographics have been designed and

used by NSs and re-purposed across the world in local contexts and languages (e.g. an infographic in Asia Pacific was translated in 36 languages). Collaboration in communications continues to increase.

- **Red Talks:** IFRC decided to test a weekly show that showcased volunteers and experts from around the world (#REDTalks on COVID-19). Over 50 livestreams have been held since the end of March and almost 70 local RCRC Societies have been featured in English, French, Spanish, Russian and Arabic. These Red Talks have engaged thousands of users on LinkedIn and contributed to maintaining high rates of engagement rate amongst humanitarian organizations, while on Facebook, they have reached over 500,000 people
- **Billion Dollar Boy:** The IFRC created the world's first global influencer network to tackle the COVID-19 infodemic with this creative agency. Since the launch, 70+ influencers worldwide - from Chile to Ghana - have signed up and the numbers are growing. The story has been picked up by AFP, RFI, NBC in the USA, the BBC World Service, AFP, Deutschland Today, DPA and more and has increased the IFRC's Instagram account by 100K
- **Viber:** IFRC started launched a community on Viber and has been sharing COVID-19 related infographics and videos to an audience of over 170,000. Other new tools are being used by NSs to meet their communications needs during the pandemic in partnership with the X Media team (e.g Greenfly and Stream Yard).
- **Pro-bono support:** For example, Weber Shandwick has provided support for NSs to run online and billboard campaigns to tackle COVID-19 related blood shortages.

The IFRC has stepped up its **media work and coverage**. It has continued daily media coverage from March to June 2020, issuing media statements and opinion pieces (e.g. USA Today, Thomson Reuters, Sydney Daily Telegraph), with the average coverage of media releases from March to August up by 60% on previous months to 3,000 hits and over 1,000 media hits on the launch of the IFRC Appeal. The IFRC has featured in some powerful pieces on COVID-19, which have been shared worldwide, including a strong feature on COVID-19 and the work of the Italian Red Cross ([A very powerful photo essay](#) in the New York Times), a story on a volunteer contact tracer with the South African Red Cross ([A beautiful BBC story](#)), and another feature on an Italian Red Cross volunteer ([CNN Great Big Story piece](#)). There was extensive media coverage of the IFRC President's media briefings and an interview with the Secretary General ([CNN International interview](#)). The media team have presented webinars on "The Role of Media in Containing COVID-19 and Saving Lives" in multiple languages and in different regions, working together with WHO, BBC Media Action and Internews, to answer journalists' questions and provided other online resources to keep people informed

International Support and Resourcing

Logistics, Procurement and Supply Chain Management (LPSCM)

The Global LPSCM team's key focus has been around defining the supply chain strategy of the operation and trying to meet the PPE needs of NSs, in close coordination with the Regional LPSCM Units. The consolidated procurement strategy has resulted in enhanced advantageous procurement and favourable lead times, as well as cost saving on items. To date, more than CHF 16 million worth of procurement has been sent to NSs, including around 15 million pieces of PPE delivered and additional requested items, such as ambulances, medical kits and medical equipment. This has been coordinated out of the LPSCM regional warehouses and the Dubai hub and is ongoing. Special rates were introduced for procurement of all goods and services for the COVID-19 operation (1.5% fee for all orders below CHF 1m and 1% for orders above CHF 1m) to extend logistics support to more NSs.

In parallel, the LPSCM team has supported NSs with their local procurement of PPE, by verifying certificates and test reports on all PPE items to ensure quality. A separate set of PPE quality control guidelines have been issued to support NSs with local PPE procurement. This was issued in the early stages of the response - "Directive for Simplified Procurement Management for Emergency COVID-19 Response" to accelerate procurement while ensuring adequate compliance and accountability. The directive remains and applies to global, regional, and local procurements for the duration of the response. To ensure the timely response to PPE needs of NSs and delivery

of items, a working group comprising IFRC, ICRC and NSs was established to look into the optimal modality for prepositioning PPE, through coordinated tenders with the ICRC and using different funding sources and Movement partners' warehouses to store prepositioned stocks.

Early in the response, a transport framework agreement was established globally with two Transport Service Providers to ensure cargo space availability which helped efficient delivery of PPE. The engagement with WFP's cargo transport services has avoided potential delivery delays linked to the commercial air travel and saved over USD 1 million USD, helping to ensure 80 MTs of material reached 33 NSs. The IFRC Global Fleet Base in Dubai issued guidelines for "Infection Prevention and Control in IFRC Vehicles for COVID-19" to support IFRC and NS staff with a user friendly reference guide that integrated relevant background information into comprehensive procedures for everyday use.

LPSCM will continue providing logistics guidance to the National Societies to support them with provision of quality-assured PPE and timely delivery. The team has expanded its workforce with five members from Swiss Red Cross and British Red Cross, focusing on global and regional PPE supply chain coordination and coordinating medical procurement to support the Regional Offices and NSs.

Surge

The surge team has so far deployed 105 personnel from 29 different National Societies, providing support to various sectors. As of July 31, 2020, the support has been provided mostly remotely. The most requested areas were Health, Operation Managers/Coordinators, Information Management (IM), Community Engagement and Accountability (CEA) and Planning, Monitoring, Evaluation and Reporting (PMER), among others. Support for the moment is expected to continue remotely due to travel restrictions and additional measures imposed by governments to combat the COVID-19 outbreak. 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. Considering the initial request for rapid response deployments came in early February, it is not expected for the coming reporting period to have an increase in rapid response deployment unless there situation changes dramatically or there are unforeseen sudden change in the existing outbreak situation per Country. Several capacity statement exercises were done by the Surge team to ensure readiness capacity to deploy. The sectors which have been more affected in terms of global capacity available to deploy for COVID and other operations (in a COVID environment) are public health related profiles. A lesson learned exercise for remote support has been carried out and the results will be shared in the coming reporting period.

Human Resources

A total of 283 positions were approved in order to provide necessary COVID-19 support to National Societies. Nearly all (91%) are field positions and three quarters are national staff positions. Overall, half (52%) of these have been hired, ranging from 50% in Asia, 56% in Europe, 58% in Africa, 44% in the Americas, 50% in MENA and 52% in Geneva.

Regional Overview

Africa	36
Americas	73
Asia Pacific	131
Europe	163
Middle East and North Africa	198

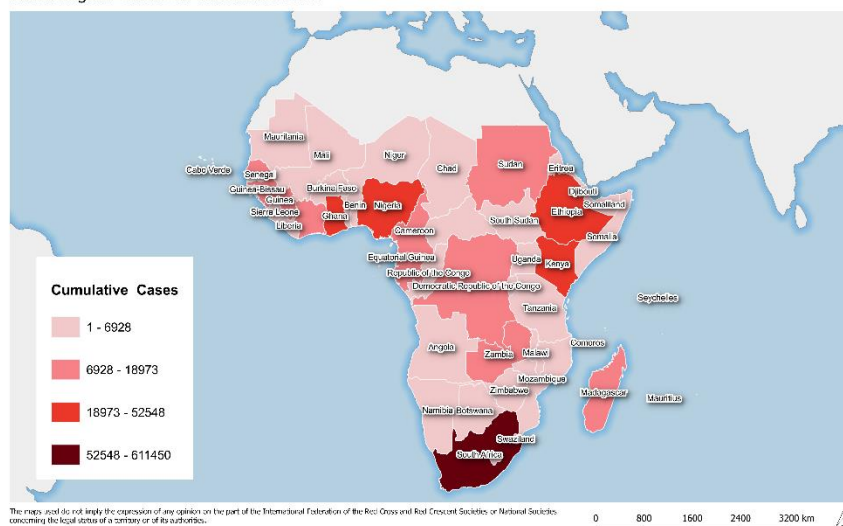
COVID-19 OUTBREAK AFRICA REGION SIX MONTH UPDATE

REPORTING TIMEFRAME: 31 January – 31 July 2020

Situation Update

989,211 confirmed cases in Africa
20,091 confirmed deaths in Africa.
reported by WHO as at 10:41 am CEST, 26 August 2020

Africa Region: COVID-19 Cumulative Cases



This map does not imply the expression on the part of the IFRC or National Societies concerning the legal status of a territory or its authorities. Produced by SIMS (2020).

National Society Response

According to public COVID-19 field reports submitted to [GO platform](#)

30 National Societies are engaged in...



Health and WASH

30



Socioeconomic Interventions

28



NS Institutional Strengthening

29

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

HEALTH AND WASH

6	Ambulance services for COVID-19 cases	26	IPC and WASH (health facilities)
21	Community-based surveillance (CBS)	10	Isolation and clinical case management for COVID-19 cases
26	Epidemic control measures	9	Maintain access to essential health services (clinical and paramedical)
28	IPC and WASH (community)	17	Maintain access to essential health services (community health)

15 Management of the dead

18 MHPSS

30 Risk communication, community engagement, and health and hygiene promotion

SOCIOECONOMIC INTERVENTIONS

26	CEA, including community feedback mechanisms
23	Livelihoods, cash support & food aid
7	Shelter and urban settlements
17	Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

23	National Society readiness
22	National Society sustainability
27	Support to volunteers

Regional overview

As of 26 August 2020, the COVID-19 outbreak in the Africa Region has confirmed nearly 1 million cumulative cases and over 20,000 deaths (WHO Africa Region dashboard, 26 August 2020), but has seen a slowdown over the past two weeks compared to the end of July, when it had continued to accelerate (WHO COVID-19 Outbreak Sitrep 22, 29 July 2020) since the previous 3-month reporting period (31 January to 30 April 2020). During the last week of this reporting timeframe (22-28 July 2020), a total of 114,394 new confirmed COVID-19 cases (an 18% increase) was reported from 45 countries. Of these new cases, the majority, 68% (77,963), were recorded in South Africa, which remains the hardest hit country across the continent and ranks fifth globally. Even with high case numbers in South Africa, the reported deaths are comparatively low; however, the African Region and South Africa had hit an unfortunate milestone with their highest daily deaths of 625 and 572, respectively, on 22 July 2020.

For this reporting timeframe, Gambia, which had previously reported the least case incidence in the past months, registered the highest percentage increase of 147% (132 to 326 cases). This was followed by Zimbabwe with a 55% increase (from 1,820 to 2,817 cases) and Zambia with a 50% increase (from 3,326 to 5,002 cases). Other countries with high percentage increases included Botswana at 42% (from 522 to 739 cases), Lesotho at 41% (from 359 to 505 cases), and Namibia at 40% (from 1,366 to 1,917 cases). Countries with reported overall large numbers of cases were Nigeria (41,804), Ghana (34,406), Algeria (28,615), Kenya (18,581), Cameroon (17,179), Côte d'Ivoire (15,713), Ethiopia (15,200), Madagascar (10,104), and Senegal (9,805). These 10 countries (including South Africa) collectively accounted for 89% (651,168) of all reported cases. As reported by 45 countries, the overall case fatality ratio (CFR) was 1.7% (now 2.3%, as of 18 August 2020, WHO COVID-19 Outbreak Sitrep 25). Two countries, Eritrea and Seychelles, have not registered any COVID-19 related deaths since the beginning of the pandemic. More infections continue to be detected among health workers, with 14,148 (1.9%) infections reported in 41 countries (28 July 2020), and 38,382 (4.2%) infections in 42 countries since the beginning of the outbreak (compared to 423 infections registered from 23 countries at the end of April 2020). In addition, older males continue to be disproportionately affected by this disease, with the male to female ratio among confirmed cases being 1.6 and a median age of 37 years old.

In the reporting period, the IFRC Africa Regional Office (AfRO) continued to provide technical support to the National Societies (NSs), specifically those requesting multilateral support for implementation of activities for the COVID-19 response. A series of webinars were conducted with the NSs (see Priority 3: Strengthening National Societies) to provide technical assistance on operational issues in their response to COVID-19. Regional contributions to the 3-month Operational Update and to the Emergency Appeal Revision were made in May 2020, and the third revision to the Africa Region Emergency Plan of Action (EPoA) was completed in July 2020. The AfRO is supporting 48 NSs on COVID-19 responses, with over CHF 23 million allocated to 48 NSs, and over CHF 9 million (40%) transferred to 47 NSs from the funds available in the COVID-19 Emergency Appeal. The IFRC strategy for the COVID-19 response in Africa continues to be to reduce mortality and morbidity from COVID-19 while protecting the safety, wellbeing, dignity, and livelihoods of those most at risk and severely impacted.

Priority 1: Sustaining Health and WASH

The Health and Water, Sanitation and Hygiene (WASH) focus in Africa includes ambulance and pre-hospital care, the provision of essential supplies, such as personal protective equipment (PPE), support to set-up and manage Ministry of Health (MoH) quarantine and treatment centres, implementation of infection prevention and control (IPC) measures, point of entry screening, mental health and psychosocial support (MHPSS) services, handwashing and social distancing measures, contact tracing, and community-based surveillance. The AfRO contribution includes providing technical support, capacity building, and mentoring of the NSs on health, WASH and MHPSS. This was done through organising and coordinating webinars on various topics, immunisation in the period of COVID-19, first aid and COVID-19, joint epidemic control for volunteers (ECV)-risk communication and community engagement (RCCE) training of trainers (ToT), MHPSS in the time of COVID-19, WASH, and management of the dead. Webinars, online discussions, and online technical

support were provided in close consultation with the global Health and Care Team, IFRC Reference Centres, and the International Committee of the Red Cross (ICRC).

As secondary impacts of COVID-19 continue to unfold, the priorities of the regional health team remain to be the continuation of essential services and seeking collaboration and partnership to advocate on behalf of the communities. The regional health team participates in Movement and inter-agency meetings, monitors new developments and trends, updates countries, and tailors responses to respond to unfolding situations.

Epidemic control

Controlling the spread of the virus remains the key public health strategy of IFRC. In the community setting, this is done through setting up handwashing stations, promoting social distancing in public places and public institutions, promoting behaviour change around coughing/sneezing etiquette, supplementing MoH contact tracing teams, supporting point of entry screening, supporting set up of quarantine centres, and promoting IPC in health facilities run by the NSs. Through a grant from Coca Cola to 13 NSs, PPE was procured to support continuation of essential health services like ambulance services, primary health care, contract tracing, and health promotion in communities.

In South Africa, the South African Red Cross Society (SARCS), as an auxiliary to the government, trained 2,350 volunteers and 137 Red Cross nurses on screening, testing and contact tracing in 9 provinces. Some of the volunteers have been attached to different health facilities, such as clinics, call centres and hospitals. SARCS also established a testing centre in Vereeniging, Gauteng province. The testing centre is manned by SARCS health experts, and the centre was approved by MoH for compliance and quality assurance.

Several NSs are actively involved in supporting MoH in contact tracing, as well as increasing skills on epidemic control amongst staff and volunteers through training. Testing and contact tracing has been supported by NSs in camps, quarantine centres, and border crossings, as well as in mobile and stationary health clinics.

Some key activities involving ECV related to Health and WASH are as follows:

- Screening and contact tracing in hotspots (entry points, market places) have been implemented by at least 18 NSs.
- An online ToT was organised in June on a combined ECV/RCCE training package for health and community engagement and accountability (CEA) personnel in Africa. Twenty-eight (28) health and CEA staff across the region are now able to deliver the ECV/RCCE training package content online, as needed in areas where traditional trainings are unable to take place. The interactive Zoom ToT included participants from the IFRC, participating NSs, and NSs working in the region. Follow-up cascade trainings were held by the Eastern Africa and Southern Africa country cluster support teams (CCSTs), and the Central and West Africa CCSTs are planning to roll it out soon.

Risk communication, community engagement, and health and hygiene promotion

NSs are implementing RCCE interventions in almost all countries across the Africa Region (44). Different channels of communication are being used in their RCCE approaches to allow for interactive discussions and information sharing with communities.

A majority of NSs (36) are engaging communities on COVID-19 prevention and response, and addressing misinformation through face-to-face social mobilization, including household visits and using mobile radio and loudspeakers in public places.

A total of thirty-one (31) NSs are implementing interactive radio shows and eleven (11) are broadcasting television shows. During these shows, health experts, opinion leaders and community members are discussing topics and answering questions of listeners. Twenty-three (23) NSs have also produced radio jingles to share key health messages.

Social media and WhatsApp are platforms that are also being used for social mobilization and engaging with communities on COVID-19 information. Thirty-three (33) NSs are using social media and 21 are using WhatsApp groups with volunteers and community members as a fast and effective way to provide information and answer questions.

A wide range of resources and guides have been developed to support NSs to set up and implement social mobilisation for health and hygiene promotion on COVID-19 prevention and control, and to address rumours and stigma. These guides were developed in English and French and include a guide on safe and remote social mobilization, advice and materials for use on social media, and help to addressing mistrust and denial of COVID-19 in communities.

In collaboration with the Health team, an online ECV and RCCE ToT was conducted and attended by twenty-four (24) CEA and health focal points from fifteen (15) NSs. This training has now been rolled out by the initial set of participants to a further twenty-eight (28) participants and twelve (12) NSs in Eastern and Southern Africa. A half-day RCCE training was also delivered in Spanish to nineteen (19) Equatorial Guinea Red Cross staff and volunteers. The training is being rolled out in French by West and Central Africa clusters, and many NSs have also delivered this training to their staff and volunteers, including Kenya, Lesotho, Zambia, Nigeria, Cameroon, and many more.

Community Feedback Mechanism

A total of thirty-six (36) NSs are now systemically collecting and analysing community feedback related to COVID-19, which is more than ever before.

The CEA team has been building the capacity of cluster colleagues and NSs on how to manage, code and analyse feedback to understand communities' concerns, questions, beliefs, suggestions and rumours that are used to inform social mobilisation activities and operational decisions. A series of feedback webinars were held where NSs with established COVID-19 feedback mechanisms who shared their experiences with their peers in English, French and Portuguese, with more than 100 Movement staff in attendance.

The community feedback shared by NSs is collated and analysed at the regional level, documenting key trends in feedback across an average of 10 African countries per report. This information is used to produce a variety of information products for internal and external use. Sixteen (16) community feedback reports providing the main trends across the countries of the IFRC Africa Region have been published and shared in the weekly RCCE newsletter and with the broader response and humanitarian partners.

Responding to Community Feedback

The CEA team is supporting NSs and all sectors of the response to adapt interventions based on community feedback. Since March, sixteen (16) Ask Dr Ben (English) and Demandez au Dr Aissa (French) factsheets have been produced to help NSs respond to key questions and issues raised community feedback about COVID-19 and the broader response. Short videos featuring Dr Ben, our Head of Health and Care, and Dr Aissa, our Health Manager for Dakar and Sahel Cluster, have been produced to address the main rumours and questions on COVID-19. Eighteen (18) Ask Dr Ben and nine (9) Demandez au Dr Aissa videos have been shared on IFRC Africa Twitter and to NSs through WhatsApp.

NSs continue to be supported to work with media to ensure communities receive the information they need and rumours and misinformation are tackled. Twenty-nine (29) NSs have collaborated with media as part of their RCCE approach, including organising press conferences, sharing community insights with journalists, and conducting interviews on TV, radio or newspapers where health advice or rumours and misinformation are addressed. NSs are also starting to work with communities to identify and support local solutions and adaptations to preventing and responding

to COVID-19. As of the end of July, 26 NSs were working with communities to support local solutions and building partnerships with key groups, such as community and religious leaders, and youth and women's groups.

Examples include:

- Supporting communities to build their own handwashing stations using local materials (e.g., DRC and Ghana)
- Training community and religious leaders on COVID-19 prevention (e.g., Burundi)
- Empowering marketplace radio stations to broadcast on COVID-19 and tackle rumours (e.g., Benin).

Hygiene promotion activities are being supported by NSs in hotspots with the agreement of respective MoHs.

Examples include:

- Handwashing promotion and activities for passengers on arrival at entry points (e.g., Djibouti RC)
- Hygiene promotion (including handwashing) within COVID-19 isolation sites (e.g., Rwanda RC)
- Hygiene promotion (including handwashing) in internally displaced persons (IDP)/refugee camps, markets, and health centres (e.g., Namibia)
- Handwashing stations in public places (street corners, markets, and public offices) monitored by volunteers who are creating awareness on handwashing, distributing posters with information, and assessing public reactions towards this practice (e.g., Liberia).

Community-based surveillance (CBS)

Since the beginning of COVID-19 response actions, 21 NSs have been involved in community-based surveillance as a critically-important component of COVID-19 response actions. NS support to CBS systems have contributed to contain, slow or suppress transmission of the virus by linking into MoH surveillance systems for early alerts. Countries with existing CBS systems are supported by IFRC to include COVID-19 among their notifiable diseases, as well as encouraged to scale up CBS networks to reach more areas.

When COVID-19 became a global threat, Somaliland Red Crescent Society (SRCS) quickly adapted their early warning tool by training CBS volunteers to detect signs and symptoms of COVID-19 in communities. Although never used for COVID-19 before, the first case was detected in Somaliland through CBS. This provided early warning to health authorities, who initiated early response to limit community transmission, thereby saving lives.

Infection prevention and control and WASH in health facilities and in the community

Nearly half of the NSs reported that they are working on Infection Prevention and Control (IPC) related to WASH.

Examples include:

- Support for the implementation of shifts and timetables at water collection points to reduce the concentration of users and facilitate social distancing (e.g., South Africa)
- Implementation of social distancing measures led by the community during water collection (e.g., South Africa)
- Community-led solutions like youth volunteers collecting water for their neighbours to help them manage isolation (e.g., South Africa)
- Disinfection of public toilets, markets spaces, cross border trade trucks, and others using sprayers with chlorine-based products (e.g., Djibouti, Ethiopia). This is a sensitive activity as it is frequently requested by authorities, but can create unhealthy sprays in crowded places and is not

recommended by WHO. In this regard, WHO, UNICEF, some NSs, and the IFRC WASH department have recommended disinfection with a cloth or wipe that has been soaked in disinfectant.

- Set-up and monitoring of handwashing stations, which is the most widespread WASH activity during the pandemic, with 40 NSs reporting on the installation and maintenance (including soap provision) of handwashing stations in high risk areas or hotspots (markets, border entry points, shanty towns, crowded places, health centres, etc.).

All NSs have reported that they are working on classic WASH interventions, with considerations for COVID-19.

Examples include:

- Installation of water points and increased storage capacity within public institutions (e.g., Ghana). This development has led to an improvement in access to water services, even after COVID-19.
- Pilot token pre-paid water dispensers connected to solar-run water networks to reduce the concentration of people, handpump handling, and water misuse in Ghana. These systems focus on supporting vendors and community members in crowded areas.
- Communal toilets at health centres and communities to improve the general hygiene situation in places such as Senegal and Burkina Faso.
- Hygiene kit distribution mainly focusing on soap replenishment and availability for handwashing stations installed and monitored by NSs. Some of the kits also included materials to set up taps on buckets, build tippy taps, or contain products like brooms or bleach.

The IFRC AfRO is supporting a hands-free handwashing station catalogue along with other Red Cross and Red Crescent (RCRC) stakeholders, which is being compiled, updated and distributed to NSs. It includes different approaches from the whole region (mainly push valve, foot pedal, and automated devices). Despite several technologies being tested, pedal-activated devices seem to be the most appropriate up to now with models varying between different contexts. In some places like Ghana, the NS has built a 2-pedal device, making soap distribution hands-free as well.

Other IFRC regional support to CCSTs and NSs includes the following:

- The WHO guideline, *Cleaning and disinfection of environmental surfaces in the context of COVID-19*, has been shared and discussed with health focal points with a focus on spraying, as requested by several MoHs, and has been cascaded to NSs through the CCSTs.
- A series of webinars focusing on clusters of NSs are planned. This activity will start in August and it mainly aims at gathering different experiences and challenges on WASH interventions during COVID-19, as well as collecting lessons learnt and best practices across all NSs to replicate what is working well.
- Additional staff have been recruited at the end of July to support WASH activities linked to COVID-19.

Mental health and psychosocial support services (MHPSS)

Eighteen (18) NSs are offering psychosocial support as part of their COVID-19 response. Considering the growing need for MHPSS support in the region, IFRC is coordinating participating NSs' support in close coordination with the Psychosocial Resource Centre to fill gaps while the IFRC MHPSS Coordinator is being recruited.

Fifteen (15) volunteers in Liberia, and 122 staff and volunteers in Burundi have been trained in PSS, and 20 MoH and Burundi Red Cross Society (BRCS) staff have been trained in psychological first aid (PFA). In Nigeria, the Nigerian Red Cross Society (NRCS) has trained 22 people on PSS services, and 7 branches carried out refresher training for 127 volunteers to support the needs of persons affected by COVID-19. The volunteers are currently providing PSS services in their respective branches.

Isolation and clinical case management for COVID-19 cases

Ten (10) National Societies are involved in isolation and clinical case management. Benin Red Cross, for example, has deployed 16 volunteers to support in isolation facilities.

As the number of COVID-19 cases increase exponentially, health authorities in most affected countries are gradually changing their strategy from government-managed isolation facilities to home isolation. With this, more National Societies are seeing requests to deploy their volunteers to participate in support for self-isolation in hotels and at home. In anticipation of such needs, the regional health team together with the CCSTs is preparing to organize an online ToT in home-based care and isolation.

Ambulance services for COVID-19 cases

There are a number of NSs in Africa who run ambulance services as an important part of their flagship services, being trusted partners of their MoHs. Ethiopian Red Cross, in its auxiliary role to the government, runs ambulance services in the country. The increased demand for such services in the context of the pandemic means that the IFRC must provide additional support to National Societies. As such, through the global IFRC appeal, the IFRC regional logistics unit has supplied ambulances to a number of NSs to augment or create ambulance services in several countries, including Mauritius, Madagascar, Kenya, Cameroon, and Gambia, with more support in progress for Uganda, Kenya, Democratic Republic of Congo (DRC), and South Sudan. For example, Mauritius Red Cross has mobilized four (4) ambulances to support the MoH response to the pandemic.

Participating NSs have also mobilized resources of in-kind support through the global IFRC appeal. The Ethiopian Red Cross has received ambulances from the Austrian Red Cross to scale up its ambulance services.

The IFRC health team continues to coordinate pledges and assess needs for additional support for ambulance services to effectively coordinate such efforts. As African NSs enhance their service delivery in their auxiliary roles, demand for involvement in specialized services, such as clinical services, first aid, and paramedic and ambulance services, are expected to increase, and the regional team will continue to assess the needs, making sure the RCRC continue its service to the community, without replacing the government's role in basic health care service delivery.

Maintain access to essential health services (community health)

COVID-19 adds to the existing vulnerability of the continent, being hit by frequent and often harsh natural and man-made crises with direct impact on the health of the community. The impacts of the pandemic, restricting the movement of people and goods, has negative effects on service providers and humanitarian agencies ability to maintain the health of the community. Considering this, the IFRC Africa Region strongly believes that strengthening community health programming through the existing NS volunteers and staff in branches and sub-branches fills the gaps and sustains services. Seventeen (17) NSs have community health programs that help maintain essential health services in the community.

A webinar was organized to discuss the community health strategy as an important element in mitigating the impacts of the pandemic on the continuation of community health services. The health team employs a holistic approach to the COVID-19 response with a multisectoral approach to address health needs of the community and supports National Societies to integrate COVID-19 preventive and control activities in their community health interventions to ensure that COVID-19 responses support the continuation of community health activities.

Maintain access to essential health services (clinical and paramedical)

Nine (9) NSs are involved in clinical, paramedical and home-based services, and a total of 25 RCRC blood donation clubs are being relaunched by Seychelles Red Cross Society in collaboration with the MoH and the Ministry of Education to ensure sufficient blood supply during the COVID-19 crisis. As the number of cases continue to increase in the region, more NSs are expected to be pulled into this line of service. The regional health team continues to monitor the situation and support NSs adjust their plans and source technical support.

Management of the dead

A collaborative IFRC and ICRC webinar was organized for African NSs in French and English on management of the dead with 123 people having participated.

The Tanzanian Red Cross has trained volunteers and staff in safe and dignified management of the dead and has supported authorities in management of bodies of people who have died due to COVID-19.

Priority 2: Addressing Socio-economic impact

The secondary impacts of COVID-19 are being felt and continue to be severe in Africa, especially compounded by multiple other disasters, such as floods, food insecurity, and locusts. Additionally, the majority of the population are reliant on daily income from the informal sector for their basic needs, and the measures put in place by governments, as well as the general economic slowdowns, have left many households in need of livelihoods support.

Thus, the IFRC network is scaling up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic. This includes providing both **immediate in-kind (food) aid and cash/vouchers support (multipurpose cash for basic needs)**, where viable, to assist the most vulnerable communities, as well as engaging to develop longer-term approaches, complementing or advocating for vulnerable communities' inclusion into existing **safety nets** for the months to come, and to **support early recovery** and adaptation to the pandemic threat.

The secondary impacts of COVID-19 continue to exacerbate existing gender inequalities and increased incidences and risks of sexual and gender-based violence (SGBV) and violence against children. Most governments are now recognising it as an issue that needs to be addressed. In addition, compromises to livelihoods and access to protection pose severe threats to people's ability to cope safely, and risks of exploitation, dangerous coping strategies, and human trafficking increase, especially in fragile contexts with weak formal protection and labour structures. The closures of schools, coupled with financial strains on households, has put girls at greater risk of sexual exploitation and abuse.

The protection, gender and inclusion (PGI) team continues to offer technical support to National Societies to ensure that all emergency responses, including COVID-19 compounded with floods and food insecurity, factor in the needs of different groups such as the elderly, persons with disabilities, women, girls and children, by including them at all levels of implementation and mainstreaming PGI across all sectors. Support is also provided to NSs to ensure that there are collaborations with other actors at regional and country levels to ensure we strengthen our work on PGI in the COVID-19 response, including ensuring PGI focal points are part of the GBV sub-clusters or GBV working groups.

Shelter-related activities aim to contain virus transmission by providing shelter assistance for those in need of accommodation during lockdowns and to mitigate socio-economic impacts with people losing their livelihoods through cash assistance for rent, utilities, or other debts to maintain accommodation and avoid evictions.

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

NSs in the region are starting to look at addressing the socio-economic impacts of the COVID-19 pandemic. These responses are at early stages and vary from context and experience in food security and livelihoods (FSL). NSs are for the moment prioritising support to basic needs mainly through Cash and Voucher Assistance (CVA) to the most affected populations. The main activities in this area of intervention are:

- Analysing the situation and evaluating impact and people's needs
- Markets monitoring
- Identifying possible options of interventions
- Adapting current food security and agricultural livelihoods (FSAL) interventions to respond to new needs caused by COVID-19 pandemic
- Market support activities
- Procurement of Financial Service Providers (FSP) or vendors for the cash and voucher assistance interventions planned in 23 countries of the region
- Cash and voucher distributions to support targeted populations to cover their basic needs.

The IFRC launched a remote cash feasibility study in all regions in coordination between the Regional Cash Coordinators and the Cash Team in Geneva. From the Africa Region, 33 out of 49 NSs (67%) have shared relevant information about their context and feasibility of cash within their own countries, including details on past cash interventions. From all NSs of the region, 23 have chosen to deliver support for basic needs in their country using cash or voucher interventions, from which 21 had contributed to the cash remote feasibility study.

The IFRC has also launched a mapping of the capacity and experiences in FSL, and is engaging more with NSs to advocate and support best practices in FSL responses by NSs with the aim to transition into early recovery/recovery interventions.

With the support of the British Red Cross through the Cash Helpdesk, an FSP Procurement Specialist is providing full-time support to all NSs of the region with a cash component in their COVID-19 response plans, to procure the FSP to be used in their responses. This is being done in coordination with the Regional Cash Coordinator and the Logistics Regional Unit. Two more profiles (one cash specialist and one procurement specialist) from the global surge pool will join the team as surge support for three months to improve the timeliness of FSP procurement.

Several specific resources referring to COVID-19 have been produced and made available globally to NSs by the Livelihoods Resource Centre (LRC) and the Cash Helpdesk as follows:

- Resources: Reference documents developed either by the RCRC Movement (Livelihoods Centre, British RC, FICR and ICRC) related to CVA, [Food Security and Livelihoods](#), or external stakeholders (WFP, FAO, ANALP, ILO, , etc.).
- Infographics and Tipsheets: Key messages and main recommendations related to [Food Security and Livelihoods](#), Cash and Advocacy in the COVID-19 context. These materials are available in four languages (English, French, Spanish, and Portuguese).
- Helpdesk and Webinars Series: Remote technical advice/guidance provided by FSL experts from the Livelihoods Centre and the Cash experts from the Cash Helpdesk manned by the British Red Cross.

These materials, resources and technical support are available for all staff and volunteers of the NSs, the IFRC Secretariat, and the ICRC on all aspects related to Cash, FSL and nutrition.

Biweekly webinars have been conducted with the involvement of NSs to share experiences. Examples include:

- Senegalese RC on impact on Migration

- Zimbabwe RC adapting their programmes to adapt to the COVID-19 context
- Kenya RC expanding CEA

Webinars or meetings to inform/present to NS/participating NS/IFRC staff on COVID-19 information about impacts on livelihoods and basic needs and possible response options to face socioeconomic situations have been conducted in Niger and Sahel with the FSL technical group.

Some other examples of livelihoods support in the region include:

- Targeting in urban settings in Burkina Faso
- Developing a proposal on Mothers Clubs in Mali
- Developing beneficiary criteria for backyard gardens in Eswatini.

Shelter and urban settlements

The shelter unit is putting in place support to NSs to implement programs linked to decongestion and mitigation of COVID-19 in fragile sheltering settings through rental assistance programs, the construction of temporary shelters to support quarantine or self-isolation, and distribution of household items in a way that avoids spreading the disease and maintains the dignity of the targeted population.

Technical support and liaison is taking place with NSs to adapt ongoing programming to fulfill new shelter-related mandates as part of their auxiliary role, including those relating to urban environments.

A Regional Guidance Note on Shelter and Settlements and COVID-19 was developed, and further guidance on urban settlements and camp and camp-like settings has been developed and shared with African National Societies in the Region in French and English.

A webinar organised by the Cash Helpdesk on Shelter and Settlements through CVA took place in July, and an IFRC Rental Assistance Step-by-Step Guide is currently being put into the IFRC Handbook.

Twenty-two percent (22%) of NSs are conducting shelter-specific activities, mainly distribution of additional shelter and household items to vulnerable households and population groups (12%) and construction of or supplying of materials to or facilitating access to cohort isolation or quarantine areas or facilities (10%). For example, Namibia Red Cross has provided tents as shelters for homeless people, and Central African Republic (CAR) Red Cross Society constructed three (3) isolation shelters at the Sino-Central African Friendship Hospital and the Bangui General Hospital to support services for the management of COVID-19 cases.

Community engagement and accountability

IFRC continues to strengthen RCCE coordination and collaboration between agencies by co-leading with UNICEF the RCCE interagency technical working group for Eastern and Southern Africa, as well as the sub-working groups for community feedback in West and Central Africa and Eastern and Southern Africa. The sub-working groups have produced twelve (12) interagency community feedback reports that document the most frequent trends in community feedback collected across agencies. The reports include recommendations on how to act on the feedback at country and regional levels and these are shared across all technical working groups, with country level RCCE coordination groups, and with members of the WHO health partners coordination group. Through these working groups, the IFRC has led the process of developing interagency guidance notes on how to address social stigma associated with COVID-19 and how to work with communities in high density settings, such as refugee and IDP camps and urban informal settlements, to find local solutions and adaptations to prevention measures like physical distancing and isolation of COVID-19 cases.

The IFRC is recruiting three positions under the Bill and Melinda Gates Foundation funding to support the RCCE coordination structure at the global level and in the IFRC Africa Region. These positions will strengthen the quality and accountability of the COVID-19 response and provide more concrete support to country-level RCCE groups and other technical working groups (TWGs).

The Eastern 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. Though coordinated internews, the IFRC collaborates in identifying topics for the media webinars. The first webinar took place on 23 July and addressed the persistent belief that COVID-19 is not real or cannot affect Africans. Future webinars will tackle topics such as medical treatments for COVID-19, purpose and importance of quarantine, isolation and lockdown, and stigma of COVID-19 patients.

The IFRC AfRO is establishing partnerships with external organisations and participating NSs to support NSs to strengthen remote feedback collection and facilitate community participation remotely. These partnerships include: Translators without Borders to use chatbots; Africa's Voices Foundation to collate feedback through SMS; Ground Truth Solutions for perception monitoring; and the Netherlands Red Cross to promote behaviour change through digital tools.

Social care, cohesion, and support to vulnerable groups

PGI

To ensure no one is left behind or left out and there is clear understanding of the different impacts of COVID-19 to communities, the IFRC team translated all PGI guidance notes for the COVID-19 response to ensure they are available not only in English but French, including:

- PGI technical guidance
- PGI basic guidance note to be used by all National Society staff
- Guidance note on COVID-19 Impact on Trafficking in Persons
- Child Safeguarding in COVID-19
- Child Protection and COVID-19
- Guidelines for child-friendly messaging in COVID-19 response
- Guidance on working with older people in COVID-19 response.

The IFRC continues to support National Society PGI focal points to ensure they have relevant materials to conduct PGI briefings for National Society staff and volunteers.

IFRC and UNICEF regional teams have been in discussions on long-term and short-term collaborations on SGBV in emergencies, including planning joint webinars on SGBV and COVID-19. The webinars will focus on SGBV in the COVID-19 response and ensure collaborations in strengthening country responses to SGBV in COVID-19.

Continued technical support and provision of funding to Somali Red Crescent, Burundi Red Cross and Democratic Republic of the Congo Red Cross Societies will ensure integration of SGBV prevention and response activities in the COVID-19 response through working with other sector teams, including WASH and health, and will ensure SGBV awareness and messages, including referral pathways, are shared with communities.

Several NSs continue to ensure PGI is a priority in the COVID-19 response. Some examples of good practices include:

- Kenya RC is integrating SGBV prevention and response messaging during COVID-19 awareness sessions into the community's food, non-food item and WASH item distributions. They have activated their Community Protection Watch Groups for response on SGBV at community level, integrated PSS services 24/7 through toll-free tele-counselling services, supported GBV coordination mechanisms at county level, trained Community Health Volunteers on SGBV in emergencies, and prepositioned and distributed drugs and commodities to respond to SGBV.

- Mozambique RC, together with IFRC, is ensuring that dissemination of COVID-19 messages, SGBV information and referral pathways are included. They have also reactivated community protection structures, and supported government structures at community level through training and coordination on SGBV prevention and response.
- Zambia RC has ensured their messages on COVID-19 are inclusive and accessible to different groups in communities, including persons with hearing impairments, by developing a video on COVID-19 with sign language.
- Togo RC, through “Papa Champions” and Mothers Clubs, is sharing messages on SGBV, including referral pathways to communities through community awareness sessions, songs, and radio programs.

Migration and Displacement

The Migration and Displacement team is providing COVID-19 information and other material support to refugees, asylum seekers, IDPs, returnees, migrants and host communities, including coordination and collaboration with the regional shelter coordinator. Guidance has been developed to assist NSs in planning with the aim of enhancing protection and assisting and advocating for refugees, internally displaced people, migrants and host communities as a group at high risk and particularly vulnerable to the COVID-19 pandemic.

The GVA migration unit and regional counterparts are putting in place plans to support NSs to ensure that IDPs, refugees, asylum seekers, returnees, and migrants, as well as host communities, have access to essential information, and testing and treatment services, irrespective of their legal status. The unit is planning to support NSs to have the capacity and tools to make this happen.

The Communications and Migration teams are working together to create and produce a communications strategy to make visible the actions conducted by the RCRC to attend to the humanitarian needs of people in situations of human mobility. This will be used in different countries to create awareness about the importance of continued funding for operations in migration transit countries (e.g., Tanzania) through video messages, pictures, and articles, among others.

Priority 3: Strengthening National Societies

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

NSs are working in collaboration and coordination with local authorities in their auxiliary role. For example, in line with its auxiliary role to the Government of Kenya and in support of the MoH, Kenya Red Cross has trained a team of volunteers and equipped them with PPE to supplement the government’s efforts in screening people to identify suspected cases of COVID-19 for isolation, management, and monitoring. Also, the Red Cross of Benin has deployed 8 volunteers jointly with the MoH for contact tracing, monitoring and follow-up of suspected cases in self-isolation hotels identified by the government.

The IFRC Business Continuity teams have been working closely with CCSTs/COs to support NSs completing respective Business Continuity Plans (BCPs). Ten (10) NSs out of 47 have shared their BCPs for review and comment. The Preparedness for Effective Response (PER) mechanism is serving as a conceptual framework to guide NSs as they review their local preparedness and response capacity, engage in risk analysis and scenario planning with key stakeholders, and develop contingency plans.

During the reporting period, the IFRC Disaster Law Programme (DLP) has provided mappings of 48 countries in Sub-Saharan African. These mappings provide information on the role of NSs in the COVID-19 national response framework and opportunities available to clarify and ease operations of the NSs in their response.

The programme has also developed additional advocacy packages, which include Key Messages on access, as well as flowcharts to help the NSs navigate issues on access and international disaster response law (IDRL). This advocacy package supports NS advocacy for inclusion in national COVID-19 response frameworks, as well as for necessary legal facilities to support their work and that of Movement actors.

As a guide to NSs on how to utilize these tools in support of their advocacy efforts during the pandemic, the DLP facilitated a webinar in French with NSs from Central Africa, as well as Niger. This webinar detailed the major findings of the mappings carried out on the role of the NS in the national response framework for COVID-19. National Societies shared their experiences in engaging with their governments during this response, highlighting best practices, as well as challenges they continue to face.

The PGI team has held several webinars looking at strengthening National Society response to COVID-19. These webinars include:

- Two webinars (French and English) hosted by IFRC and ICRC addressing protection and inclusion in the response to COVID-19 where IFRC and ICRC were able to share the movement approach and relevant guidance notes on PGI and COVID-19, and National Societies were able to share their experiences and challenges.
- Two webinars (French and English) on prevention of sexual exploitation and abuse (PSEA) to ensure PGI focal points in National Societies are aware of PSEA, tools available, the relevance of support to survivors using a survivor-centred approach, and policy development and implementation by National Societies. This was especially relevant during the COVID-19 response for NSs to ensure the signing of the Code of Conduct and to start looking at measures to safely receive and handle sexual exploitation and abuse complaints.

National Society sustainability

There is uncertainty related to the future of NSs due to the global effects of the pandemic across the traditional donor community coupled with a shift in global priorities, which present new challenges for future investment in strengthening NSs for service delivery while competing for a narrowed donor landscape. This will leave most African NSs with sustainability challenges requiring reimagining of how they should approach the future. Innovation remains the key to harnessing domestic fundraising efforts. The National Society Development (NSD) unit continues to prioritize support to NSs on financial sustainability and domestic resource mobilisation.

Examples include:

- Supporting NSs to build capacity in domestic resource mobilisation to meet new requirements brought on by COVID-19 through webinars on the creation of digital fundraising platforms and an online Membership drive supporting the development of digital fundraising models with Malawi Red Cross, Kenya Red Cross, and Cote d'Ivoire Red Cross, who enrolled and completed an online questionnaire indicating their interest and intentions for the platform.
- Webinars on innovative approaches to and practical applications of solving challenges associated with the localization of resource mobilization, and trainings on Action Learning organized by the Regional and Geneva NSD units. The training aims to lay a foundation for breakthrough problem solving related to NS financial sustainability and governance issues.
- In collaboration with the Geneva NSD team, a financial sustainability webinar was organised for Southern Africa Cluster and Central and West Africa Anglophone NSs to create awareness and encourage prioritisation of domestic fundraising.

Support to volunteers

The outbreak of COVID-19 presented a new emphasis on the prioritization of Duty of Care by NSs for staff and volunteers on the frontline of the emergency response. With most countries on lockdown and staff working from home, volunteers have remained at the core of the frontline response to COVID-19 within NSs and communities. Some of the key undertakings related to volunteer support include the following:

- Contribute to ongoing regional and global discussions on strategies for the COVID-19 response focusing on ensuring volunteer safety and security and how this could be attained through enhancing capacities of the NSs.
- Participated in global webinars on volunteering (digital, engagement and profiling volunteer stories) and how the role of volunteering is evolving due to COVID-19.
- Work with Policy, Strategy and Knowledge (PSK) team members and colleagues from other regions and Geneva to brainstorm on volunteer insurance and Volunteer Solidarity Fund initiatives, which culminated in the development of the IFRC **NS Guidance on Duty of Care for Volunteers**.
- Worked on baseline data collection and analysis for NSs around the COVID-19 response focusing on NSD priorities around volunteer engagement, and disseminated Volunteer Engagement Protocols under the current COVID-19 pandemic.
- Held a SOKONI Platform sharing with the Americas Region on 11th June 2020.
- Virtually supported the African Youth Network Executive with the design and development of their 2020-2021 work plan.
- Supported facilitation of Youth Engagement Networking and Partnerships meetings while seeking ways that enhance practical contributions by youth as key actors to the COVID-19 response. This was a joint initiative between IFRC Africa Region, UNFPA East Africa, AU Envoy on Youth, and the Big 6 World Youth Organisations. This initiative focused on how youth are engaged in the COVID-19 response across the NSs.
- African Youth Network collaborated with the PGI unit to initiate Youth Champions in PGI among many other activities where NSs are engaging youth and volunteers in actively mainstreaming PGI activities. Further support has been given to ensure partnerships with youth leaders from universities to provide much-needed innovation within NS COVID-19 responses.
- The East Africa Sub Regional Youth Leadership network initiated virtual exchange programmes with Europe and Asia Youth networks to share challenges and opportunities of young people in responding to the COVID-19 pandemic. Further conversation is ongoing and exploring how youth and volunteers can actively be involved in youth volunteer platforms like SOKONI.
- Engages and shared COVID-19 emergency response strategies and awareness with all youth leaders from Africa NSs.
- Continued to disseminate IFRC Education Webinars for increased awareness of the impact of COVID-19 on education, which has become a priority concern for the communities we seek to serve in our COVID-19 response.

Enabling Actions

The IFRC Africa Region is enabling NSs to respond effectively with quality programming by facilitating a coordinated approach with international support in surge personnel, communications, information management and logistics, while ensuring accountability by NSs in community engagement and inclusion of people the most at risk. To support this response, the IFRC provides international support and resourcing, evidence-based insights, communications and advocacy, coordination for quality programming, and an oversight function to reduce risk and to ensure the assistance under the three pillars is provided effectively, is communicated to the relevant partners, and has the impact that is needed. IFRC is supporting NSs to set up or revise existing BCPs, to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders, and to secure ongoing essential service delivery. Security risk registers and mitigating measures are current and implemented, and updated security plans are in place across the

region. IFRC support from the multilateral Appeal is being channelled through distributed capacities/networks to provide coordination and enabling actions and to ensure accountability.

Coordination for quality programming

Movement Coordination

The IFRC is working closely with all Movement partners in this response, at national, sub-regional and regional levels. In addition to supporting NSs (financially and technically) in the implementation of their responses, as well as coordinating the overall strategic direction of the Africa COVID-19 response, IFRC is coordinating with all other Movement partners to ensure harmonization, information sharing and technical coordination, through a number of channels. The primary platform for Movement coordination at the regional level is through the Movement Operations Group, which coordinates action to ensure that support from ICRC, IFRC and partner National Societies is harmonized and avoids duplication. The group also identifies and operationalizes Movement assets across the continent to maximize efficiencies in HR and technical resources and leverages existing Movement programmes to further support NSs in their response. At country level, Movement partners are working together under the leadership and coordination of the IFRC to augment the response capacities of NSs. Given its unique added value in providing leadership in coordination to its membership, the IFRC has placed considerable emphasis on bringing Movement elements together under a common operational strategy and providing the necessary tools and data—information management—to plan jointly and execute operations.

External Coordination

The IFRC is actively coordinating with key agencies, as summarized in the table below, such as the African Union, Africa CDC, UNOCHA, UNICEF, and WHO, and is a member of the Regional Humanitarian Partners Team (RHPT) positioning the IFRC and African NSs' special roles under the localization agenda and auxiliary roles for the COVID-19 response. At the country level, NSs and the IFRC are actively participating in government-led coordination structures and are observers to, and participate in, meetings of the Humanitarian Country Team (HCT) and Inter-Cluster Coordination held both during disasters and non-emergency situations.

Summary of Coordination Platforms for COVID-19

Name of Platform	IFRC Role	Host Agency
Emergency Preparedness Working Group	Co-Convener	OCHA, ICVA, IFRC
RCCE Technical Working Group East and Southern Africa	Co-Chair	IFRC & UNICEF
Regional Community Feedback Sub-Working Group for East and Southern Africa	Chair	IFRC
Regional Community Feedback Sub-Working Group for West and Central Africa	Co-Chair	IFRC & MSF
Regional Health Partners Meeting	Represent IFRC	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF
Regional Technical Working Group for Surveillance, Lab, and PoE	WG Member	WHO
Regional Sub-Working Group on Civil Military Coordination	Represent IFRC and ICRC	OCHA
Regional Technical Working Group on FbF/EWEA	Chair	FAO, WFP, UNICEF, GRC/IFRC
Regional Thematic Working Group on COVID-19, Refugees & Migrants	WG Member	IOM

Name of Platform	IFRC Role	Host Agency
Logistics Meeting (EPWG)	Represent IFRC	OCHA
Global Shelter Cluster	Co-Lead	IFRC, UNHCR
IFRC Regional Coordinators Working Group	Participant	IFRC
Cash Peer Working Group	Participant	American RC, British RC
Regional GBV Working Group	WG Member	UNFPA, IRC
Regional WASH Technical Working Group (East Africa)	Member	UNICEF

Business Continuity Planning (BCP) and Security within IFRC Secretariat

BCP

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

The operating modality under the BCP classification remains unchanged for now, varying across the region. IFRC offices remain under the classification of either Extraordinary Situation or Extreme Situation. The IFRC has managed to preserve operational capabilities in the region while fully exercising Duty of Care principles. All IFRC offices have effective Business Continuity Plans activated across the Africa Region.

Security Management

The IFRC Security Unit for Africa Region continues to monitor the situation closely and extends security and safety support to operational CCSTs and COs. Considering the evolving situation, operational risks shall continue, and new risk sources are likely to emerge, with effects based on various operational contexts, including challenges related to access. Patterns of criminality and hostilities are mainly in the High and Extreme High operating environments. Since the time of the launch of the operation, there have been additional risks associated with the overall situation in the planned operational context.

Enforcement of COVID-19 prevention measures have triggered and generated dissatisfaction and violence. Virus prevention measures of respective governments have taken a violent turn in parts of Africa as countries impose lockdowns and curfews or seal off major cities. In some countries, security forces have used strict deterring measures to enforce lockdowns and curfews. There are reports of demonstrations/protests in several countries against the way some governments are perceived to handle the ongoing crisis with curfews and movement restrictions.

Humanitarian agencies warn that delivering aid has become even more dangerous during the current coronavirus pandemic. The ICRC has documented more than 600 incidents of violence, harassment or stigmatization against healthcare workers, patients and medical infrastructure in relation to COVID-19 cases during the first six months of the pandemic.

Several travel and deployment restrictions are in place. With border closures and travel restrictions across the region, medical evacuation and relocation pose a challenge. Essential humanitarian access is halted and deployments and access to the most vulnerable groups are severely affected. Countries under pressure from the public are gradually releasing restrictions and the process of opening up is an ongoing process, while the spread of COVID-19 continues.

Given the mounting pressures on the economy posed by COVID-19-related restrictions, an increase in criminality, including petty theft, robberies, and looting, as well as violent extremism, is possible in the short to medium term. Confinement measures initially led to a decrease in traditional criminality in many places, as movement restrictions and

curfew made it difficult for criminals to move around. However, in the medium term, this might lead to an increase in crime of opportunity, home invasion, business/office burglaries and carjackings. With most shops and offices closed, the online shopping industry is flourishing, and people are mainly working online, which leaves people vulnerable to online fraud/crime, as well as virus attacks.

Aggression and anti-foreigner sentiments have been emerging in various countries in the Region. As the Coronavirus continues to spread, misinformation and misguided precautions, often rooted in racially insensitive stereotypes, have proliferated. Several countries since the beginning of the Coronavirus pandemic have recorded several incidents stigmatizing expatriates and humanitarian personnel, with reports of verbal threats and harassment, sometimes followed by violent acts. Rampant misinformation, misunderstandings, and the spread of fake news regarding COVID-19 will continue to contribute to the growing xenophobic sentiment. This will likely lead to a deterioration of the security situation and underscore the security and safety challenges RCRC personnel and health workers may face in case of local outbreaks. However, efforts are being made by the RCCE teams in support of NSs to work with media to ensure communities receive the information they need to tackle rumours and misinformation.

A gradual worsening of the security situation has been detected in Sahel and the West Coast due to the volatility of the situation by non-state armed groups (NSAGs) operating in a relative or total vacuum of state power. In Mali, a major change in power with massive and violent demonstrations are progressing. Sudan, South Sudan, DRC, CAR, Niger, Nigeria, Mali, Cameroon, and Burkina Faso remain the focus of particular attention to the Regional Security Unit.

With the intention to strengthen some of the critical hot spot areas where considerable IFRC presence is maintained, such as DRC and CAR, the Regional Security Unit has initiated deployments of security delegates.

Regular weekly and ad-hock meetings have been in place amongst security officers and focal points with the aim to expand the forum of security professionals operating in Africa to include NS security personnel/focal points.

Evidence-based insights, communications and advocacy

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

The PMER regional team continues to work closely with CCSTs/COs to support Africa NSs to monitor and report on their activities of the response. In addition, the team has ensured that training on Federation-wide monitoring tools, rolled out by the global PMER team in consultation with the regions, has cascaded to CCSTs/COs through webinars and additional guidance notes, where necessary.

At regional level, the team has coordinated the development of bi-weekly situation reports, which have been shared with all Senior Management team members at the regional level, partners, NS leadership in Africa, and Geneva. The situation reports have been key in keeping all stakeholder updated on the response. PMER takes part in bi-weekly coordination meetings with various technical units, as well as with COVID-19 focal persons, to share progress, challenges and areas that need attention.

The regional PMER team has also maintained close coordination with the global PMER team in developing and rolling out the monitoring tools used for federation-wide reporting. To provide feedback on key areas that would allow the operation and management teams to pivot the response based on evidence, the global PMER team rolled out Real-Time Learning (RTL) initiative, which has collected feedback from stakeholders in this response. The qualitative feedback was collected through key informant interviews. The regional PMER team led this initiative in the Africa Region and took part in the analysis. So far, two RTL initiatives have been conducted, where the results of the first RTL have been shared globally, and the analysis of the second RTL is ongoing.

Information Management

The IM team has supported 11 NSs (Djibouti, Kenya, Chad, Botswana, Sudan, South Sudan, South Africa, Rwanda, Benin, Niger and Somalia) with technical support through guidance and briefings on the GO Platform Emergency Database to enhance efficient reporting on COVID-19 operations. Continued support is being provided to NSs towards COVID-19 reporting on GO.

To support coordination efforts and visually represent the Africa COVID-19 operation, a COVID-19 Africa Dashboard has been developed and is published in the Africa Operations Room ([link](#)) and on the COVID-19 Response Africa Region page of IFRC GO ([link](#)). The dashboard combines several global and regional tools to provide real-time information on funding, activity and impact data, and partner information.

The IM teams has also supported the development of the COVID-19 Human Resources (HR) Workforce Dashboard based on the HR data, surge personnel, and staff on loan information ([link](#)), and has started the development of an IM support strategy for the upcoming livelihoods/cash programs. The IM team has engaged with the cash focal points at regional/global levels, as well as relevant partners and NSs in the region, to discuss how best to integrate this work in existing data/digital support packages and the general digital transformation strategy of the IFRC.

Communications

The Communications team of the IFRC Africa Region maintains a steady flow of timely and accurate public information and audio-visual (AV) content, with focus on humanitarian needs and the RCRC COVID-19 response, facilitating transparency, supporting effective advocacy and resource mobilization efforts, enhancing collaboration with key partners and stakeholders, and mitigating reputational risks.

A range of products and assets that illustrate challenges and responses are being gathered and produced in cooperation with CEA colleagues and NS communications people, including appropriate media messaging, photo and video packages, social media assets, etc. During this operation, the Communications team is continuously gathering high-value AV content and producing various assets and products that illustrate the impact of COVID-19 on communities in Africa, along with NS response actions. These products are shared using our online platforms to support awareness raising, advocacy and resource mobilization efforts.

Examples of videos produced in cooperation with CEA and RCCE – #AskDrBen in English and #AskDrAissa in French – can be found [here](#). Examples of videos showing the work of volunteers in Senegal can be found [here](#).

Planning and delivery is carried out in coordination with regional leadership, operations and resource mobilization teams. Content has been gathered and shared by NSs where possible (or short-term contracted photographers/videographers where necessary) and is continuously produced by contracted partners through our Regional Office in Nairobi for the purpose of pitching these stories to the media or for social media use across the RCRC network.

Through the gathering of people-focused AV content relevant to the humanitarian challenges caused by the COVID-19 situation, focusing on direct consequences, derived challenges, and our response action, the Communications team is enhancing partnerships and resource development activities. The team is also engaging with partners and donors through continued dialogue, conference calls, and proposals, to generate support and resources, as well as to get attention from external media.

A story of a contract tracer from South Africa RC featured on BBC can be found [here](#).

International Support and Resourcing

Logistics, Procurement and Supply Chain

The Regional Logistics Unit (RLU) has defined the supply chain management of the operation, fulfilling the needs of PPE elements for NSs of the region, channelling resources as per the global sourcing strategy. The coordination for dispatch of materials from Dubai has been finalised for the first round of PPE requests from 17 African NSs. New requests have been received and tenders have been launched regionally and locally. Because of the global pandemic, the supply lines have been greatly affected and global PPE demand is higher than production capacity. African airfields are reportedly flooded with humanitarian cargo, and long delays in delivery are extremely common.

The procurement team has been supporting the NSs 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 yet ensure an adequate level of compliance and accountability for any procurements conducted for the COVID-19 emergency response. The directive remains valid during the emergency COVID-19 response, and shall apply to global, regional and local procurements.

The Fleet Unit has supported Africa Region COVID-19 response efforts by way of supplying ambulances to the following NSs: Mauritius, Madagascar, Kenya, Cameroon, and Gambia. More support is in the pipeline for Uganda, Kenya, DRC, and South Sudan. IFRC COVID-19 Fleet Guidelines have also been shared with NSs for safe use of vehicles during the pandemic.

Cash related activities have increased significantly and the RLU is engaged in financial service provider (FSP) sourcing and contract reviews across the region.

Surge

The regional surge team has so far deployed a total of 16 people to the region from the global pool and from different Africa NSs to provide support to various sectors that are currently responding to operations as a result of the effects caused by the pandemic. To date, support has been limited to remote assistance and technical advice in different areas, such as operations management, public health in emergencies (PHiE), staff health, business continuity, and information management, among others. Support for the moment is expected to continue remotely due to the impossibility of physically deploying as a result of restrictions imposed by governments, which include closures of borders, ports, and airports. However, this remote support has proven to be successful mainly in technical areas that have managed to adapt 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. A total headcount of 74 positions have been reviewed and approved by the Secretary General. This headcount is for National Staff distributed among the Africa Regional Office (AfRO) and CCST offices (Eastern Africa, West Africa, Central Africa, Southern Africa, Indian Ocean and Islands, and Sahel), as well as COs (DRC, Sierra Leone, and Somalia). Twenty-seven (27) international delegate positions have been recruited as well.

The HR team has supported the hiring process of NSs in this operation for a number of positions within CCST Central Africa (4), Ethiopia (1), CCST West Africa (2), CCST Eastern Africa (4), CCST Sahel (1), the Regional office (11).

National Society response – key highlights

Angola Red Cross

The Angolan Red Cross has mobilized and trained 3,673 volunteers with the participation of nurses and doctors from the MoH. Its focus has been on building a strong network of volunteers by mapping the location of volunteers, creating groups of volunteers in communities, and training of trainers to further train volunteers. Volunteers have been conducting various COVID-19 related activities in key public areas. The NS has reached 105,150 people through volunteer activities targeted at informal markets, supermarkets, taxi ranks, warehouses, ATMs, and house-to-house visits. Additionally, they have reached 25,000,000 listeners and viewers through national radio programmes and national and public TV programmes related to COVID-19 in several languages. A total of 385 community engagement sessions were held in informal markets. A total of 1,180 people were reached in institutional and home quarantines at provincial level. A total of 448 calls were made under the Restoring Family Links (RFL) program.

Baphalali Eswatini Red Cross Society

The NS completed its community-based awareness campaigns in existing project sites through gate-to-gate information dissemination. This door-to-door COVID-19 awareness campaign was conducted in 26 Constituencies with 130 Chiefdoms spread throughout the 4 regions of the country. These campaigns reached a total of 68,459 people in 12,319 households. As part of the social mobilization to encourage positive behaviours and address fear, rumours and stigma, the NS conducted health promotion at schools and churches (14 schools and 2 churches). The NS continues to host live radio shows (VOC & EBIS) to encourage positive behaviours, address rumours, fear and stigma, inform on Red Cross services and activities and where to access care, where 900,000 people were reached. These interactive radio interviews in Siswati were used to engage with audiences in a two-way process that allows them to ask questions. Questions asked by audiences were collected as feedback and collated together with feedback from other sources.

Red Cross of Benin

The NS's efforts in supporting the government through the various activities are highly appreciated. A total of 34 ToTs were trained (33 male, 1 female). These ToTs in turn cascaded the training to 200 volunteers (131 male, 69 female).

Eight volunteers were deployed jointly with MoH officially for contact tracing as well as monitoring and follow-up of suspected cases in self-isolation hotels identified by the government. In total, 1,021 people were reached by sensitization, 212 received, 157 followed in isolation centres and 66 people have completed their stay.

Sixty (60) handwashing stations have been installed in local communities and 22 in general education colleges following the reopening of schools. This activity reached 47,880 people. The NS has also been assigned the mission of management of dead bodies from COVID-19 and has so far managed 38 burials.

Mobile outreaches were done to sensitize communities on COVID-19. Three outreach teams were deployed reaching 2,615,000 people. A total of 13 interactive radio programs in four community radio stations (Radio Allelui FM, Immacule Conception, Tado, and Grerdes) reached 2,500,000 people. A total of 1,640 posters were placed in strategic high-visibility locations to raise awareness reaching 1,260,000 people. The NS entered a contract with Moov and MTN for broadcasting of messages that reached 4.5 million people. The NS also incorporated journalists in its response thus they were able to train 115 journalists on COVID-19 and their role.



*Posters being posted in the community
Photo: Red Cross of Benin*

Botswana Red Cross Society

The Botswana Red Cross Society has activated 4,272 volunteers for the response. A total of 541 volunteers across the country were trained on COVID-19 preparedness and the safe use of PPE. To date, over 292 volunteers have been deployed to over 36 localities in Botswana. Response interventions have included assisting the government's relief food distribution process, RCCE, health promotion, enabling prevention protocols, and infection control in rural areas. The Botswana Red Cross Society has also resumed other activities to run alongside COVID-19 response interventions, including its drought response and first aid training services.

Burkinabe Red Cross Society

The NS has developed their BCP and COVID-19 contingency plan, as well as identified activities with a high risk of exposure and planned for adaptation to reduce risk and provide protection where exposure cannot be eliminated. The NS has provided staff and volunteers with health guidelines, travel guidance, risk communications training, and guidance on when to use and not use PPE. Specific RCCE activities undertaken have included face-to-face social mobilization through door-to-door visits and activities in public places, while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the NS has supported the government in screening, contact tracing and other services related to surveillance and case detection, as well as IPC and other health-system interventions to improve care or access to care.

Burundi Red Cross

The Burundi Red Cross started its response activities on 1 April 2020 and has so far reached over 5 million people through various Response activities. To effectively respond to the pandemic, the NS has undertaken various training to its staff and volunteers to enable them to deliver different response activities as well as raise their awareness of COVID-19 and help them to be safe during the response. Volunteers involved in the activities were trained on COVID-19 (basic knowledge and prevention measures). In addition, contact tracing teams, and volunteers involved in RCCE, IPC and other community activities, received PPE and specific usage recommendations to limit the risk of contamination. Also, activities requiring adaptation were carried out either by reducing the number of participants or conducting remotely to limit volunteer exposure. The number of volunteers trained is as shown in the table above.

Number of Volunteer trained

# of volunteers trained in surveillance and contact trac	129
# of staffs and volunteers trained in COVID-19 RCCE	167
# of volunteers trained in COVID-19 IPC	80
# of volunteers and staffs trained in PSS	122
# of BRCS and MoH Hotline staffs trained in PFA	20

The NS has reached 5,690,011 people through IPC-WASH activities against COVID-19. Through RCCE activities, the NS has conducted focus group discussions with community leaders to raise their awareness of COVID-19 and reached 1,631 community leaders. Besides, a total of 77,354 students were reached through awareness sessions on COVID-19 prevention. The NS carried out 313 roadshows to sensitized communities. In addition to Health and RCCE activities, the NS also supported livelihoods where 3,750 people (750 people per province in five provinces) were assisted with food and non-food items in quarantined sites.



Road show for COVID-19 awareness in Bujumbura/
Photo: BRCS

Red Cross of Cape Verde

Health activities have included the provision of PPE, support in health facilities and treatment centres, running an emergency health centre, and contact tracing of infections. They have also worked with the MoH to support screening services and provide disinfectant/chemicals, as well as first aid services and chlorine for handwashing facilities. They

have also provided IEC materials about COVID-19 to support people to adopt safe practices and address rumours and misinformation via mass media and print media to raise awareness on COVID-19. In conjunction with the MoH and the Cabo Verde Psychological Association, they are operating a toll-free phone line, which serves as both a feedback mechanism, as well as a free PSS service.

Central African Republic Red Cross Society

Three (3) isolation shelters at the Sino-Central African Friendship Hospital and the Bangui General Hospital were constructed to support services for the management of COVID-19 cases. A total of 1,000 additional alternative masks were manufactured for staff and volunteers. Awareness-raising activities were done in the neighbourhoods through mobile caravans, handwashing kits were distributed by nine local Red Cross committees, and activities resumed in the 7th sub-division (suspended for security reasons on 2 May 2020). In total, 15 motorized caravans, 320 volunteers and 60 megaphones were mobilized, 47 handwashing kits and 21,000 litres of water were distributed, and 190,000 people were reached. Training sessions for 131 community leaders (93 men and 38 women) were organized by the 10 local committees with technical support from the French Red Cross and financial support from the Netherlands Red Cross.

Red Cross of Chad

The NS through its large network of volunteers across the country has invested in the prevention of the disease through communication and awareness. Awareness has been raised in communities, schools, markets, and places of worship.

The Comoros Red Crescent

The NS was instrumental in setting up the COVID-19 management committees and provision of volunteers in isolation centers to support in ensuring hygiene and sanitation (disinfection) daily. The Comoros Red Crescent crisis committee organized weekly meetings for re-orientation and follow-up of activities planned by the different sectors of NS and COVID-19 focal point persons. So far 38 such meetings have been conducted. A total of 1,700 (1,000 male, 700 female) volunteers have been trained in epidemiological control on COVID-19. Of these, 19 (10 male, 9 female) were also trained on PSS, 90 (60 male, 30 female) were made available to manage three isolation and quarantine centres managed by French Red Cross, IFRC and the NS, 414 (204 male, 210 female) were trained in triage and contact tracing, while 6 (2 male, 4 female) have been trained on water chlorination for handwashing and disinfection of spaces.

The NS has dedicated one of its ambulances to support the response and equipped 20 paramedics with adequate PPEs. Twenty-four burials of persons who have died of confirmed or suspected COVID-19 cases have been supported. The NS has conducted 507 sanitation and disinfection campaigns in isolation and treatment centres as well as public places (schools, markets, universities, private companies, etc.). Additionally, 353 handwashing stations have been set up.

In terms of RCCE, over 700 posters and leaflets have been produced and displayed or distributed in different localities. Four radio animation shows and 15 radio and television sessions have also been held. A total of 190,092 people have so far been reached with RCCE activities. The NS also reached out to 56 local taxi drivers and trained them on measures to ensure the safe transport of people.

Congolese Red Cross

The Congolese Red Cross have provided guidance and communication to staff and volunteers to ensure they are protected and aware of essential measures. These include health guidelines, travel guidance, risk communications, and when to use and not use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms, and community-led planning. Specific RCCE activities undertaken have included: carrying out rapid assessments to identify the most at risk and barriers to healthy behaviours and to gather insights on cultural and contextual factors that could help or hinder an effective response; countering rumours and misinformation with facts shared through trusted

channels; setting up community feedback mechanisms; partnering with trusted mass media channels to reach more people; and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the NS has carried out active CBS activities, targeted community health programming (e.g., ECV, CBHFA) in coordination with RCCE and PSS activities, and supported the government in screening, contact tracing and other services related to surveillance and case detection, as well as IPC and other health-system interventions to improve care or access to care. In addition, the NS has provided PSS to affected populations and quarantined people.

Red Cross Society of Côte d'Ivoire

The Red Cross Society of Côte d'Ivoire has so far mobilized 74 out of the 85 local branches for implementation of activities. Good collaboration with stakeholders (political, administrative, health and local authorities) has ensured quality of the implementation of interventions in terms of relevance and effectiveness. Reflections on activities are made regularly to achieve the sustainability of actions while taking into account acceptable cross-cutting issues in the implementation of projects (CEA, Gender and Diversity, and Climate Change).

In its response, the NS has worked closely with and is supported by IFRC, ICRC, Swedish Red Cross, Dutch Red Cross, and UNICEF, among other partners. A total of 943 (622 male, 321 female) staff and volunteers have been trained on RCCE activities, while 11 (8 male, 3 female) have been trained in community engagement and accountability in the context of COVID-19, and 15 volunteers have been trained on contact tracing. Twenty (20) national pool of trainers have also been trained to train on RCCE activities. Volunteer safety is key in this operation and 775 (504 male, 271 female) volunteers have been provided with PPE kits.

The NS has been supporting households and vulnerable people affected by this pandemic. So far, it has distributed 2,180 food and non-food (WASH) kits to households and vulnerable people. Besides, the NS distributed 350 food parcels to persons with disabilities. A total of 295 (146 male, 149 female) persons with disabilities have been reached with PSS, and over 10,000 face masks have been distributed to the population.

Through RCCE activities focused on health, hygiene promotion and other risk reduction measures/awareness, the NS has reached 625,807 (319,162 male, 306,645 female) people. The NS collected feedback on rumours, suggestions, questions, etc. from 322 community members. Awareness of COVID-19 prevention measures and hygiene promotion were done through demonstrations of handwashing with water and soap for households, group talks, radio broadcasts, and billboards reaching a total of 2,290 people. A total of 113 radio broadcasts on COVID-19 were also done. Additionally, a system was set up to collect and manage feedback and complaints.

Red Cross of the Democratic Republic of Congo

In response to the communities' request for handwashing facilities, DRC Red Cross volunteers are supporting communities with the manufacture of locally designed handwashing stations. The innovation involves utilizing household jerry cans that communities use for collecting and storing drinking water. A small hole is cut at the base of the jerry can and a plastic tap – which is easy to find at the local market – is inserted into the canister. The handwashing station is easy to construct and at a very low cost. As a result, this contraption has been well-received by the communities, which are now constructing their own stations and washing their hands more regularly.

Red Crescent Society of Djibouti

Following the pandemic, the State called on the NS to conduct responses on the ground. The NS had volunteers quickly trained in good hygiene practices and concepts of COVID-19 and immediately deployed to lead the response in the field (awareness, spraying trucks or infected sites).

A total of 167 (102 male, 65 female) volunteers were reached with basic knowledge, training and awareness on COVID-19. Spraying operations and handwashing demonstrations in high-risk areas were done reaching a total of 3,500 people (2,300 male, 1,200 female). In partnership with UNICEF, the NS has reached 110,528 (44,212 male, 66,316 female) people

through awareness campaigns on mitigation measures and handwashing with soap. In total, 5,177 information, education and communication (IEC) materials were distributed during the awareness campaigns.

Red Cross of Equatorial Guinea

The Red Cross of Equatorial Guinea is strengthening the operational capacities of its teams and volunteers in order to increase its position in efforts for the sensitization of local communities on COVID-19 and its role as an auxiliary to the public authorities.

Ethiopian Red Cross Society (ERCS)

The ERCS's interventions have contributed greatly to the government's effort of making consistent handwashing a culture among the people. In addition to handwashing demonstrations, volunteers have been working on teaching people on proper face mask-wearing and keeping a safe distance apart.

A total of 60 volunteers have been trained in CEA. Twelve (12) volunteers were trained and deployed in Dire Dawa city at the main market named Taiwan Open Marketplace. Approximately 40,000 people visit the market daily for shopping and trading purposes. The volunteers are supporting the population visiting the market to manage physical distance and demonstrating handwashing practices at the main gates. The deployed volunteers are also teaching the community in the market on how to properly wear face masks.

To support households whose livelihoods have been impacted by this pandemic, cash feasibility and market assessment studies were carried out in Addis Ababa and Dire Dawa cities. Consequently, it was found out that cash intervention was feasible, and the market was suitable to undertake food and non-food items procurement. The cash intervention will benefit 9,500 people. Volunteers have already been deployed to start beneficiary screening and have already screened 700 households in Dire Dawa.

- # committees targeted to build capacity to respond to new coronavirus and CREC approaches 9
- # people reached through health and hygiene risk communication and community engagement activities 63,649
- # volunteers trained under the COVID-19 (ECV) RCCE program 119
- # people reached through mass media 691,420
- # households that have received information about COVID-19 7,783
- # volunteers trained in PSS and deployed throughout the territory 5
- # volunteers receiving psychological and social support from the CRG PSS teams 100

Gabonese Red Cross

The Gabonese Red Cross as part of its preparation or outreach activities briefed a total of 117 volunteers at Libreville and 50 at Woleu-Ntem on COVID-19. Population awareness was also done in various regions of the country reaching a total of 27,676 women and 27,729 men. In terms of monitoring and case-finding, 22 volunteers were actively involved in Libreville, Lambaréné, Oyem and Koula-Moutou. The Volunteers supported the Ministry of Health to monitor 1,136 subjects. The Gabonese Red Cross as part of the response had five (5) operating vehicles for Libreville. Five (5) other vehicles were also pre-positioned in the interior of the country, specifically in the cities of Oyem, Makokou, Franceville, Mouila and Tchibanga. Additionally, the Gabonese Red Cross maintains contact with the National border Societies of Congo, Cameroon and Equatorial Guinea. In the province of Woleu-Ntem (Which borders the three countries), radio broadcasts were organized through the community radio known as *"Three Borders Radio"* targeting the local community there.

Gambia Red Cross Society

The Gambia Red Cross Society is working closely with Spanish Red Cross, the MoH and other partners to respond to the pandemic. Volunteers are supported with allowances, PPE, mobility, and ensuring their safety. The NS has teams for Ambulance Services, IPC, PSS, Contact Tracing and Community Surveillance, RCCE, Screening at Border Posts, and Fumigation. These activities are being implemented country-wide and have so far reached over 800,000 people.

To date, the NS has mobilized over 500 volunteers from all the regions in the country and have been engaged in mass sensitization of communities on the preventive measures of COVID-19, its mode of transmission, and the process of referrals in case of any suspected cases. The NS has been erecting and continues to erect handwashing facilities in different workplaces and public places. In addition, the NS is also providing psychosocial support to people.

In partnership with the MoH and UNFPA, about 40 Red Cross personnel in Upper River Region were trained on Contact Tracing and Community Surveillance. From June to date, World Food Programme, ChildFund, MoH, and Mansakonko Area Council supported the NS in the fumigation of over 500 schools countrywide for reopening.

The Spanish Red Cross has supported the training of about 25 volunteers and staff on discrimination, stigmatization, exclusion, and exploitation. Besides, the Spanish RC has also supported the NS on cash transfer to provide basic needs to 169 households.

Ghana Red Cross Society

Capacity building of NS staff and volunteers, volunteer willingness to work, and the timely disbursement of funds by IFRC and partners has enabled the NS to respond as early as possible. A total of 495 volunteers (324 male, 171 female) have been trained, as well as 20 staff. At various stages of implementation, a team was deployed to monitor activities carried out in the various regions. This was to further encourage our valuable volunteers and staff at community level to continue with the good work, meet other stakeholders at district levels, and support program implementations.

Social mobilization and awareness creation on COVID-19 was done through mass media platforms and reached over 6 million people. Volunteers were charged to carry out education at places such as lorry parks, markets, shopping malls, and mini community gatherings, to mention but a few. Radio talk show and TV broadcasting were also other strategies used to reach more people. Some topics discussed were what is COVID-19, signs and symptoms, prevention, and the need to stop stigmatization, amongst others. The NS also distributed 20,000 social and behavior change communication (SBCC) materials and used 100 megaphones and 10 overhead speakers for awareness activities.

A total of 700 handwashing stations have been set up in markets, lorry stations, malls, and other public places. To ensure the handwashing stations are in good conditions and regularly providing water, identified people such as market leaders and lorry station heads were placed in charge to ensure sustainability. In addition, 5,000 face masks and 10,000 sanitizers were distributed. Food starter packs and RCCE materials were also distributed to 50,000 households in greater Accra and Ashanti regions during the lockdown.

Red Cross Society of Guinea-Bissau

The NS prepared an Action Plan in support of the government's national contingency plan for the fight against COVID-19. This plan has pillars in Health, Epidemic Control, RCCE, WASH, PGI, PSS, Shelter, DRR and NS Strengthening. The NS is prioritizing Health-related activities.

Red Cross Society of Guinea

In its response, the Red Cross Society of Guinea has worked in collaboration with IFRC, ICRC and MoH to train its staff and volunteers, as well as in response activities to the pandemic. So far, 25 managers and staff of the NS have been trained on RCCE activities with support from the MoH and the ICRC. The NS has also trained about 1,478 volunteers with the financial support of IFRC and ICRC while technical support has been provided by the MoH. The number of volunteers trained in the various areas of the response is as shown in the table above.

Number of Volunteers trained

# of volunteers trained in surveillance and contact trac	120
# of volunteers trained in RCCE and ECV	1,478
# of volunteers trained in screening	100
# of volunteers and staffs trained in PSS	38
# of volunteers trained in management of the deac	80

Through RCCE activities, the NS has so far reached 1,481,749 people with awareness messages on measures to mitigate transmission of COVID-19. In addition, the NS has screened 3,038 people, reached another 2,277 through contact tracing, and supported in managing 131 burials of people who passed away due to COVID-19.

Distribution of kits to support handwashing in ongoing and, to date, the NS has installed 180 handwashing devices and distributed about 7,000 soaps. Besides, the NS has also distributed 500 face masks.

Kenya Red Cross Society (KRCS)

The KRCS aims to strengthen inclusive and gender-responsive health response for COVID-19 management and to enhance community engagement for prevention, control and management of COVID-19. In this regard, the NS has been taking actions of support to the government on contact tracing and isolation and MHPSS to the public, amongst other actions.

In line with its auxiliary role to the Government of Kenya, and to support the MoH, KRCS trained a team of volunteers and equipped them with PPE to supplement the Government efforts in screening as many people as possible to identify suspected cases of COVID-19 infection for isolation, management and monitoring to arrest the chain of infections. KRCS also supported in making referrals and followed up on such cases and tracing of contacts. A total of 1,202,172 people have been screen by KRCS, 1,150 suspected cases referred for further test and management, and 5,328 confirmed cases traced.

# of people provided with chlorine	1,240
# of people reached with hygiene messages	680,603
# of people provided with collapsible jerricans	2,278
# of people provided with bar/liquid soap	41,875
# of people provided with hand sanitizer	417,002
# of people in prison reached though installed handwashing facilities	680

In WASH, KRCS has reached 1,142,998 people (560,069 male, 582,929 female) as shown in the table below.

KRCS engaged counsellors who provided counselling support to KRCS staff and volunteers, health care workers, and the general public through tele-counselling managed at the KRCS Emergency Operations Centre (EOC). In some instances, the counsellors held face-to-face counselling sessions to family members of COVID-19 patients who were struggling to cope with the situation.

# of people reached via tele-counselling	10,000
# of people reached via group/individual PFA the	20,000
# of youths reached via weekly webinar	40,000
# of people reached via social media MHPSS	204,000
# of staff reached via MHPSS	2,000

To sustain effective risk communication and engagement of communities on COVID-19, KRCS trained its staff and volunteers involved in the response on COVID-19 ECV and RCCE packages to ensure they are well-equipped with the correct information and knowledge. A total of 559 staff and 67,702 (33,448 male, 34,813 female) volunteers were trained. Public Address Systems (PAS) were hired for mass communication campaigns in local languages. These PAS were mounted onto KRCS vehicles combing key corners of social places like market centres and in the villages with two volunteers passing key messages on COVID-19 and prevention, and reached 11,577,127 people, among them 5,904,433 women, 2,431,197 youth, 578,856 elderly people, and 810,399 persons living with disabilities. Focus group discussions were also used to reach 6,246 people. A total of 571 complaints and feedback have been received through the toll-free line and addressed by the KRCS, translating to over 110 calls per month.

Cash grants for families affected by food insecurity as a result of COVID-19 were also provided through cash transfers reaching 13,231 households. 800 households received cash transfers of KES 5,600 for two months supported by British Red Cross and Netherlands Red Cross, and 12,431 households received cash transfers of KES 7,600 for one month supported by EU funding through a consortium.

Lesotho Red Cross Society

The NS has supported the government through screening at the borders (Quthing) and South Africa (Eastern Cape). Approximately 426 people were screened (222 female, 204 male). In addition, the NS volunteers conducted education and awareness campaigns in communities. During these processes, tippy taps were constructed in hot spot places like taxi ranks, clinics and shops. A total of 328 tippy taps were constructed and 2,709 people (1,553 females and 1,156 males) were reached through RCCE.

Liberia National Red Cross Society

The NS has worked to increase health awareness and conduct RCCE activities to prevent further spread of COVID-19 using social and traditional/regular media engagements. The NS made the following media engagement activities:

- 7 radio/TV appearances (Spoon FM/TV, KM TV, ECOWAS RADIO, Classic FM)
- 4 COVID-19 related Press Releases were issued
- 1 COVID-19 Response Launch Press Conference was held with 12 media groups
- 1 Media field trip to volunteers' locations and follow-up on the community activities (eight media groups were involved with the field exercise)
- Distribution of buckets and thermometers to 16 radio and television stations
- A total of 4 radio/communication volunteers (2 per Chapter) were recruited to follow up with the radio/television programs.



*Food item distribution in a children's home
/Photo: LRCS*

The above activity helped to reach the larger portions of the populations and afforded them to take necessary safety and protection measures. During the radio and television shows, listeners called in and provided their feedback. 15 concerns, questions and recommendations from the public were documented. A total of 313 spots for broadcast were procured on 7 radio stations in seven counties. The NS also completed a booklet consolidating all relevant facts about COVID-19 and the NS response. The jingles were aired on the radio stations in the counties to increase public awareness of COVID-19. Also, 37 content made up of text, images and videos were posted on the NS's social media platforms and reached 113,385 (67,136 male, 36,249 female) people for community engagement.

About 2,217 banners, posters, flyers and stickers were printed and distributed/pinned in communities. To minimize risk on volunteers, they were provided with masks, hand sanitizers and other PPE regularly. They used megaphones to do public awareness while keeping social distancing in practice. A total of 163,022 (77,104 male, 85,918 female) people were reached by Risk Communication/Social Mobilization.

A total of 90 volunteers were trained and deployed to do social mobilization and hygiene promotion through handwashing stations and in communities; 89 volunteers carried on the activities in Montserrado and Margibi. The NS established 35 handwashing facilities in public places (such as markets, public offices, and street corners) that were managed by volunteers in Montserrado and Margibi. Montserrado had 25 stations while Margibi had 10 stations. About 262,810 (149,755 male and 113,055 female) were reached by the established handwashing demonstration facilities.

To support vulnerable people (disabled and blind) affected by the pandemic, the NS partnered with Indian Community in Liberia to distribute food and non-food items to 12 vulnerable institutions including orphanages, disabled, old folks, and blind homes in Montserrado and Margibi and reached 501 (182 male, 319 female) people.

Malagasy Red Cross Society

The Malagasy Red Cross Society has been identified by WHO as the first responder in Risk Communication and Contact Tracing and needs additional technical support to fulfil this mandate. A total of 418 volunteers have been trained in mitigation measures, handwashing, use of PPE, PSS, and contact tracing in eight regions, while 514 volunteers have been trained in RCCE.



The NS carried out 36 disinfection exercises in public places (markets, public buildings). Two mobile clinics have been dedicated to improving reception capacity to accommodate newly-affected persons, while one ambulance is supporting evacuation of patients with COVID-19. In terms of reach, the NS has reached 1,049 (514 male, 535 female) people through contact tracing, while 3,794 have been reached through PSS.

To date, the NS has produced 220,000 communication support items (brochures) to distribute in 9 Zones and ports of entry (port and airport). A total of 3,804,547 beneficiaries were reached through handwashing devices installed. A total of 107,646 beneficiaries were reached through outreach awareness activities in Fokontany through home visits and focus groups. Cash support has been extended to 2,000 households.

The NS supported the MoH in the construction of seven tents as COVID-19 Medical Centers. These tents were set up to support sample collection from people with symptoms and for treatment. Thirty-two (32) alerts were received from the *CRM Green Line - 034 30 811 12*, 6% of which were related to reporting of confirmed and suspected cases. In total, 1,998 PPE and drugs were distributed to support health workers in three hospitals and 2,241 face masks were distributed to schools.

Malawi Red Cross Society (MRCS)

The MRCS's activities covered areas such as MHPSS, IPC (both for community and health facilities), CBS, and RCCE. In addition, the NS has conducted ECV to ensure staff and volunteer are aware of measures to keep themselves safe from COVID-19. IPC materials (face masks, gloves, toilet & laundry soap, hand sanitizers) were provided to 261 staff and 1,480 volunteers. Staff from 19 districts have also been trained on the development of an RCCE strategy. The NS is supporting the MoH to undertake community surveillance, case reporting and tracking, and screening of people in various public places including workplaces, points of entry, and some hospitals in the country.

The NS renovated four emergency treatment units in Kamuzu Central Hospital – Lilongwe, Dedza district hospital, Mangochi district hospital, and Mzimba district hospital. One was completed whilst three are under construction. Besides, the Malawi Red Cross provided 10 tents in districts and central hospitals for general COVID-19 screening and supported screening in border districts reaching 22,100 people (10,829 male; 11,271 female).

For WASH-related activities, MRCS supported handwashing and sensitization in 195 strategic points (markets, big shops, banks, roadblocks, and prisons) and reached over 58,500 people. Three hundred and eighty (380) handwashing buckets with taps and 45,000 pieces of soap were distributed to facilitate handwashing in public places. Thirty-eight (38) buckets each with 25 litres of chlorine were also distributed to 19 districts to support disinfection. The volunteers carried out 113 handwashing campaigns reaching 71,766 households. During these campaigns, they also advocated for gender inclusion and protection.

In RCCE, the NS used local communication channels like community and national radio stations, van publicities, mobile cinema, billboards, hygiene campaigns, and megaphone messaging to raise awareness on COVID-19. Over 10,451,000 people have been reached by the NS through public awareness using the above means.

Other activities done during this period included supporting RFL services (800 people reached through phone calls), and supporting the MoH for PSS to 1,118 people (returnees and deportees) from South Africa and other countries. In FSL, 496,045 learners from 451 schools were provided with take-home rations in collaboration with WFP and the Ministry of Education, where Corn Soya Blend flour amounting to 100,8536 kilograms was distributed. About 2,050 people were also reached with cash transfers.

Mali Red Cross

The Mali Red Cross has carried out response activities to support the government in tackling this pandemic. Animated messages have been shared on Facebook to raise awareness. These messages have an estimated viewership of 15,000 people per day. In addition, the NS has been broadcasting messages for positive behaviour change that has so far reached over 500,000 people. Community sensitization is also taking place through home visits and in public places (places of worship, markets, health centers), and talks with groups of people and have reached 100,050 people (42,757 men and 57,293 women).

Mauritanian Red Crescent

The Mauritanian Red Crescent has conducted activities in MHPSS, IPC and WASH in communities and health facilities, CBS, and RCCE, as well as epidemic control measures. Volunteers have also been supported and trained in safety measures, and both staff and volunteers have been provided with PPE.

A total of 850 volunteers have been mobilized in this response and have provided training and awareness campaigns across 12 Moughataas reaching over 600,000 people. The volunteers have distributed 30,000 flyers, 3,000 posters, and 5 giant panels in major crossroads carrying key COVID-19 awareness messages. In addition, the NS has developed and disseminated multimedia awareness-raising spots on social networks and television channels, and the volunteers took part in 16 local radio programs on the importance of respecting preventive measures. A toll-free number has been activated to answer questions from citizens regarding the virus and allows them to report any suspected cases.

In terms of health and WASH aspects of the response, the NS has established 100 handwashing stations in its headquarters, as well as 23 sites in the country, and distributed 9,000 masks and 5,000 bottles of anti-septic gel. They have also supplied 800 hygiene kits to the Ministry of Social Affairs Childhood and Family. In addition, volunteers continue to support disinfection of markets, mosques, administrative offices, and the premises of the NS, as well as the premises of the United Nations system in Mauritania.

Mauritius Red Cross Society (MRCS)

The NS is working closely with the MoH to coordinate responses to the resurgence of the pandemic. In addition to Health and PSS activities, the MRCS is also conducting RCCE. Sensitization sessions are being conducted in target areas such as supermarkets by placing informative banners where people line up to enter the supermarkets. The NS is also conducting aggressive awareness on social media and platforms.

A total of 40 (23 male, 17 female) staff and volunteers have been trained and equipped. The NS also facilitated training of 10 (4 male, 6 female) volunteers on the RCCE package. Three RCCE posters have been adapted to local contexts and languages, as well as 62 billboards have been posted in local languages. Four weekly radio interviews/shows were conducted and feedback received, and four monthly spots and features were produced. In total, the NS has done 57 social media posts.



These mass sensitization channels have reached over 300,000 people on the island. Over 137,768 people have been reached with health messaging through 9 Facebook posts.

One ambulance was purchased while 3 were mobilized by the NS to support the operation. A total of 277 (134 male, 143 female) people were transported to COVID-19 treatment centres by the ambulance services operated by the NS. Through the call centre, 1,687 people have been attended to for either PSS or other advice.

Mozambique Red Cross Society

The NS has trained 1,400 volunteers and community members who actively play a crucial role in disseminating information on COVID-19 prevention and control measures in the country's most remote communities. In close partnership with the MoH and other partners, the NS has been intensifying its advocacy work in promoting health and hygiene in public spaces, systematically collecting rumours to produce its national report of community feedback, and training public agents to respond in psychological first aid and SGBV in the context of COVID-19. The NS has supported in creating 4,479 handwashing points across the country. They have also distributed protective materials for workers (gloves, masks, gel/alcohol) and essential items (kitchen sets, tarpaulins, blankets, hygiene materials, etc.) to over 1,600 families (8,000 individuals) forced to flee armed violence in Cabo Delgado. They have published 21,000 IEC leaflets. Personal hygiene kits have been distributed to 23 Cabo Delgado provincial prisons reaching 2,062 detainees. They have also conducted 842 psycho-social sessions across the country. The NS has rehabilitated and constructed two COVID-19 treatment centres (wards and sanitation facilities) for 200 patients, and has donated beds, and hygiene and cleaning items for these centres.

Namibia Red Cross

The NS activated response teams across 10 regions to support the government in its efforts by mitigating the spread of COVID-19. Support has been received from different partners, such as the British Red Cross, NEDBANK, Coca-Cola, and Capricon Group, who have funded volunteers and procurement of response commodities such as jerrycans, tippy taps, sanitizers, disinfection materials, and masks.

A total of 210 volunteers have been trained and deployed in communities to provide public awareness on COVID-19, hygiene promotion, RCCE, media relations, and distribute IEC materials at strategic areas. The identified areas to target with risk communication included schools, taxi ranks, bus terminals, churches, malls, and informal settlements as these are places with higher risk of people contracting the virus from others because of the congestion.

At the borders, volunteers are assisting officials with collecting information for those crossing into the country. The volunteers are also distributing response commodities such as sanitizers, disinfection material, masks, tippy taps, water storage containers, etc. Apart from that, the NS has also provided tents as shelters for homeless people.

Red Cross Society of Niger

The NS has disseminated key messages through mass media (radios and television stations) and posters, and has trained volunteers on risk management and community-based surveillance. The aim is to prevent the spread of the pandemic among the population. They have also carried out awareness sessions and demonstrations on handwashing to prevent the spread of COVID-19.

Nigerian Red Cross Society (NRCS)

Following the index case in Nigeria, the NRCS has been responding throughout the country. The NRCS is working closely with the National Emergency Management Agency (NEMA) at the national level, as well as the State Emergency Management Agencies (SEMA) in the various states on security, logistics and mass care. The NRCS is engaged in RCCE to raise awareness and sensitize the general public on the signs and symptoms of COVID-19, preventive measures and hygiene promotion, including practical demonstrations of handwashing techniques while setting up feedback mechanisms to collate data on beliefs, practices and questions about COVID-19 at community level. The NRCS, with support from the IFRC, conducted a Mass Awareness on COVID-19 campaign and set up feedback mechanisms in Lagos

and Ogun States. The campaign was carried out in 16 branches of the federation between January and July 2020, reaching a total of 1,850,493 persons (Male 915,162 and Female 935,331). Messages were communicated via TV shows, radio jingles, house-to-house sensitization, group sessions, and printing and distribution of IEC materials.

In addition, a total of 32 (Male 24 and Female 8) staff from the branches and headquarters were trained as trainers on RCCE and contact tracing. Subsequently, 306 volunteers across 10 states (Edo, Enugu, Delta, Kano, Kwara, Lagos, Niger, Oyo, Yobe and Zamfara) were trained on contact tracing and surveillance in collaboration with Nigerian Centre for Disease Control (NCDC) and Ministry of Health (MoH). The volunteers are currently working with the State CDCs and MoHs to support contact tracing.

The NRCS has also distributed PPE, including NRCS-produced branded face masks and aprons, hand sanitizers, chlorine and soap. Other interventions of the NRCS include the provision of food and non-food items and palliative and psychosocial support (4,500 vulnerable households reached by 22 newly-trained persons and 127 volunteers who received refresher training).

# Mass campaigns & feedback mechanisms conducted	16 branches
# People reached through awareness campaigns	1,850,493
# Staff trained as ToT	32
# Staff trained on contact tracing & surveillance	306 across
10 states	

The NRCS is collaborating with the federal government via its strategic thematic groups' coordination meeting and continues to be part of the Emergency Operation Centres (EOC) and participates in the Logistics, Mass Care and Presidential Task Force (PTF) on COVID-19, chaired and coordinated by NEMA. This has

strengthened the partnership and recognition of the critical role of the NRCS in responding to disasters and emergencies. Through ECOWAS Nigeria, IFRC supported NRCS to train and sensitize 3,000 households of IDPs on the prevention of COVID-19 and provided personal hygiene items (tippy taps, soaps and sanitizers). As a result of these activities, the NRCS has helped reduced the transmission rate amongst the vulnerable population across the federation.

Rwandan Red Cross

Since the beginning of COVID-19 in Rwanda, the Rwandan Red Cross has worked in collaboration with the MoH to support in community awareness on COVID-19 prevention (using radio programmes, mobile radio, house to house, leaflets, banners, etc.), promotion of hygiene and sanitation good practices, reinforcing mechanism of COVID-19 prevention (social distancing in markets and other public places, handwashing facilities), tracking rumours, food distribution, and recovery activities to empower vulnerable families whose businesses were affected by COVID-19. The NS has been supported by IFRC, ICRC and Belgian Red Cross in its activities.

At the beginning of the COVID-19 response, 40 staff and 300 volunteers were trained remotely on COVID-19 risk communication and prevention strategies. Due to the increase in the number of cases and the government strategies of putting only the villages and districts with high numbers of COVID-19 cases in lockdown and quarantine, the NS increased mobilisation activities with different strategies depending on the situation. Therefore, the mobilisation strategies and messages provided by the Rwandan Red Cross depended mainly on the situation of the district where the sensitization were to take place. From March to July, sensitization has been done focusing mainly in the city and public places, as well as in the villages in lockdown or quarantine, and has reached 3,773,000 people. The NS has used mobile radios (using the tricycle), radio talks, banners, and posters in 2 main



RRC volunteers supporting sanitising at Nyagatare market /Photo: RRC

camps (Nyabiheke and Mahama) and in 3 reception centres of Rwanda (Bugesera, Nyanza and Gatore) reaching a total of 88,950 people.

WASH items (soaps, masks, tippy-taps, buckets, blankets) have been distributed to vulnerable households reaching 57,880 people. In addition, 1,989 people in quarantine centres have been assisted in getting non-food items (buckets, blankets, soaps, mats).

With the support of IFRC, ICRC, Belgian Red Cross, Spanish Red Cross, and Foundation Westerwelle, food has been distributed to the most vulnerable families within 18 Districts of Rwanda reaching 68,230 people. The food package comprised of beans (10kg), maize flour (15kg), oil (1 litre), sugar (3kg), and rice (5kg).

Sao Tome and Principe Red Cross

In its response, the NS has supported the MoH mainly in RCCE activities, contact tracing, and monitoring of COVID-19 patients. A total of 39 volunteers (28 male, 11 female) were trained with (18) of them being trained to monitor patients with COVID-19.

In RCCE, the NS has produced and distributed 3,500 brochures and 1,080 posters with COVID-19 awareness messages aimed at changing community behaviour. Besides RCCE at the community level, the NS has also trained 42 (32 male, 10 female) community health workers on informing and sensitizing the population on COVID-19. Additionally, the NS supported the MoH in the follow-up of 26 COVID-19 patients (15 male, 11 female). They also supported the MoH in contact tracing of 129 people.

Senegalese Red Cross Society

The NS has trained volunteers on social mobilisation in the community. At the request of the MoH, the NS has engaged in screening at various entry points. Volunteers from the NS who were trained on IPC and well-equipped by MoH were involved in the disinfection of COVID-19 treatment centres. The NS has also mobilized medical doctors and volunteer nurses to support MoH staff in Touba and Diamniadio treatment centres.

Seychelles Red Cross Society

The NS was called upon by the MoH to support in contact tracing, first aid, psychological first aid, sensitization talks, and moving low-risk people to quarantine. In addition, the NS is also working alongside the Ministry of Education to conduct screening and social distancing at eight schools in the country. The NS provided 4 PFA trainings to 70 participants from different organisations, Ministries, and Departments.

Through mobilization of 10 volunteers for contract tracing, a total of 500 people were identified through contact tracing. Twenty-five kits were procured for volunteers supporting contact tracing and assisting in moving possibly infected people to quarantine. The NS presented various PPE to the MoH and the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR). These included 14,500 surgical masks, 6,000 gloves, and 100 protective equipment for caregivers donated by the PIROI, as well as 6,000 PPE (protective masks, gloves, and visors) from the European Union (ECHO), in partnership with the French Embassy.

For RCCE, the NS printed 6 billboards and 250 stickers on social distancing and sensitization on the proper use of masks. Approximately over 50,000 people were reached with health messaging. A total of 70,000 people were targeted on weekly radio interviews/shows and feedback was received. It is worth noting that all the activities carried out by the NS received media coverage, which also helped to boost their image and credibility.

Sierra Leone Red Cross Society (SLRCS)

As a safety measure, an orientation session for 131 (88 male, 43 female) staff and volunteers on COVID-19 was organized at five different locations, which covered a broad concept of the virus including its mode of transmission, prevention,

and containment measures of the virus. Items were distributed to 7 branches (390 pieces of veronica bucket, 390 pieces of waste bucket, 400 liquid soaps, 140 pieces of hand sanitizers, and 7 thermometers).

A total of 28 staff and volunteers were trained as ToTs who cascaded the training to the rest of the volunteers. Training was conducted for 180 volunteers from 10 SLRCS branches including Moyamba, Kono, Bo, Pujehun, Bonthe, Kenema, Port Loko, Koinadugu, Bombali and Western Area. A total of 225 SLRCS community-based volunteers (128 male, 97 female) complemented the effort of the Government in raising awareness on COVID-19 in the country. The NS volunteers were able to reach 98,741 people with awareness-raising messages. Additionally, 70 of the 225 volunteers from the branches provided PFA in quarantine homes and affected communities during the distribution of food and non-food items to 245 people (135 male, 110 female). A total of 503 (232 male, 271 female) were reached by PFA services. SLRCS also supported management of the dead and have so far supported 31 burials in Western Area, Bo, Moyamba, and Pujehun.

Eight rounds of radio programs were organized in Kono, Moyamba, Bo, and Kenema. Questions and feedback from community members included clarification on the use of face masks, myths about COVID-19 transmission, treatment, signs, and symptoms. These concerns were addressed by the appropriate pillar leads for better understanding. Over 1,500 pieces of assorted IEC/SBCC materials (posters and leaflets) were distributed to 6 branches (Bo, Moyamba, Pujehun, Bonthe, Kono and Kenema) to aid in information dissemination on disease prevention and to reinforce health promotion messages. Twenty-six (26) media personalities were trained on lifeline programming and communication in emergencies for effective media engagement practices in line with Red Cross principles and mandate. Using the SLRCS emergency hotline, 107 complaints were received from the public for which appropriate actions were taken; 96 feedbacks were given to concerned beneficiaries and 6 different rumours relating to COVID-19 were addressed accordingly.

Somalia Red Crescent Society

The NS has set up a community feedback mechanism. To prevent and reduce community-level transmission, the NS is supporting the government in screening, contact tracing, and other services related to surveillance and case detection. Clinical, paramedical, and homecare services have also been provided to supplement the health system in cases where capacity is exceeded to provide specific COVID-19 treatment.

South Africa Red Cross Society (SARCS)

The NS is carrying out activities in all nine provinces. SARCS is being supported by Belgian Red Cross, ICRC, IFRC, and UNICEF, as well as the business community. SARCS has trained and deployed over 2,150 volunteers, with 300 staff members across the nine provinces providing technical support to volunteers. A PSS Help Desk for Volunteers has been established and identified two professional psychologists and social worker volunteers who are providing support to volunteers and staff who need PSS.

The IFRC supported SARCS with 3,380 myth-buster stickers for promoting social distancing and 350 posters that were placed at strategic areas such as malls, clinics, and 27 shelters for the homeless. The NS also has developed and distributed 211,850 flyers and 1,000 posters with key messages about COVID-19. To date, about 11 million people have been reached with key messages developed to curb the spread of the virus. Through its good working relationship with the media, SARCS has engaged both print and electronic media to support spreading key messages about the virus. Radio interviews, jingles with key messages, and radio shows have been done at both national radio and community radio stations at national and provincial levels. About 45 million viewers and listeners have been reached with key messages on COVID-19 preventative measures, signs and symptoms.

people reached through Communication Campaign for Behaviour Change in Communities **4,912**

community health workers trained on information and sensitization of the population on COVID-19 **42**

The NS is also supporting the Department of Health (DOH) to conduct contact tracing. In collaboration with DOH, 2,150 volunteers have been trained across 7 provinces, while training was being done for the other two provinces at the time of reporting. A total of 456,082 people have been screened by SARCS, about 406,664 have been reached through contact tracing, and 5,056 tested. Telkom, which is a mobile network company, has supported the NS with tablets to be used in contact tracing. SARCS volunteers are also supporting DOH call centres in three provinces: Free State (15 volunteers), Western Cape (6 volunteers), and Gauteng province (2 volunteers).

The NS has reached 266,764 people with hot meals. These include vulnerable groups such as the homeless, orphans and vulnerable children, disabled, the elderly, and migrants. In addition, SARCS worked with local authorities, such as disaster management centres, and identified vulnerable households in informal settlements and distributed 16,266 food parcels. SARCS has distributed 1,747 hygiene packs, 120 buckets, and 444 soaps to identified vulnerable people, as well as household essentials (3708 blankets and 88 mattresses) to vulnerable people in shelters.

South Sudan Red Cross

The NS has developed its BCP and COVID-19 contingency plan. Guidance and communication to staff and volunteers have been made to ensure they are protected and aware of essential measures. These include health guidelines, travel guidance, risk communications, and when to use and not use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms, and community-led planning. The NS has also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include: countering rumours and misinformation with facts shared through trusted channels; setting up community feedback mechanisms; partnering with trusted mass media channels to reach more people; and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the NS has carried out targeted community health programming (e.g., ECV, CBHFA) in coordination with RCCE and PSS activities. Besides, the NS has provided psychosocial support to affected populations and quarantined people.

Sudanese Red Crescent (SRCS)

The Sudanese Red Crescent has mobilized more than 6,000 volunteers to support the response at branch 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, and feedback mechanisms.

SRCS has provided WASH facilities (handwashing points) and distributed soaps to high-risk areas such as markets, prisons, and refugees camps. Moreover, SRCS distributed more than 5000 sanitizers and masks, and sterilized 33,000 institutions through 358 spraying campaigns.

Regarding RCCE, SRCS distributed more than 90,000 IEC materials, such as posters and leaflets, in addition to some initiatives such as drama, songs, and drawing on walls, related to prevention and control of COVID-19. Further, messages were broadcast on national radio and community radios at the state levels, as well as through more than 1,073 radio shows. SRCS carried out 210 awareness campaigns, including methods of prevention, as posters were distributed, targeting public places. SRCS has also established three feedback mechanisms and inserted some feedback in the updated report to radio shows. Feedback templates provided by IFRC were translated into Arabic and distributed to volunteers to capture rumours, questions, and fears from the community during their work. More than 1,803,222 persons were reached through RCCE. The NS sent more 424 PSS messages targeting children, communities, refugees, migrants, and medical staff through radio, television, and social media.

Since the last week of June, the NS started to work on receiving the stranded Sudanese who came from abroad through Khartoum airport or Northern state by providing them with meals upon arrival, PSS and PFA, and PPE. So far, 5,866 people in Khartoum and 4,446 people in Northern state have been reached. In addition, with the support of Danish Red Cross, SRCS distributed food baskets to 200 affected families.

Tanzania Red Cross National Society (TRCS)

The NS has worked with the MoH and other partners in responding to COVID-19 in the country from the onset. To effectively conduct its activities, TRCS has procured many items including megaphones, flash disks, soap, sanitizers, handwashing kits, water buckets, and IEC materials.

Overall, the NS has trained its volunteers and staff in various areas of the response, as shown in the table beside. Seven sessions for PGI and PSEA have been conducted for volunteers in refugee camps. An internal feedback mechanism for staff and volunteers has also been set up, and four PSS sessions were held with volunteers involved in the response. Five volunteers have additionally been deployed to support the call centre of the national hotline.

Further, 200 Health Information Team (HITs) have been trained on Integrated Community Case Management for COVID-19 in the refugee camps.

Number of Volunteer trained

# of volunteers trained in self protection	465
# of volunteers trained in PGI	258
# of volunteers trained in management of the dea	40
# of volunteers training in PSS and contact tracing	60
# of volunteers trained in management of the dea	80
# of volunteers trained in iCCM	200

To support WASH activities, the NS has installed 180 handwashing kits. Besides, the NS has procured 1000 kgs of chlorine for disinfection, 2,400 pieces of liquid soap, and 2,000 water buckets. Fifty (50) thermo-scanners have also been procured for RCRC health centres in refugee camps for screening purposes.

For RCCE, the NS hired 101 motorcycles for 8 days and 171 vans for 7 days per district in 28 regions with public address systems to raise awareness on COVID-19. RCCE activities have so far reached 32 million people (12,800,000 male, 19,200,000 females). A feedback mechanism has also been set up by the NS and has so far reached 1,880 people.

Togolese Red Cross

The Togolese Red Cross has engaged community volunteers made up of 350 champion dads and 2,540 women from Mothers' Clubs equipped with vests. These community volunteers are organized in teams of 5 in each village and lead educational activities at least once a week per team in 277 localities.

Briefing of the leaders of the 22 local sections on COVID-19 of the Grand Lomé region was organized by the NS. Community dialogues and sensitization of the populations of 78 localities in the 5 regions was done through 546 volunteers. Additionally, the Gulf and Agoe prefectures were reached by the 100 volunteers briefed, thus reaching 600,000 people. The NS briefed 18 journalists working with Government on COVID-19 and RCCE.

A total of 100 volunteers in the commune of Lomé and its surroundings were also trained. The NS has produced 54 skits that have been broadcasted over the 43 radio stations in the five regions of the country. In addition, there have been 120 interactive radio shows that have reached over 4 million people. With the resumption of schools, the NS has visited more than 150 schools each with an average enrolment of 200 students. The 5,000 IEC materials were distributed in markets, schools, services, and public places, as well as 10 Kakemonos (in services with large numbers of people), 40 tarpaulins (at intersections and public spaces) and 10 loudspeakers (in 22 localities). One of the innovative



approaches that the NS applied was "*The 7 daily usefuls*" initiated to combat COVID-19 and GBV. This approach is based on communication within the family in general and within the couple, with an aim of establishing dialogue between children-parents and husbands-wives through simple and courteous everyday words to reduce or even eliminate GBV. Such violence tends to increase in households with COVID-19 due to the fact that many parents have lost their jobs or

their income has drastically decreased; this situation creates daily stress, which, coupled with the permanent presence of children at home due to the closing of schools, causes unusual promiscuity favouring conflicts in households.

The Uganda Red Cross Society (URCS)

The NS has been responding in the areas of RCCE, screening at points of entry, management of the dead, and IPC. Due to the busy crossing points as trucks bring in cargo to Uganda using the Kenya and Tanzania borders, the NS has supported screening in the Elegu, Malaba and Busia border districts.

The NS procured and distributed the following items to its 7 branches: 14 megaphones and batteries, 66 URCS jackets, and 1,200 IEC materials (posters and leaflets). Risk communication was carried out in four districts especially in areas that were deemed to be at high risk, especially those villages with porous border points where a total of 1,081,111 people were reached. Volunteers supporting the NS were provided with sanitizers, masks and gloves to protect themselves while conducting activities in the community.

Besides, URCS is also supporting the Government of Uganda efforts to provide relief support by providing food items to the urban vulnerable communities around Kampala metropolitan areas. In this exercise, URCS champions the registration and verification process for households to benefit, conducts RCCE at household and community levels, and also conducts demonstrations for proper handwashing at the community handwashing facilities.

Zambia Red Cross Society (ZRCS)

The NS facilitated training for 18 Field Officers in ECV and RCCE and are engaging the community to provide feedback and tracking rumours. Community sensitization campaigns were done in 6 districts, i.e., Kasama, Lusaka, Chiengi, Mpulungu, Mansa and Nchelenge. The volunteers in Chirundu are conducting contact tracing and community follow-up.

Non-Food items, such as PPE and handwashing stations, were procured and distributed in the 18 districts. Orientation on hygiene promotion and ZRCS communication was conducted in Nakonde and Mpika for 40 volunteers. Community engagement activities were implemented through community sensitizations campaigns. The Field Officers tracked rumours in the community and are submitting the information on the KOBO platform and through SMS and WhatsApp.

Zimbabwe Red Cross Society (ZRCS)

The NS has been conducting various activities in response to the pandemic. For volunteer support, the NS is providing PPE, guidance and training towards volunteers to equip them with skills and competencies which enhance their safety.

The NS trained 400 RCCE focal point persons and 600 staff and volunteers on RCCE. A total of 35 radio jingles have been produced and broadcasted. Health and hygiene promotion talks are also held at food distribution points, water points and door-to-door (in Gwanda and Gokwe). Over 10,000 posters have been distributed across the country. It has been airing 5-minute sessions on television and community radios. A total of 6 sessions have been held on 8 radio and television stations. The stations include Star FM (multicasting on Diamond and Nyaminyami FM), Hevoi FM, Midlands FM, Radio Zimbabwe, National FM, and ZBC TV. The aired sessions were mostly inaugural, introducing the NS, its activities, roles in COVID-19 response, partnerships in the response, and advice on preventive measures.

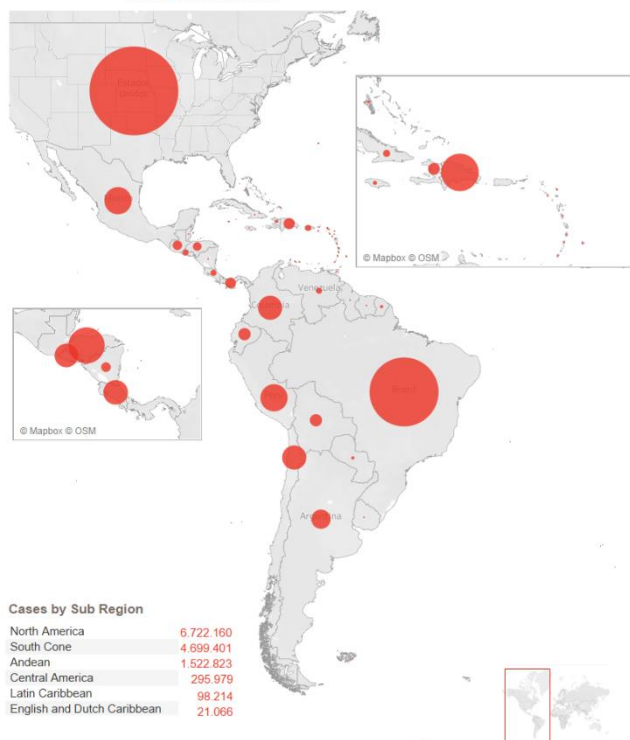
In terms of Health and WASH, the NS distributed 1,400 buckets and 500 pieces of soap to vulnerable communities to facilitate handwashing. In addition, the NS continued to provide essential health services at its clinics during the lockdown period, at a time when most health facilities had closed or scaled-down operation to focus exclusively on emergency cases. ZRCS also conducted temperature screenings and referrals to testing centres for 2,000 people at ZRCS clinics, offices and operations. Public screening is being done at police checkpoints and bus terminal in Matebeleland south provinces. Volunteers are also disinfecting schools, bus terminals, schools, and public offices. ZRCS donated four 42-square-metre tents to isolation centres in Kariba, Marondera district hospitals and the Wilkins hospital to be used as isolation spaces. Food assistance was provided to 231,646 people in 8 districts.

Contact information in the IFRC Regional Office for Africa

- Robert Kaufman, Deputy Director Africa, robert.kaufman@ifrc.org
- Adesh Tripathee, Head of DCPRR, adesh.tripathee@ifrc.org
- David Fogden, Operations Manager Africa - COVID-19 a.i, david.fogden@ifrc.org
- Tanya Grygaski, Operations Coordinator Africa - COVID-19, RROps.Europe@ifrc.org
- Adinoyi Adeiza, Regional Health and Care Coordinator, adinoyi.adeiza@ifrc.org
- Elly Mulaha, Senior IM and Information Management (IM) Officer, elly.mulaha@ifrc.org
- Philip Kahuho, Planning, Monitoring, Evaluation and Reporting (PMER) Manager, Philip.kahuho@ifrc.org
- Louise Daintrey, Head of Partnerships and Resource Development (PRD), louise.daintrey@ifrc.org
- Euloge Ishimwe, Communications Manager, euloge.ishimwe@ifrc.org

13,269,177 confirmed cases in the Americas
465,196 confirmed deaths in the Americas
reported by WHO 3PM Panama Time, 31 August 2020

IFRC COVID-19: Confirmed cases in Americas Region Data as of 31-August -2020



National Societies Response

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



Health and
WASH

29



Socioeconomic
Interventions

28



NS
Institutional
Strengthening

27

Source: [WHO - \(COVID-19\) situation reports](#)

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. Produced by IM Americas

HEALTH AND WASH

11 Ambulance services for COVID-19 cases	16 IPC and WASH (health facilities)	1 Management of the dead
9 Community-based surveillance (CBS)	7 Isolation and clinical case management for COVID-19 cases	26 MHPSS
19 Epidemic control measures	10 Maintain access to essential health services (clinical and paramedical)	28 Risk communication, community engagement, and health and hygiene promotion
20 IPC and WASH (community)	15 Maintain access to essential health services (community health)	

SOCIOECONOMIC INTERVENTIONS

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

NS INSTITUTIONAL STRENGTHENING

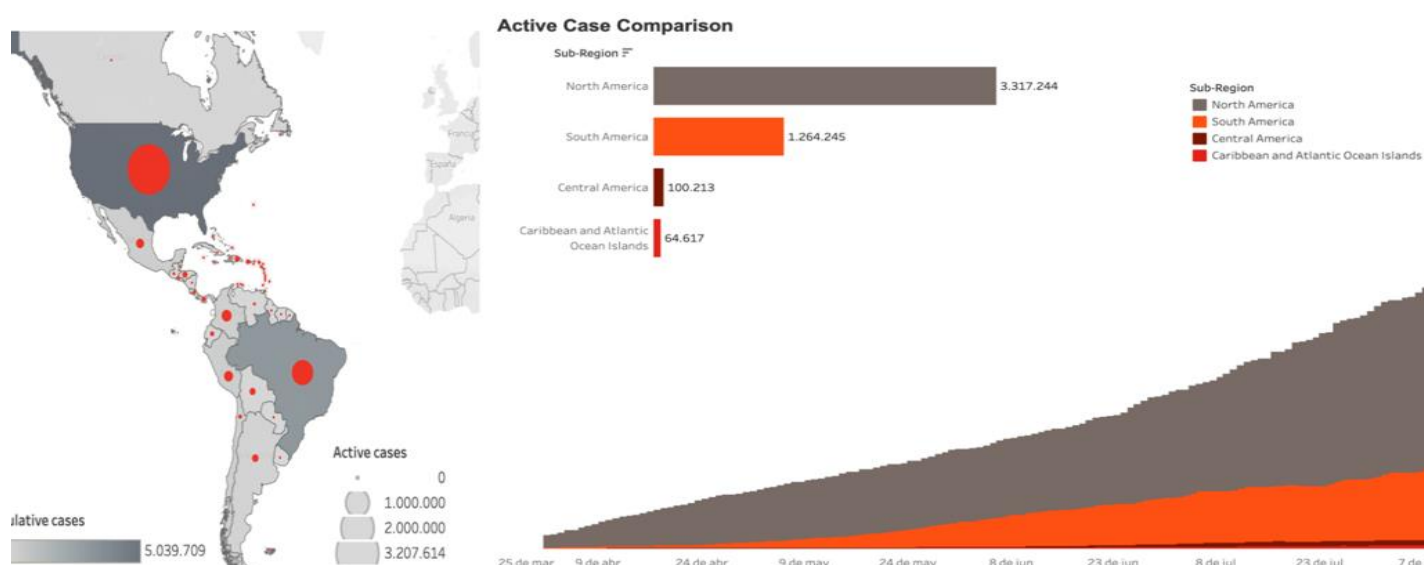
- 25 National Society readiness
- 16 National Society sustainability
- 25 Support to volunteers

Regional overview

The region of the Americas continues as the one with the highest number of cases. In July, the average increase of new cases has followed a steady slope of around 10%, reaching a stabilization the last week of July in which there has not been an increase in the number of new cases, reporting the same number than previous epidemiological weeks. Whether or not this will be an inflection point in the curve, it will be hard to determine until further examining the evolution in August. Anyway, it is essential to mention that stability does not mean improvement, as a stable bad situation will result unavoidably in a weakening of the strength to deal with such situation and collapse.

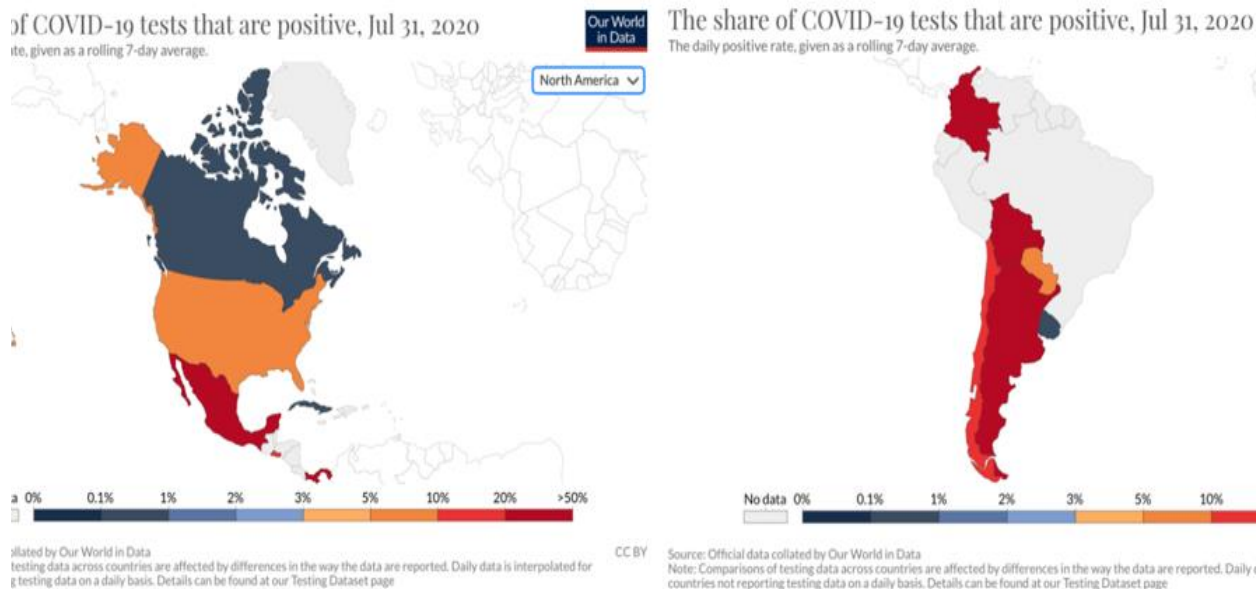
It is important to highlight that the reporting period of end July finishes with 4,286,146 active cases in the region, a situation that puts health systems under a lot of pressure. Out of these about 4,3 million cases, 3 million belong to North America, 90,000 correspond to Central America, 1,2 million are from South America, and 55,000 pertain to the Caribbean; where this last sub-region is observing an increase in new outbreaks due to the reopening of borders and the lift of social restrictions. There are significant sub-regional differences.

In relative numbers, the top ten list of countries and territories with the highest number of active cases per 100,000 population are USA, Panama, Puerto Rico, French Guiana, Bolivia, Honduras, Brazil, Peru, Dominican Republic, and Ecuador. As expected, these countries experiencing the highest numbers of actives cases per population face a higher risk of health systems collapse, although it also depends on the pre-existing gaps and weaknesses of the system.



Active case comparison in Americas Region

Testing strategies have not experienced any drastic changes. The number of tests being performed is still far from optimal with very high positivity rates in the region (Mexico 63%, Panama 35%, Argentina 59%, Bolivia 45%, Colombia 30%). As the positivity rate is above 12-15%, it can be assumed that testing strategies are not enough to catch the real epidemiological situation. Therefore, there would be more cases than reported, with a large pouch of non-identified cases that may be contributing to the continuity of the uncontrolled community transmission.



Map depicting the share of COVID-19 tests that result positive.

Healthcare systems continue to face an overload, and their capacity is being stretched, especially those with a weak structure. There are growing concerns at the potential collapse of systems, particularly in Central America and some Andean region areas. This situation 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 mental health and psychosocial support response. 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. Special attention must be paid to frontline aiders' fatigue and stress, which increases 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 implementing the activities for the COVID-19 response. More comprehensive support has also included strengthening NS income generation activities, including activities of the NSs Response Plans.

IFRC ARO deployed a Regional Assessment Team between June and July 2020, aiming to determine 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 ([Revised EPoA no. 3 available here](#)) has been increased to 75 million CHF to scale the operation and address other regional impacts of COVID-19 with a recovery perspective.

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. The new Appeal coverage is being reviewed, and the third allocation of NS funds is planned. To this end, the review of the NS Response Plans is being coordinated. See the validated financial analysis attached to this report.



Americas Region EPoA COVID-19 outbreak

Priority 1: Sustaining Health and WASH

Noticing the increase in the percentage of cases in the Americas Region, and the need to change focus on the pillar activities on each NS, during the last month the IFRC Americas Regional Office has been in contact with the focal Health Points. The aim is to update the Regional EPoA based on the actions that are being implemented in each country, as well as the necessities that might have arise due to the changes in the situations. The Regional Health Unit, through the MHPSS team, has conducted different Webinars in the region focused on Grief and Loss, and the Impact of the use of PPE in MH. The PHiE team has been adapting the ECV COVID-19 Module to conduct a pilot training with NSs of the region and continue the preparation of our volunteers. National societies are working WASH activities specifically on pillars 4 and 5 promoting handwashing facilities in public places, PCI activities such as surface disinfection, Hygiene promotion activities to disseminate key messages on proper hygiene practices and distribution of hygiene kits. A few other National Societies are working on providing access to safe water, so communities that are lacking access can accomplish the hygiene practices to prevent the spread of COVID-19. At regional level we are advocating with all National Societies to implement more access to safe water and Sanitation, so that they can contribute to prevent the transmission of the virus and also contribute with the sustainable Development of goals 3 and 6. Finally, collaboration with the WASH LAC group have been consistent in order to support the national WASH platforms in terms of COVID-19 implementation.

Epidemic control and Community-based surveillance

Epidemic control based on Community Based Surveillance stands as one of the key intervention strategies to control the transmission. To support the work of NS in this field, a contextualized ECV-COVI-19 training has been developed and intended to be widely distributed during August.

Risk communication, community engagement, and health and hygiene promotion

We are in this together:

Due to the rapid spread of COVID-19 along with restricted mobilization and curfew measures imposed by local authorities, it was important to have new ways of reaching the public. With this in mind, the video program “We Are in This Together” was created to continue reaching the most vulnerable communities. The program shares information and talks about prevention of COVID-19. The IFRC is providing guidance on how to prevent the virus and deal with the current emergency, and NS share local experiences. There are two hosts, one reaching Latin America (in Spanish), and the other reaching the Caribbean (in English). While it is streamed on Facebook, Twitter and YouTube, the [YouTube link is the best place to view recent episodes](#).

Interviews in Spanish:

- [Estamos Juntos En Esto](#) - August 7, 2020.
- [Estamos Juntos En Esto](#) - August 21, 2020.

Interviews in English:

[Dominica Red Cross shares a music video they created to reach the public.](#)

Anti-Stigma Campaign

With the funding from ECHO, two videos were produced for the prevention of discrimination towards migrants in the context of COVID-19. The videos were complemented with a campaign for social networks, posts, and GIFs that were shared through the IFRC channels and were also shared with the focal points of the region for massive broadcast. All the campaign was produced in both [English](#) and [Spanish](#).



Anti-Stigma campaign poster.



Violence free isolation campaign

Violence Free Isolation Campaign

We know that emergencies lead to higher levels of gender-based violence, and sadly, the COVID-19 emergency is no different. Worldwide, preliminary evidence about the pandemic's impact shows that gender based violence is increasing and that access to services and how these services are provided to victims / survivors of this kind of violence are also changing due to the local, national and international measurements taken to contain the virus.

Because of these, the IFRC created the Campaign for the prevention of Gender-Based Violence looking to reach the community to create awareness about the importance of this issue. Starting Monday, August 3rd, 2020 and during the whole month the initiative was promoted via social media at the regional level through different messages and posts. The campaign was produced in both [English](#) and [Spanish](#) collaboratively between Communications and Protection, Gender and Inclusion (PGI) units .

MHPSS Newsletter

Under the request of the Mental Health and Psychosocial Support Program (MHPSS) a Newsletter proposal was developed. The purpose of this product, that will be produced every two months, is to inform the MHPSS focal points

about the IFRC activities in each country and to provide tools for the development of their activities. We continue to develop resources for social networks on issues of prevention, psychosocial support as well as materials related to other diseases such as Dengue.

Community-based surveillance (CBS)

A meeting was coordinated along with the health Directors of Latin America's National Societies where contact tracing and community-based surveillance was discussed as a one of the key actions where the Movement can contribute with the National Health Systems during epidemic outbreaks.

Mental health and psychosocial support services (MHPSS)

Strengthen NSs Capacities MHPSS: From the 14th to 17th of July, a virtual conference, *Diplomate of MHPSS Community Interventions*, was organized and 17 NSs from Latin America Region participated. A total of 38 participants were certificated: 31 NSs MHPSS coordinators and part of their technical team, 4 MHPSS Regional Delegates and, 3 IFRC Delegates from CEA and Communication.

Psychosocial technicians course online: Six NSs from the English-speaking Caribbean participated in this course that included the topics community psychosocial support and PFA. A member of the PS Reference Centre collaborated with the presentation of the Community psychosocial support part. 184 participants completed the level 1 and 2 training thus becoming Psychosocial technicians. Translation to the Spanish Language of different material created by the PS Reference Centre: PFA loss and grief during COVID-19.



*Virtual Diplomate of MHPSS
Community Interventions*

Psychological First Aid (PFA) COVID-19 pilot to evaluate that the course is culturally and linguistically appropriate for the Americas Region. Phase I was completed and 85 volunteers from Bolivia, Chile, Costa Rica, Dominican Republic, and Venezuelan NSs participated.

A 13-hour online training package, created by PS Reference Centre and translated to Spanish language, consisting of four courses: PFA adults, PFA for children, PFA for loss and grief courses as well as self-care created by the Region.

Coordination and Technical support: Maintain a constant communication and work with the MHPSS NSs Focal Points providing advice and follow up on the MHPSS COVID-19 interventions of the appeal. This month more than 13 meetings were coordinated.

Isolation and clinical case management for COVID-19 cases

Collaborative intensive work is conducted with PAHO in order to not only support NS aiming to help health authorities in tackling the increase of cases in their countries but also to standardise and provide a coordinated response maximizing the coordination and mobilization of country resources.

Ambulance services for COVID-19 cases

Prehospital continue being one of the most important and most widely conducted activity among NS, not only for COVID-19 patients but also contributing to the continuity of services for life threatening conditions.

Maintain access to essential health services (community health)

Continuous participation in meetings with PAHO doing advocacy to guarantee the continuity of the provision of essential basic services for the population. Due to the pandemic, several important services such as essential prevention and treatment services for communicable diseases, including immunizations, services related to reproductive health, including during pregnancy and childbirth; core services for vulnerable populations, such as infants and older adults; provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions critical facility-based therapies are interrupted or affected which generates a potential increase in the exacerbation of health problems.

Priority 2: Addressing Socio-economic impact**Livelihoods and household economic security (livelihoods programming, cash, and voucher assistance)**

As part of the global and regional support to National Societies in the region, the Livelihoods Resource Centre, with support of the IFRC ARO and Spanish Red Cross, has produced the document “Livelihoods and COVID-19 in the region of Latin America and the Caribbean: supporting document for National Societies of the Red Cross”. This document complements the Multisectoral Regional Assessment carried out by the International Federation of Red Cross and Red Crescent Societies (IFRC), with a focus on livelihoods. The document includes a series of proposed actions that could be taken into account by National Societies (NSs) to strengthen their preparedness for the response to the socio-economic impacts of the pandemic, and therefore, it could be useful for the implementation of livelihood interventions.

Shelter and urban settlements

As part of the support of the CASH HUB to the IFRC, a webinar was organized on “Shelter and Settlements - Adapting to COVID-19 The Use of Cash & Markets in the Red Cross Red Crescent Movement” to share experiences of the different implementations of Rental Assistance (R.A) that have taken place within the movement.

One of the highlighted recommendations given to the National Societies is consider socio-economic vulnerability criteria as well as the risk of losing access to adequate housing (i.e. eviction risk) as key when considering vulnerabilities related to COVID-19 economic disruption. CaLP gives some excellent recommendations related to vulnerability analysis and targeting in their [live CVA in COVID-19 Context guidance](#).

As next steps for the Rental Assistance Programming, IFRC will share on the upcoming months the “Step by Step Rental Assistance Guidelines.” These guidelines will support NS and partners that are considering R.A as part of their response to support families meanwhile they recover their livelihoods

Argentinian Red Cross has share the following [video](#) where they are displaying how R.A took place as part of their response for the population movement operation

Step-by-step cycle overview Guide for Rental Assistance

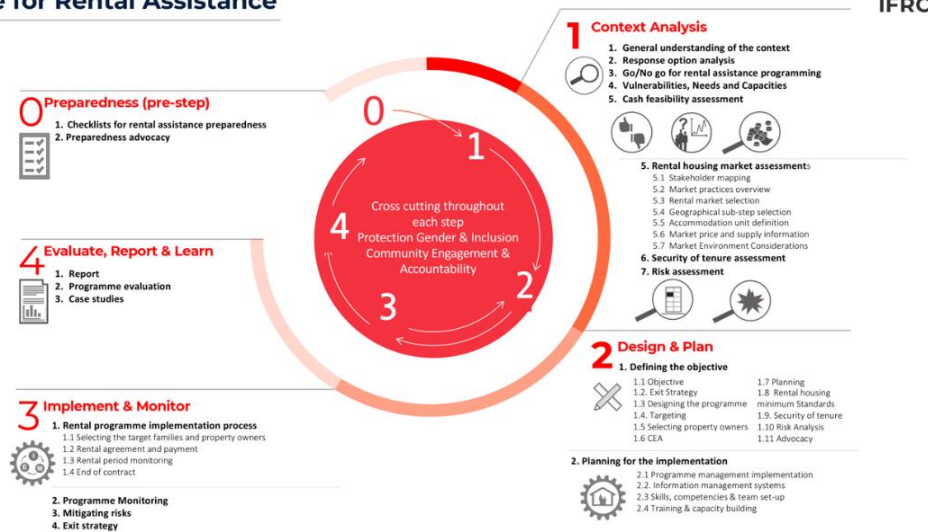


Diagram of the step by step cycle for rental assistance that will be part of the guidelines.

Community engagement and accountability

WhatsApp Line

The COVID-19 WhatsApp support line implemented in Perú reached its fourth month of operation. By the end of August, we registered more than 26,900 sent messages to 1,346 users. Through the line we answer questions from the community and help with processes related to Cash based Interventions and Psychosocial Support programs.

We are developing strategies to reach vulnerable communities such as migrants through programs developed in the Lima IFRC Cluster Office. We will develop distribution lists to improve feedback and get closer to the community.

Red Hearts Podcast

The last months, the regional team was working on interviews and episodes for Red Hearts, the new IFRC podcast space. Until today, we developed 8 episodes:

1. Mental Health in times of COVID-19.
2. Childhood and migration.
3. Art and Inclusion.
4. Volunteering in times of COVID-19.
5. Surge and its evolution.
6. Darien and the migration work.
7. Volunteer stories about COVID-19.
8. 7 Principles - 7 Volunteer Stories.



Red Hearts Podcast

The podcast was launched in the middle of August is available here: <https://anchor.fm/ifrc>, and can be listened to and shared on different digital platforms such as Spotify, Apple, Pocket, Google Podcasts, and Breaker, as well as other channels.



Training of Trainers poster

CEA ToT

As part of the strengthening of the capacities of the region, we developed two Training of Trainers (ToT) webinars, in Spanish and English. In two hours, the participants learn the basics of Community Engagement and Accountability, how to apply the concepts to their communities and how to deal with the current challenges of COVID-19.

Social care, cohesion, and support to vulnerable groups

The PGI area focused its efforts on virtual events to launch guidance developed together with the PGI Global Team, to advocate for protection risks to be addressed during the pandemic.

Trainings and support sessions for NS:

- Translated the Key PGI considerations of COVID-19: Key Messages and Technical Guidance and PGI coach sessions with National Societies of the region.
- Specific trainings on PGI and COVID-19 for El Salvador RC and Costa Rica RC.
- Training on the new “Regional Guide for the creation of safe referral mechanisms for migrants and refugees for Red Cross and Red Crescent National Societies”:

Webinars:

- 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.
- Launch of the Protection, Gender, and Inclusion in Emergencies Toolkit.
- Launch of the Technical Guidance Note “Prevention and Response to Sexual and Gender based Violence in COVID-19” together with the Argentina Red Cross.
- Launch of the Fact Sheet and the Technical Guidance Note “COVID-19 Impact on Trafficking in Persons” together with the British Red Cross and the Colombian Red Cross.

Mainstreaming and working with other sectors:

- 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.
- Support to the Argentinian Red Cross to develop their PGI protocol for their quarantine center Tecnópolis.
- A Mental Health and Psychosocial Support Strategy for the Care of IFRC Staff in ARO (named “ You have my support”) was launched together with PGI, PSS and HHRR staff, including key messages, mental health recommendations and group sessions on specific topics.

Communication:

- Development of a regional campaign named “ I will explain it with clay” of PGI and COVID-19 was launched, focused on social inclusion of most at risk populations. Link
- The National Societies have continued providing key messages and informational virtual sessions through their media, for example: Key messages for ethnic afro descendent populations (Colombia Red Cross), videos disseminated in different language formats (Costa Rica Red Cross), support to seniors and indigenous populations (Canadian Red Cross), Facebook Live Sessions regarding child protection (El Salvador Red Cross), key messages for persons with disabilities and needed adaptations for hurricane preparedness during COVID-19 (Antigua and Barbuda Red Cross), and other similar initiatives.

Priority 3: Strengthening National Societies**National Society readiness (preparedness, capacity strengthening, auxiliary role and mandate)**

In the last 6 months, the unprecedented impact of COVID-19 has significantly affected the functioning of the organizational structures of National Societies in the Americas, significantly reducing their capacity to respond. The National Societies of the Americas (one of the most unequal regions in the world) develop according to the contexts of their countries and therefore their programs and services have been designed according to the needs of the population and the cooperation agreements when establishing their auxiliary role.

In most of the countries of the Americas, National Societies have been recognized as relevant humanitarian actors, a fundamental part of the Emergency Response Systems and in many cases are also an integral part of the National Health Systems. Therefore, in the last 6 months, expectations about the operationalization of National Societies have been high since, in the minds of the population, the Red Cross is an organization that offers health services.

The National Societies, through their programs (traditional and new) and their networks of branches and volunteers in the last 6 months have offered coverage in the whole country; however, with the arrival of the COVID-19, the mobility restrictions, isolation and/or general or partial quarantine assumed by the countries, have affected and still directly affect the members of the Red Cross (volunteers and staff) which has resulted in a remarkable decrease in volunteering in many countries. In fact, since the first days of the emergency, some countries were unable to guarantee the continuity and coverage of their programs and services.

All the National Societies, within the framework of the response to the effects of COVID-19, implemented their continuity plans, which prioritized actions according to the level of development, the auxiliary role assumed and agreed, the services they provide throughout the territory, the work they do with populations in vulnerable situations and the scope of their coordination with national and local authorities. So far, 32 National Societies have contingency plans, which include pandemic response activities and emphasize the protection and security of Red Cross volunteers and staff.

The leaders and their teams in the National Societies of the region have had to revise their procedures and management models in a very short time as well as to adapt to local, national, regional and global context, in order to continue with their traditional and emergency response activities in the short term. In addition, they have projected themselves in the long term with activities and strategies that keep volunteers motivated and protected to continue building trust, credibility, and ensure sustainability of services and programs and of course impact on communities. Taking advantage of the capacity and experience of National Society leaders and teams, as well as the possibility of enabling branch and volunteer networks in the region, the IFRC Secretariat has generated processes of accompaniment, collective construction of knowledge, learning, exchange of experiences and peer support. In the last 6 months, nearly 1,700 people have participated in 28 webinars. During the month of June and July, 13 National Societies as part of their strategies for continuity, sustainability and development formulated proposals for the NSIA fund; all the proposals sent have Financial Sustainability as a central working theme.

Over the past 6 months, the Federation's Secretariat has sought to consolidate support teams for National Societies and has prioritized the thematic strengthening of the CCSTs to provide closer support to National Societies. In the last 6 months, more than 10 National Societies have expressed interest in continuing to review their existing strategic plans and have proposed to build a new strategic plan along the lines of the 2030 strategy and the Buenos Aires commitment, and of course including the lessons learned from the response to the pandemic caused by the COVID-19.

National Society sustainability

Since the beginning of the COVID-19 emergency, all National Societies in the region, taking into account the country context and their response capacity, implemented actions that allowed them to offer continuity to their operations, even though their programmes and services, branches, employees and volunteers were affected by the emergency.

Although most National Societies in the region have experience in responding to emergencies, most were unprepared and did not have a BCP. While assessing their reality and country context, the NSs had a very short time to review and adapt their procedures and management models to not stop and be able to continue offering their programmes and services. During the first weeks of March 2020, several National Societies had to prioritize their activities given the mobility restrictions in each country, but mainly because of the risk of contagion of their volunteers and staff. As a result of the response to COVID-19, most National Societies reviewed their planning and prioritized and implemented short term actions (4-6 weeks), thinking about the medium and long term and especially about their sustainability. All Societies have prioritized actions that keep volunteers motivated and protected, as they are the most important asset of the organization through which the impact on communities can be guaranteed and improved and confidence and credibility can be built.

The levels of development, the auxiliary role assumed and agreed upon, the services provided throughout the territory, the close work with populations in situations of vulnerability and the scope of coordination with national and local authorities, have allowed National Societies to play an active role in each of the countries as part of the response to the effects of COVID-19. More than 50 per cent of National Societies have seen their income reduced in recent months and the funds transferred by EPoA have financed 100 per cent of the activities being implemented; in some National Societies, the funds transferred have been the only resources available in recent months. In the Americas, National Societies have prioritized, as part of their coping strategies, working on their financial sustainability and therefore have focused their efforts on ensuring regular income of free funds. For example, taking advantage of the opportunity to attract resources (at public and private level), build partner loyalty (individual-corporate) and identify business models that are in line with the institutional mission. Most National Societies, in addition to developing streamlined processes and procedures, are improving their monitoring and evaluation and accountability systems to ensure sustainability and thus improve the quality and community impact of services and programmes.

National Societies in Ecuador, Argentina, Jamaica, Trinidad and Tobago, Nicaragua, Honduras, Colombia, Mexico and Uruguay have continued to develop through the implementation of various initiatives related to: attracting and mobilizing resources; finding and consolidating partnerships; strengthening their image and reputation; advocacy; and building trust. It is important to mention that this evolution is also influenced by all the previous work that National Societies invested in strengthening their image and positioning in each of their countries, and the immediate connection of this with the improvement of the dialogues on Resource Mobilization and partnerships. In this process, the IFRC Regional Office is providing technical support in terms of accompaniment of the dialogues, regional situation assessments and facilitation of webinars to encourage discussion and collective consideration of the issue and facilitate peer support (experiences, materials, tools, advice etc). Although there are many efforts in all National Societies, only 3 or 4 National Societies have financial reserves to meet the challenges of emergency response and continue their operations.

Based on all the work that has been carried out in the region since the beginning of the response, the IFRC regional office and the CCSTs have provided technical support to National Societies on strengthening the sustainability of National Societies by working on volunteer development, strengthening partnerships and financial sustainability. The IFRC team has facilitated the exchange of tools, experiences, peer support, participated in the regional diagnosis and accompanied processes with technical support and backstopping. In the coming months, two professionals will join the regional team whose main objective will be to support National Societies in financial sustainability.

Support to volunteers

In relation to volunteering strengthening, most of the efforts developed are related to volunteer protection and security, and motivation of volunteers. The key actions and results were focus on: involving all NSs in the study of the situation of insurance and mechanism of protection; addition of humanitarian initiatives by NSs in the Volunteers in Action online map within the Volunteering Development Platform (VODPLA) that shows several actions carried out by volunteers in relation to COVID-19 to get inspired and learn from the initiatives of others in the field; promotion and use of the COVID-19 section in VODPLA to provide key data and information to volunteers, access to online training and webinars and the use of forums to share experiences; participation of hundreds of volunteers from the NSs in the webinars related to protection and security of volunteers; support to NSs to obtain private insurances; use of the newest Guidance on the Duty of Care for the creation of Solidarity Funds; and the general meeting with the NSs from the cluster to share the experiences and learning during the pandemic.

The following list represents the key volunteering actions conducted over the last 6 months:

- In April 2020, more than 1,000 volunteers, representing the entire region, participated in the first webinar aimed specifically for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This opportunity also served to share the main tools where volunteers can get and share information. Such resources included SOKONI, the Americas Volunteering Development Platform (VODPLA), GO Platform and Fednet, which were highlighted as the primary IFRC web spaces to access this information. There was an open discussion among participants in relation to insurance, security, motivation, and involvement of volunteers in decision-making processes.
- Survey responses received from National Volunteer Managers/Directors from 25 NSs and OSBs were instrumental in the collection of relevant information about volunteer insurance and healthcare in relation to COVID-19. The data collected provided a clear picture about the importance of continue supporting our NSs in improving the protection and security of the volunteers. The results were published and have been available through the Volunteering Development Platform (VODPLA) since April 2020: <https://volunteeringredcross.org/en/volunteer-insurance-and-healthcare/>
- IFRC Geneva, with the support from the Americas and Africa Regions, elaborated, finalized, and shared the IFRC Guidance on the Duty of Care for Volunteers with the Cluster Offices and NSs in the region. This document, which was launched in May 2020, provides guidance and support to National Societies in developing context-specific approach where domestic coverage for medical care or death compensation is lacking. These include providing technical guidance and examples of different domestic avenues for National Societies to support their volunteers who may fall ill to COVID-19. Specific meetings took place with the Cluster Offices and with the National Volunteer Coordinators to explain the details of the document. Tailored solutions will be provided/suggested to NSs.
- With the presence of more than 440 volunteers from all over the region, a webinar was held in May as an opportunity for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This served as the second webinar with this format and helped to provide updated information about the emergency. There was an open and transparent discussion among participants in relation to insurance, security, motivation and involvement of volunteers in decision-making processes.
- About 400 participants including volunteers, national volunteering directors, secretary generals, NSs' presidents and NSs' staff, took part in a webinar in June, where the duty of care guidelines were presented and explained. This event, coordinated between the PSK teams in Geneva and the Americas, offered an open where volunteers were able to share their experiences and concerns during the pandemic. Furthermore, explanations were provided in relation to how to 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.
- A tailored meeting took place in June 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 included the following:

- 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.
- The opportunity of Lacoste is one, but not the only one.
- There are several measures in the NSs (insurance or solidarity funds) but there are not widely known by the volunteer.
- Thanks to a recently signed agreement between the IFRC and the Lacoste Company, the company aim to offer safety nets mechanisms for protection of volunteers especially for National Societies where there is no insurance or solidarity fund in place to support volunteers. The Americas Regional Office, together with the Secretariat in Geneva, are working in supporting the volunteer portfolio in addressing volunteer safety nets on insurance and solidarity funds for National Societies. The funds are currently slated to support, in the first instance, seven NSs in the region and there is ongoing work through the Cluster Offices and the Volunteering and Youth Development Unit to implement such actions.

Enabling Actions

Coordination for quality programming

IFRC continues to provide ongoing technical support in strengthening domestic COVID-19 appeals with a focus on corporate and institutional donors. A newly established provision of a dedicated technical consultancy in major donor giving has demonstrably galvanised systematic resource generation by several National Societies. Convened by Partnerships and Resource Development (PRD), periodical donor briefs have also been coordinated both with internal Movement donors and external donors, such as ECHO, AECID, and USAID.

Inter-sectoral coordination

The Regional Office is in close contact with UNOCHA, WFP, and other Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) members. The coordination with UNOCHA includes continued contingency planning for hurricane season.

IFRC ARO Health and Care Team is participating in several regional coordination mechanism. Currently, the H&C team is attending 5 coordination interagency groups (Health, OCHA UN Coordination, Nutrition, Shelter and WASH) and one group for Venezuela Migrants (R4V). In addition, in July, the Health and Care team organized three meetings with PAHO (PAHO HQ and colleagues at mission of Costa Rica and Panama) for discussion about services and support to migrants, and the three National Societies involved (Panama, Costa Rica and Nicaragua). The consultation has the objective of generating a joint action for migrant settled in the Darien (Panama) – Mental Health and PSS support, at the border between Panama and Costa Rica and between Costa Rica and Nicaragua. **Coordination efforts are also ongoing with the ICRC PSS delegate for the Central America countries.**

IFRC-ICRC Movement coordination

Mechanisms to continue close collaboration and coordination with the 35 National Societies of the Region, PNS, and ICRC continue a constant basis. The Regional virtual Emergency Operation Centre remains active with a weekly coordination sync, as well as continued one-hour semi-weekly coordination calls. Number calls have been making with PNS to explore country support team mechanisms to provide coordinated support to impacted National Societies.

Assessments

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.](#)

Business Continuity Planning and Security within IFRC Secretariat

A regional meeting is held every two weeks with the Business Continuity Team to analyse the epidemic situation and the progress of the different offices and compliance with parameters, among others. As well, a meeting is held every two weeks with Heads of clusters and offices to analyse the reality of the countries in the region, in order to determine the right moment to start the gradual return to the face-to-face work and to coordinate the completion of the required documentation. Weekly meetings are held with the BCP Global Group in Geneva to ensure alignment and compliance with procedures.

Coordination with the World Food Program (WFP) continues at the regional level regarding its air service program. The program successfully launched regular passenger flights from the Americas Passenger HUB Panama. WFP remains fully committed to provide connections, particularly for humanitarians, between some Americas destinations, which are not reachable by commercial air travel, and this in a safe, effective, and cost-efficient manner. WFP will be operating weekly flights in August & September in the Americas through the following destinations:

- México – Guatemala - San Pedro Sula - San Salvador - Panamá;
- Lima – Bogotá – Panamá – Bogotá – Lima;
- Panamá – Port-au-Prince – Caracas- Panamá ;
- Panamá – San Salvador - San Pedro Sula – Guatemala - México.

In this aspect, coordination with Geneva is maintained, in the Americas. The BCP Team Coordinator is the focal point in terms of humanitarian diplomacy and at regional level there is also a focal point for booking in case it is required by the Administration. During the month of July, support was provided to the office that was ready to return to work gradually, complying with the required procedures and obtaining the approval of the Secretary General.

The documentation of the Trinidad and Tobago Office, which was approved by the Secretary General, after meeting all the requirements, documentation, feasibility in the epidemiological context, among others, has been shared to be used as a guide by the others offices, and to see how internal procedures are specified. The offices in the region are preparing their adjustments for the return to the face-to-face work when the situation allows to, taking into account the Geneva guidelines in this regard, its context, among others.

The Human Resources, Administration and Security teams are keeping an exceptional attendance record at the Panama Office to advocate for a follow-up of essential activities, protecting staff and regulating as much as possible the on-site attendance at the office, considering this only for exceptional cases and to prepare administrative, and occupational health and security aspects within the office. In the Americas, the occupational health and safety committee continue to be joined to the Regional BCP Team group to guarantee a more effective work and to look after these aspects in a more direct manner as well.

In compliance with the guidelines and protocols of the Ministry of Labour, a Special Health and Hygiene Committee is being created for the prevention and care of COVID-19 for the Americas Regional Office, according to the Panamanian requirements. The HR Department is following up on the psychosocial support of staff, by making individual calls to address particular situations and scheduling meetings with stress counsellors through its programme “You have my support”. In parallel, they have developed a vulnerability index to identify vulnerabilities, provide support to staff and advice according to their needs. In a weekly basis, the Regional Security unit shares the BCP Team advances to the communications unit.

Evidence-based Insights, Communications and Advocacy**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 one PMER Officer focused on the COVID-19 regional response and one rapid response member from the 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 respond to the COVID-19 pandemic. The Guidance seeks to simplify and streamline processes by maximizing the data collected and aligning the different initiatives. Two webinars were held for NS with 24 NS participating for the collection of the qualitative and indicator tracking information.

The PMER focal points in each CCST are following up on the information reported and the process of reviewing National Society response plans. The second pilot of Real-Time Learning (RTL) has finished, and the team is working in the Final Report.

Information Management:

The IM team is currently developing the IM Plan for COVID-19 that aligns with the “stabilization and transition plan”. The IM plan aims to lay out the fundamentals of Information Management (IM) for the COVID-19 outbreak Emergency Operation. Although regional and global strategies exist, due to unprecedented conditions such as new work dynamics, remoteness and a pervasive impact to society, there is an urgent need to detail how the IM component in the IFRC and National Societies will adapt those strategies to the COVID-19 context. IM's in the region, SMT and clusters are supporting the elaboration of the plan, providing input and guidance.

Surge IM team: The two members of the Regional IM team (from Argentine Red Cross and Chilean Red Cross), will end their mission in the next two weeks. New deployments are not expected.

Surge Information Management Support (SIMS): The global networks are currently supporting St Lucia on the development of maps and dashboards.

IM support to technical areas: IM support to Shelter, Livelihoods and CASH.

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. We are planning on redesigning the user interface, so it is easier to navigate through the dashboards.

Communications

In July and August, a series of articles about the work of the Red Cross as part of the response to the COVID-19 pandemic were published. Some of these have inspired the media to tell the story of the Red Cross and our work. These are all posted to the IFRC Americas website and shared through social media.

- Argentina: Isolation centre Tecnópolis I - [Spanish](#)
- Bolivia: A pause at the border before continuing their journey - [English](#)
- Chile: Fighting COVID-19 in planes - [English](#)
- Ecuador: Red Cross calls for blood donation in times of pandemic - [English](#) | [Spanish](#)
- Honduras: Supporting migrants stuck during COVID-19 - [English](#)
- Mexico: Violence and attacks against health workers are on the rise in the context of the COVID-19 pandemic - [English](#)
- Mexico: A volunteer on wheels in the fight against the pandemic: [English](#) | [Spanish](#)

- Paraguay: Fighting Dengue Fever in the Time of COVID-19 [English](#) | [Spanish](#)
- Peru: “Being a nurse allows me to share, talk and get to know the needs of migrants” [English](#) | [Spanish](#)

Content Gathering through National Societies

In August, National Societies continued to share images and videos on their response to the COVID-19 pandemic in their countries. Some of the activities that were shared include Red Cross volunteers delivering hygiene and food kits to vulnerable families, older adults, and those without homes as well as support to migrants, people impacted by storms, flooding and landslides, while still maintaining the steps to preventing the spread of COVID-19.

In addition, we have also seen new ways of sharing Red Cross actions, including videos from the Argentine Red Cross on the Day in the Life of a volunteer, and from the Dominica Red Cross, [a music video](#) and public service announcements on the work to stop the spread of COVID-19, and how to stay safe and healthy.

Social media Statistics:

- CADRIM Twitter:
 - In July, 33 tweets with 11,600 impressions, a 2.0 per cent engagement rate, 49 retweets and 79 likes.
 - In August, 12 tweets with 7,000 impressions, a 1 percent engagement rate, 17 retweets, and 25 likes.
- CADRIM Facebook:
 - In July, 18 posts with 6,514 impressions, 405 engagements (comments, likes, shares, or link clicks), 10 new likes and 14 new followers.
 - In August, 6 posts with 2,849 impressions, 257 engagements (comments, likes, shares, or link clicks), 7 new likes, and 8 new followers.
- IFRC_ES Twitter:
 - In July, 179 with 490,000 impressions, a 1.4 per cent engagement rate, 1,000 retweets, and 2,800 likes.
 - In August, 112 tweets with 216,000 impressions, a 1.8 per cent engagement rate, 718 retweets, 1,600 likes.
- IFRC_ES Instagram:
 - In July, 7 posts with 737likes, and 464 video views.
 - In August, 1 post with 59 likes, and 0 video views.

Key Messages, Question and Answer Documents

Key Messages help national societies around the world stay up to date with the work of Red Cross. From the Americas, the countries include those with National Societies who work in complex emergencies around migrants and prior national disasters. And key messages from [Ecuador](#), [Colombia](#), [Bahamas](#), [Americas Regional](#), [Venezuela](#), and [Haiti](#) have been updated

Media coverage on volunteers and NNSS

- Voluntarios sobre ruedas en la lucha contra la pandemia - [Spanish](#)

Climate change

- Extreme heat: What can be done to stop this “silent killer”? - [English](#)

Humanitarian Aid

- Pizarro anuncia transferencia de fondos a la Cruz Roja para atender pandemia en Venezuela - [Spanish](#).
- As NGOs negotiate access, dual crises unfold in Venezuela - [English](#).
- Llegaron a Venezuela más de 13 toneladas de ayuda humanitaria - [Spanish](#).

- La Cruz Roja abre un corredor humanitario para llevar ayuda sanitaria a Haití - [Spanish](#).
- Cruz Roja abre corredor humanitario para llevar ayuda desde la RD a Haití - [Spanish](#)

Dengue, COVID and hurricanes

- At-risk Caribbean scrambles to prepare for hurricanes during pandemic - [English](#)
- En medio de la atención al Covid-19, se descuidan avances contra el dengue en Asia y Latinoamérica - [Spanish](#)
- Cruz Roja: El dengue y los huracanes complicarán la respuesta a la COVID en América Latina - [Spanish](#)
- Dengue prevention efforts stifled by coronavirus pandemic - [English](#) (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 - [Spanish](#)
- Growing COVID-19 impact in the Americas a major concern, says global Red Cross President - [English](#)
- IFRC: COVID Could Affect Migration Patterns For Years - [English](#)
- Global report: Red Cross warns of big post-Covid-19 migration as WHO hits back at US - [English](#)

COVID-19 general

- América Latina ve la mitad de todas las nuevas infecciones por covid-19 a medida que tambalean los sistemas de salud - [Spanish](#)
- Brasil supera la barrera de los 60.000 muertos por el coronavirus - [Spanish](#)
- WHO: Over 160,000 coronavirus cases reported every day in past week - [English](#)
- COVID-19 Outbreak Americas Regional Assessment Final Report - [English](#)

President IFRC Press Conference / Brazil

- Coronavirus: Red Cross slams US and Brazil response - [English](#)
- Chefe da Cruz Vermelha acusa Bolsonaro de comprometer o combate à COVID no Brasil - [Portuguese](#)

International Support and Resourcing**Logistics, Procurement and Supply Chain**

Americas Regional Logistics Unit efforts continues by monitoring the supply chain management of the necessary materials for the operation. The last batch completing the full quantities of the open LR's was finally dispatched to the National Societies with a total procurement worth amount around 4.1 million CHF. In total, the logistics coordination response has reached 32 Countries with 99 shipments coordinated. RLU hold quantities of prepositioned PPE material for further support of the National Societies in Panama.

The ambulances requested for the region, have arrived in an 80% since July to the destination countries with success.

RLU Continue with the support to DCPRR team to ensure the processes monitoring in the next part of funds allocation for COVID-19 operation.

The procurement team have been actively supporting the National Societies in their respective local sourcing processes, using the tool of Global directive, to accelerate sourcing and procurement management, for any procurement conducted for COVID-19 emergency response.

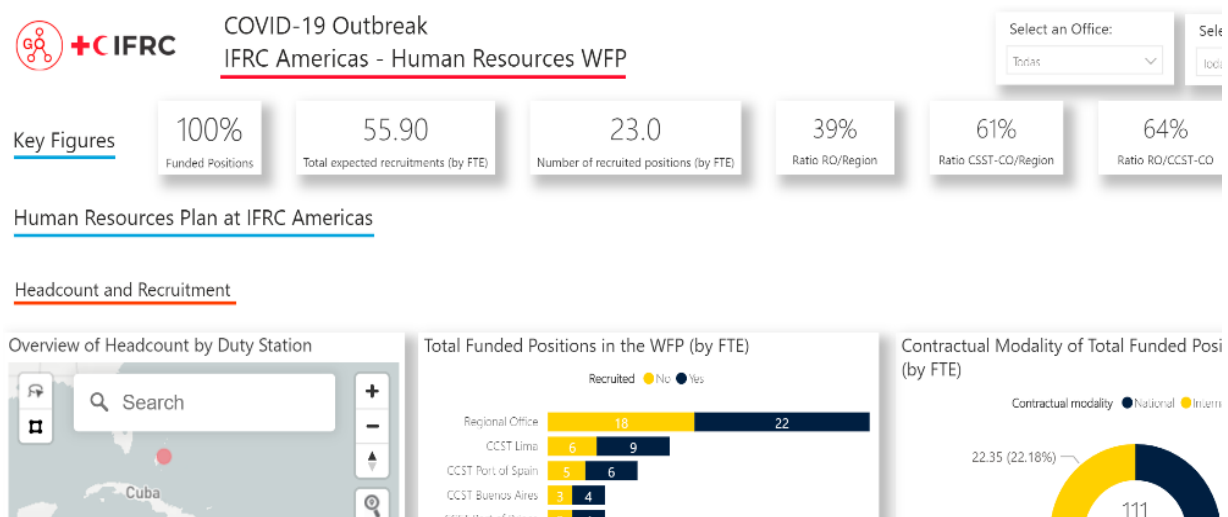
Surge

The surge team has so far deployed a total of 28 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 COVID-19. To date, the support provided has been provided to remote assistance and

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 because of the restrictions imposed by governments that include the closure of borders, port, and airport. However, this modality has proven to be successful 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. In general, we hope to reduce the number of people deployed through the surge mechanism since at this point the operation has begun to stabilize.

Human resources

The HR Team worked on [Workforce Planning Dashboard for COVID19](#), including an overview of key figures of the existing and newly recruited positions across the Americas Region, funded through the COVID-19 appeal.



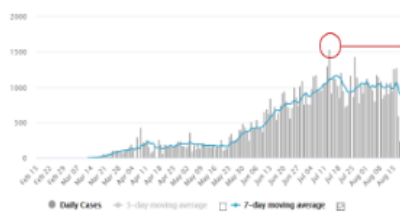
HR Dashboard for COVID 19 outbreak

Security and Safety

The security dashboard on travel restrictions and internal measures applied by Governments continues to be updated: <https://imii.cruzroja.org/security/security-restriction-and-measures/>

The Regional Security Unit is providing to Regional and Global BCP Team a weekly analysis of the epidemiological curves of the countries where IFRC has offices to monitor the possibility of progressive reopening of the offices when considering the requirement of having passed 3 weeks after the epidemiological peak, government restrictions and internal measures, among others. This weekly analysis has helped the decision-making process and the understanding of countries situation and the Duty of Care that IFRC has with its personnel.

Daily new cases in Panama

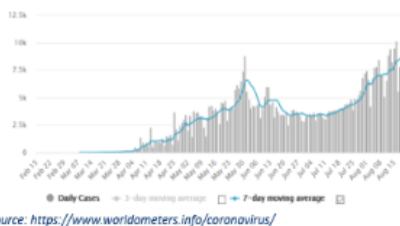


Curve trend during COVID19 context

- Day with **higher number** of cases: **July 13** 1,540 cases
- **Peak+3 was reached**
- Daily cases **Update: Aug 19** 964 cases
- The curve is not maintaining a constant trend
- **Epidemic situation:** extraordinary
- **Working modality:** work from home
- Businesses continue to reopen gradually.
- Trending toward **PLATEAU**



Daily new cases in Peru



Curve trend during COVID19 context

- Day with **higher number** of cases: **Aug 16** 10,143 cases
- Daily cases **Update: Aug 19** 9,099 cases
- The curve is rising. Renewed surge has been recorded
- **Epidemic situation:** extreme
- **Working modality:** work from home
- Authorities are tightening nationwide restrictions through Aug. 31

2 —

Source: <https://www.worldometers.info/coronavirus/>

Weekly analysis of epidemiological curves for IFRC Country Offices.

The team is working to guarantee the Duty of Care of the personnel, providing constant guidance to responsible people on the field. Security Briefings continue to be provided to new personnel and to those that have to carry out missions. Also, an Operational Security Training has been led and has begun with some IFRC regional security focal points to refresh and explain concepts, protocols, Minimum Security Requirements and strengthen the internal IFRC security network.

IFRC Regional Security Unit is participating in the monthly LAC Regional Forum meetings with other humanitarian organizations to acknowledge their perceptions on the pandemic and to better understand the whole situation in the region and exchange information if possible. Arrangements continue to be made to seek alternatives for returning staff who are away from their homes, in coordination with the Administration and Human Resources departments.

Resources for National Societies

Several 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 etc.
- Daily updates on travel restrictions around the world can be found on [FedNet](#).
- The IFRC COVID-19 **Country Impact 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](#).

GO platform and COVID-19 field reports



Operational updates as well as other relevant COVID-19 operational information can be found online on [IFRC GO](#). The Global COVID-19 page can be found [here](#) – the Emergency Details tab holds appeal and response related documents (including monthly global operational updates), as well as surge documents, while the Additional Details tab has a good document depository on COVID-19 Guidance for National Societies in different language versions. Remember to login to the platform as most of the content is visible only for registered users.

A **COVID-19 field report** was launched to provide National Societies a streamlined reporting process to the IFRC network while allowing a platform for National Societies to present their COVID-19 response. Epidemic field report feeds into an own national COVID-19 emergency page where also the national situation reports, dashboards and other information products can be shared. Recent Field Reports from Americas Region can be viewed [here](#). The IM team has created a GO emergency page for each National Society in the region, to encourage National Societies to take advantage of GO Platform potential to host maps, infographics, dashboards, other visuals and situation reports in one centralized place, and to inform the Red Cross Network on their actions. More information on new GO emergency pages for National Societies can be found [here](#).

The PMER team will be asking monthly to report on activities using the short narrative section “Actions taken by National Society – Summary” of the submitted epidemic field report to be included as an update from the NS response actions in the monthly situation update as well as in this regional appeal operation update, and therefore we hope that this section would include a short summary of the main NS response actions including main focus areas in response as well as possible changes and new developments in response actions compared to the previous update. If you have any difficulties in accessing or using GO platform both regional IM-coordinator (luis.fanovich@ifrc.org) as well as global IM-team (IM@ifrc.org) are available for support.

How to complete a COVID-19 Field Report in GO

Monthly operational updates, epidemic field reports on GO platform. For providing monthly updates from your national society to the operational update, we request you to submit **Epidemic Field Report via GO-platform, every 15th of each month**. This field report should cover the previous month update of the activities carried out by the NS. If the 15th falls on a weekend, it will be submitted on the next business day).

Epidemic field report feeds into an own national COVID-19 emergency page where an addition to the epidemic field report information also national situation reports, dashboards and other information products can be shared. We are using the “Actions Taken by National Society Red Cross” - section to do ongoing activities monitoring feeding into the information on the first page of the regional operations update, while the text field “description” contains the small narrative that is used to capture the response situation in the respective national society.

A few tips for filling in GO field reports:

- If you do not have the required information, you can always leave the information field empty – mandatory fields are indicated with *.
- When submitting a second field report, remember to link the report to an existing emergency page by choosing “please check for, and link to an existing emergency if available” and searching your country’s COVID-19 emergency.
- We are particularly interested in “Actions” tab of the field report focusing on the “Actions Taken by National Society Red Cross” – in the description section try to capture the highlights and possible changes in your domestic operation from the previous month.

If you need any GO specific guidance, you can find GO-user guide from [here](#). Additionally, both regional IM-coordinator (luis.fanovich@ifrc.org) as well as global IM-team (IM@ifrc.org) are available for support. All recent Field Reports from Americas can be viewed [here](#).



How to submit an Epidemic Field Report on GO Easy Guide

- 1 Login to GO and click on “Create Field Report”



- 2 On “Disaster Type” field, select “Epidemic”

- 3 New field for the Epidemic Field Report will appear

IMPORTANT

Please note that once an activity has been selected, IFRC will include it as **completed** in future reports and for monitoring future Epidemic Field Reports.

What information should be included in the Field Reports

Situational Overview Describe the primary and secondary effects on the health system and affected population.	Description of the epidemic
--	------------------------------------

Situational Overview

Include brief information on both internal and external factors and conditions that influence the National Society's approach to its goals, strategies, relevance, socio-economic trends and Humanitarian dynamics (for example changes in government policy as a result of COVID-19, natural disaster, etc). What is the current situation in the country, what is the government doing and what role is the NS playing and coordinating with the authorities? If this information has not changed from the past report, please reference that, and indicate recent updates, as needed. This might even be bullet points.

Actions Taken by National Society Red Cross (if any)
Select the activities undertaken by the National Society and briefly describe.

Health
☐ Epidemic control measures
 ☐ Risk communication, community engagement, and health and hygiene promotion
 ☐ Community-based surveillance (CBS)
 ☐ Infection prevention and control (IPC) and WASH (health facilities)

☐ Infection prevention and control (IPC) and WASH (community)
 ☐ Mental health and psychosocial support services (MHPSS)
 ☐ Isolation and clinical case management for COVID-19 cases
 ☐ Ambulance services for COVID-19 cases

☐ Maintain access to essential health services (community health)
 ☐ Maintain access to essential health services (clinical and paramedical)
 ☐ Management of the dead
 ☐ Other health

Socioeconomic Interventions
☐ Community engagement and accountability (CEA), including community feedback mechanisms
 ☐ Livelihoods, cash support & food aid
 ☐ Social care and cohesion, and support to vulnerable groups
 ☐ Shelter and urban settlements
 ☐ Other socioeconomic

NS Institutional Strengthening
☐ National Society readiness
 ☐ National Society sustainability
 ☐ Support to volunteers
 ☐ Other

DESCRIPTION
Brief description of the action

Achievements of the Reporting Period

In the box above, summarize actions by priority and pillar, indicating key data (#s reached, location, # volunteers involved) as possible, and identifying Movement or non-Movement if involved. If your NS does not work on that pillar, leave blank. If actions have not changed since last monthly report, please indicate "No change from last month." Please share a link to any products (dashboard, published documents, videos, etc.) that your NS would like to highlight.

Government COVID-19 measures in the Americas

Updated: 21 of August 2020

Government Actions	COUNTRY CONTEXT								RELAXATION OF MEASURES				
	Declared Alert	Preventive quarantine for nationals and	Curfew / isolation required	School Suspension	Restriction to public events and meetings	Flight restrictions	Restrictions on access to the country	Driving/Circulation restrictions	Face-to-face work	Non-essential trade	Schools and educational centers	Events and public spaces	Flights and access to the country
Antigua & Barbuda	State of Emergency/ Curfew order	●	●	●	●	●	●	●	●	●	●	●	●
Bahamas	State of Emergency/ curfew order	●	●	●	●	●	●	●	●	●	●	●	●
Barbados	State of Emergency/Curfew Order	●	●	●	●	●	●	●	●	●	●	●	●
Belize	State of Emergency/ Curfew	●	●	●	●	●	●	●	●	●	●	●	●
Dominica	State of Emergency lifted on June 30th	●	●	●	●	●	●	●	●	●	●	●	●
Grenada	Emergency Regulations/Curfews	●	●	●	●	●	●	●	●	●	●	●	●
Guyana	Emergency measures/ curfew order	●	●	●	●	●	●	●	●	●	●	●	●
Jamaica	Compliance measures/ curfew order	●	●	●	●	●	●	●	●	●	●	●	●
St Kitts & Nevis	State of Emergency/ Curfew Order	●	●	●	●	●	●	●	●	●	●	●	●
Saint Lucia	Emergency Powers/Curfew Order	●	●	●	●	●	●	●	●	●	●	●	●
Saint Vincent & the Grenadines	National Alert	●	●	●	●	●	●	●	●	●	●	●	●
Suriname	Curfew order	●	●	●	●	●	●	●	●	●	●	●	●
Trinidad & Tobago	Public emergency regulations	●	●	●	●	●	●	●	●	●	●	●	●
Costa Rica	State of Emergency	●	●	●	●	●	●	●	●	●	●	●	●
El Salvador	Red Alert/ State of National Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Guatemala	State of Public Calamity	●	●	●	●	●	●	●	●	●	●	●	●
Honduras	State of Health Emergency/ Red Alert	●	●	●	●	●	●	●	●	●	●	●	●
Nicaragua	National Yellow Alert	●	●	●	●	●	●	●	●	●	●	●	●
Panama	State of Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Cuba	Health Alert	●	●	●	●	●	●	●	●	●	●	●	●
Republica Dominicana	State of emergency	●	●	●	●	●	●	●	●	●	●	●	●
Haiti	State of National Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Canada	State of Emergency in Affected Provinces	●	●	●	●	●	●	●	●	●	●	●	●
Mexico	Emergencia Sanitaria	●	●	●	●	●	●	●	●	●	●	●	●
United States	State of Emergency/ Public Health Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Argentina	State of Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Bolivia	National health emergency	●	●	●	●	●	●	●	●	●	●	●	●
Brazil	State of Public Calamity	●	●	●	●	●	●	●	●	●	●	●	●
Chile	Constitutional State of Emergency of Catastrophe	●	●	●	●	●	●	●	●	●	●	●	●
Colombia	Economic, social and ecological emergency	●	●	●	●	●	●	●	●	●	●	●	●
Ecuador	State of Health Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Paraguay	State of National Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Peru	State of National Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Uruguay	State of Health Emergency	●	●	●	●	●	●	●	●	●	●	●	●
Venezuela	National alarm state. Collective quarantine	●	●	●	●	●	●	●	●	●	●	●	●

REFERENCES: ● Yes / Yes there are restrictions ● Partial Restrictions ● No / No restrictions ■ Reinstated Restriction

National Society response – key highlights

North America

American Red Cross (AmCross)

Since the start of the COVID-19 response, the American Red Cross has been focused on supporting community efforts to help those impacted while adapting our ongoing mission to help staff and volunteers stay safe.

Blood services

AmCross continues 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 a treatment for patients with severe 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.

Food security

To help ensure vulnerable people do not go hungry during this public health crisis, we're 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.

Disaster Response

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.

AmCross is also working with public health officials on our COVID-19 plans to respond 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.

Health, Training, and Psychosocial Support

AmCross volunteers are making face coverings for veteran and military hospitals across the world. AmCross adapted its First Aid and CPR training and 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. AmCross Virtual Family Assistance Centre offers information and resources to help people who have lost loved ones.



AmCross volunteers providing services.

Source: Amcross, August 2020.

Canadian Red Cross (CRC)

CRC is working with local, provincial, and federal agencies throughout the country to fulfil needs that have arisen because of the COVID-19 pandemic since its start.

Epidemic Prevention and Control

The Canadian Red Cross, as an auxiliary to public authorities, is assisting long-term care homes through services including the recruitment and training of new staff, and via providing teams of experts to assist facilities in epidemic prevention and control which may include completing a site assessment, providing site-specific recommendations to layout and protocols, and staff coaching and monitoring.

Psychosocial Support/Safety & Well-Being

Psychosocial Support addresses the psychosocial needs of those affected and contributes to individual and community capacity and resiliency in the areas of mental health and psychosocial support (MHPSS). The CRC Safety and Wellbeing (SWB) programme aims to support those directly and indirectly affected by COVID-19 through enhancing resilience and coping, decreasing isolation, by providing connections and referrals, and direct emotional/psychosocial support, including considerations for gender, diversity, and inclusion.

Support to Quarantined Travelers

At the request of the Public Health Agency of Canada (PHAC), the Canadian Red Cross continues providing care and comfort services at designated sites to travellers who are required to quarantine based on the applicable guidelines in place when they arrive to Canada.

Support to Migrant Workers

In partnership with the local Ministry of Health, the Canadian Red Cross is providing support to seasonal migrant farm workers in southwestern Ontario affected by a COVID-19 outbreak on agricultural farms in the area.

Support to Isolated Individuals & Families

CRC has provided immediate relief services including information, referral, and financial assistance by utilizing our registration systems, call centre capacity, volunteers and Mental Health and Psychosocial Support specialized teams. CRC is also enabling municipalities and communities to support those in isolation through the provision of relevant NFIs.

Support to Indigenous Populations

The Canadian Red Cross 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. The Canadian Red Cross is also supporting Indigenous communities by activating an 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.

Support to Seniors

The Canadian Red Cross is actively supporting 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 include meal delivery, wellness checks, emergency care connection, and friendly calls.

Support to Long Term Care Facilities

The Canadian Red Cross 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 a site assessment, site-specific recommendations to layout and protocols, coaching and monitoring.

Support to Community Partners

The Canadian Red Cross is providing support to community partners including in the administration of grants, training on prevention of disease transmission and use of PPE as well as courses in psychological first aid.

Mexican Red Cross (MRC)

MRC has been supporting the national effort since before the epidemic reached Mexico by developing its National Bio contingency Plan for Respiratory Diseases due to Emerging Viruses, National Manual on Biosecurity, and daily reports COVID-19 situation.

Epidemic Prevention and Control

BIOS-CRM has been the base platform for the control of cases of the epidemic related to the institution's voluntary and paid personnel, as well as the instances in which COVID-19 has possibly or certainly been confirmed. The system integrates a database to which the 32 branches of the country have access, through their Relief Coordinators and or medical area referents, shows information related to the national force status, the suspicious and confirmed cases COVID-19 attended at the national level, registration of accumulated and registered cases per week. Also, indicators related to biosecurity training in the institution or external distribution by the delegation of volunteers affected by COVID-19 are specified.

Risk communication, community engagement, and health and hygiene promotion

Reliable communication channels due to the pandemic highlight social networks, media such as Facebook, Twitter, and YouTube have been essential in conveying messages that address community concerns and perceptions. A National Biosafety Manual has been established, which contains the measures that branches must implement to be biologically safe and protect the health of personnel from infectious agents and users of Mexican Red Cross services to detect cases and referral pathways.

Biosafety training achieved 15,268 people trained. The Biosafety Training Workshop is complemented by a series of explanatory videos with the main protocols of the National Biosafety Manual, which are available on the MRC website for full access to the personnel involved in the operation.

In the case of the Community Resilience Program to Earthquakes, efforts have been directed at raising awareness of COVID-19 by printing large-format posters to be hung in key points in each community: parks, health centres, stores, ejido houses, etc. The project includes the following activities: a. Awareness-raising and training; b. Audio podcasts with information of interest to the community for dissemination, with specific topics not available in the region; c. Translation of material into



Mexican Red Cross response to COVID-19
Source: MRC

the local language of the communities; d. Videos produced by the field teams with specific messages to the brigades so as not to lose contact and the linkage achieved so far. Tutorials on prevention actions (handwashing, sneezing etiquette, etc.) are also recorded and animations with data and information for better understanding.

Community-based surveillance (CBS)

The BIOS_CRM, software used by the MRC keeps track of suspicious cases, allows the generation of alerts linked to health intervention mechanisms, knowing the current status of the pandemic in the country's branches, number of cases and accumulated, number of deaths, as well as news and communications issued by international, federal and state authorities. The consideration of this information allows adapting the capacity of intervention and operation according to the country's activation of the epidemiological alert.

Infection prevention and control and WASH at the community level

MRC has 550 delegations, one National Collection Centre for Disaster Care, one National Trauma Centre in Mexico City, one Cancer Centre in Merida, Yucatan, 32 Hospitals in several states, 9 Altruistic Blood Donation Centres, 21 Nursing Schools, one National Training and Education Centre in Toluca, three State Training and Education Centres in Chihuahua, Tabasco, and Tamaulipas, as well as 146 Emergency Medical Technician Facilities nationwide. The mentioned spaces through their trained volunteers have the knowledge embodied in the National Biosecurity Manual, emphasizing measures to be biologically safe and to protect the health of the personnel against infectious agents and protect the users of the services.

Mental health and psychosocial support services (MHPSS)

The psychosocial aspects make a fundamental difference in the care of volunteers in areas affected by emergencies. At the Mexican Red Cross, the area of psychosocial support aims to reduce psycho-emotional vulnerability and increase staff's coping capacities. The National Team of Psychosocial Support is working on three lines of actions: stress management (to reduce and control the level of stress in the personnel), basic psychological support (as a first containment to avoid emotional affections) and intervention in critical incidents (in case an unexpected event occurs that physically and/or psychologically affects a volunteer to be able to make the timely intervention). During COVID-19, MRC has served 1,989 people.



*MRC supporting taking temperature measures.
Source: MRC*

Isolation and clinical case management for COVID-19 cases

The National Biosafety Manual that contains the measures implemented in the 32 states to make facilities biologically safe and to protect the health of personnel from infectious agents. The clinical practice guidelines are needed to detect suspicious cases and the corresponding management that should be given to benefit the communities served by each Mexican Red Cross facility in the country.

Ambulance services for COVID-19 cases

MRC has personnel trained in biosecurity in the 32 states of the country, and volunteers have at their disposal 1,312 operational ambulances, of which 301 are equipped with biosecurity capsules and dedicated to the exclusive transfer of

COVID-19 patients, 24 of which are classified as intensive care. Of the 19,190 registered cases, 16,003 transfers have been made.

Maintain access to essential health services (clinical and paramedical)

The MRC maintains service in the nine Blood Donation Centres, but blood donation has decreased due to the current situation. That is why at a national level, efforts were made in social networks to sensitize the population that there is still a priority need for blood units, inviting people to go to the nearest centre taking care of preventative security measures to protect the health of all. In response to the possible lack of health services resulting from COVID-19, the Polanco Trauma Hospital of MRC maintains its services to the population without attending COVID-19 cases. In support of the expansion of services, COVID-19 is installing a Clinical Assessment Centre (TRIAGE) in an open space adjacent to the MRC Polanco Trauma Hospital.

Social cohesion and support to vulnerable groups

Restoring Family Links (RFL) is the generic term for a set of activities aimed at preventing separations and disappearances, restoring and maintaining contact between family members, and clarifying the fate of persons reported missing. The program during the pandemic operates through an approach from COVID-19 hospitals with the people separated from their relatives due to the contingency, offering the Red Cross Message service, call or video call with the aim of restoring lost family ties. From April to July, 1,489 services have been provided.

Readiness (preparedness, capacity strengthening, auxiliary role and mandate)

The National Society's Response Plan seeks to provide protection to volunteers and staff trained to respond in the contingency, in support of health care institutions, and to guarantee their safety and that of the patients attended to; in this way, the Mexican Red Cross responds through different phases and as the emergency requires.

Phase 1 Sending of protective equipment for health personnel and "triage" units allows channelling suspected patients safely.

Phase 2 Public awareness and preventive measures:

- Temperature measure.
- Communicate prevention campaigns about measures to be taken at home.
- Correct handwashing and use of antibacterial gel (with safety equipment for personnel).
- Additional equipment for ambulances.

Phase 3 Two field hospitals for the care of COVID-19 patients:

- In alliance with the National Institute of Respiratory Diseases (INER) MRC implemented a field hospital to extend INER's hospital capacity by 40 additional beds with intensive care unit capabilities.
- Polanco Hospital of the Mexican Red Cross as a Clinical Assessment Center (TRIAGE).

National Society Sustainability

The Response Plan will continue operations while any emergency phase is active in the country, understanding that each state of the Mexican Republic presents phases at different times. The Plan considers the link with the Government, private companies, and organizations, which allows managing the resources to give continuity to the operative work and guarantee the personnel's security and the population in general.

Support to volunteers

MRC has provided insurance coverage to volunteers by supporting the activities. MRC has also provided personal protection equipment to the country's Delegations, healthcare personnel, and triage units to channel suspected patients safely. In the BIOS_CRM system, the Delegations can report the access they have to the protection equipment and report shortages that may interrupt their operation activities.

Central America

The International Federation's office in Central America has been in constant communication with National Societies and supporting movement coordination with the ICRC and other partner National Societies, enabling the exchange of information and complementarity and the review of progress in the implementation of each National Society's action plan. The International Federation has also continued supporting the logistics systems of the Central American National Societies to facilitate the procedures with the respective governments for the dispatch of PPE and ambulances.

Considering the important role of volunteers, the CCST office has centred efforts on supporting the strengthening of the volunteer's base, most of them are related to volunteer protection and security, as well as motivation of volunteers. The key actions and results were focus on: involving all NSs in Central America in the study of the situation of insurance and mechanism of protection; NSs adding humanitarian initiatives in the Volunteers in Action online map within the Volunteering Development Platform (VODPLA); promotion and use of the COVID-19 section in VODPLA to provide key data and information to volunteers, access to online training and webinars; participation of hundreds of volunteers

from the NSs in the subregion in the webinars related to protection and security of volunteers; support to NSs to obtain private insurances; use of the newest Guidance on the Duty of Care for the creation of Solidarity Funds; and more.

The migration contexts in Central America continue to change constantly in the midst of the crisis by COVID-19, and the cluster has provided support to NSs in the creation and update of action plans focused on the response to migrants in transit, as well as the activation of bi-national communication mechanisms to enable transnational work. In coordination with the Honduran Red Cross and the ICRC, a technical group was established to create the Technical Table to support migrants in the country and to integrate strategic partners through coordination and information mechanisms. The IFRC has accompanied National Societies in dialogues with States and other international agencies about migrants and the COVID-19. Likewise, IFRC has been making efforts to support medium-term scenario-based planning and continues to support the development of specific materials for migrants during the pandemic.

Work has also been done to support analysis and increase the capacities of NS in relation to disaster risk reduction and resilience in the urban context within the framework of COVID-19 and a proposed recovery plan to COVID linked to DRR and climate change. In addition, close communication has been maintained with CEPREDENAC to strengthen coordination with the National Civil Protection Systems in the different COVID-19 pandemic response activities. All of this is based on the Action Plan that was designed and established before the Pandemic.

Costa Rica Red Cross (CRRC)



CRRC - COVID 19 current situation.
Source: CRC

COVID-19 has represented more than just a health emergency; in Costa Rica, the pandemic has exacerbated social, economic, and political crises. The country is in a race against the spread of the disease, testing and treating patients, tracking contacts, limiting travel, conducting preventive isolation campaigns for citizens, and limiting on-site activity in educational centres; businesses are intermittently closed depending on the local alert phase established. Every day, the country presents an increase in unemployment, and tourism, one of the main sources of foreign currency, registers a very important impact. In addition, the COVID-19 is causing great concern and emotional distress in the population because of the uncertainty generated by the rapid spread of this virus, and high levels of stress and anxiety have been generated in the population due to exposure to false information.

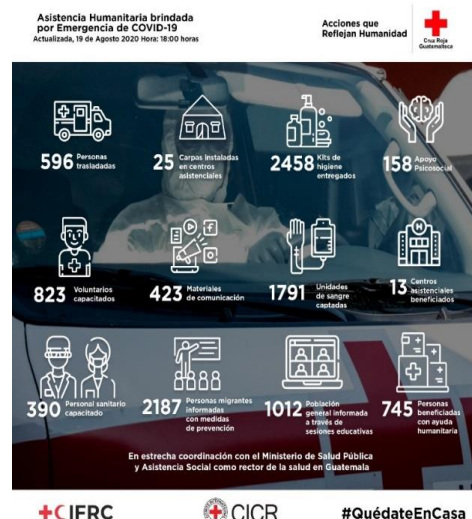
The Costa Rican Red Cross, in its auxiliary role and in close coordination with the government, has focussed its efforts on contributing to epidemic control, risk communication, hygiene promotion, provision of MHPSS services, ambulance services, maintenance of essential health services, provision of livelihoods support, and more; including actions

aimed at strengthening their own capacities. So far, the CRRC has distributed 184 water tanks, which were installed in schools, Temporary Care Centres for Migrants, and other essential facilities in 53 communities throughout the country. As of 31st July, the CRC has also transferred 2,416 patients of suspected or confirmed cases. Likewise, The NSs has been supporting the migrant population by providing essential health services, doing screenings, and providing psychosocial support at the National Society's Care Points in the Temporary Migrant Care Centres (CATEM North-South); it has also strengthened the capacities of the Care Points to facilitate RFL services. Until now, over 600 tons of humanitarian assistance, including food kits, hygiene and cleaning kits, and bottled water, have been distributed to vulnerable communities around the country. In addition, the NS has also engaged in different communication campaigns aimed at informing the population about measures to prevent contagion, reduce anxiety, and avoid stigmatization.

Guatemalan Red Cross (GRC)

As of July 29, there are 48,826 cumulative positive COVID-19 cases in Guatemala, of which 11,334 are active and 35,629 are recovered, showing a fatality rate of 3.8%. Since March, the country has been facing a lockdown. The economic impact on the most vulnerable population in the country is a worrisome secondary effect of the pandemic that has deepened inequalities and exacerbated food insecurity.

GRC has been working as an auxiliary to the public authorities, training personnel, both to prevent and contain the disease. The plan of action of the NS has an important focus on Health, WASH, gender-based violence prevention, livelihoods, migration, volunteering, and communication. So far 200,754 people have been reached through risk communication and community participation for health and hygiene promotion activities. Also, 633 volunteers have been trained in Prevention and Control of COVID-19; 528 suspected and confirmed cases of COVID-19 have been transferred by ambulance. With the objective of supporting the expansion of spaces for the classification of patients and care, 25 tents have been installed in 13 Assistance Centres. Likewise, to maintain access to essential health services, GRC has supported 18 health facilities. The basic needs of migrants are being also addressed and 1348 migrants have been informed with key messages, 4479 hygiene kits have been distributed and 47 family links have been restored. A livelihoods strategy has been developed and is under review to contribute to household economy security.



Humanitarian aid given during the COVID-19 emergency. Source: GRC

Honduran Red Cross (HRC)

The national territory has gone recently from Phase 0, which implied the total closure of shops and public transportation, except for those that provided basic supplies, to Phase 1, which implies the gradual reopening of shops, private and government companies, public transportation and airports that operate with domestic flights. The country's main hospital centres continue to work at their maximum capacity. The government has therefore implemented a strategy of installing TRIAGE centres in the country's most affected locations showing a positive effect. As of August 15, a total of 49,467 COVID-19 cases have been confirmed, of which 7,129 have recovered satisfactorily and a total of 1,548 have died from the virus.

The Honduran Red Cross, in its auxiliary role, has been working in coordination with MoH and other committees on COVID-19 prevention in 255 communities. In addition, the NS has contributed to epidemic control by conducting 21,715 rapid tests, both for institutional personnel and for the population that demands this service. Moreover, the HRC continues to develop virtual campaigns with a national scope, transmitting and educating through key messages of self-care aimed at the public population. These messages have been adapted to prepare the population for the gradual reopening that the country is planning. In coordination with local governments the HRC has provided 14,700 gallons of safe water to neighbourhoods on the outskirts of the city of Choluteca and the Central District, benefiting 270 families. In addition, to contribute to the country's response system, the HRC has trained 161 people from the Ministry of Health on COVID-19 response, stress, and anxiety management. The NS has also been supporting with the transfer of 736 patients, including confirmed and suspected cases. To support food security, the HRC has assisted 5,902 families with food kits. The NS



Volunteers distributing food and hygiene kits to 650 families in Goascaran. Photo: HRC

has developed protocols to attend the mental health needs of frontline workers and vulnerable people training 111 psychologists and workers. So far, through the PSS activities 1,500 people have been reached.

Nicaraguan Red Cross (NRC)



Anti-stigma campaign poster /Source: NRC

During this period the actions of the Nicaraguan RC have focused on contributing to the epidemic control of the virus at the national level through hygiene promotion, the use of masks, and the distribution of hygiene kits to the most vulnerable sectors. The NRC, through the National Centre for Psychosocial Support (CAPS), has tracked suspicious and confirmed cases of covid-19. Likewise, since March CRN has been implementing the development of a massive communication campaign focused on the Prevention of COVID-19, this campaign has reached 1.5 million people. The NRC has also been working on ensuring the access to protective equipment among their volunteers and staff and frontline health care personnel, it has already benefited 529 hospital frontline workers. To maintain access to essential health services (community health), CRN has also provided specialized care to vulnerable population through Clinical Assistance. (General and internal medicine, specialists), medical examinations and medicines distribution

reaching already 276 people with these services.

The country's economic sector is also being affected, which means that the food security of families is compromised, and the Nicaraguan Red Cross has therefore contributed to supporting their livelihoods, mental health and health care in terms of medical assistance and supplies. These actions are recognized by the country's government bodies, through the work of the auxiliary role played by the national society and the spaces established by law. NRC in collaboration with different partners have been supporting cash transfer and in-kind solutions reaching 4,961 people with livelihoods support. Through the National Centre for Psychosocial Support (CAPS), the NRC has provided PSS through Clinical assistance. (Psychological, psychiatric, and general medical care), and Tele-assistance (Psychological, psychiatric, and general medical care) to 601 people. with the PSS services. Similarly, the NS has focused actions aiming at addressing stigma and discrimination.



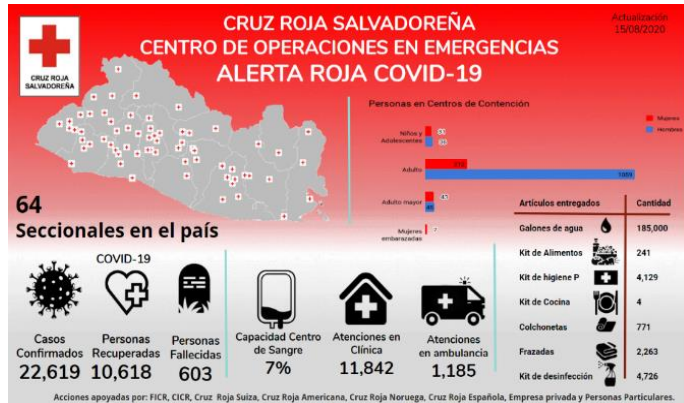
Volunteers distributing food products to vulnerable communities in Matagalpa. Photo: Nicaraguan RC

Salvadoran Red Cross Society (SRCS)

In view of the entry of the COVID-19 virus into El Salvador, early restrictive measures were adopted by the government for the entry and circulation in the national territory, which generated the concentration and isolation of people among nationals and foreigners in more than 82 quarantine containment areas. However, community transmission became a reality accounting so far for 23,717 confirmed cases, 11,388 recovered and 11,696 active cases. The pandemic has been characterized by big amount of false information related to the COVID-19 circulating through the social media which has generated many rumours and uncertainty in the population. The impact of the COVID-19 virus on El Salvador has been also aggravating the economic and social situation, directly and indirectly influencing existing problems, which are expressed in phenomena such as socio-political upheaval, violence, and migration.

To address this situation the Salvadoran Red Cross has implemented an action plan that focusses on addressing risk communication and promoting health and hygiene through a wide communication campaign that has reached over 228,553 people so far. Likewise, the NS has been providing psychological assistance through different modalities targeting public, schoolteachers and frontline workers of the NSs. With regard to the safe handling and transfer of

patients with flu-like symptoms (including COVID-19 suspects), a space was set up and adapted for providing care in coordination with the Ministry of Health and the Emergency Medical System (SEM). In terms of Livelihoods and economic security of households, the NS has distributed 241 food basket kits among vulnerable communities.



Salvadorean Red Cross

Emergency Operations Center Red Alert. Source: SRCS

The SRC has also concentrate efforts to strengthen its capacities to respond to this emergency and adapt to it by strengthening the capacities of volunteers and staff through different trainings, ensuring availability of PPEs, addressing financial sustainability, developing a manual of pre-hospital care procedures for COVID-19 patients, developing Business Continuity Plan, and ensuring support to volunteers.

Red Cross Society of Panama (PRC)

The Government of Panama declared the state of emergency in March and since then the country has been in a strict lockdown. This has severely impacted the economy of the country. The contract of 250,000 workers has been suspended and it is expected that 20% of the population will be affected by unemployment. At the same time the numbers of cases are still on a rise showing 65,256 accumulated positive cases, 39,166 patients recovered, and a total of 1,421 deaths, with a lethality of 2.2%.

In this situation, the Panamanian RC together with the Government and the MoH have carried out actions that have contributed to the detection of cases in the different epidemiological fences established. 100 hygiene kits have been distributed in 4 hospitals. At the same time, PRC has been working on increasing the availability of health facilities by setting up 2 modular hospitals.

The Panamanian RC has also been focusing efforts on disseminating messages about Prevention measures to contain the contagion, as well as actions aimed at protecting and strengthening the capacities of volunteers, and frontline workers of the NSs. Furthermore, the NS has been supporting the Social Security Fund (CSS) by delivering medicine to the elderly and chronic patients to their homes. Due to the impact of the situation on livelihoods; food assistance has been provided to different vulnerable families affected by multidimensional poverty.



Volunteers delivering food assistance. Photo: Panamanian Red Cross.

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)

Actions taken thus far by the ABRCS were focused on the response, through distributions of care packages such as food, hygiene, and PPE's. Risk communication through ads via national television (digital) newspapers and social media. Also, support of the local healthcare facilities and collaborations with the National Office of Disaster Services (NODS) to ensure hurricane shelters are prepared for COVID-19 in the event of a storm during the hurricane season.

Risk Communication: Communication has continued through various means such as the Antigua/Barbuda Broadcast Service (ABS), social media, newspaper, and e-billboards. Communication revolved around risk communication, as well as hurricane/COVID 19 preparedness.

Hurricane/COVID-19 Preparedness: The ABRC donated to some sanitization items (hand sanitizer, hypochlorite, cleaning kits) to the NODS. These items will be donated to various hurricane shelters around the country. Considering that the hurricane season is its peak, ABRCS wanted to ensure that hurricane shelters are well equipped and prepared for COVID-19. Should these hurricane shelters find themselves occupied or packed during a storm surge, there will be little to no social distancing. ABRCS wants to ensure that protocols can be followed so individuals can protect themselves. Also, a donation to the Hanna Thomas Hospital in Barbuda was conducted to help alleviate the strain on Barbuda's medical system. The contribution (about 18,000 Eastern Caribbean dollars) consisted of items such as oxygen tanks, oximeters, gloves, gowns, hair covers, shoe covers, disinfectant wipes, and cleaners, anti-bacterial hand wash, masks, no-touch dispensers, hand sanitizers, humidifiers, regulators, oxygen delivery masks, face shield, biohazard bags, aprons Temperature gowns.



ABRCS COVID-19 Ad displayed on Electronic Billboards, August 2020.
Source: ABRCS



ABRCS volunteers supporting the distribution of items to NDOS, August 2020. Source: ABRC

Since the start of the containment measures, the livelihoods of Antigua citizens and Barbuda were impacted the hardest. Many are not equipped with the necessary savings to sustain themselves for up to two months, especially those employed by hotels, single-income households, and small businesses. The nationwide shutdown (except for essential services) has resulted in the decreased or complete pause of citizens' potential earnings for the tourism/summer season, and possibly the rest of the year. The Antiguan market has since resumed, however, in a significantly reduced capacity. Community Assessments carried out helped Antigua and Barbuda Red Cross pinpoint segments of the working population who are particularly vulnerable due to unemployment and reduced income. The NS has been able to ascertain needs that will be crucial for future distribution and fulfilment of livelihood initiatives.

The revision of the NS Response Plan is underway to include: Cash and Voucher Assistance (CVA) to address basic needs of affected people; development/adaptation of SOPs for foods assistance, food aid, and agricultural distribution in the regions, under the COVID-19 context; entry/point of control screening, in support of health authorities; delivery of household items (HHI) and emergency shelter; provide training and supportive supervision for epidemic control measures to ensure quality, appropriateness of programming, and coherence and interoperability with government approaches.

Bahamas Red Cross Society (BRCS)

BRCD has been supporting the government in its auxiliary role since the beginning of the emergency, helping with essential health and WASH services.



*BRCS Volunteers receive training on reading thermal thermometer.
Source: BRCS, May 2020*

Infection prevention and control and WASH at the community level

A total of 3,013 people has been reached. The BRCS reached a total of 933 persons through walkabouts spreading vector control messaging and prevention messaging in neighbourhoods in Nassau as well as set up of handwashing stations and COVID-19 prevention messaging for people at the shelters in Nassau (Bahamas Academy). Besides, 520 parcels with hygiene items were sent to vulnerable families in the Family Islands (through the IFRC - Irish Aid project), which represents an estimated 2,080 persons (considering the average household has four members per family and parcels).

Mental health and psychosocial support services (MHPSS)

The BRCS reached a total of 55 persons in Nassau, Bahamas, through the PSS

helpline from BRCS.

Ambulance services for COVID-19 cases

The BRCS, through its ambulances, supports the national Emergency Management Services (EMS). Between April and June 2020, EMS transported 288 patients (144 in April, 106 in May, and 38 in June). These are combined statistics for all the ambulances under the EMS, which include BRCS ambulances.

Also, BRCS is one of the key institutions supporting the national Food Task Force convened by the Bahamas government (other partners include Bahamas Feeding Network, Hands for Hunger, Grand Bahama Feeding Network, Lend a Hand, The One Eleuthera Foundation, and others). Food security is a significant issue that the government has taken on the assignment of feeding those in need. The Bahamas Red Cross is providing resources such as funds and workforce to distribute these items.

Livelihoods and Household Economic Security

A total of 10,720 food parcels have been distributed and 940 persons reached with hot meals. This includes 10,000 dry food parcels distributed in Nassau, Andros, Bimini, Berry Islands, and Exuma through the Food Network, and 520 food parcels/hygiene items for the Family Islands and 200 families through vouchers in Providence (through the IFRC – Irish Aid project). Through the collaboration between BRCS, American RC, and World Central Kitchen, the BRCS delivered over 69,600 meals on wheels to 940 persons for 90 days (700 beneficiaries reached in New Providence and 240 in Grand Bahama).



BRCS volunteers supporting the distribution of hot meals. Source: BRCS, August 2020.

Community Engagement and Accountability, and Community Feedback Mechanisms

328 entries received through the BRCS Hotline, Financial Assistance Hotline, Face to Face, WhatsApp, Nassau, Abaco, Grand Bahama.

Barbados Red Cross (BRC)

The Government of Barbados's rapid response to the pandemic, with an emphasis on testing, and the treatment of affected persons, has limited the number of positive cases. The impact on the economy, however, is hugely significant. While most businesses have reopened, travel and border restrictions have taken a toll on businesses/sectors that depend heavily on tourism, e.g. restaurants, hotels, taxi operators.

BRC continues to assist in food hampers, personal hygiene kits, and family home kits. The NS is working with government agencies and other partners in providing disaster response training that incorporates COVID-19 safety protocols. NS also in partnerships with media houses to promote the NS and its humanitarian mission.

Epidemic control



BRC volunteers preparing hampers for distribution. Source: BRC,

BRC has made donations of personal hygiene to individuals on World Red Cross Day and donated branded BRCS masks to (98) primary school students at the West Terrace Primary School.

Risk communication, community engagement, and health and hygiene promotion

BRC has produced newspaper advertisements on COVID-19 Prevention with an estimated reach of 26,000.

Infection prevention and control and WASH at the community level

BRC has made several donations of masks and hygiene kits and hand sanitizers to community organizations such as Barbados Vagrant and Homeless Society, West Terrace Primary School, Haynesville Youth Club, Haynesville, and Pinelands Creative Centre.

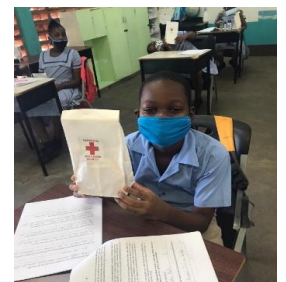
Mental health and psychosocial support services (MHPSS)

On July, 25 BRC Volunteers trained in Community Based Psychosocial Support and Psychological First Aid and since then the BRC has conducted virtual training in Community Based Psychosocial Support and Psychological First Aid on July 28th for 18 members of the St. Michael South East and Christ Church East District Emergency Organizations (DEOs). The BRC has donated 98 PSS kits to primary school students at the West Terrace Primary School and conducted in-house PSS sessions for volunteers on Stress and Coping strategies reaching 30 volunteers.

In assessments conducted by the Barbados Red Cross, some of the emerging issues include: the impact on food and nutrition at the household level; limited opportunities for economic recovery; negative impact on livelihoods – Temporary loss of particular industries; negative impact on educational opportunities, unequal access of students; limited protection for the most vulnerable persons.

Livelihoods and Household Economic Security

With a donation of food from the Barbados Port Authority, the BRCS was able to provide 15 fresh food baskets (fruit and vegetables) to vulnerable families. BRC has signed an Information Sharing Agreement with Household Mitigation Unit, Prime Minister's Office. A partnership has been established to provide cash-based support to 52 families – Database provided by the Household Mitigation Unit.



Student receiving PSS Kit from BRC. Source: BRC, July 2020.

BRC donated 45 hygiene kits to the Household Mitigation Unit, Prime Minister's Office.

IFRC Community Assessment was conducted with 10 vulnerable persons. The community list was provided by the Household Mitigation Unit, PMO. In addition, a partnership was established with an Anti-Human Trafficking Association (Barbados) to provide food vouchers for 35 undocumented migrants – including 10 victims of human trafficking. BRC conducted an assessment with 89 potential recipients of voucher distribution jointly with the Anti-Human Trafficking Association.

Belize Red Cross Society (BRC)

The Belize Red Cross commenced its response to COVID-19 on April 6, 2020, to identify local funds and distribution of food packages. The Ministry of Health (MoH) trained staff and Volunteers in the prevention and containment measures of the COVID-19 outbreak and actions to take and put in place.

Curbing the Pandemic – Sustaining Health and WASH

Before the COVID-19 Pandemic arrived in Belize, the NS commenced communication and coordination for training on the Coronavirus with the Ministry of Health. At least 30 Volunteers received more focused training and stood by to support MoH with management/monitoring of the isolation and quarantine centers.

Preparations shifted to disseminating information on the virus to our communities after training, and the NS collected samples of infographics from IFRC, PAHO/WHO, and the MoH. These were replicated and posted in public places within vulnerable communities and distributed with food packages and hygiene kits.

Shortly after lockdown, it became evident that food was a dire need. Belize Red Cross developed a plan and proposal, submitted to a local donor, and received financial support to provide food for 2,640 families. The original target was for 1,500 families.

Active response by the NS was launched on April 24 with food distribution countrywide, which continued for two months (May-June 2020). In the meantime, with financial support from Movement Partners, ICRC, and IFRC, 2,650 custom-made COVID-19 hygiene kits were prepared by Volunteers and Staff and distributed to frontline personnel, e.g., MOH-Isolation & quarantine centers, Police Force, Belize Defense Force, Sanitation workers, Mental Health Resource Center and Salvation Army. Masks were also provided to these partners.



*BRC volunteers supporting food distribution to elders and persons with disabilities.
Source: BRC, August 2020.*



*BRC volunteers distributing COVID-19 Infographics.
Source: BRC, August 2020.*

Addressing Socio-Economic Impacts

Loss of employment compounded the existing and visible poverty lines that exist within the vulnerable population. COVID-19 has created fear of an impending economic crisis and recession. The primary priority being food urged the Government to launch its food pantry program, accessible only to members, and a food distribution program, available through an application process. Partners contribute in a significant way to ease the economic burden by providing food or funding for food. Lists of recipients were shared with the Ministry of Human Development to avoid duplication.

In collaboration with partners, who work with persons most vulnerable and prone to be “left behind,” the target population was selected: older persons, persons living with disabilities and migrants. As the COVID-19 situation progressed and businesses were forced to lockdown their operations, employees were being laid off. Single mothers and persons who

had lost employment due to the impact of COVID-19, and were not receiving assistance from Government, were added to the target population.

Belize Bank donated funding for 2,640 food packages, through the Lord Ashcroft COVID Relief Fund. Other sponsors included: Courts Belize Ltd., the Diplomatic Corps, Belize Tourism Industry, Price Premier Products, Protected Areas Conservation Trust (PACT), and Nestle'. By July 31, the NS had reached a total of 4,578 families (approx. 22,890 persons), exceeding its target by 73%.

National Society Strengthening

A COVID-19 Contingency Plan was developed and submitted to the Board and IFRC for approval. Volunteers were trained in matters of the virus in 4 of 6 branches/districts and prepared for deployment. Six branches and the HQ saw growth in Volunteer numbers during the first two phases of COVID response. New Volunteers were recruited through the interventions and were registered and entered the database. Orientation sessions for these and other new Volunteers were held in 5 of 7 branches. At least two branches will be looking to these Volunteers to reactivate branch programs shortly.

The NS has been experiencing negative economic impacts since May 2020, when the countrywide state of emergency was declared by the government and subsequent lockdown imposed for May and June. All NS programs and projects were suspended. To date, the NS has not been able to reinstate its income generation programs to their full potential. Small contributions were received through the COVID-19 response budgets towards administrative costs. However, the gap remains. First Aid Training, the NS's primary income-generating source continues to fall short, and with the tourism industry not yet reopened, tour guides have not been renewing First Aid certificates. As a contribution to the tour guides' economic relief efforts, the Belize Tourism Board has waived the cost of license renewals for tour guides. This further affected the NS as during June – August, First Aid training is generally conducted for hundreds of tour guides, and the Belize Tourism Board has also waived this requirement. A temporary business continuity plan was developed for the COVID response, and the development of a general plan for the NS is in progress. During the state of emergency, the Canadian Red Cross supported the NS with the procurement of necessary office equipment for project staff and the Director-General to work remotely.

Dominica Red Cross Society (DRC)

Dominica RC is one of the many Caribbean NS to have stepped to support Government actions to stop the spread of COVID-19.

Epidemic control

Since the start of the outbreak, the DRC assisted the Ministry of Health with screening persons who accessed the main hospital. Volunteers are supporting temperature checks at the point of entry of the hospital.

Risk communication, community engagement, and health and hygiene promotion

The NS has worked on the production of Risk Communication posters on COVID-19 Protocols and has started a Walkthrough in Community to keep safe and not let guards down. A PSA was produced and aired on all media. The [video showcases local artist Carlyn XP](#) who gave her musical talent and celebrity to the initiative and supported the work of DRCS to spread facts. Social Development (Text message blast alerts) has commenced. One blast per day is being distributed via Digicel Dominica every other day, with critical information about COVID-19.

Mental health and psychosocial support services (MHPSS)

The NS activated its MHPSS hotline. The hotline is for persons who are going through the emotions of COVID-19. There is a cadre of trained volunteers and staff providing PSS activities to persons who are in need.

Livelihoods and Household Economic Security

Assessments and selection for the NS CVA programme have been completed. The final distribution of funds to those affected (250 households) will be done this month.

Social Cohesion and Support to Vulnerable Groups

A Rumour and Feedback log was produced and circulated amongst branches to address rumours circulating in their communities.

Grenada Red Cross Society (GRC)

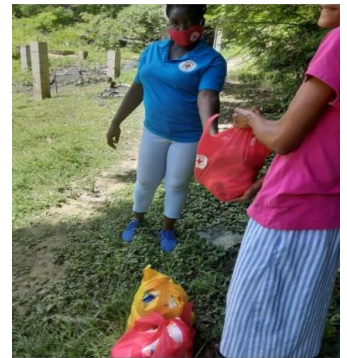
The Grenada Red Cross began its COVID-19 operations through the IFRC global appeal. Focusing on the areas of relief distribution, education, and hygiene promotion, psychosocial support, business continuity development for the national society to provide basic needs support to vulnerable families that are affected and recovering from COVID-19 and those that have not contracted the disease.

Epidemic control

The GRC commenced its public education and awareness initiatives by disseminating information on the following prevention, proper use of PPE's, Support to vulnerable, Coping Mechanisms, etc. via WhatsApp, email, and Facebook. During the initial phase of planning the COVID-19 response, the organization anticipated the need for continuous education initiatives, PSS, and WASH and Relief Support to configure the effect and impact of the virus. The activities of the NS in response to Covid-19 are focused on the following: Social Protection through relief distribution; education and hygiene promotion; psychosocial Support; and NS strengthening and development.

Risk communication, community engagement, and health and hygiene promotion

GRC continues with education and awareness via social media and disseminating written literature on COVID-19 prevention and containment. GRC has developed a CEA strategy for COVID-19 containment. It has also established a network and synergies with stakeholders in the selection of people to be reached. GRC has made partnerships with ministries to educate and empower staff and volunteers.



GRC Food and Hygiene package distribution. Source: GRC, July 2020.

Community-based surveillance (CBS)

The NS conducted training on the proper use of PPE. The training took place on July 3, 2020. A total of 12 volunteers (3 male and 9 female) completed the training, facilitated by St. George's University and the Ministry of Health. The training provided practical skills of donning and doffing. The training will better position the NS in providing auxiliary supporting the emergencies. The group of volunteers has the required training to support the Ministry of Health in screening passengers if the need arises.

Infection prevention and control and WASH at the community level

The organization is having ongoing discussions with stakeholders for the establishing of handwashing stations. The activity will see the erection of handwashing facilities installed in densely commuted areas in the country. The stakeholders involved in the process are the Ministry of Health, Ministry of Works, Grenada Ports Authority, National Water and Sewage Authorities, Ministry of Education, Royal Grenada Police Force, and National Disaster Management Agency.



PPE and hygiene promotion training for volunteers. Source: GRC, July 2020.

Mental health and psychosocial support services (MHPSS)

The Grenada Red Cross is having an ongoing discussion for the implementation of its PSS hotline. The organization continues to conduct debriefing and PSS support to volunteers and staff through its Project Manager and support personnel trained at the required Red Cross level to provide PSS.

Livelihoods and Household Economic Security

The Grenada Red Cross Society, in its auxiliary role to government, continues to work in communities to help alleviate the hardships brought about by COVID-19. In July, 50 families received food and hygiene packages, each at an approximate value of \$200EC (specialized items to meet additional needs are

included when available). Beneficiaries include households with persons living with confirmed cases of COVID-19, older adults (65+), expectant women, households with three or more children under 18 years, with cases of chronic illnesses, physically challenged or immobile persons, single parents experiencing economic deprivation due to loss of income or have not received any assistance within the last two weeks. Packages have also been sent for distribution through the Carriacouan office. In addition, 156 food parcels and hygiene parcel were distributed to 156 families (108 females, and 48 male). Each family received two nestle products, 50 families with three or more children received an additional package with nestle products. A total of 210 families received food packages to date.

Community Engagement and Accountability and Community Feedback Mechanisms

The National Society continues to share information on COVID-19 on social media (Facebook, Instagram, WhatsApp, on the use of mass and washing of hand and hand sanitizers).

A Community Recovery Assessment Survey was conducted by eight volunteers in July to collect information on the impact of COVID-19 on the population. One hundred persons were interviewed throughout Grenada Carriacouan and Petite Martinique.

Readiness (preparedness, capacity strengthening, auxiliary role, and mandate)

GRC is working on strengthening capacity to respond more effectively to emergencies through enhancement of emergency supplies, the increased capacity of infrastructure and office development, and the strengthening of the security system and NS Visibility.

Guyana Red Cross Society (GRCS)

There GRCS is part of the National COVID-19 Task Force that makes all decisions relating to actions being taken in response to the crisis since its activation. As part of its auxiliary role, GRC has collaborated in several areas to support prevention, containment, and response actions.

Risk communication, community engagement, and health and hygiene promotion

GRCS launched a comprehensive risk communication, community engagement, and accountability strategy to engage and communicate with people and communities systematically. It encouraged and enabled communities to understand which activities may result in transmission, promote healthy behaviours, and prevent the spread of COVID-19. GRCS also conducted community-based discussions and hygiene promotion to reduce transmission risk and improve health and hygiene knowledge and behaviour. To date, GRCS has reached 940 persons through risk communication and distributed 588 hygiene kits to beneficiaries and vulnerable persons such as older adults, persons living with non-communicable diseases, and migrant populations.

Infection prevention and control and WASH in health facilities

Health and hygiene information and correct handwashing promotion and demonstrations were conducted with community health centres and hospitals. GRCS also encouraged persons to be tested as soon as they have signs and symptoms and reinforced the importance of community-based contact tracing.



*GRCS volunteer distribution hygiene kits.
Source: GRCS, May 2020.*

Mental health and psychosocial support services (MHPSS)

Psychological first aid and psychosocial support were provided to people reached, staff, volunteers, and frontline workers. To date, GRCS has reached 118 persons through PSS. The GRCS has also been supporting the Ministry of Public Health COVID-19 24-hour hotline from the onset of the response to date. GRCS has 12 consistent volunteers, supporting mainly the evening 4pm to 12am and morning 12am to 8am shifts. The volunteers have also been trained to provide PFA and PSS support to persons who call in for information queries and share concerns and are referred if needed to the Ministry of Public Health Mental Health Department.

Livelihood and Household Economic Security

The GRCS has been working to alleviate the immediate impact of the COVID-19 epidemic through the Meals on Wheels program to cater for persons affected by COVID-19. GRCS has scaled up the Meals on Wheels program to cater for 60 persons. This was done because many persons did not have the same support they had before COVID-19 due to the curfew, persons unable to work, and persons not having the finance to support someone else.

Community Engagement and Accountability and Community Feedback Mechanisms

Community engagement and accountability methodologies have been developed to track and understand information gaps, concerns, beliefs, and rumors and address questions and misconceptions. Actions have been taken to address rumors, anxiety, and fears around COVID-19. GRCS has also advocated against the stigmatization of those experiencing respiratory symptoms, people who have been cured of the coronavirus infection, completed quarantine, and people seeking healthcare in general.



*GRCS volunteers at the Hotline.
Source: GRCS, May 2020.*

Social Cohesion and Support to Vulnerable Groups

Vulnerable groups have been supported with hygiene promotion and hygiene kits, and GRC has reached 162 people.

Readiness (preparedness, capacity strengthening, auxiliary role, and mandate)

GRCS developed a Contingency Plan first focused on preparedness and containment measures and scale-up institutional sanitization and procure PPEs and hygiene and disinfectant supplies to respond to the outbreak and augmented its workforce with five project staff.

Support to volunteers

Epidemic Control Vector refresher training was conducted for 25 volunteers. Since then, volunteers have been supported by the training and distribution of PPE and sanitizing products. Conflict Resolution and PSS sessions were conducted with Health EOC and GRCS volunteers. This has been an essential activity as there are several people from varying agencies working at the HEOC, and the hotline and the sessions addressed anxiety and stress.

Jamaica Red Cross (JRC)

Jamaica Red Cross Staff and Volunteers were officially conferred and gazette with “essential status” by the Government of Jamaica on April 17, 2020. This allowed Jamaica Red Cross staff and volunteers to be exempted from curfews and other movement restrictions in fulfilling the JRC auxiliary support role to the Government and serving vulnerable local communities.

Epidemic control

The National Society developed its COVID-19 Contingency Plan, Plan of Action, and Business Continuity Plan for responding to the pandemic. The National mobilization of all staff and volunteers was set in motion. The JRC provided 50 hygiene kits from its pre-positioned stock to families in quarantined communities of Eight Miles and Nine Miles in Bull Bay in St Andrew. Packages containing PPE, hand sanitizers, and prevention supplies with COVID-19 educational materials were distributed to all 13 JRC Branches to ensure volunteer safety and preparedness while responding in local communities. The Ministry of Health and Wellness at the request of the Jamaica Red Cross provided virtual COVID-19 operational training to 14 Jamaica Red Cross Volunteer Ambulance Drivers.

Risk communication, community engagement, and health and hygiene promotion

The Jamaica Red Cross partnered with the IFRC and Listen Mi News Feature, a platform by Reggae Star Bay C to develop an anti-stigma, anti-discrimination audio, and video for use by Caribbean National Societies in their COVID-19 Campaigns. Sanitation items were also distributed to local police stations which requested assistance from the National Society.

Jamaica Red Cross COVID-19 Public Relations and Communication Plan developed to guide the response. The Public Relations Unit of the NS continues to support COVID-19 education and awareness for responsible behavior, along with anti-stigma and anti-discrimination campaigns. The NS’ social media platforms are also used almost daily to regularly provide updates from the Government and promote COVID-19 prevention best practices. It is also used as part of the feedback mechanism of the NS and an additional avenue by which persons make contact. Several vulnerable persons have received assistance from the NS via reaching out on social media.

The Jamaica Red Cross developed a beneficiary form using the ODK software to collect information from people reached who received assistance to improve the quality of data collected, facilitate ease of analysis, and reduce duplication through the collection of unique identifiers. Additionally, this will also assist the feedback mechanism of the NS as the telephone numbers, and other details will be collected for follow up sessions.

The JRC’s COVID-19 education and awareness campaign has been fostered with the distribution of T-Shirts with COVID-19 Messages and Posters to JRC Branches for placement in various town centres, schools, churches, and other suitable areas nationally.



*JRC volunteers distributing sanitation and hygiene packages.
Source: JRC,*

Infection prevention and control and WASH at the community level

Sanitation packages (containing hand sanitizer, bleach, disinfectant, antibacterial soaps, and tissues) were purchased, prepared, and distributed to 862 vulnerable families in local communities through Jamaica Red Cross Branches reporting period March to July 2020. (The average size of families served by National Society is five persons). The NS developed branded masks for distribution to vulnerable persons, 1,500 masks were distributed, and food packages were given to vulnerable persons in local communities to prevent the spread of COVID-19.

Mental health and psychosocial support services (MHPSS)

The JRC's Psychosocial Support Assistance Program was also launched at the beginning of the response in March with PSS Volunteers making multiple media appearances and dedicated contact number given out for the public to contact to receive PSS. The JRC's Psychosocial Support Team conducted three virtual PSS session with JRC Staff, volunteers, and their families, reaching over 100 persons with this critical support. The Jamaica Red Cross undertook the first in an upcoming series of Psychological First Aid Training for Staff and Volunteer in July 2020, with 26 persons being trained. The training focused on building the capacity of especially front-line responders to provide essential psychosocial support to local communities and all with whom GRC staff and volunteers interact during the response.

Ambulance services for COVID-19 cases

Improvements have been made to existing ambulance fleet units of the National Society to provide improved support to the Government and vulnerable communities during the COVID-19 response. 14 volunteer ambulance drivers have been trained in COVID-19 Protocols by the Ministry of Health and Wellness.

The National Society COVID-19 Impact Assessment completed, as well as Communities impact surveys, will be used in the development of recovery activities.

Livelihoods and Household Economic Security

JRC directly purchased items prepared and distributed food packages to 1,704 families in 200 vulnerable communities across the country with the average family size of 5 persons over the period March 15, July 2020. Through partnerships with private entities, extra families were included in the program. The JRC received donations of fresh products (lettuce, tomatoes, pineapples, etc.), which were distributed to vulnerable communities through its Branch network as part of the COVID-19 response.



*JRC volunteers
assembling food
packages.
Source: JRC*

JRC partnered with the Private Sector Organization of Jamaica (the nation's largest and most influential private sector umbrella group) and the Jamaica Defense Force to launch and implement a COVID-19 Relief Program where food packages are prepared and distributed to vulnerable communities around the country. At least 20 Jamaica Red Cross Volunteers consistently package items each week for distribution. The JRC also supplied the list of vulnerable persons to be served by this program from the database created. This program has reached over 55,000 families nationally.

The Jamaica Red Cross partnered with the Ministry of Labor and Social Security to prepare food packages for distribution to quarantined and other vulnerable communities across the country. Up to July 31, this partnership led to the feeding of over 20,000 families. In addition, a Cash and Voucher Assistance Program is planned to be implemented to support 810 Families among vulnerable livelihood groups, two of which have already been selected. The NS is awaiting the clearance of cash cards to begin implementation.

Shelter and Urban settlements

The National Society reached over 2000 families in urban centers and other areas through the distribution of food packages and sanitation items and with PSS services.

Community Engagement and Accountability, and Community Feedback Mechanisms

The National Society continues to engage with local communities and attending community meetings when COVID-19 restrictions allow. The Jamaica Red Cross developed a beneficiary form used on paper and in ODK to collect information from beneficiaries and serve as a means of receiving feedback from local communities. The NS's Social Media pages are also heavily used by local communities to reach out to the NS and provide feedback on services or even request assistance.

Readiness (preparedness, capacity strengthening, auxiliary role, and mandate)

Laptop computers were secured for Branches to participate in online training sessions and other relevant activities. The machines are being prepared and will be released once security and other requirements are satisfied.

National Society Sustainability

The National Society received short term funding support from the IFRC under the COVID-19 Response Project to take care of operational costs such as utilities and assistance with some staff members involved in the response.

Support to volunteers

Training Courses Offered with over 100 Volunteers Trained on Psychological First Aid, COVID-19 protocols training to ambulance drivers, Shelter Management in COVID-19, Proper PPE Usage, Mental health: Before and After a crisis, Volunteering in times of COVID-19: Security and protection, Data and Digital Support for COVID-19 Preparedness and Response Training, and Communications – Dealing with the Media, Storytelling and Managing Social Media.



*JRC volunteers distributing food packages.
Source: JRC*

Saint Kitts and Nevis Red Cross Society (SKNRCS)

In carrying out its mandate as auxiliary to state, the SKNRCS is guided by situation analysis given by the SKN National COVID-19 Team as well as weekly briefings and information from the IFRC. The NS continues to attend COVID-19 Task Force Meetings, the overall goals of the NS is to provide support where needed using the resources of both human and material of the Red Cross. The NS's strategic approaches are in the areas of risk communication, best practices, and psychosocial support, along with addressing some needs of the most vulnerable. The NS is also providing training of volunteers both from the NS and NEMA all within the context of COVID-19.

Risk communication, community engagement, and health and hygiene promotion

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. Also, 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 behavior 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.



*SKNRCS volunteers assembling hygiene and care packages.
Source: SKNRCS, August 2020.*

Mental health and psychosocial support services (MHPSS)

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.

Livelihoods and Household Economic Security

SKNRCS continues to provide care packages to vulnerable individuals and families. SKNRCS is in the process of providing Cash Voucher Assistance to 240 families in St. Kitts Nevis.

Social Cohesion and Support to Vulnerable Groups

166 personnel and volunteers have received training on Protection, Gender, and Inclusion (PGI) minimum standards and PGI focused activities have supported 300 people.



Travel tips during COVID-19

Source: SKNRCS.

Readiness (preparedness, capacity strengthening, auxiliary role, and mandate)

SKNRCS has continued to provide training, sensitization, and dissemination of information in the context of COVID-19, as well as providing support to the NEOC.

National Society Sustainability

NS is seeking assistance in administrative staff to support the COVID-19 response, especially in the context of the reopening of Ports and the implementation of a sustained response to COVID-19.

Support to volunteers

NS continues to hold regular meetings and training as well as regular communication with the WhatsApp. The NS is providing structured recreation and exercise for volunteers while maintaining COVID-19 social distancing protocols.

Suriname Red Cross (SRC)

The SRCS is in close collaboration with the National Disaster Office (NCCR) since the start of the COVID-19 outbreak assisting with visiting people in quarantine, repatriates from flights coming back (registration, bringing to government quarantine places etc.).

The SRCS 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 country's interior. Facebook, Instagram, and WhatsApp have been used 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 behaviour changes. The different templates/posters provided by the Federation were translated by our communication officer and published on our Facebook/Instagram page. A billboard was created and will be placed at the NS headquarters. Risk communications videos (hand- and coughing hygiene, Social distancing, and quarantine in two languages) were created and sent to people living in the interior.



SRCS volunteers working on a COVID-19 Risk communications video's for people living in the interior. Source: SRCS, August 2020.

Trinidad and Tobago Red Cross Society (TTRCS)

The Trinidad and Tobago Red Cross Society (TTRCS) is supporting the Ministry of Health in their response to COVID-19 in the country since the response actions were activated.



TTRCS volunteers at a COVID-19 Emergency Shelter Simulation. Source: TTRCS, June 2020.

Epidemic control

Contact Tracing – The TTRCS has supported the Ministry of Health with over 50 contact tracers who were deployed across Trinidad & Tobago at the County Medical Offices of Health (CMOH) to work alongside the state contact tracing personnel. **Screening** – The TTRCS supported the screening of socially displaced persons who were offered accommodation at a shelter set up by the Ministry of Social Development and the Society of St. Vincent De Paul. The TTRCS team was deployed to support screening (temperature, vitals, blood pressure, and blood glucose). Also, TTRCS emergency medical personnel assigned to the Scarborough Port have been providing temperature screening for passengers accessing the inter-island ferry service since June. Approximately 400 passengers utilize the ferry service daily.

Risk communication, community engagement, and health and hygiene promotion

A Community Miking Initiative was launched with Public Service Announcements in seven communities. TTRCS has published risk communication information on posters for distribution to 254 schools. Hand Washing Posters were distributed to schools, high traffic areas, prisons, and printed in Spanish for the Immigration Detention Centre. TTRCS printed and distributed 2,400 COVID-19 information and prevention brochures printed. Educational videos and social media content were created and shared. An online survey of needs was conducted via social media to re-assess the needs of affected communities and improve the TTRCS response intervention.

Infection prevention and control and WASH at the community level

TTRC is designing a handwashing station pilot project for schools (10 schools targeted, one completed). TTRCS has distributed 1,310 Bars of Soap distributed in the Prison System, 194 hygiene kits to migrants, and 75 hygiene kits distributed to Nationals in quarantine

Mental health and psychosocial support services (MHPSS)

TTRCS developed unique PSS tools targeted towards adults, children, and first responders. It has provided PSS support via Hotline and WhatsApp, with 800 persons reached. Unique PSS tools distributed: Personal Wellness Kit – 350, Children Activity Kit – 200, and 50 Wellness packages to Healthcare workers. Telecommunications contractors engaged for the design of TTRCS PSS Call Centre improvement.

Ambulance services for COVID-19 cases

TTRCS Ambulance Service and Medical Team has been trained and is equipped to respond. Ambulance Units undergoing retrofitting to be COVID-19 compliant according to the local Ministry of Health guidelines.

Maintain access to essential health services (community health)

TTRCS retrofitting of its Health Clinic located on the Headquarters compound completed – now awaiting Ministry of Health Certification.

Livelihoods and Household Economic Security

CVA for Food Security – 1,301 Food Vouchers (valued at 120 American dollars - USD) distributed. Food Parcels – 97 distributed.



TTRCS Volunteers ready for distribution of CVA Programme (Food Vouchers). August 2020.

Shelter and Urban settlements

TTRCS has engaged with the Ministry of Rural Development and the Office of Disaster Preparedness and Management for strategic planning for the upcoming disaster season and steps needed to be prepared in the COVID-19 environment. COVID-19 Emergency Shelter Standards updated with existing Shelter Managers. Also, 197 government-designated Shelter Managers participated in the virtual workshops held on Zoom.

- Virtual Shelter Management Training for new Shelter Managers, emphasis on setting up shelters in the “New Normal” – 286 participated in the 2-day workshop held on Zoom.
- Virtual Shelter Management Training for new Shelter Managers in Tobago, emphasis on setting up shelters in the “New Normal” – 67 participated in the two-day workshop.
- Simulation exercises held with the Ministry of Local Government to test the ability to set up shelters and follow guidelines for COVID-19, TTRCS participated in four simulation exercises.

Readiness (preparedness, capacity strengthening, auxiliary role and mandate)

Business continuity planning is undertaken with the development of Continuity of Operations Plans. IT Contractor engaged in designing TTRCS remote work capabilities.

Support to volunteers

Procurement of PPE for volunteers jointly with the IFRC. PPE and Pandemic Safety training provided to volunteers.



Trinidad and Tobago RC COVID-19 response

Latin Caribbean

Cuban Red Cross (CRC)



Preventive measures to avoid COVID-19.

Source: CRC

The Cuban Red Cross responded to the COVID-19 pandemic through its Disaster Risk Reduction Plan in coordination with and receiving recognition from the government authorities. The population was motivated towards a culture of risk perception, prevention and mitigation. Also, strengthening effective response capacities while facilitating the organization and compliance with disaster risk reduction measures.

Moreover, 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 restricted area of the various health centres 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.

The Cuban Red Cross volunteers have provided trainings, health awareness and hygiene promotion activities; delivered informational brochures, posters and others, conducted educational talks, neighbourhood debates, health hearings in difficult to reach communities, homes for the elderly, maternity homes and grandparents' homes. These interventions were based on a program designed for 1 hour and a total of 136,313 people from different audiences were reached (89,044 people in communities, 24,479 health workers and 22,790 students and teachers).

Dominican Red Cross (DRC)

The Dominican Red Cross continues to work as integral part of the National and Provincial Committees for Prevention, Mitigation and Response. The Dominican Red Cross delivered 400 hygiene kits to the Haiti Red Cross in response to COVID-19. These hygiene kits were prepositioned in Santo Domingo through the Humanitarian Corridors in the Caribbean Program, where WFP, IFRC and DRC are working with funding from the European Commission's European Civil Protection and Humanitarian Aid Office (ECHO) and the Government of Belgium.

About 1,089 volunteers, along the staff of the Dominican Red Cross, have worked on the following initiatives nationwide:

- 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).



Preventive measures to avoid COVID-19.

Source: DRC

Haiti Red Cross (HRC)

The Haiti Red Cross continues its actions in the framework of the response to COVID-19. Around 860 volunteers from the Centre, Northeast, Southeast, West, Northwest, South and Artibonite departments (37 communes) have been trained on Spray Decontamination, PSS, Sexual Abuse and Exploitation and Early Childhood Protection. Through the work of its staff and volunteers, the HRC has been able to assist the government authorities through trainings, hygiene promotion, risk communications, distribution of PPEs and information posters, decontamination, and activities to diminish the COVID-19 risks. 40 hand washing stations were set up and benefited 187,787 people. The Health team of the HRC participates in coordination meetings of the MSPP. 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.

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 (529,574 people have been sensitized and 101,821 key messages delivered). 35 sites hosting the offices of ministries, public and private organizations have been decontaminated by the disinfection team.

South America

Argentine Red Cross (ARC)



Volunteering at Tecnópolis Health Park for patients with COVID-19. Source: Argentine Red Cross.

The Argentine Red Cross (ARC) continues its actions in health/ WASH, including PSS, and livelihoods and food security.

In the area of health, the ARC volunteers are providing telephone support to the medical emergency telephone system in the cities of Córdoba, Esperanza, Mendoza, Moreno, and Vicente López.

ARC branch-level volunteers are supporting local authorities in sanitary controls at city entry points, airport, and bus terminals. This entails monitoring temperature and vital signs of people entering, transiting, or returning from another city or from outside the country. Support is also provided to health centres in the detection of symptom.

Eight staff and 147 volunteers are contributing to the State-run care and treatment for COVID-19 in Parque Sanitario Tecnópolis (PASATE) in Buenos Aires, which has a 2,000 people capacity. Since the opening of the Tecnópolis Sanitary Park, 237 people have been admitted, of which 101 were discharged. The ARC has: distributed 954 PPE kits to 170 workers in direct contact with people with COVID-19 and trained 217 people in 20 different sessions on PPE use and park management.

The Campana, Chivilcoy, Córdoba, La Plata, Mar del Plata, Neuquén, Río Cuarto, Rosario, Saavedra, San Andrés, San Pedro, Santa Fe, Santos Lugares, Tandil, Villa Gesell and Zárate branches have conducted 210 activities to distribute food and medication to people in situations of vulnerability (with chronic diseases or in high-risk groups) who were isolated due to the emergency.

ARC maintains three PSP areas of action, which have reached 5,433 people:

- Emergency Home Telecare (TAE): The Emergency Telecare service operates through centralized telephone station in the ARC Humanitarian Observatory and the Novo App (Smart GPS) application, which users download to their cell phones and which allows them to issue alarms when they require contact with the teleoperators.
- Coping with isolation and telephone psychosocial support: 28 branches made telephone calls to lists of people who had participated in previous branch activities during their isolation.
- Psychosocial support to older adults: through video calls and home visits in the regions where the latter is permitted.

The ARC's fundraising campaigns ("United by Argentina" and "Argentina needs us") and its Social and Health Action Plan have enabled the National Society to generate income to support the equipping with Ministry of Health-approved PPE and supplies of the Argentine health system, thus strengthening its capacity for care in hospitals and outpatient health centres..

A total of 43 ARC branches are supporting livelihoods and food security actions with the accompaniment of 73 community kitchens with more than 300,000 kilos of food in the first month of the project. The target population is 17,000 people distributed in 69 communities throughout Argentina. The second stage of the project is currently being planned, in which work will begin on strengthening the existing livelihoods of the people who are part of the selected communities and reintegrating them into the labour and economic circuit.

In response to the needs for social cohesion and support for vulnerable groups, the ARC is providing support for:

- Accompaniment and food security for homeless people (Comodoro Rivadavia, Córdoba, La Plata, San Andrés, Santa Fe, Santos Lugares and Vicente López branches).
- Response to domestic and gender-based violence (2 branches in the province of Buenos Aires).
- Psychosocial support for persons in situations of prostitution.
- Protection of trans people and people with HIV: Delivery of 420 food and hygiene kits in coordination with the Argentinean Association of Transvestites, Transsexuals and Transgender People and the Argentinean Federation of Lesbians, Gays, Bisexuals and Trans (FALGBT); Strengthening the livelihoods of trans people through food security workshops and skills training; Distribution of condoms.
- Support to migrant communities through housing assistance.
- Support to migrants stranded in border areas through humanitarian transport.

Bolivian Red Cross (BRC)



The BRC provided safe spaces in the Pisiga collective centre for returning Bolivians.
Source: BRC, July 2020.

The Bolivian Red Cross (BRC), has reached more than 3,900 people in different services such as PSP, hygiene kits, first aid and related medicine, RFL, among others.

In collaboration with the national EOC, BRC provided humanitarian services in three border points (Pisiga, Yacuiba and Puerto Suarez) where collective centres were established to allow the safe repatriation of Bolivian citizens. RFL, protections services and others such as support for the State's rapid testing (472 people in the Yacuiba) were conducted. A total of 147 people (returning Bolivians, as well as migrants in other locations) had access to RFL services that include phone calls, transfer of documents, search requests, among others.

The BRC's RCCE actions entail the production of 76 radio spots in 4 languages (Spanish, Aymara, Quechua, and Guarani), 7 national-level interviews and 13 online talks to reach the general population. Other RCCE actions include a health promotion and disease prevention campaign online and with printed (banners and leaflets) on proper hand washing, good hygiene habits, the importance of staying home and the "new normal".

BRC delivered hygiene kits to 1,965 health personnel. Additionally, BRC volunteers throughout the country have provided remote PSP via telephone to 462 frontline health and police staff. The Beni branch of the BRC has provided medical care and distributed donated medicines to more than 30 families. BRC organized 5,040 fumigations health centres, police stations and other facilities throughout the country.

Through online platforms, 359 volunteers have been trained in preparation and COVID-19 information and remote PSP.

In an alliance with Nestlé Bolivia, the BRC donated PPE (worth over CHF 38,000) to 532 frontline staff in sentinel hospitals in La Paz and Santa Cruz. With the Bolivian Civil Volunteers, another campaign to purchase PPE for health workers was held. The US Embassy in Bolivia has supported the acquisition of PPE for BRC staff and volunteers. With CONMEBOL, the BRC sponsored an auction of exclusive sports supplies and equipment to support the BRC response plan to this pandemic.

Brazilian Red Cross (BRC)

The Brazilian Red Cross (BRC) response has a strong health component with integrated actions to address the pandemic. The BRC guarantees that all volunteers involved in emergency response actions are provided with appropriate PPE and health training required for their health and safety. A total of 2,930 volunteers in areas of medicine, nursing, physiotherapy, speech therapy, psychology, social service, first aid, firefighters, and generalists have participated in the response actions.

Through 531 hours of volunteer services by 189 volunteers (58 men and 131 women), BRC triage services for suspected COVID-19 cases in the states of Amazonas, Mato Grosso do Sul, Rio de Janeiro and Rio Norte has reached 7,689 people. These actions target the elderly, migrants, public servants, as well as the general population and BRC volunteers.

BRC branches in the Federal District (DF) and Rio de Janeiro have conducted rapid testing. In the DF, 5 volunteers (1 man and 4 women) tested 250 public servants. The Rio de Janeiro branch mobilized a total of 780 volunteers (38 men and 742 women) to have 26 volunteers daily during a one-month period to conduct 3,574 rapid tests for the low-income population.



*BRC Amazon branch has distributed basic food baskets.
Source: BRC.*

In 946 distributions, implemented by an average of 5 volunteers in each action, the BRC has distributed 330,000 hygiene items and 452,873 personal protection items to 476,947 people in the states of Amazonas, Amapá, Ceará, Maranhão, Minas Gerais, Mato Grosso, Mato Grosso do Sul (cities of Chapada do Sul, Campo Grande), Pará, Paraná, Rio de Janeiro (cities of Rio de Janeiro, Japerí, São Gonzalo), Rio Norte, Rio Grande do Sul (cities of Caxias do Sul, Santa Maria), Santa Catarina, Sergipe and São Paulo.

BRC volunteers in 448 hours of service have reached 11,429 people with 106 RCCE actions in the states of Amazonas, Distrito Federal, Mato Grosso do Sul, Mato Grosso, Rio Norte, Rio Grande do Sul, Santa Catarina, and Sergipe. These actions targeted elderly people, migrants, children and adolescents, people living on the streets, health professionals, public servants, and

volunteers, as well as the general population. Hygiene distribution activities were accompanied with the distribution of 40,000 units of graphic material with health prevention information. The BRC also transmitted key prevention messages in the back windows of public buses in different states, through a community radio and loudspeaker service in São Paulo and Rio de Janeiro. Through these, an estimated 500,000 people were reached indirectly with messages of PSS for children, self-care, hand washing hygiene, infection risk and mask use.

Since the beginning of the emergency, 698 volunteers (418 men and 280 women) have conducted 114 disinfections. These reached 7,704 elderly, migrants, public servants, children and adolescents, health professionals, homeless people and volunteers in the states of Ceará, Rio de Janeiro (cities of Rio de Janeiro and Sao Gonzalo), Rio Norte and Sergipe.

The BRC has implemented PSS activities that have reached 1,337 people in the states of Rio Grande do Sul, Rio de Janeiro, Mato Grosso do Sul and Amazonas, Ceará, District Federal, Minas Gerais. Led by 291 volunteers, these 75 sessions were held online and in person.

The BRC supported the public health network through activities in hospitals, basic health units and nursing homes with the distribution of PPE kits for health professionals. The National Society received the donation of approximately 43,000 PPE kits to be distributed in the states of Amazonas, Roraima, Ceará, Rio Grande do Norte, Espírito Santo, Alagoas, Sergipe, Rio de Janeiro, São Paulo, Minas Gerais, Mato Grosso, Mato Grosso do Sul and Rio Grande do Sul. The Regional Council of Medicine (CRM) in the capital Vitória (ES) and the Regional Council of Nursing in the municipality of Colatina (ES) were directly benefited with 2,500 PPE kits for health professionals, as well as BRC volunteers doing frontline work.

As part of current preventative care that is overlooked amidst the pandemic, BRC supported state health departments in influenza immunization activities that reached 72,595 people in the Federal District, Rio de Janeiro, Natal, Santa Maria, Florianopolis and Acaraju. A total of 644 volunteers (429 men and 215 women) helped to reach elderly, public servants, children, adolescents, health professionals, volunteers and the general population.

The BRC has distributed prescription medication (sedatives, bronchodilators, neuro-blockers, and painkillers) to treat COVID-19 symptoms. This medication, with a value of CHF 24,500, were destined for 3 hospitals in the state of Amapá, which also received the donation of 1,200 PPE also for hospital staff.

BRC volunteers 1,485 distributed basic goods and foods in the states of Alagoas, Amazonas (cities of Iranduba, Manaus, Rio Preto), Amapá, Ceará, Maranhão, Minas Gerais, Mato Grosso, Pará, Paraná, Rio de Janeiro, Rio Norte, Rio Grande do Sul (cities of Caxias do Sul, Porto Alegre and Santa Maria), Santa Catarina, Sergipe and São Paulo that reached 88,103 people. In this line, 265,013 basic food baskets, 32,978 hot meals and 214,200 liters of water and 7,640 items of clothing were distributed. An average of five volunteers participated in each activity.

Chilean Red Cross (ChRC)



The Chilean Red Cross distributed food items in San Bernardo, July 2020. Source: Chilean Red Cross.

Staff and 485 volunteers from the 86 branches and headquarters of the Chilean Red Cross (ChRC) have provided 49,034 services in polyclinic activities, support of vaccination campaigns, delivery of humanitarian aid to migrants and vulnerable communities, distribution of PPE and education on its appropriated use. The ChRC has also disseminated information and prevention measures and conducted home visits to people with mobility difficulties and elders. In addition, in the Antofagasta region, in coordination with local health services, the branch transported people who had recovered from COVID-19.

The ChRC has provided PSS (202 via telephone and 351 in person) for groups in situations of vulnerability such as older adults and migrants. Following the launch of its food collection campaign, around 1,180 food kits were distributed to over 200 people living on the streets, 50 elderly people and 691 migrants, among other groups. Additionally, ChRC have distributed 3,742 hygiene kits, and in

coordination with the local government, sanitized public places.

As a country with new and older migrant communities, the ChRC has provided humanitarian aid including support on national flights, remote PSP, teleassistance and support for migrants returning to their home countries at the country's northern border. The ChRC provided a temporary collective centre for 266 Bolivians in Calama commune.

Colombian Red Cross Society (CRCS)



Colombian RC distributing food items, July 2020. Source CRC

Faced with the largest economic recession in the country's history due to the sanitary emergency and the containment measures, the Colombian Red Cross Society (CRCS) continues to adjust its response measures to respond to evolving humanitarian needs. With 1.7 million migrants from Venezuela, this group is one of the most affected by the socioeconomic effect of the pandemic, which adds higher complexity especially in border regions (with Venezuela in the Northeast and with Ecuador on the Southwest). State figures indicate the migrant population has decreased 3.3%. The impacts also have curtailed CRCS's regular revenue accrued through its blood bank and the lottery it sponsors, which has an impact on NS self-sustainability.

In coordination with the Colombian Ministry of Health, CRCS created a three-phased response plan (1. prevention/mitigation; 2. Mitigation; and 3. early recovery) with 27 projects multilaterally funded by internal Movement and external partners. The initiatives in the first phase are new projects as well as adjusted previously non-COVID initiatives that were implemented as part of the national humanitarian response plan. Currently the plan encompasses actions covering the branches in 31 departments of the country, with a special focus in Chocó, Amazonas and Nariño, locations with the greatest needs and limited response capacity and mostly affected by the virus outbreak.

IFRC funds to CRCS helped the National Society conduct a humanitarian repatriation mission of Colombian nationals who were in Wuhan, China at the start of the pandemic. This support also enabled the CRCS to ensure that all health staff in its facilities have PPE. The CRCS national response plan is supported by the American, Norwegian, German and Spanish Red Cross Societies present in the country. The ICRC delegation in Colombia has contributed with funds to support various response activities in the plan, including the procurement of 500 diagnostic tests and screening activities at the branch level.

With the decrease in its income sources, the CRCS launched the "I donate at home" (#YoDonoEnCasa) fundraising campaign, soliciting individual and private sector monetary contributions or in-kind donations, raising more than CHF 200,000 in local currency and CHF 300,000 in in-kind donations, to mitigate the food insecurity due to mandatory isolation measures. The CRCS established a partnership with Ecopetrol Group, the largest state-owned petroleum company in the country, to receive in-kind donations that have reached 317,072 people with the distribution of 79,268 food and hygiene kits in 20 departments.

To address the socioeconomic impact of the pandemic, the CRCS provided cash-transfer assistance to 1,876 families (317,072 people) through 2,909 funds transfers to target households. This population was selected based on vulnerability and risk criteria and reached survivors of sexual and gender-based violence, sex workers and victims of the armed conflict. This assistance also targeted 2,000 CRCS volunteers in 31 branches with conditioned and unconditioned cash transfer.

Ecuadorian Red Cross (ERC)

The Ecuadorian Red Cross (ERC), as a participant in the Humanitarian Country Team, coordinates its actions with other State and non-State actors at a national level. The ERC health actions around COVID-19 have reached an average of 2,059,367 people through social networks with RCCE messages. Additionally, total of 370,175 people has received health and WASH support in within 13 provinces.

Mental health and psychosocial support services, implemented by a team of 23 psychologists in the country's 24 provinces, have reached 525 people. A total of 2,449 people has been reached with ERC pre-hospital care service that is provided with the aid of its fleet of 28 ambulances. Telemedicine and triage services, through 6 triage modules, have been provided to 10,469 people in 5 provinces.

The ERC has supported COVID-19 testing with the deployment of 18 specialized laboratories in 10 provinces, reaching 1,515 people of which 335 were positive. To be better prepared in this operation, 2,528 people (staff and volunteers) were trained in COVID-19 surveillance.

The ERC has provided food and other in-kind assistance to 53,113 people in 21 provinces of the country; 648 people have received cash support; 307 vulnerable people in situations of vulnerability have received assistance for skills training in order to support their livelihoods or economic activities.

With the aim of being prepared for operation, 2,528 staff and volunteers have received training on COVID-19 surveillance. As a feedback mechanism with the community, procedures and protocols have enabled the ERC to compile 273 individual registers of community comments (concerns, rumours, and suggestions).



*The Santa Elena branch of the Ecuadorian Red Cross distributed hygiene kits. June 2020.
Source: ERC*

Paraguayan Red Cross (PRC)

The Paraguayan Red Cross is implementing health and WASH activities to respond to this pandemic. Volunteers from the Asunción, Mariano Roque Alonso, Itá, Ñemby and Nueva Italia branches were trained by the Ministry of Public Health and Social Welfare to deal with consultations and cases of COVID-19 through the 154 hotlines nationwide. Calls are received through a system of volunteer guards from the Ñemby, Capiatá, Asunción, Mariano Roque Alonso and Itá branches. More than 300 calls are received daily and a total of 67,200 calls have been reported up to August.

A COVID-19 perception survey via telephone was conducted with 200 people in 8 departments; the results were used to design the communication messages. The PRC produced 79 materials on: hand washing promotion; use of face mask- social distance; activities in quarantine; mental health; telephone assistance, psychosocial support, on-the-street medical assistance, in institutions; branch office interventions; hospital services; and COVID-19 symptoms. A total of 76,768 persons were reached with these materials.

The Itapúa branch conducted 640 home visits to areas which the Encarnacion municipal census identified as locations with the largest populations vulnerable to COVID-19. These visits monitored the health status of household members, examination of respiratory symptoms, education on the care path available if they experienced any symptoms and information on preventive care.



Transfer of patient with COVID-19 to Hospital Alto Paraná Branch. Source: PRC

The PRC signed a commitment with 19 institutions (municipalities, health centres, district hospitals, police stations, parishes, family health units- USF, the National Malaria Eradication Service- SENEPA, the mother and child hospitals, chapels and the sanitation board) for the installation and maintenance of mobile washing facilities, as well as safe water disposal. The PRC installed 40 mobile washing stations 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. Each PRC branch is responsible for the monitoring of their use.

The PRC will distribute 3,100 family hygiene kits based on established criteria of vulnerability of which households have been identified in: Asunción: 400; Capiatá: 700; Concepción: 200; Nueva Italia: 455; San Pedro: 100; Itapúa: 645; Ita: 200; Ñeembucú: 100; Guairá: 100; Mariano Roque Alonzo: 100; and Ñemby: 100.

Training for mental health officials and target personnel: Four training sessions were held for 90 mental health officials from the country's 18 health regions. The topics developed were: Shelter Management; Crisis Intervention, Care and Self-Care and Psychological First Aid.

The Paraguayan Red Cross has been working in shelters since the decree issued by the Ministry of Public Health and Social Welfare and the Presidency of the Republic, following the entry of Paraguayans into Paraguayan territory to carry out the quarantine. The Alto Paraná Branch carries out the process of attention to the population in coordination with health authorities, carrying out activities such as:

- Logistical organization: delivery of personal hygiene kits and supplies, preparation of schedules.
- Reception and distribution of donations to shelters.
- Promotion of hygiene habits within the shelter.

Support to hospitals: Alto Paraná and Ñemby branches have an ambulance service.

- Alto Paraná has carried out 304 transfers to date, all of them COVID-19 positive from the shelters to the reference assistance centres for COVID-19 cases. They are in coordination with those in charge of the shelters, the assistance centre to be referred and those in charge of the Alto Paraná Red Cross Ambulance Area. They are carried out for controls, laboratory studies, hospital consultations, discharges, etc.
- Ñemby supports the Ñemby City Care Centre in the transfer of patients to different care centres. These referrals are directed by SEME 141 (Out-of-Hospital Medical Emergency Service 141). The subsidiary carries out an average of 2 to 3 transfers per day to different care centers in influence.

The SN is heavily involved in preparing and strengthening volunteers through training in the use of personal protective equipment, biosecurity protocols and disinfection methods. The aim is to reduce the risk of contagion during the activities.

- Workshop on the use of PPE.
- Disinfection Methods Workshop.
- Workshop on Biosafety according to activities.

Peruvian Red Cross (PRC)

The Peruvian Red Cross (PRC), through its branch network and national headquarters, has a strong focus on food security during this pandemic with the distribution of 8,379 food kits. These were distributed by volunteers from branches in Maynas (Loreto), Trujillo (La Libertad), Chiclayo (Lambayeque), Piura (Piura), Lima (Lima), Mariscal Caceres and Moyobamba (San Martin), Arequipa and Ica (Arequipa), Ica (Ica) y Tacna (Tacna). Additionally, 27,900 food rations were provided by the branches in Arequipa, Talara (Piura) and Lima (Lima). Additionally, 100 visa cards issued as part of the Cash Transfer programme to people in situations of vulnerability due to COVID-19.

PRC disseminated information on RCCE such as hand washing and the practice of the correct use of the face mask. Key messages on hygiene and community health were disseminated through social networks and audio tools such announcements by megaphones at the community level, as well as distribution of flyers. PRC has distributed 12,050 biosecurity protection kits and 3,500 disinfection kits as part of hygiene promotion and safe water.

PRC also provides remote PSP and has reached over 600 people. With support from the IFRC, the PRC has an information line (via WhatsApp) for queries and doubts regarding COVID-19. During the initial months of the operation, at least 200 people were reached with the RFL services. Added to this, the PRC provided additional SIM card support and telephone top-ups were provided to 100 elderly people, migrants and pregnant women.

PRC's actions are coordinated with the subnational Emergency Operations Centres, public and private institutions and NGOs.



Peruvian Red Cross distributed food aid to people in situations of vulnerability. May 2020. Source: PRC

Uruguayan Red Cross (URC)



Uruguayan Red Cross volunteers conducted needs assessment in the Rio Negro Department. Source: URC

The Uruguayan Red Cross (URC) has distributed 313 disinfection and sterilization kits for long-term care facilities, with private funds, reaching 3,130 people (10 persons per kit). URC also distributed 100 PPE kits, provided by the Ministry of Public Health, to public polyclinics. In addition, during the delivery of asepsis and disinfection kits in long-term care facilities, talks were given to caregivers on hygiene promotion, proper use of PPE for the protection of the elderly, tips on surface disinfection, socialization of support networks for caregivers, official number of the Ministry of Health for reporting suspicious cases, tips on caring for people with confirmed or suspected COVID-19 cases, entering and leaving facilities, among others.

To guarantee health and safety during operational activities in the field and as inputs for the branch territorial network, the URC produced documents addressing: proper use of PPE, hand washing, hygiene, asepsis and disinfection, entry and exit

to facilities. In residential facilities, actions such as the establishment of "safe areas" for delivery of the kits (preferably in the entrance yard or at the door where there is no yard), health promotion talks for caregivers were carried out respecting physical distance, use of masks, and the sanitary measures adapted to each facility.

The URC ensures that all volunteers and staff involved in the operation have adequate knowledge of the virus and have access to the needed PPE to conduct their tasks and protect their health and safety. They are provided additional guidance on personal protection measures and training in this area for themselves and in the conducting of URC volunteer services. The URC implements internal epidemiological surveillance measures through the epidemiological investigation protocol applied to volunteers prior to each activity, and to staff on a weekly basis.



Demonstration of correct handwashing to patient of emergency service of Carlos J. Belli of the VRC /source: VRC

Through URC's official social networks, key messages on health promotion in the context of COVID-19, good hygiene practices, among others, are disseminated.

During the month of April, the URC Cerro Largo (Soriano department) participated in the influenza vaccination campaign in which 1,520 people were vaccinated with the support of the branch's volunteers. At all times, health protocols were implemented to reduce the risk of transmission and spread of the new coronavirus.

The National Society, with the aim of reducing the impact on the mental and psychosocial well-being of people affected by the health emergency caused by COVID-19, is developing the MHPSS approach, aimed at

mobilizing volunteers with installed capacities in PSS and Psychological First Aid, encouraging community promotion and participation, in the aim to build resilient, empowered communities that make decisions to improve their quality of life. Action in the following areas is underway:

- Creation of key messages of PSS aimed at the general population, for dissemination on official social networks.
- Internal research on PSS capacities to determine the URC's operational capacity; a first virtual meeting was held with volunteers.
- Creation of a national PSS survey to collect data on identified needs, which will feed into the branch-led volunteers trained in PSS issues.
- Creation of the training plan in "Psychological Intervention in Emergencies" for volunteers.

The Uruguayan Red Cross Society also uses a needs assessment to ensure food sustainability in different manners to provide coverage to the families identified by means of prioritization criteria, one of the indicators being the loss of income. The URC reached 14,756 people with a 30-day food basket for a four-person household; 3,000 meals to people on the streets and migrants; and 266 people reached with daily dinners.

The URC maintains the IFRC insurance policy for its volunteers and invests in group life insurance policy (HDI) for all staff and volunteers at the national level. A total of 232 volunteers have HDI Insurance and 292 have received 292 PPE in 12 branches in the territorial network. A total of 450 K95 masks; 7,200 gloves; 24 litres of alcohol gel; 1,200 black bags; 1,200 red bags; 120 sealing bags; and 12 communication kits were distributed to these 12 branches.

Venezuelan Red Cross (VRC)

Venezuela continues to experience a continuous increase of confirmed COVID-19 cases (18,574 positive cases and 164 deaths, as of 31 July 2020), with the Venezuelan government's rapid tests that have reached over 1.3 million people with suspected cases. Since the beginning of the national quarantine and the closing of international borders in mid-March, some 90,000 Venezuelans have returned to the country. Official figures (6 April to 28 July) indicate that more than 72,517 people have entered through land borders and some Foreign Ministry humanitarian flights. Based on the average daily flow since 6 April, it is estimated that some 240,000 people will have returned by the end of 2020, which is predicted to increase with the relaxation of quarantine measures in neighbouring countries. Since returnees must comply with established health protocols, (quarantine period of 14 days in accommodation centre in border areas), authorities have

requested support to ensure the provision of essential services to this population. This population require support in areas of health, shelter, access to safe water, adequate sanitation, NFIs and food, and the provision of protection services, including those addressing GBV and the protection of children and adolescents.

The Venezuelan Red Cross (VRC) continues to respond appropriately and according to its capacities. Most community activities were halted given the restrictions imposed by the quarantine and given the need to protect the medical staff, volunteers and general staff. Complementing current projects and this Emergency Appeal operation, medical and volunteer personnel responding to emergencies were provided with level 1 PPE, 210 coveralls to medical staff and 175 masks were delivered to volunteers. With the technical support of the ICRC, the National Relief Directorate created a protocol for the prevention and control of infections for pre-hospital personnel of the VRC relief units. For those staff and volunteers involved in response actions, VRC branches provide transport in institutional vehicles, which is extremely useful due to transportation shortages in country.

The VRC has provided medical guidance to 678 people in the Falcón, Zulia, Bolívar and Mérida branches. Medical care is provided in the border states, aimed at serving those people who are in transit. During these activities, VRC volunteers comply with strict measures of social distancing and use of PPE, minimizing the risk of contagion. The COVID-19 outbreak highlights an increase in existing needs to provide care and follow-up to chronic degenerative diseases and others. The VRC, through its health network, continues to provide care to patients who requires services and provides uninterrupted consultations in the areas of gynaecology - obstetrics, emergencies, surgery, among others.

VRC psychosocial support hotlines have reached 264 people (92 men and 172 women). A total of 27,021 people (10,580 men and 16,441 women) were reached with educational sessions. The National Communication department is implementing a national campaign with health promotion and prevention messages against COVID-19.

Through its WASH activities, the VRC reached 4,185 people. Activities have included hygiene promotion sessions, delivery of key messages on hand washing, safe water and water disinfection, delivery of hygiene kits, disinfection of hospitals, medical centres and water tanks, among others.

The branches of Acarigua, El Tigre, Falcón, Guasdualito, La Vela, Puerto Cabello, Valencia, Yaracuy and Zulia have reached 1,241 people with RFL activities (attention lines and remote guidance via telephone).

The VRC continues to respond as possible to the COVID-19 outbreak. The gasoline shortage and the current purchase scheme is a challenge for the VRC to use its vehicles. VRC branch operating budgets did not previously contemplate fuel cost since it was free. The IFRC Country Office in Venezuela continues to closely accompany and support the activities that the VRC is implementing in response to the COVID-19 pandemic in the country.

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**For further information, specifically related to this operation please contact:**

- Jono Anzalone - Disaster and Crisis Prevention, Response and Recovery (DCPRR) Head - jono.anzalone@ifrc.org
- María Tallarico - Regional Head of Health and Care Head - maria.tallarico@ifrc.org
- Felipe Delcid - Continental Operations ARO Coordinator - felipe.delcid@ifrc.org
- Omar Robinson – Regional Coordinator WASH - omar.robinson@ifrc.org

Communication Department:

- Diana Medina, Communications Unit Coordinator for the Americas; email: diana.medina@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer, phone: +507 317-3050; email: marion.andrivet@ifrc.org

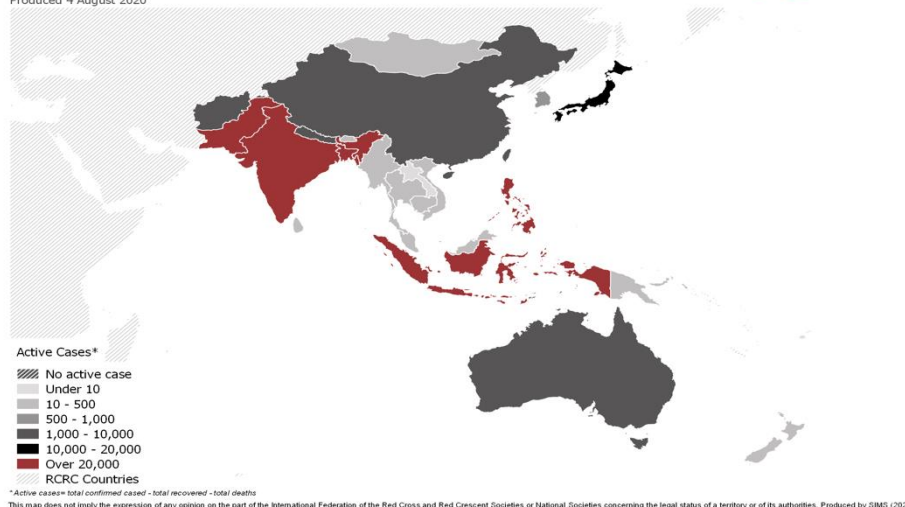
For Performance and Accountability (planning, monitoring, evaluation, and reporting enquiries):

- María Larios, Planning, Monitoring, Reporting and Evaluation (PMER) Manager; phone: +507 317-3050; email: maria.larios@ifrc.org

Situation 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



National Society Response

According to COVID-19 field reports submitted to [GO platform](#)

38 National Societies are engaged in...



Health and WASH

38



Socioeconomic
Interventions

37



NS Institutional
Strengthening

35

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

HEALTH AND WASH

12 Ambulance services for COVID-19 cases

25 IPC and WASH (health facilities)

7 Management of the dead

23 Community-based surveillance (CBS)

14 Isolation and clinical case management for COVID-19 cases

25 MHPSS

34 Epidemic control measures

17 Maintain access to essential health services (clinical and paramedical)

38 Risk communication, community engagement, and health and hygiene promotion

33 IPC and WASH (community)

27 Maintain access to essential health services (community health)

SOCIOECONOMIC INTERVENTIONS

32 CEA, including community feedback mechanisms

23 Livelihoods, cash support & food aid

7 Shelter and urban settlements

29 Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

32 National Society readiness

27 National Society sustainability

34 Support to volunteers

Regional overview

The Asia Pacific region was the first epicentre of the COVID-19 outbreak. Across the region, the pandemic ranged from widespread community transmission to countries that were believed to have zero cases. The pandemic has had far-reaching socioeconomic consequences and health systems impacts. There remain wide discrepancies in epidemiological surveillance systems in many countries and, therefore, likely under-reporting of both cases and deaths. Across the region, some countries are better prepared, while others are among the most vulnerable with weaker health systems.

Since the onset of the outbreak, the IFRC Asia Pacific Regional Office (APRO) has been providing guidance and coordination support to 38 National Societies through the 5 Country Cluster Support Teams (CCSTs) and 8 country offices. Regional task force meetings have been conducted weekly. CCSTs and country offices have regularly updated the region on progress of in-country preparedness measures, trends in the number of confirmed cases, governmental actions, and activities being implemented or planned by National Societies.

The Asia Pacific region has issued its third revision of Emergency Plan of Action. Since the last revision, the COVID-19 crisis has deepened, particularly for countries in South and Southeast Asia. National Societies have continued to develop their containment and response plans, including several countries with substantial clinical interventions. In all countries, the socioeconomic impacts of this crisis are being felt, with the poor, excluded and marginalised being most at risk. As a result, IFRC and National Societies across the region have increased the timeframe and funding ask for the Emergency Appeal, to 75 million Swiss francs until 31 December 2021.

Priority 1: Sustaining Health and WASH

Epidemiological situation is evolving rapidly in the region with 92% of all active cases coming from just four countries (India, Bangladesh, Indonesia, and Philippines). India is currently registering highest number in single day rise of COVID-19 cases. Testing remains a major challenge for many countries in the region to understand the true picture of COVID-19. Other infectious diseases are threatening to regain a foothold in many countries in the region, fuelled by COVID-19 and the unprecedented effort to contain COVID-19 pandemic. Vaccinations and control measures for vector-borne diseases are down across the Asia Pacific. Nepal has recorded 50% decrease in hospital birth since the beginning of the lockdown¹. Vaccinations recently resumed in the Philippines, Pakistan and Afghanistan under extreme care and caution, with medical workers and Red Cross Red Crescent volunteers helping to keep everyone safe.

Epidemic control

The regional office has hosted 16 health technical webinar to strengthen existing capabilities in epidemic prevention and control in National Societies. Asia Pacific health technical guidance note based on the current evidence has also been updated to better support National Societies in implementing COVID-19 operations. 34 National Societies in the region are actively involved in supporting their Ministry of Health (MoH) with public health interventions such as entry point screening and contact tracing. National Societies are supporting quarantine measures for contacts of suspected or confirmed cases, travellers and other high-risk individuals according to MoH guidelines. National Societies are also providing social emergency services at quarantine facilities.

Examples include:

- Afghanistan: More than 280,000 people screened for COVID-19 at ARCS health facilities.

¹ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30345-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30345-4/fulltext)

- Bhutan: Deployed 923 volunteers to support health screenings at border checkpoints.
- DPRK: Mobilized 225,000 Red Cross volunteers for COVID-19 emergency preparedness work alongside household doctors.

Risk communication, community engagement and health and hygiene promotion

IFRC APRO is co-chairing the Asia Pacific inter-agency working group for risk communication and community engagement with WHO and UNOCHA. The working group has produced guidance notes on how to include marginalized and vulnerable groups, joint webinars, an online 4W matrix and an inter-agency dashboard to visualize perception survey that will be linked to resources and key action steps.

National Societies across Asia Pacific have increased their risk communication, community engagement and health and hygiene promotion activities to support communities in preventing and addressing COVID-19. The Asia Pacific National Societies are focusing on tailored health awareness and hygiene promotion to ensure the right information is disseminated to the most vulnerable. Additionally, IFRC APRO has been publishing regular updates with recommendations based on research which are shared with an increasing mailing list of partners within and outside of the movement.

National Societies have been adapting messages from the CEA guidance note on stigma. A picture story on stigma produced by the Japanese Red Cross is being translated into different languages for National Societies in Myanmar and Bangladesh. Some National Societies have also produced videos (Bangladesh) and social media content to address stigma.

Community-based surveillance

Since the beginning of COVID-19 response, 23 National Societies have been involved in community-based surveillance and contact tracing. National Societies in the region have integrated Psychological First Aid as a key skill in order to conduct contact tracing more effectively. National Societies have contributed to containing or suppressing transmission of the virus by helping affected communities to maintain access to essential services.

Examples include:

- Indonesia: Mobilized trained staff and volunteers to reinforce active surveillance conducted by the Ministry of Health.
- Philippines: Established a helpline at national headquarters to support community surveillance.

Infection prevention and control and WASH in health facilities and in the community

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

National Societies have been quick at adapting to the situation, carrying out WASH activities with COVID-19 preventive measures taken into consideration, to protect its staff, volunteers, and the people they serve. Preventive measures taken include social distancing, wearing appropriate personal protective equipment (PPE) and practising hand hygiene as well as carrying out activities in smaller groups of people to reduce risk of transmission and spread of diseases. Emphasis has been placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines, and distributing suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants and cleaning materials. Distribution of key hygiene messages has focused on the importance of washing hands with soap, coupled with dissemination/display of relevant information, education and communication (IEC) materials.

The APRO continue to provide technical support to national Societies, including circulating [key WASH materials related to COVID-19](#). A list of key WASH resources is kept updated, categorized according to different WASH-related topics and consists of both internal and external sources. The APRO has also finalised 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 comes with supplementary information on how to [layout a distribution site and proposed steps for house-to-house distribution](#).

Examples include:

- Philippines: Training on use and distribution of face masks, PPE kits (N95 masks, face shields/goggles, gowns, gloves, shoe coverings) to front-line health workers working in health facilities.
- Thailand: Thai Red Cross distributed 10 million cloth masks to village health workers and volunteers as well as to people who conducted home visits for people in quarantine
- APRO: Webinars on PPE use and volunteer safety and 'green response' - PPE disposal and waste management.

Mental health and psychosocial support services (MHPSS)

25 National Societies in the region have been providing MHPSS in response to COVID-19.

Capacity building

- PFA training to staff and volunteers, particularly module on remote PFA, is being undertaken in several National Societies to build knowledge and skills to address increasing levels of anxiety and stress caused by primary and secondary impacts of COVID-19. Based on findings from assessments, trainings are being supported in Malaysian Red Crescent, Maldives Red Crescent, Pacific CCST, and integration of PSS into PGI at Australian Red Cross.
- Bangladesh: PFA training for staff and volunteers to enable them to offer PFA to BDRCS staff and volunteers.
- Pakistan: PFA training for professional volunteers serving at the PRCS Corona Care hospital, integrating sensitisation training on refugee and stateless populations.
- APRO: Webinars were conducted to share experience on remote PFA, caring for volunteers, challenges and lessons learnt.

MHPSS service to communities

- Several National Societies are reaching out and working with communities providing PSS services and referral to other support services.
- Bangladesh: PFA and community-based psychological support to host and displaced camp communities in Cox's Bazar; providing remote PFA to health worker and the public through the Psychosocial Support Call Centre.
- Philippines: 24/7 PFA hotline has served over 1000 beneficiaries; PSS was provided to overseas Filipino repatriates who are overstaying in quarantine facilities.
- Korea: KNRC provided PSS, meal kits, books and stretching bands to 847 evacuees from Wuhan in quarantine facilities and 816 vulnerable people living near the quarantine facilities.
- Hong Kong Branch, RCSC: Distressed citizens were supported through telephone and video-counselling by trained PFAiders and clinical psychologists.

Caring for volunteers

- APRO: Webinar on stress management to colleagues working at the AP regional office.
- Bangladesh: Caring for staff and volunteers through telephone support and virtual orientation on coping with stress.
- Japan: Support guide for staff (with video explanation), explaining the importance of peer and organizational supports for medical staff.

Guidelines and IEC development

- APRO: “Guidance note on caring for staff and volunteers for COVID-19 – AP region”, “Checklist of minimum psychosocial support actions for COVID-19 response – AP region”, and “Guidance on providing PFA for COVID-19 – AP region” were developed and shared with National Society in the region. Guidance and webinars from IFRC PS centre were also shared with National Society.

Examples include:

- Japan: A mental health and psychosocial support task force was formed to develop guidebooks emphasizing the psychosocial risks associated with COVID-19. A [video](#) about stigma and fear on COVID-19 was developed and viewed over 2 million times.
- Australia: Psychological first aid phone outreach to 36,192 people experiencing self-isolation or mandatory quarantine.
- Hong Kong Branch, RCSC: Several sets of IEC materials targeting general public, elderly, health care workers, people under quarantine were developed and [shared](#) with other NS. Children gamebooks and 14-day wellness diary were also developed and [shared](#).

Isolation and clinical case management for COVID-19 cases

In Asia Pacific region, support has been given to 14 National Societies that are involved in providing isolation and treatment for COVID-19 patients. Some National Societies are also supporting government’s efforts in testing activities such as the Philippines Red Cross, Bangladesh Red Crescent Society, and the initiative of the Indonesian Red Cross to increase testing capacity in their hospital in Bogor.

Support and follow-up have been provided to National Societies implementing and adapting clinical services for COVID-19. The level of support involves technical and strategic advice and training to implement infection, prevention and control strategies including proper use of PPE, quality assurance and decision making in adapting services.

Examples include:

- Pakistan Red Crescent Society’s Corona Care Hospital is a 120-bed isolation facility with 10-bed ICU capacity equipped with ventilators and COVID-19 testing capacity.
- Bangladesh Red Crescent Society’s Holy Family Hospital in Dhaka with capacity for 800 Covid-19 patients and two isolation and treatment centres for mild and moderate cases in Cox’s Bazar.
- Indonesian Red Cross is supporting government’s initiatives by offering COVID-19 clinical care in Bogor hospital with 800-beds capacity.
- Afghan Red Crescent Society is supporting government’s efforts with a 50-bed hospital for mild to severe COVID-19 patients.
- Philippines Red Cross has a network of 7 molecular laboratories across the country, comprising 26% of the national test output in the Philippines.
- Bangladesh Red Crescent Society set up 20 COVID-19 walk-in sample collection booths in 10 different districts.

Ambulance services for COVID-19 cases

12 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, Red Cross Society of China and Philippines Red Cross. Support also involved training and provision of PPE for paramedics and drivers.

Examples include:

- Nepal: 24/7 ambulances from the Nepal Red Cross are providing Covid-19 patients transportation in several districts. 148 ambulance drivers have been oriented on Infection, Prevention and Control (IPC) measures.
- China: The Beijing branch of the Red Cross Society of China has supported the Covid-19 patient transfer strategy through their “999” ambulances system.
- Malaysia: Malaysia Red Crescent Society is providing ambulance services for transporting Covid-19 and non-Covid-19 patients as part of the national response

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 programme recently resumed in three national societies, all done under extreme care and caution, with Red Cross staff and volunteers helping to keep everyone safe. Resuming First Aid training guideline has been shared with National Societies followed by a webinar.

Examples include:

- Philippines, Afghanistan, and Pakistan have resumed polio immunization activities.
- Singapore: Home Monitoring and Eldercare (HoME+) services such as installation and volunteer responders' activation were suspended during the lockdown but have now resumed, due diligence checks are done prior to the visits.
- North Pacific: A total of 64 participants from three national societies (Palau, Micronesia, and Marshall Island) participated in the first online Epidemic Control for Volunteers training across six locations in four time zones.
- India: IRCS has developed a guideline outlining procedures and requirements to conduct First Aid and Home Nursing training during COVID-19 Pandemic while minimizing risk to trainers & trainees.

Maintain access to essential health services (clinical and paramedical)

17 National Societies are involved in maintaining 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.

Several National Societies have been scaling up clinical services in support of their respective Ministry of Health or government requests for COVID-19; These include increasing the number of mobile health clinics, providing medical tents in hospitals and prisons, supporting screening and testing, providing ambulance services, providing isolation and treatment, and increasing blood product availability to maintain supply chain.

Examples include:

- Nepal: The Nepal Red Cross Society has continued to provide blood transfusion services and keep an eye hospital open. Ambulance services are still working for non-COVID-19 situations.
- Malaysia: The Malaysian Red crescent Society is supporting health care facilities by distributing PPE and mobilizing staff and volunteers with medical backgrounds to augment the capacity of government hospital.
- India: Indian Red Cross Society through its 89 blood transfusion centres in the country provided uninterrupted supply to Thalassaemic patient and other blood transfusion dependent patients.

Management of the dead

Since the beginning of the pandemic, seven National Societies are in close coordination with their Ministry of Health to increase the capacity on management of the dead. Bhutan Red Cross Society has been entrusted with a lead responsibility on dead body management by the government's Health Emergency Management Committee.

Examples include:

- Bhutan: Trained 854 volunteers on dead body management across all 20 branches.
- Bangladesh: Established 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.

Priority 2: Addressing Socio-economic impact

The socio-economic repercussions of the pandemic are being widely felt across Asia Pacific. COVID-19 has affected all sectors substantially and disproportionately impacting the poor, economic migrants and families who are dependent on informal economy. To address the enormous socio-economic impact of COVID-19, various initiatives have been launched such as provision of immediate in-kind, cash and voucher assistance with consideration of longer-term recovery support.

Over the past six months, IFRC has provided remote technical support and guidance to National Societies in drafting framework to address socio-economic impact as a part of their National Society Response Plan. A COVID-19 livelihood webinar was participated by 61 National Societies and Partner National Societies. COVID-19 specific guidance on food security and livelihoods and tip sheets on cash and voucher assistance were developed and shared to National Societies.

Across the region, shelter and settlements preparedness and response activities have been carried out to support containment of the virus along with mitigation of its spread. This has included support to local quarantine centres through distribution of relief items and assessment of appropriate, dignified and safe living conditions, as well as the provision of temporary shelter where necessary.

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

Cash and voucher assistance are being considered across 12 National Societies in the region and plans are underway to meet livelihoods and immediate basic needs. Six of these National Societies have ongoing implementation of cash distribution. Monitoring and analysis on regional development and trends related to socio-economic impact of COVID-19 has been ongoing. IFRC co-chaired the regional cash working group and provided technical support to some country cash working groups. Continued technical support and guidance are being provided to National Societies implementing cash and voucher assistance as a part of their response. This includes monthly call with Asia-Pacific National Society Cash focal points.

Examples include:

- Philippine Red Cross has reached 34,732 individuals with hot meals and ready-to-eat meals and 13,927 family food packs were distributed. A total of 3,500 families (17,500 people) were also reached with cash assistance for immediate basic needs.
- Pakistan Red Crescent distributed food packages to 92,000 households and provided unconditional cash to 400 families. Pakistan is also in the process of selecting another 1,700 households (11,900 people) as a part of its first phase multipurpose cash grants to support food and basic needs. Further selection for cash intervention includes households of Afghan refugees.
- Vietnam Red Cross was able to reach 8,912 families (44,560 people) with cash assistance to meet immediate needs.
- Bangladesh Red Crescent Society has procured and distributed 40,000 food packages to vulnerable population, additional procurement of 44,500 food package is underway.
- Afghan Red Crescent Society completed distribution of 30,735 food and non-food packages. Ongoing implementation to reach 2,000 households with cash assistance is underway for the first round of cash distribution.

- Sri Lanka Red Cross was able to reach 5,700 families (28,500 people) with cash transfer and voucher assistance for immediate basic needs.

Shelter and urban settlements

The IFRC Asia Pacific Shelter focal point continues to provide regional coordination and technical guidance to National Societies to support any shelter and settlements related activities. This has included:

- Technical support and guidance for the development of National Society Response Plans that include shelter and settlements considerations in response and in preparedness to mitigate the spread of COVID-19.
- Ongoing monitoring and analysis of regional development, trends, risk and emerging needs, and working with technical counterparts in other regions to inform ongoing activities.
- Working with other technical leads (Migration and Displacement, Cash, Emergency Health, MHPSS) to address requests for integrated support.
- Specific capacity strengthening initiatives through supporting a series of global webinars on Rethinking Urban Community Risk Reduction and Resilience.

In the past six months, the main shelter and settlements needs in National Society COVID responses have been in the form of HHIs, tents and emergency items. Support provided in the region has included:

- ARCS has provided 184 family tents and tarpaulins for temporary screening and shelters in the cross border between Afghanistan and Pakistan.
- NRCS has supported local quarantine and isolation facilities with relief items including tarpaulins, tents, blankets, bed sheets, mattress, mosquito nets. As of 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.

National Societies have also been engaged in supporting shelter and settlements specifically for families living in vulnerable environments in camps and camp-like settings. In Bangladesh, the National Society is working to pre-position and distribute shelter materials and basic HHIs as necessary, particularly for collective shelters, camp settlements and urban hotspots, or in response to sudden new population movement. In the Philippines, through the Shelter Cluster, IFRC is providing support and key preparedness documentation such as mapping of in-country stocks and shelter capacity to facilitate coherent and effective shelter and settlements preparedness and response activities.

Community engagement and accountability

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

- Drafted perception survey package for National Societies with tools and resources to continue implementing perception surveys. Supported data analysis of perception survey data (Pakistan, Malaysia, Indonesia, Myanmar).
- Organised a joint online training with WHO and Indonesian Red Cross Society on perceptions survey data analysis. Led inter-agency joint analysis of perception survey data with WHO, UNICEF, UNOCHA and National Societies.
- Coordinated translation of RC/CEA online Training of Trainers PowerPoint and community engagement guidance.
- Facilitated bi-weekly movement-wide CEA call to support National Societies.

A series of webinars and online trainings have also been conducted, covering key topics such as feedback mechanisms, good risk communication, online data collection and rumour tracking. National Societies have also shared their expertise on innovative approaches to engage volunteers and the public through Facebook groups (Nepal), how they turned community perception data into action (Indonesia), and how they document and address feedback (Pakistan and Bangladesh). Additionally, several joint webinars have been organised by CEA IFRC APRO together with partner

organisations such as University College London, WHO, UNOCHA, UNFPA, BBC Media Action and Internews. All webinars have been recorded and shared through the [British Red Cross CEA hub](#) and through regular e-mail updates and calls.

Social care, cohesion, and support to vulnerable groups

Migration and Displacement

The IFRC Asia Pacific Migration and Displacement team has provided regional coordination and technical guidance to National Societies to support migrants, refugees and IDPs at risk from COVID-19 and its impacts. This included:

- Regional monitoring and analysis of developments, trends and risks related to migration and displacement.
- Coordinated the development of specific guidance on assistance and protection activities for migrants, refugees and IDPs during the COVID-19 pandemic. This was complemented by IFRC and external guidance on protection, trafficking, supporting populations in migrant, refugee and IDP camps, and cross-sectoral guidance, e.g. addressing social stigma and discrimination for migrants.
- Support for programme-level implementation of National Society plans to reach migrants, refugees and IDPs. For example, project management and coordination support for the Thai Red Cross project to assist more than 400,000 migrants across the country.
- Capacity strengthening initiatives such as a series of webinars on including migrants, refugees and IDPs in COVID-19 preparedness and response. Tailored support and bi-lateral dialogues such as a training workshop for the Thai Red Cross. Guidance on how National Societies could align their activities and strategies with the Manila Call for Action, and the Global Migration Strategy.
- External engagement included participation in the inter-agency regional Thematic Working Group on Migrants, Refugees and COVID-19 (hosted by IOM); and support for national and regional level communications on migration, displacement and the COVID-19 crisis, including a regional op-ed and a series of live and recorded interviews with national media.

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

Some National Societies are incorporating prevention and response to SGBV in their operations through different channels. For example, incorporating messages in home visits to communities (Mongolia) and having hot lines in place to enable disclosures of violence. A webinar is being developed with ICRC on SGBV prevention and response.

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

An increasing number of National Societies have participated in sub-regional webinars on PGI and COVID-19 and prevention from violence. The participants have started to train others in their respective National Society and mainstream PGI in the COVID-19 response.

National Societies are collecting sex, age and disability disaggregated data and having gender and diversity analysis to understand who is most at risk in this outbreak, not only looking at the health factors, but also regarding their protection and livelihoods.

Priority 3: Strengthening National Societies

COVID-19 has presented new challenges for National Societies. Movement restrictions and physical distancing have had an impact on their established ways of working and hampered humanitarian access, requiring new and safe modalities for staff and volunteers and improved processes for business continuity and ongoing delivery of operations, services and programmes to people in need. The IFRC APRO has prioritised National Society strengthening so that National Societies can fulfil their role as auxiliary to the government and transform their ways of working to be COVID-19-safe and disaster-ready.

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

Offices have been providing support to National Societies in business continuity planning, with a focus on supporting duty of care and operational capacities. A mapping of issues and solutions is ongoing, with a focus on duty of care

aspects towards staff and volunteers, especially around insurance. National Societies have also been linked with the [global Help Desk on business continuity](#) and the region has been actively involved in building up guidance and support documents to National Societies for business continuity planning.

As auxiliary to the government, the National Societies are working closely with governments in the areas of containment, isolation and social distancing activities. National Societies are also conducting activities in collaboration with local authorities such as organizing community kitchens, distribution of dry rations, community-based surveillance, logistic support to quarantined homes and centres, ambulance services for transporting patients, distribution PPE and hygiene kits, shelter homes, Red Cross Hospitals and isolation centres, and risk communication and hygiene promotion. Some National Societies are also involved in dead body management with the Ministry of Health. Many National Societies also continue to organize blood donations as an essential service acknowledged by the government.

- **Support to National Societies to implement Forecast-based Financing (FbF) and related early actions under COVID-19:** BDRCS activated its Early Action Protocol (EAP) for cyclones in May and for floods in June 2020 to implement early actions that reduce the impact on vulnerable populations. Funds allocated allowed BDRCS volunteers to reach communities before the main hazard impact. Implementation was adapted to COVID-19 by including awareness on COVID-19 prevention and protection in early warning messaging, making more safe spaces available to allow for physical distancing, and distributing PPE to volunteers and beneficiaries. Similarly, the Philippine Red Cross adapted its EAP for typhoons to reflect the COVID-19 context.

Webinars on different topics related to COVID-19 response have been organised to provide technical support to National Societies and promote knowledge sharing. Examples included:

- **Two webinars on COVID-19 RC/CEA** were organised at the beginning of the COVID-19 response to introduce the importance of CEA in the COVID-19 response, challenges and solutions. Both webinars were attended by 30 to 50 participants.
- **Global RC/CEA Training of Trainers** 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.
- **Two online trainings on Data Analysis for Perception Surveys.** This is a webinar organized in collaboration with WHO, to offer a two-hour deep dive into what data points to compare and what questions to ask from your perception survey data. The webinar offered practical guidance and a few short exercises.
- [COVID-19: The Role of the Media in Addressing Stigma](#) with speakers from Internews, BBC Media Action and The Wire News.
- [How to use Kobo for community feedback & perception data](#)
- [COVID-19: Training of Trainers for Risk Communication, Community Engagement and Accountability](#) was a pilot training using several interactive methods on zoom. The slides are currently being translated into several languages relevant for Asia Pacific.
- [CEA & Cash](#) is a webinar hosted jointly by the CEA Hub and Cash Hub, with Monira Parvin, CEA manager BDRCS presenting their experience on CEA and Cash with her colleague Mohammad Kamrul Hasan in addition to speakers from BRCS London, ICRC Geneva and Kenya Red Cross Society.

National Society sustainability

The IFRC has developed financial sustainability guidance and toolkit to support National Societies in assessing the current situation, anticipating challenges and ensuring financial sustainability to continue providing services for vulnerable communities.

The guidance document highlighted six main areas (both at strategic and operational level) for National Societies to consider in response to COVID-19 and its economic impact. These six areas are listed below, and details are supported by the toolkit:

- Analysing the economic situation and scoping for possible scenarios and impact on National Society.
- Understanding the current financial sustainability situation and possible risk.
- Getting ready to scale up and scale down.
- Investing in emergency fundraising, new and diverse ways to generate income.
- Liaising with authorities, partners and donors.
- Supporting branches to enhance local actions, partnership and fundraising.

An analysis of financial sustainability situation of National Society has been conducted and shared with National Society leadership. The National Society Development team has developed partnership with an organisation to support National Societies to provide pro bono peer support using action learning methodology in the areas of financial sustainability and leadership development.

Support to volunteers

- A Volunteer Management Guidance and Checklist document was developed and adapted to the current COVID-19 response and shared with all National Societies within the region. A webinar to address and explain the document was organized for volunteering focal points and representatives from National Societies, IFRC Country Offices and CCSTs.
- 30 out of 38 National Societies have personal accident insurance coverage for their volunteers. 23 of which are utilizing the IFRC Global Volunteer Insurance Scheme facilitated by IFRC Country Officers and CCST, and APRO.
- Support is currently ongoing for Lao Red Cross to register insurance for their volunteers through the IFRC Global Volunteer Insurance Scheme, as well as to the remaining 11 National Societies.
- Support for developing a national level Volunteer Solidarity Fund mechanism is currently ongoing, targeting five national societies (Myanmar, Nepal, India, Bangladesh, Pakistan).
- Support to review private local insurance for Bangladesh Red Cross and Myanmar Red Cross is currently ongoing to ensure that the protection of volunteers is adequate without discriminating age, gender and medical background of volunteers.
- Mapping of national healthcare system has been conducted to facilitate the prioritization of establishing Solidarity Mechanism funds for National Societies that do not have free and universal healthcare coverage.
- Webinar sessions were also organised to engage volunteers in discussion and peer-to-peer support on innovative ways of volunteering during the pandemic response.

Enabling Actions

Coordination for quality programming

Since the onset of the pandemic, IFRC has remained engaged with key counterparts in the international community across the region. For example, the first interagency working group for Asia Pacific, in late January 2020, was initiated by IFRC and OCHA and hosted by IFRC in Bangkok. Since then, the Asia Pacific regional interagency COVID-19 working group meetings have been held weekly, and every fortnight since June. This specific interagency COVID-19 meeting is chaired by OCHA and WHO and falls within the regional IASC meeting structure. IFRC has remained engaged and attended all these meetings, bringing forward the unique insights and knowledge of IFRC based on the reach and presence of National Societies.

The persistent challenge of the international community using diverse geographical regions in their administrative and operational setup has become yet again obvious in this response. As an example, the Asia Pacific region for the IFRC does not have the same geographic coverage as the Asia Pacific region for WHO or UNICEF, and UN agencies and programmes do not have the same regions. This has been overcome by a sustained and coherent institutional

engagement by the IFRC in all relevant meetings. For example, IFRC co-chairs the regional interagency working group on risk communication and community engagement.

Furthermore, IFRC has facilitated inter-agency lessons learnt from emergency response affected by the COVID-19. For example, IFRC used its role and platform as chair of the Asia Pacific Emergency Preparedness and Early Planning working group (EPWG) to share experiences and lessons drawn from Tropical Cyclone Harold. These findings and challenges have also been shared with donors through IFRC's continued engagement at a regional level in donor coordination meetings for COVID-19.

At the initial phase of the pandemic, the interagency coordination at the regional level was essential to gain information as systems and structures were being established. As things developed, the regional structures have become less instrumental as the national engagement is where the operations take place. IFRC remains engaged with national authorities as well as the UN country teams and national interagency coordination. This is especially important for long-term socio-economic operations which reach beyond the immediate humanitarian health concern. IFRC continues to advocate for localisation and the humanitarian-development nexus engagement.

Evidence-based insights, communications and advocacy

Planning, Monitoring, Evaluation and Reporting

The IFRC Asia Pacific Regional Office has worked closely with the global and regional operations team to develop a streamlined Federation-wide planning and reporting framework that ensures high standards of accountability. Epidemic Field Report, 3W country mapping, operations update, and financial overview have been regularly updated on IFRC GO. An indicator tracking tool is also in the process of being published publicly on GO to show National Societies response in different priority areas.

The Asia Pacific regional PMER team is also involved in real-time learning on targeted areas of the response globally. The first real-time learning exercise was on rapid response adaptability, while a second one on prioritisation and funding allocation is currently underway. At the country level, National Societies are supported on technical capacity in overall planning, monitoring and data collection methods.

Information Management

The [COVID-19 dashboard for AP region](#) has been developed. The dashboard visualizes and tracks daily reported COVID-19 cases, active cases, and deaths for countries in the Asia Pacific region. The dashboard also visualizes the country COVID-19 transmission classification from WHO data.

A [travel advisory dashboard](#) has also been developed to help IFRC staff members in Asia Pacific to plan their travel to a location with cases. The dashboard also categorises IFRC offices based on their phases of Business Continuity Plan (BCP).

Communications

There have been comprehensive and targeted communications, including mainstream media and engaging social media, reaching hundreds of millions of people in communities across the Asia Pacific region. Communications materials on measures to prevent COVID-19 and physical and mental health have been adapted and translated into more than 40 languages by National Societies in Asia Pacific region. Compelling communications have been shared on national, regional and global social media channels to engage with communities, help inform people as well as counter false information and rumours. Many of the materials have also been printed to enable volunteers to use them in their communities, particularly targeting those that are more at risk and harder to reach.

Media coverage focusing on Red Cross and Red Crescent response to the COVID-19 crisis has been extensive via national and international media outlets, including several mentions in the New York Times, Al Jazeera, BBC across all platforms,

Channel News Asia, Chinese Xinhua News, EFE – Spanish News, Reuters, AFP, AP, ABC America and Australian networks, NZ Radio, Manila Times, Jakarta Post, Bangkok Post and major news outlets. An opinion article was featured in the Bangkok Post – [It's time to help suffering migrants and refugees](#). Featured articles appeared in Devex: [First came the coronavirus. And then the cyclone hit](#) and [New Humanitarian – Coronavirus forces disaster](#).

The Asia Pacific communications team has provided production, design and technical support to help National Societies create quality audio-visual content that gives visibility to their activities. Videos, photo stories and other content have been shared on National Society social media and amplified through the IFRC regional and global digital channels. Regional technical experts have teamed up with country-level spokespeople for special global Red Talks multi-platform events and other broadcast social media content focused on specific key issues such as the impacts of COVID-19 on migrant communities, double disasters such as Cyclone Harold in the Pacific and the monsoon floods, youth and coronavirus as well as the importance of psychosocial support.

The Asia Pacific communications team has worked with National Society counterparts to actively identify and manage risks to reputation through the development and sharing of country-level key messages, and technical support in managing media. National Societies across the Asia Pacific have been supported as they actively work with local journalists to profile their humanitarian work as well as sharing accurate information and advice.

The regional IFRC communications team has collaborated with National Societies across the region on a range of initiatives that scored strong engagement via IFRC Asia Pacific and global IFRC social media channels including:

- World Blood Donor Day videos, along with photo and story packages from many countries.
- Volunteer postcards profiling the life-saving and critical work of volunteers on the front line of the response.
- Photo and video packages from most countries across the world, particularly those most at risk of COVID-19 and coping with double or triple disasters such as floods, cyclones and socio-economic hardships, including Afghanistan, Bangladesh, India, Nepal, Myanmar, Indonesia, Philippines, Thailand, Fiji, Vanuatu, and Laos,

Disaster Law and Legislative Advocacy

IFRC has supported National Societies on issues related to humanitarian access and advocacy related to COVID-19. This has been achieved through development and dissemination of key messaging and tools to support the continued movement and operations of National Societies in the tightening COVID-19 regulatory environment. Support was also provided for the recognition of National Societies as essential service providers in COVID-19 emergency measures (Philippine Red Cross). In partnership with the logistics team, advocacy efforts to reduce regulatory burdens related to importation/exportation of PPE was undertaken in Bangladesh, Afghanistan, China, Indonesia, Myanmar and the Philippines. IFRC was also successful in influencing regional platforms, in the Pacific and South Asia, on humanitarian assistance provisions for international disaster and pandemic response. A research initiative has commenced in the region (over ten Asia Pacific countries) and globally looking at laws for public health emergencies and the nexus with disaster laws. The research will provide guidance to policy makers on how to revise emergency legal frameworks, and provide an evidence based for ongoing efforts of National Societies.

International Support and Resourcing

Partnerships and Resources Development

A Red Cross Red Crescent partners' call was held to introduce the Revised Emergency Plan of Action (EPoA) for Asia Pacific to Movement colleagues. The revised EPoA was approved in July and built on the COVID-19 global Emergency Appeal that was last updated on 30 May. An additional call will be organized in the coming weeks addressing the diplomatic community in Asia Pacific and other non-Movement partners. This call aims to share the progresses of IFRC response to the pandemic so far and to further examine the lasting challenges local communities are confronted with. Other country-specific calls are being considered for a more detailed and geographically focused analysis.

Of the total IFRC funding ask for the Emergency Appeal, amounting to 75 million CHF for Asia Pacific Region, the funding gap is still approximately 40 million CHF.

Logistics, Procurement and Supply Chain

The Operational Logistics, Procurement & Supply Chain Management (OLPSCM) unit in Kuala Lumpur continues to provide support to the supply chain management of the COVID-19 operation, initiating international sourcing and procurement of global PPE supplies, reinforcing the local procurement processes with National Societies, and managing the mobilization of goods such as PPEs, medical equipment, ambulances, and vehicles. Considering the widespread challenges presented by COVID-19 to the entire humanitarian supply chain, the OLPSCM team in Kuala Lumpur has been engaging closely with relevant stakeholders and finding solutions to support the implementation of the operation's action plans, which included:

- Proactive approach to mapping PPE demand across the region in order to anticipate needs and close coordination between IFRC relevant stakeholders and the National Societies on procurement needs.
- Engaging disaster law and legal departments to promote dialogue with government authorities to address export bans and importation restriction.
- Managing and supporting procurement of COVID-19 for the value of approximately CHF 14.8 million for the Asia Pacific region, out of which 70% is local procurement.
- Total local procurement secured and completed is about 71 per cent (CHF 7.4 million). Technical and exceptional approval of local procurement granted was CHF 1.998 million.
- International procurement for PPE has been secured and concluded 100 per cent for 10 countries. A total of 531 cubic metres/ 55 metric tons medical and personal protective equipment transported to various countries in the region.
- DPRK shipment under UN Sanction Exemption for COVID-19 response has been delivered in July.
- Developed the COVID-19 Logistics Dashboard detailing the procurement and mobilization achievement (quantify in value (total procurement undertake/secured) and quantities (total shipments delivered in countries).
- Coordination efforts with external partners on freight solutions including WFP on Global Cargo Provision Service and Qatar Airways on shipments to Bangladesh, Indonesia, Pakistan, Philippines and Papua New Guinea. The same effort was also initiated with ICRC on the pursuit of PPE joint tender and accessing their stock.
- Disseminated COVID-19 related guidelines on IFRC Simplified Procurement Directives, IFRC vehicles under COVID-19 and Quality Control and Inspection Guideline on PPE supplies.
- Facilitated the Webinar sessions organized by the Health Department on "Supply Chain & PPE Mapping" and "Medical Logistics on COVID-19". These sessions aimed to provide an overview on supply chain challenges and provide technical guidance to National Societies and Country Offices on COVID-19.

Surge

The surge team has deployed a total of 23 rapid response members between January and the end of July 2020. 21 of them ended their missions, with the remaining 2 ending missions in the coming weeks. The support was provided to the operations as a result of the effects caused by the pandemic. The technical sectors of support included communications, procurement, operations coordination, pandemic preparedness, psychosocial support (MHPSS), logistics, Planning, Monitoring, Evaluation and Reporting (PMER), public health in emergencies (PHiE), partnerships and resource development and human resources. Due to travel restrictions, most of the support and technical advice were provided through remote assistance. Support is expected to continue remotely due to 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 were able to carry out activities remotely.

Human Resources

The COVID-19 Operation Human Resources plan has been approved in June. The plan included 54 headcounts for National Staff and 17 international delegate positions that have been approved by the Secretary-General. These roles are distributed among APRO, CCST Beijing, CCST Bangkok, CCST Suva, CCST New Delhi, CCST Jakarta, CO Afghanistan, CO Philippines and CO Pakistan. Recruitment for 26 positions is complete, 23 are underway and the rest are under revision pending further funding. There are provisions for three locally-recruited roles engaged by National Societies, through the three hubs: Mental Health and Psychosocial Support, Pandemic Preparedness and Data Hub. Collectively, 13 Partner National Societies have contributed over 100 personnel (full time or part time) to support the COVID-19 response in the Asia Pacific Region.

The HR department is developing its capability in staff health and will continue to support IFRC and National Societies in ensuring the health and wellbeing of personnel during the outbreak.

National Society response – key highlights

Afghan Red Crescent Society (ARCS)

ARCS response plan focused on risk communication and community engagement, as well as health services and psychosocial support through ARCS health facilities. ARCS community volunteers have conducted awareness raising and risk communication on COVID-19 in 31 provinces. Personal protection equipment (PPE) have been distributed to relevant staff and volunteers of ARCS. ARCS has inaugurated a 50-bed hospital for COVID-19 supported by ICRC. 280,984 people have been screened for COVID-19 at ARCS health facilities during the reporting period. 177 ARCS medical health teams and immunization staff were also trained in infection prevention and control.

30,735 people have received food and non-food items from ARCS. Post-distribution beneficiary satisfaction monitoring was conducted in Herat to ensure accountability at the community level and to understand the perception of beneficiaries who received food assistance from ARCS. Cash assistance involving 2,000 families was initiated in Balkh. Furthermore, the ARCS community-based health and first aid (CBHFA) volunteers and immunization teams were actively involved in epidemic control, risk communication, psychosocial support and community-based care activities. 39 medical health teams and 46 basic health centres and sub-health centres also continued to provide routine health care services.

IFRC continued to provide technical and financial support for the implementation of ARCS COVID-19 response plan. IFRC has facilitated coordination of the ARCS response with partners and donor. In addition, IFRC has played a crucial role in ensuring visibility of the ARCS response at both country and global level.

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. In addition, priority work on monitoring and planning for future wave scenarios, needs assessment and psychosocial wellbeing resources for Aboriginal and Torres Strait Islander communities are underway.

Response summary:

- Emergency relief to approximately 20,000 migrants on temporary visas and provided information through 115,600 visits to the emergency relief website
- Psychological first aid phone outreach to 36,000 people experiencing self-isolation or mandatory quarantine
- Development of a social connection phone call service for 500 adults experiencing social-isolation due to COVID-19 restrictions

- Well-being kits provided to 3,500 people in mandatory hotel isolation
- Developed resources and training to build capability of community organizations to support their clients facing increased vulnerability and to guide advocacy to government and other agencies
- Public information activities to encourage people to help flatten the curve and cope with the impacts with 40,000 views of content

A rapid needs assessment of Red Cross clients, including a 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. ARC has also mobilized funding and technical support to the IFRC global emergency 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.

Bangladesh Red Crescent Society (BDRCS)

As an auxiliary to the Government of Bangladesh, BDRCS has mobilized 13,531 staff and volunteers countrywide including in Cox's Bazar to respond to the COVID-19 pandemic. Holy Family Red Crescent College and Hospital of BDRCS operated as a full-fledged COVID-19 treatment centre with 400 bed capacity in Dhaka. Till 31 July, a total 1,049 COVID-19 patients were admitted, out of which 874 were discharged after successful treatment, 142 patients receiving treatment and 33 have died. BDRCS, supported by ICRC, is establishing a mortuary (capacity of 40 bodies) at the hospital for safe and dignified management of the dead due to COVID-19.

In July, BDRCS established 20 COVID-19 walk-in sample collection booths in 10 districts to support the government initiative to increase testing facilities. The National Society has reached almost 3.6 million people countrywide with RCCE activities and COVID-19 awareness messaging through community sessions using loudspeakers and IEC materials, radios and social media platforms. BDRCS has also reached 251 people with PFA. In addition, 122,000 households benefitted from food packages distribution and 8,100 households were reached with multipurpose cash assistance.

In Cox's Bazar, BDRCS has established 2 new isolation and treatment centres to serve the displaced population from Rakhine State (855,000 people) and the host communities (444,000 people). Version 2 of the 'BDRCS Clinical and Operational Guidelines: COVID-19 Integrated Isolation and Treatment Centres' has been published. Out of 3,218 COVID-19 cases in Cox's Bazar, 62 were from the camps and 6 deaths have been recorded. BDRCS also supported the government medical facilities with hospital equipment, 2 ambulances and 1 service vehicle to carry samples. To date, Red Cross volunteers in collaboration with community leaders have reached 844,364 people in Cox Bazar's with COVID-19 risk communication and hygiene promotion activities. Both audio and visual IEC materials were disseminated in local languages.



Multipurpose cash assistance was distributed in July 2020 for families affected by COVID-19 in Gaibandha district. Photo: BDRCS

Bhutan Red Cross Society



BRCS taxi volunteers have been transporting patients to and from hospitals as well as delivering essential medicines to patients across Bhutan. Photo: BRCS

From the beginning of the pandemic, the Bhutan Red Cross Society (BRCS) has been a part of the national response operation. The National Society has been entrusted with a lead responsibility on dead body management by the government's Health Emergency Management Committee. BRCS has trained 854 volunteers on dead body management across all 20 branches. BRCS is supporting the government with PPEs, and BRCS volunteers were provided with PPEs when on duty.

BRCS has deployed 923 volunteers to support health screenings at border checkpoints. BRCS volunteers also monitored physical distancing and hygiene practices at the vegetable markets during weekends. BRCS volunteers have undertaken advocacy on personal hygiene, safety and health practices related to COVID-19 by disseminating IEC materials and conducting risk communication activities. Hygiene campaigns with the provision of clean water tanks were conducted at all 20 branches. Blood donations were conducted in four BRCS branches. Psychosocial support took place at one branch

and is being explored for other branches.

Essential items and medicines were distributed among vulnerable communities. These included medical consumables (20,000 face masks, 6,000 gloves and single use coveralls) as well as household items (soap, sanitizer, hygiene kits and kitchen sets). In addition, disinfectant spray machines, disinfectant bleach containers and infrared thermometers were distributed to the branches. The National Society has provided free transportation to hospital for vulnerable groups such as cancer patients and those suffering from chronic diseases. Approximately 2,000 people were transported to the National Referral hospital in Thimphu, and back to their communities, many of which were at distant locations.

Brunei Darussalam Red Crescent Society (BRC)

BRC has been appointed by the Ministry of Health to coordinate volunteers and logistics for COVID-19 response. BRC has been at the front line of the operations, deploying volunteers to hospitals and health centres and organising the distribution of donations and meals at isolation centre. The National Society also provided transport for patients from the airport to isolation facilities. 250 volunteers have been trained and deployed to provide basic first aid and assist in the screening process, taking temperatures of visitors and accompanying Bruneian returnees to isolation centre under the supervision of hospital staff.

Cambodian Red Cross

In close collaboration with the local authorities and health departments, the Cambodian Red Cross (CRC) and its 25 Red Cross branches has mobilized staff, Red Cross Volunteers (RCVs), Red Cross Youths and communities on COVID-19 prevention and epidemic control measures. CRC has reached around 608,400 people (338,700 female) in 25 provinces through the distribution of IEC materials, hygiene items and PPE.

Red Cross staff, volunteers, and youths have reached 250 villages through monthly information sharing and hygiene promotion activities. These awareness sessions involved small groups of less than 10 people per group with handwashing and mask-wearing demonstrations to educate the communities on COVID-19 prevention. Staff and volunteers also disseminated key COVID-19 preventive messages through various approaches such as home-visits, portable loudspeakers, radio messaging and IEC materials, as well as incorporated COVID-19 messaging into other core activities.

CRC has adapted IEC materials from the Ministry of Health and IFRC. 20,000 flyers and 550 banners were procured and distributed to support risk communication and health promotion activities. In addition, CRC has procured 50,000 bars of soap and printed 60,000 IEC materials on handwashing and COVID-19 to be distributed to Red Cross branches.

Restoring Family Links officers of the CRC at the branch level also collaborated closely COVID-19 response teams and RCVs to conduct safe migration awareness sessions by distributing leaflets to community members and returnee migrants at the borders.



CRC staff and volunteers conducting awareness-raising activities using IEC materials.
Photo: CRC

Red Cross Society of China (RCSC)



The first batch of 12 negative pressure ambulance with equipment was handed over to RCSC in Beijing on 24 April. Photo: RCSC

RCSC has been working closely with the government, especially the National Health Commission and the Ministry of Foreign Affairs in response to the COVID-19 pandemic. As of 24 July, RCSC has provided ambulance services for 10,572 people and mental health and psychosocial support services to 340,000 people. 390,000 RCSC volunteers provided with PPE have reached over 17 million people through risk communication, community engagement, and health and hygiene promotion.

The Hong Kong Red Cross, a branch of the RCSC, has reached 318,498 people through risk communication, including 6,400 internally displaced people, migrants, refugees, and host family members. 20,862 people have been reached through mental health and psychosocial support services. 21,000 volunteers have been covered with insurance and 200 volunteers were provided with PPE.

Macau Red Cross, a RCSC branch, has deployed 70 staff and volunteers at Covid-19 screening points, and 1,300 people have been engaged in risk communication.

Through the Global Emergency Appeal for COVID-19 by IFRC, RCSC has procured 12 negative pressure ambulances with equipment. As of 31 July, 2 ambulances are in operation and the remaining 10 ambulances are in the process of registration. RCSC is in the process of procuring an additional 16 negative pressure ambulances.

Following the COVID-19 outbreak in Wuhan, Beijing and Xinjiang also experienced infection clusters in June and July. RCSC has been actively involved in the prevention and control operations such as providing essential support to checkpoints, transferring patients, and conducting disinfection work.

Since June, RCSC has been responding to several floods and landslides emergencies and incorporating COVID-19 prevention and control in the response, which included PPE and disinfectants distribution, as well as community health and hygiene promotion among flood-affected victims.

Cook Islands Red Cross Society (CIRCS)

CIRCS has supported the government in developing a national COVID-19 response plan through the National Emergency Health Taskforce and promoting psychosocial support through the Ministry of Health. Risk communication and awareness raising have been conducted through face-to-face discussions and online media. In addition, CIRCS has conducted health and hygiene promotion and distributed 1,500 hygiene kits to vulnerable population.

The National Society has established an emergency operations centre (EOC) at the headquarters to support volunteers on the ground. 10 Red Cross volunteers were allocated to support each village EOC with community-based surveillance, IPC, WASH, CEA, and access to essential health services.

Fiji Red Cross Society (FRCS)

IFRC has worked closely with FRCS by providing technical assistance and acquiring funding to support local preparedness activities. This included procurement of PPE for the National Society and other National Societies in the Pacific. IFRC also provided resources to assist FRCS in its media reach and coverage.

FRCS has supported the Ministry of Health and Medical Services by raising community awareness on COVID-19 signs and symptoms and providing support in lockdown areas and COVID-19 red zones. Staff and volunteers in 13 branches have been trained to deliver key health and hygiene messages. 12,296 people from 87 communities have been reached through health and hygiene promotion activities. Risk communication campaigns have also been conducted through social media, radio, television and print media.

Indian Red Cross Society (IRCS)

As an auxiliary to the government and being recognised as an essential service provision agency, IRCS has been responding to the COVID-19 pandemic alongside the government. The National Society activated its state and union territory branches and provided financial and technical support. 44,000 IRCS volunteers were deployed in 550 districts to respond to the pandemic, impacting over 40 million lives.

The IRCS 2025 helpline has been established to provide information and support to the public. Since the start of the operation, 650,000 people have been assisted through the helpline. Approximately 4,500 IRCS volunteers have been trained on COVID-19 case detection. Volunteers trained on epidemic control, hygiene, and first aid are working alongside the government. These volunteers have been provided with basic PPE kits. IRCS volunteers also supported the government's Department of Health and Family Welfare in implementing containment activities (providing quarantine tents and PPE), reaching out to 35 out of 36 states and union territories in India.

Response summary

- Essential supplies (food and medicines): 276,000 people
- Dry ration: 1,100,000 people
- Shelter facilities: 30,000 people
- Isolation and quarantine centres: 67,535 people
- Blood donation camps: 1,775 camps
- Blood units collected: 79,000 units
- Psychosocial support: 770,000 people
- Ambulance service: 61,573 people
- Risk communication: 2,620,000 people
- Hygiene promotion: 850,000 people
- Support to volunteers (PPE): 40,000

In addition to the ongoing COVID-19 response, the eastern coast of India was hit by Cyclone Amphan in May, and monsoon floods in the states of Assam, Bihar and Uttar Pradesh. COVID-19 and social distancing measures made mass evacuations more difficult, with cyclone shelters and camps unable to be used to their full capacity.



IRCS blood bank staff, in PPE, conducting a blood donation camp using a mobile blood collection unit. Photo: IRCS

The Indonesian Red Cross (PMI)

As of July 2020, PMI COVID-19 response operations have mobilized 5,549 personnel across 34 provinces in Indonesia. PMI continues to actively respond to the evolving situation in the country as a part of the National Task Force for COVID-19.

PMI NHQ has provided technical mentorship to its provincial and district branches to develop and establish business continuity plans according to the local context. PMI has also developed protocols to ensure productivity while safeguarding its personnel from COVID-19. PMI has provided insurance for over 2,000 volunteers. Furthermore, PMI is taking part in community-based surveillance (CBS) with 640 trained and experienced volunteers.

PMI has strengthened its ambulance fleet to support referral services, as well as the capacities of PMI Bogor Hospital, one of the COVID-19 referral hospitals in Indonesia. IFRC has supported PMI Bogor Hospital with PPE, medical consumables and medical equipment to improve hospital care such as screening, triage isolation and clinical surge. PMI also provided psychosocial support through home-based and hotline services to those who are isolated, have lost loved ones or fighting depression, as well as to PMI personnel involved in the COVID-19 operation.

PMI is involved in the national taskforce for risk communication and community engagement. Various health and hygiene promotion materials have been designed and disseminated through social media, radio, and television. PMI is also working with KBR (Radio Newsroom), a platform of approximately 100 radio networks, to broadcast PMI podcasts with content related to the pandemic. In addition, a rapid assessment on community perception of COVID-19 was conducted with respondents from 19 provinces to gather information on communities preferred communication methods, information sources, information needs and rumours in Indonesia.

Japanese Red Cross Society (JRCS)

At the national level, the JRCS is working closely with the national authorities, especially in the areas of medical treatment through Red Cross hospitals and national blood donation efforts. JRCS has 91 Red Cross Hospitals, 55 of which are treating COVID-19 patients. As of 21 July, 91 Red Cross Hospitals and 221 blood centres are maintaining services at pre-COVID-19 levels. JRCS community volunteer corps have made and distributed 62,000 cloth masks to RC hospitals, nursing homes, kindergarten and schools.

To decrease the risk of psychological issues and prevent stigmas, JRCS has produced and translated a series of guides for different groups. JRCS MHPSS task force has developed and translated the guide [*Three faces we must be alert to the novel coronavirus - A guide to breaking the negative spiral*](#) in English and Japanese. Many schools have used the *Three Faces Guide* produced by JRCS as textbook to teach children on how they can be free from fear and stigma due to COVID-19. JRCS also uploaded videos explaining how to prevent sickness, fear, and stigma from COVID-19 such as [*What comes after the virus?*](#), which has had over 2 million views by 21 July.

As Japan experienced heavy rains and flooding in July, the JRCS medical teams have been closely monitoring the hygiene environment of evacuation centres in compliance to COVID-19 measures such as spacious area and adequate ventilation. Hygiene kits were also distributed to the affected population.

In preparation for the second wave, JRCS has published *Staff Support Guide Vol.2* for the Red Cross Hospitals. This guide gathered the experience of Red Cross hospitals on how to care for COVID-19 patients. JRCS adapted the CEA stigma guide to their own context and made a presentation and picture story, which were also translated and shared with National Societies in Bangladesh and Myanmar.

Kiribati Red Cross Society (KRCS)

KRCS has been coordinating with the Ministry of Health and the Office of the President to implement COVID-19 preparedness activities. KRCS has mobilized 50 volunteers to deliver health and hygiene awareness and distribute IEC materials across 54 communities in South Tarawa, for North Tarawa, Abaiang and Maiana communities, reaching a total population of 23,913. In addition to the awareness sessions delivered by volunteers, risk communication messaging has also been disseminated through local media platforms including radio, TV and newspapers. KRCS has also prepositioned PPE for volunteers and staff should there be an outbreak and procured essential hygiene items for distribution during community and school awareness sessions.

Red Cross Society of Democratic People's Republic of Korea (DPRK RCS)

The government of the Democratic People's Republic of Korea (DPRK) has taken pre-emptive anti-epidemic measures since the early stage of the COVID-19 outbreak in Wuhan, China. The DPRK Red Cross Society (RCS), as an auxiliary to the government, has activated its National Disaster Response Team and mobilized 225,000 volunteers in emergency preparedness work to prevent COVID-19.

46,230 volunteers completed training on COVID-19 prevention, surveillance and RC/CEA. In close cooperation with household doctors, Red Cross volunteers were actively engaged in community-based health and hygiene promotion to raise public awareness on COVID-19 risks and personal hygiene. 3,000 copies of IEC materials were distributed. Volunteers also conducted infection prevention and control activities that reached a total of 3,790 people. Psychosocial support was provided to the most vulnerable including the elderly, children, pregnant women, the disabled and people with chronic disease. In addition, essential household items were provided to 5,000 people in quarantine facilities and 36 PPE kits were distributed to RC volunteers. DPRK RCS has reached over 5 million people through risk communication and community engagement for health, hygiene promotion and other risk reduction messages.



Community engagement at Kwaksan county, North Phyongan province in March 2020. Photo: DPRK RCS

DPRK RCS has coordinated with the Ministry of Public Health through regular sharing of epidemiological data and guidelines, as well as development of response plan. The National Society has also enhanced its institutional readiness through the development of contingency plan on COVID-19.

DPRK RCS, with support from IFRC, procured essential medical equipment such as 1 RT-PCR machine, reagents/primers/RNA mini kits for 10,000 tests, 200 professional PPE kits, and 790 infrared thermometers. There has been no confirmed case reported in the country, and the stability of national anti-epidemic situation continues to be maintained.

The Republic of Korea National Red Cross (KNRC)

KNRC headquarters, branches, Red Cross hospitals and blood donation centres across the country have been responding to COVID 19. As of 28 July, KNRC mobilized approximately 63 million Swiss francs to respond to COVID-19 both domestically and internationally.

KNRC supported 18 health facilities in treating COVID-19 patients and re-designated four Red Cross hospitals as exclusive treatment facilities for confirmed COVID-19 cases. In addition, medical staff from Red Cross Hospitals were dispatched to other primary hospitals to support joint response alongside the government. Moreover, 185 staff members and volunteers were deployed to support COVID-19 screening points and 35 staff and volunteers were trained on COVID-19 surveillance and RC/CEA.

As of 31 July, KNRC has distributed face masks, overalls, hand sanitizers, medical gloves, emergency relief kits, emergency food parcels and safety kits, which reached a total of 12,964,023 people. KNRC conducted campaigns on prevention and control of COVID-19 and disinfection activities in the schools and public areas. KNRC had produced psychosocial support

Response summary

- Food and in-kind assistance: 208,854 people
- Cash and voucher assistance: 34,800 people
- Risk communication: 12,895,187 people
- Community WASH activities: 1,078,979 people
- Mental health and psychosocial support: 10,274 people
- Programmes addressing exclusion: 478,640 people
- Volunteers with insurance and PPE: 2,800 people
- COVID-19 testing: 5,623 people

kits and provided psychological counselling to those affected by COVID-19. Furthermore, KNRC provided lunch boxes and daily necessities to the elderly, living alone and children whose meal support were affected, due to school closure.

In preparation for the second wave of COVID-19, KNRC has been stockpiling PPE such as face masks and protective clothing sets. Furthermore, KNRC dedicated an internal team to identify challenges and capture the lessons learnt from its response to COVID-19. A dedicated advisory committee has been formed that provides advice on post-COVID-19 emergency activities.

Lao Red Cross

Lao Red Cross (LRC) has trained 181 staff and volunteers from 5 branches in epidemic control. The training covered COVID-19 symptoms, prevention, disinfection, social distancing, and basic hygiene interventions. LRC provided Volunteer Group Insurance to 400 of its volunteers who support the COVID-19 operation.

LRC has produced IEC materials on: i) protection and risk reduction related to COVID-19 ii) three ways to protect yourself and your family from COVID-19 and iii) how to manage stress during the pandemic. These IEC materials have been distributed through awareness-raising sessions and displayed in public areas such as the airport, markets, and hotels. 12,789 people have been reached through awareness raising sessions with key messages on infection prevention, quarantine measures, COVID-19 symptoms, and key contacts in case of exhibiting symptoms. 3,600 bars of hand soap and 210 bottles of hand gel have been procured to support awareness-raising activities.

In collaboration with the Provincial Ministry of Information, Culture and Tourism, the Luang Prabang Branch also produced radio spots to disseminate key COVID-19 messages. Two radio channels, AM705KHZ and FM1026MHZ, aired the radio spots and reached between 10,000 and 15,000 people. COVID-19 key messages were also shared via Facebook and garnered around 100 views per day.



A Lao Red Cross staff conducts public awareness and education for COVID-19 at Tha Hue Market, Luangprabang district.
Photo: Lao Red Cross

Malaysian Red Crescent Society (MRCS)

Since the end of January, MRCS has been focusing on COVID-19 preparedness and prevention. The National Society has been providing psychosocial support to foreign citizens stranded in the country due to the closure of borders, as well as to Malaysians who were evacuated from Wuhan, China. MRCS has also been complementing the ministry of health in prevention activities and public awareness. Staff and volunteers have been trained on COVID-19 preventive measures. MRCS has supported public health facilities in the country through staff and volunteers with medical backgrounds, distribution of PPE, 12 ventilators, medical equipment and ambulance services.

MRCS has also provided food packages to the homeless and migrant workers. MRCS has made plans to augment the provision of services to migrants in East Malaysia (the state of Sabah) as agreed with the public authorities. MRCS has implemented a first round of perception survey across the country. The results are displayed in an online inter-agency dashboard and will inform MRCS engagement with communities.

Maldivian Red Crescent Society (MRC)

As a part of the ongoing national COVID-19 response, the Maldivian Red Crescent Society (MRC) is a key stakeholder in the Health Emergency Operation Committee and the Health Emergency Coordination Committee established by the

Ministry of Health. The National Society is actively engaged in risk communication, community engagement, hygiene promotion, psychosocial support and support to migrants.

85 IEC materials have been developed and translated to 7 languages. MRC has shared the materials with over 7,000 organisations and disseminated the messages among migrants. Over 80 volunteer facilitators have been trained in hygiene promotion and COVID-19 information dissemination. Approximately 70,000 people have been reached through targeted sessions to migrants in multiple languages and Zoom sessions for locals.

A psychosocial support call centre has been providing referrals to services for those affected by COVID-19. MRC has conducted 77 psychological first aid orientation sessions in collaboration with the Ministry of Education and UNICEF Maldives, reaching a total of 5,486 teachers.

The Migrant Support Centre with a helpline service has been established. Through the centre, MRC has provided 148,803 meals to 3,900 migrants. MRC has also supported a mobile medical clinic for migrant living quarters under strict containment measures. The National Society carried needs assessments of 22 migrant living quarters and issued 1,526 beneficiary cards. Over 65 volunteers have been mobilized to distribute 1,300 hygiene kits to migrants. Migrants who were voluntarily repatriating were supported at the medical screening process and at temporary shelters through the provision of emergency meal packs and hygiene kits.



Operating jointly with the Maldives National Defence Force and rapid response teams of the government's Health Protection Agency, MRCS has been conducting assessment of migrant households, providing medical check-ups, and issuing beneficiary cards. Photo: MRC

Marshall Islands Red Cross Society (MIRCS)

To date, the Republic of the Marshall Islands has no confirmed cases of COVID-19. MIRCS has mobilized over 80 volunteers for COVID-19 preparedness activities. The National Society has engaged with traditional leadership and the Majuro Atoll local government to support pilot test of condition level outreach. The outreach aims to help communities to be more aware of COVID-19 situation, with colour coded flags visually informing people of the condition level. MIRCS has also been in discussion with the Ministry of Health to incorporate mental health awareness in the condition level training of trainers.

MIRCS has conducted COVID-19 awareness, hygiene promotion and hygiene kit distribution in seven communities. First aid and emergency response team trainings have also been conducted in 19 communities.

Micronesia Red Cross Society

Micronesia Red Cross Society is working in partnership with the Federated States of Micronesia (FSM) Government and the four state governments in FSM. As a partner in all the states in FSM, the National Society is supporting the response gap of the government, leading the community outreach activities and supporting hand washing station in all the states. Overall, 13 staff and 100 volunteers have reached a total of 15,240 people through the COVID-19 response.

- In Pohnpei Chapter, 848 households were reached.
- In Yap Chapter, 1,128 households were reached. COVID-19 preparation and inspection at 16 schools were also conducted, reaching 1,776 staff and students.

- In Kosrae Chapter, a total of 87 households were reached. 29 volunteers were mobilized to distribute 252 bars of soap and 98 IEC materials.
- In Chuuk Chapter, 474 households were reached, and 1,149 bars of soap were distributed.

Mongolian Red Cross Society

As a member of the State Emergency Commission, the role of MRCS has been stated in the National COVID-19 response plan:

- To support and monitor the wellbeing of people who are at home isolation
- To receive and organize international humanitarian aid
- To conduct community surveillance, disseminate awareness messages
- To mobilize human resource and technical resource if needed

Since February 2020, MRCS has produced various contents on COVID-19 prevention and hygiene promotion, including 12,000 brochures on psychosocial support messages, 4,000 COVID-19 prevention newsletters, 5,000 handbooks on PSS in emergencies, and 8,700 COVID-19 prevention handbooks for volunteers. MRCS has distributed hand sanitisers and face masks to stakeholders including the ministry of health, border protection agency, state agency of inspection, airport and railway authorities. 1,139 staff and volunteers have also been trained on risk communication, community engagement and accountability. 10,800 people have been reached through food and other in-kind assistance.

Through the Global Emergency Appeal for COVID-19 by IFRC, MRCS has delivered 3,000 food parcels and 2500 hygiene parcels to the most vulnerable households across the country. MRCS has pre-positioned PPE to support volunteers and staff who have been providing psychosocial support to people under quarantine. MRCS has partnered with TV channel, newspapers and news site to disseminate COVID-19 prevention and hygiene promotion messages nationwide. "Volunteering in Public Health Emergencies" training programs were conducted for a total of 480 volunteers across all 21 provinces and 9 districts. MRCS continued to work closely with the Ulaanbaatar city governor's office to establish mobile hand-washing facilities and hygiene promotion activities in markets that attract large gatherings of people. Community preparedness, response and disaster risk reduction measures have reached a total of 418,380 people.



Mongolian RCS staff deliver food and hygiene parcels to a vulnerable household in Zavkhan province. Photo: Mongolian RCS

Myanmar Red Cross Society

Risk communication and hygiene awareness: Public awareness sessions were conducted at both urban areas and villages, as well as with people in the community-based quarantine centres throughout the country. IEC materials (posters, stickers, DVDs) for various messages of COVID-19 were distributed and verbal messages were disseminated. Risk communication was also conducted in camp setting such as in Kachin State and Rakhine State. Red Cross volunteers (RCVs) have been involved in making and distributing reusable cloth masks and hand sanitisers, as well as conducting hand washing campaign. RCVs involved in COVID-19 preparedness and response activities were trained in epidemic control and PSS.

Psychosocial support: PSS was provided to community in need due to COVID-19 fear, misinformation and panic. The National Society also supported communities to access the right information and updates from the government. RCVs has conducted PSS activities such as performance for dancing, singing and physical exercise at community-based

quarantine facilities. In consideration of physical distancing, RCVs has conducted PSS via phone calls, messengers and other similar mobile tools.

Auxiliary role to the government: At the bordering townships of the country, Myanmar Red Cross Society has supported screening activities, transportation, food provision, risk communication and health education for returnees. RCVs also supported screening activities at check points of other townships. Moreover, RCVs were involved in the disinfectant spraying activities led by the local authorities.

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

Nepal Red Cross Society (NRCS)

As auxiliary to the public authorities, NRCS has actively participated in coordination meetings at the national, district and community levels for planning and responding to COVID-19. NRCS has conducted various activities in all 77 districts of Nepal through its provincial, district and sub-chapters, mobilising at least 1,933 volunteers.

NRCS has ensured the continuity of essential services such as blood transfusion, ambulances and eye hospital/care centres. Adequate PPEs and trainings on contact tracing and PFA have been provided to front-line service providers. 214,213 people have been reached through awareness sessions, door-to-door visits, and help desk. 298,211 PPE have been distributed and 1,739 people have received PSS. 24/7 ambulances have provided services in various districts with adherence to IPC guideline.

NRCS has ensured the provision of WASH services and installed 766 handwashing stations. 568 hygiene kits and 33,030 bars of soap have been distributed. Hygiene promotion activities have reached 8,262 people. 109,848 people have benefitted through help desk established at the borders, and 17,933 people returning from India received food provision.

Diverse channels such as social media, radio, and hotline have been used to communicate with the wider population. Messages regarding stigma have been shared widely and rumours-tracking mechanism is being developed. 696,514 IEC materials have been distributed and 131 episodes of radio programmes have been broadcasted to create awareness on COVID-19. The NRCS hotline (1130) has received and resolved 556 calls related to COVID-19.

Data collection and analysis of populations most at risk to COVID-19, and to neglect, exclusion, violence, exploitation, or discrimination related to the impacts of COVID-19 have informed NRCS services and programming. 50 staff and volunteers have been oriented on PGI. NRCS is also supporting quarantine and isolation facilities with relief items such tarpaulin, tents, blanket, bed sheet, mattress, and mosquito nets.

New Zealand Red Cross (NZRC)

NZRC launched 'Welcome to My World', a humanitarian leadership project, on Facebook Live. Occurring over the course of five weeks, the project incorporates considerations around COVID-19 and aims to raise young future leaders' awareness, knowledge and understanding of various humanitarian challenges and responses across the globe, and the role that International Humanitarian Law plays in humanitarian action.

NZRC has continued to provide Meals on Wheels (MoW) in 33 locations across the country. The NZRC Migration Programmes are comprised of the Pathways to Settlement, Pathways to Employment, Restoring Family Links, Refugee Trauma Recovery, Settlement Youth Work programme and Open Road Refugee Driver Training. NZRC has distributed "Red Cross Parcels" nationwide to its Migration Programmes clients and to Meals on Wheels recipients.

Pakistan Red Crescent Society (PRCS)

PRCS has implemented its COVID-19 response plan through 7 provincial and 48 district branches. The COVID-19 response operation of PRCS has impacted more than 30 million people from affected and at-risk communities. PRCS has established the Corona Care Hospital equipped with isolation wards of 120 beds, an intensive care unit of 10 beds and 9 ventilators, 90 oxygen points and an exclusive fever clinic. PRCS has also supported 319 government health facilities through provision of PPE, IPC training and supported community WASH activities. 50 health facilities have been supported to maintain access to essential health services. Ambulances services were provided to 11,495 people with presumed COVID-19, and 1,000 people were assisted through MPHSS.

PRCS has deployed 320,000 staff and volunteers to support COVID-19 screening and contact tracing. PRCS has trained 10 staff and volunteers as master trainers to roll out risk communication, community engagement and accountability at grassroot level, reaching a total of 105,000 people including 3,130 internally displaced people, migrants, refugees, or host family members. Risk communication and community engagement for health and hygiene promotion have been conducted through mass media, sensitization sessions through volunteers, dissemination of IEC materials, and establishment of 24/7 toll free call centre. In addition, 92,000 households have been reached with food or other in-kind assistance, while 4,000 households received unconditional cash assistance. 32,640 individual community feedback records were collected and 8 reports on community feedback received were produced.

644,000 people have been reached through community preparedness, response and risk reduction measures. PRCS has also developed contingency plans for COVID-19 response and other emergencies at national and provincial levels. Being auxiliary to the government, PRCS's role and activities have been included in national government plan for COVID-19 response and recovery.

Palau Red Cross Society (PRCS)

In coordination with the National Emergency Committee, PRCS has been implementing activities through its headquarters in Koror and remote support of its two branches, mobilizing 110 staff and volunteers to disseminate IEC materials, deliver key messages on COVID-19 and distribute hygiene kits to vulnerable groups across 16 states. To date, PRCS has reached 3,214 household and 12,383 people through community outreach campaigns. PRCS has also been actively supporting the Quarantine Core Team by delivering food and personal items to individuals in quarantine facilities and supporting the Blood Bank through recruitment of 5 donors per type every week.

Papua New Guinea Red Cross Society (PNGRCS)

PNG has faced sudden surge of COVID 19 cases since 16 July 2020 and WHO has declared these cases as community transmission. PNGRCS has mobilized 20 staff and 400 volunteers across 10 provincial branches since start of pandemic for risk communication and community engagement, reaching 60,496 individuals. Special attention has been given to people with disabilities and special needs. PNGRCS has been advocating precautionary measures to avoid the spread of infection through distribution of relevant handouts in communities and advocacy through volunteers. 48,976 pamphlets, 12,293 posters and 3,158 brochures have been distributed.

The IFRC PNG country office has provided technical and financial support to the National Society through the global emergency appeal. This includes training of staff and volunteers and procurement of PPE. 3,750 surgical masks, 3,730 hand sanitisers, 1,500 examination gloves, 750 goggles and 75 infrared thermometers have been distributed.

PNGRC has offered its services to the Health Department through staff and volunteers supporting testing, contact tracing, managing isolation centres and helping front-line workers.

Philippine Red Cross (PRC)

The PRC "Helpline (1158)" is operational 24/7 with volunteers providing information and advice to people in their own language. This aims to address rumours and misinformation related to COVID-19. PRC has set up 71 medical field tents

and isolation wards in different parts of the country. PRC, together with IFRC and UNICEF, has also mobilized additional medical tents in Metro Manila and Cebu as cases have been increasing with limited available rooms in selected hospitals.

PRC has resumed routine immunisation program and vaccinated 84,178 children, with the engagement of 608 volunteers and 43 staff. 93 communities in 36 cities/municipalities have also been reached in Mindanao with support from IFRC and ICRC. PRC has 7 operational molecular laboratories. 301,051 specimens have been tested, comprising 26% of the national testing output in the Philippines. PRC also conducted testing among healthcare workers in Metro Manila. PRC ambulances have been mobilized to support the Department of Health with transportation of individuals with suspected and confirmed COVID-19. PRC has opened a convalescent plasma centre in Manila to augment the needs for the treatment of COVID-19 patients.

PRC has supported 11,064 families with cash assistance, 181,142 people with hot meals, 18,105 people with PSP, and 721,918 people with hygiene awareness activities. 1,804 handwashing facilities were set up 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 includes adjusted measures to ensure continuity of the 95 blood service facilities and 1 dialysis centre that are being operated by PRC. PRC has also collected and addressed feedback through multiple channels.

Samoa Red Cross Society (SRCS)

In compliance with Samoa's SOE orders to ban large gatherings, SRCS has allocated teams of 2 people to conduct household assessment among the first 95 communities on the main island of Upolu. This includes identifying areas of vulnerabilities such as inaccessibility to WASH, food security and nutrition, shelter and settlement, communications and health. SRCS has stressed the importance of basic hygiene practices (handwashing and physical distancing) through hygiene promotion and established isolation space for home-based care for patients with flu-like symptoms.

SRCS has conducted household outreach for WASH and health needs, as well as hygiene promotion with young people at home. The National Society also conducted sessions on how and when to contact medical attention on MoH toll-free and hotline numbers. SRCS has procured PPE and WASH supplies which are ready to be dispatched. The National Society has facilitated home-care isolation, distributed IEC materials, raised public health awareness through TV programmes, organised trainings for volunteers on WHO's COVID-19 technical guidance, and conducted blood donor recruitment.

Singapore Red Cross Society (SRCS)

SRCS has completed home visits and 740 tele-surveys for customized care packages. Volunteer befrienders have increased tele-befriending to weekly instead of fortnightly, as well procuring and delivering essential items such as hearing aid batteries and insulin injection lancets. 2,000 packets of masks and hand sanitizers have been distributed as volunteer care packages.

Home Monitoring and Eldercare (HoME+) services such as installation and volunteer responders' activation were suspended during the lockdown but have now resumed, on the condition that the client or caregiver is agreeable to SRCS's visits and due diligence checks are done prior to the visits. SRCS supported the National CARE Hotline with 20 psychological first aid (PFA) trained volunteers. SRC volunteers have covered 304 volunteering hours as Duty Care Officers, handling calls to provide PFA and emotional support to the community during the COVID-19 crisis.

Hygiene kits, 2,100 thermometers, 2,000 blankets, 2,850 packets of dates, 300,000 masks, and 47 bottles of 5L hand sanitisers were distributed to over 20,000 migrant workers in over 180 dormitories. In addition, SGD 10,000 (approximately CHF 6,812) worth of supermarket vouchers were provided to injured migrant workers and another 20,000 masks were distributed to 2,000 workers in newly established dorms. SRCS also provided temporary shelter for two migrant workers during the lockdown.

In its role of operationalizing the Pandemic Preparedness Centre for Excellence for South East Asia, SRCS has been organizing weekly sharing sessions online for volunteers, where National Societies around the region are invited to share their experience, activities, and lessons learnt during the COVID-19 response. The centre has also procured and delivered PPEs including 1,110,000 surgical masks, 60,000 N95, 10,500 coveralls, 10,500 face shields, 10,000 isolation gowns to a total of 19 countries from Southeast Asia, Northeast Asia, and South Asia to support the COVID-19 response.

Solomon Islands Red Cross Society (SIRCS)

SIRCS has mobilized 31 volunteers trained on COVID-19 ECV to assist local authorities in conducting COVID-19 awareness tracking survey and delivering house-to-house COVID-19 awareness and hygiene promotion. Through this community awareness campaign, SIRCS have reached 28,544 people. SIRCS has also printed and disseminated government approved COVID-19 IEC materials to communities and conducted a radio and social media campaign on risk communication. In the first phase of response, key messages have focused on COVID-19 preparedness, mitigation and WASH best practices.

Upon request of the government, 3 staff and 2 volunteers from SIRCS have been supporting Institutional Quarantine Facilities housing repatriated individuals. Volunteers and staff have been supporting individuals in the quarantine facility by regularly monitoring their welfare, supporting with basic needs and helping to maintain family links. At the quarantine sites, SIRCS has also been identifying those with special needs, helping to link them with service providers and gathering feedback to be relayed to relevant authorities.

In addition to coordination activity with the government, the National Society has been focusing on strengthening their capacity to respond to COVID-19 at headquarters and branch level. SIRCS Emergency Operation Centre (EOC) for COVID19 was activated on 11 March 2020, with operations management by the SIRCS Disaster Management team and technical support from the Health Team. Volunteers and staff have participated in Epidemic Control for Volunteers (ECV) training, as well as training on PPE use and PFA. Contingency plans and disaster management SOPs have also been updated to reflect the evolving COVID-19 situation. With support of IFRC, SIRCS has procured and prepositioned PPE and hygiene items for use by volunteers and staff delivering front-line service and awareness to the community.

Sri Lanka Red Cross Society (SLRCS)

SLRCS has been implementing social behavioural change communication activities as one of the priority operational areas across the nation. As part of its outreach through risk communication and community engagement for health, hygiene promotion and other risk reduction, SLRCS has reached a total of 1,779,119 people across the nation through its 25 district branches and national headquarters.

As schools are reopening, SLRCS is supporting the Ministry of Education with a transmission risk reduction programme in 127 schools designed based on Inter-Agency Network for Education in Emergencies (INEE) guidelines. IFRC and private sector companies are supporting the programme financially. SLRCS has continued its ongoing activities such as blood donation campaigns, non-communicable disease programs, first aid campaigns and training, disaster management, Restoring Family Links and migration activities with strict adherence to the COVID-19 prevention protocols.

SLRCS has supported health facilities with 10,153 robes provided as a part of PPE distributed across the island. 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 levels. As testing is key to pandemic prevention and containment and with ports of entry scheduled for reopening,



The SLRCS Safe Schools programme raises awareness about behavioural changes required for a safe school environment. Photo: SLRCS

SLRCS has supported the Ministry of Health with 29,800 PCR test kits and 30,160 viral transport medium with the financial support of The Coca-Cola Company and Standard Chartered Bank – Sri Lanka. SLRCS is continuing its efforts in knowledge transfer and behavioural changes in both rural and urban settings, collaborating closely with the Health Promotion Bureau of the Ministry of Health, leaving no one behind and being well-prepared for a potential second wave.

The Thai Red Cross Society

Thai Red Cross Society (TRCS) has distributed at least 93,170 relief kits to people affected by COVID-19 in various provinces. TRCS has identified vulnerable groups through its disaster relief application “PhonPhai” in collaboration with the Ministry of Public Health, Provincial Red Cross Chapters, Migrant Working Group, Relief Division and Thailand Post.

TRCS has provided 10 million cloth masks to village health workers and volunteers who conducted home visits for people in quarantine. TRCS has also produced an additional 1 million cloth masks for migrants in Thailand.

TRCS has also conducted public awareness activities, which included migrant health volunteers who help to share information and provide support to migrants. TRCS has printed and distributed IEC materials in Thai, Burmese, Vietnamese and Khmer. TRCS has delivered hygiene bags to three Red Cross Health Stations for hygiene promotion activities in schools.



TRCS staff and volunteers distribute relief items in Sakeo province. Photo: TRCS

Videos on COVID-19 prevention and protection have been broadcasted among migrant communities in Tak, Chiang Mai, Rayong, Samut Prakan, and Samutsakhorn provinces. The videos have been translated into different languages to ensure migrants in Thailand are able to access key information on COVID-19 prevention.

Timor-Leste Red Cross (CVTL)

CVTL has a defined role in the Timor-Leste’s national preparedness and response plan as an auxiliary to the government and has been actively involved in regular health cluster coordination meetings held by the MoH.

CVTL has set up 44 small tents in clinics, hospitals and quarantine facilities as screening sites for COVID-19 testing, supporting the government with emergency health services. CVTL is also supporting ongoing assessments to identify shifting health needs of at-risk communities. 34 health personnel (10 medical doctors and 24 nurses) have been deployed to work in 14 quarantine facilities and 1 isolation facility in Dili. Furthermore, CVTL has also scaled up disinfectant spraying activities as the country began reopening public facilities in June, including in screening tents, health posts, quarantine sites, malls, universities, schools and airports.

COVID-19 preparedness operations focus on risk communication and health and hygiene promotion and services. CVTL volunteers have been stationed on the front line disseminating information regarding prevention of COVID-19 in rural and urban communities with a strong focus on high-risk areas that share borders with Indonesia. CVTL has adopted a door-to-door approach for disseminating information related to COVID-19 along with public sensitisation in all 13 municipalities. CVTL has also published similar information on CVTL’s social media accounts. In addition, CVTL is working with various media such as the Timor-Leste National Radio and Television to share key messages on health, hygiene and COVID-19 prevention.

A rapid assessment of community perception on COVID-19 was conducted to improve CVTL public messaging on COVID-19, with participation of 1,607 respondents from 13 municipalities. CVTL has also installed handwashing stations in public areas such as schools, quarantine sites, religious places, public parks and airport.

Tonga Red Cross Society (TRCS)

TRCS has supported government quarantine facilities through the provision of essential hygiene item and bedding. Rainwater harvesting tanks have been installed in 3 outer islands to increase access to clean water and support hygiene practices. TRCS has also integrated COVID-19 awareness into first aid training courses.

Tuvalu Red Cross Society (TuRCS)

TuRCS is actively coordinating with the National Health Taskforce on COVID-19 preparedness activities. TuRCS has translated IEC materials for dissemination in communities, schools and youth groups. In collaboration with the Public Health Committee, TuRCS has been delivering awareness on COVID-19 transmission and prevention, discrimination and stigma, and WASH best practices. 32 volunteers have been trained in ECV and the use of PPE.

Vanuatu Red Cross Society (VRCS)

VRCS has set up a working group to mobilize volunteers and staff, facilitate regular updates on COVID-19 operation and ensure coordination with the government and Health Cluster. VRCS has delivered a Health and Hygiene Training of Trainers course for 18 volunteers and 15 staff on COVID-19 preparedness and response, hygiene promotion and key messages on quarantine, isolation and stigma. Volunteers have been trained to conduct surveillance in the community and monitor health and hygiene practices in the event of a COVID-19 outbreak. VRCS has also ramped up institutional preparedness by developing a COVID-19 contingency plan and a business continuity plan. PPE has been procured and prepositioned at branch level for staff and volunteers.

The VRCS COVID-19 working group has attended a series of meetings coordinated by the Health cluster and has been tasked by the Ministry of Health to deliver community-based risk communication that aims to prepare the general population for a potential COVID-19 outbreak. Through these cluster meetings, VRCS has been working closely with NGOs and faith-based organisations to ensure key messages are being disseminated across Vanuatu. VRCS has been supporting a COVID-19 awareness hotline set up by the MoH and conducted volunteer-led surveillance in communities to report any suspected cases and flu-like symptoms.

VRCS has mobilized 10 staff and 60 volunteers to deliver awareness on COVID-19 and hygiene promotion in multiple provinces, reaching a total of 68,562 people. VRCS has also been responding to Tropical Cyclone Harold and incorporated COVID-19 messaging in recovery activities. In coordination with the government and WHO, the VRCS has distributed IEC materials and disseminated COVID-19 messaging through various social media channels.

Viet Nam Red Cross Society (VNRC)

Viet Nam Red Cross (VNRC) has developed teaching material on COVID-19 and conducted 4 Training of Trainers (ToT) courses on Epidemic Control for Volunteers (ECV). A total of 103 VNRC staff from 10 target provinces were trained on COVID-19 prevention, effective communication skills and participatory teaching methods to lead the ECV training for Red Cross volunteers. ToT participants then delivered 34 ECV training to 1,224 volunteers on communicable diseases including COVID-19, behaviour change communications, gender in epidemic control and actions to be taken in response to COVID-19.

VNRC has produced and distributed IEC materials, masks, and hygiene items to support COVID-19 risk communication and hygiene promotion efforts. VNRC also produced a TV talk show, which will be broadcasted in August, to promote good practices related to COVID-19 prevention and protection. A news piece on 'Humanitarian Market' has been in production and will be broadcasted in August.

VNRC has conducted eight trainings on cash beneficiary selection with key chapters staff, local authorities, and village heads of targeted communes. After the training, head of villages and project management boards have completed the cash beneficiary selection process. So far, a total of 119,150 Swiss francs has been allocated for cash grants and 999 households in 8 provinces have been selected. Technical groups are currently reviewing the beneficiary list for cash assistance.

VNRC is drafting a pandemic preparedness and response plan which will align with the Government of Viet Nam's plan. VNRC has sent out guidelines to its Chapters to support the development of community response plans for pandemic preparedness in ten provinces.



A VNRC staff leads a handwashing demonstration with a volunteer at the ECV training in Khanh Hoa. Photo: VNRC

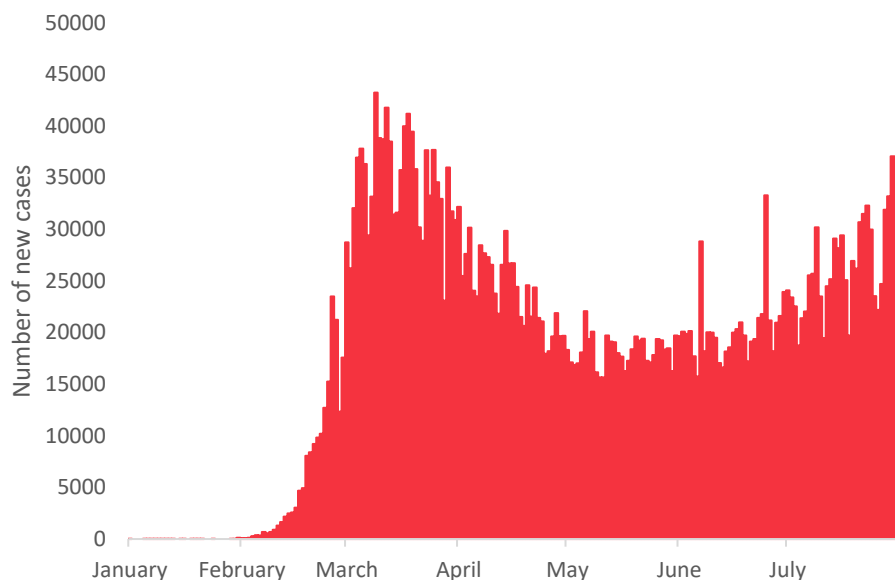
Contact information in the IFRC Regional Office for Asia Pacific

- Necephor Mghendi, Head of Disaster and Crises Unit; email: necephor.mghendi@ifrc.org
- Jessica Letch, Emergency Operations Coordination, Manager; email: jessica.letch@ifrc.org
- Dr Abhishek Rimal, Regional Health Coordinator; email: abhishek.rimal@ifrc.org
- Johanna Arvo, Operations Coordinator; email: OpsCoordCovid.AP@ifrc.org
- Siokkun Jang, Regional Logistics Manager; email: siokkun.jang@ifrc.org
- Alice Ho, Partnership in Emergencies Coordinator; email: PartnershipsEA.AP@ifrc.org
- Liew Siew Hui, PMER Manager; email: siewhui.liew@ifrc.org

Situation Update

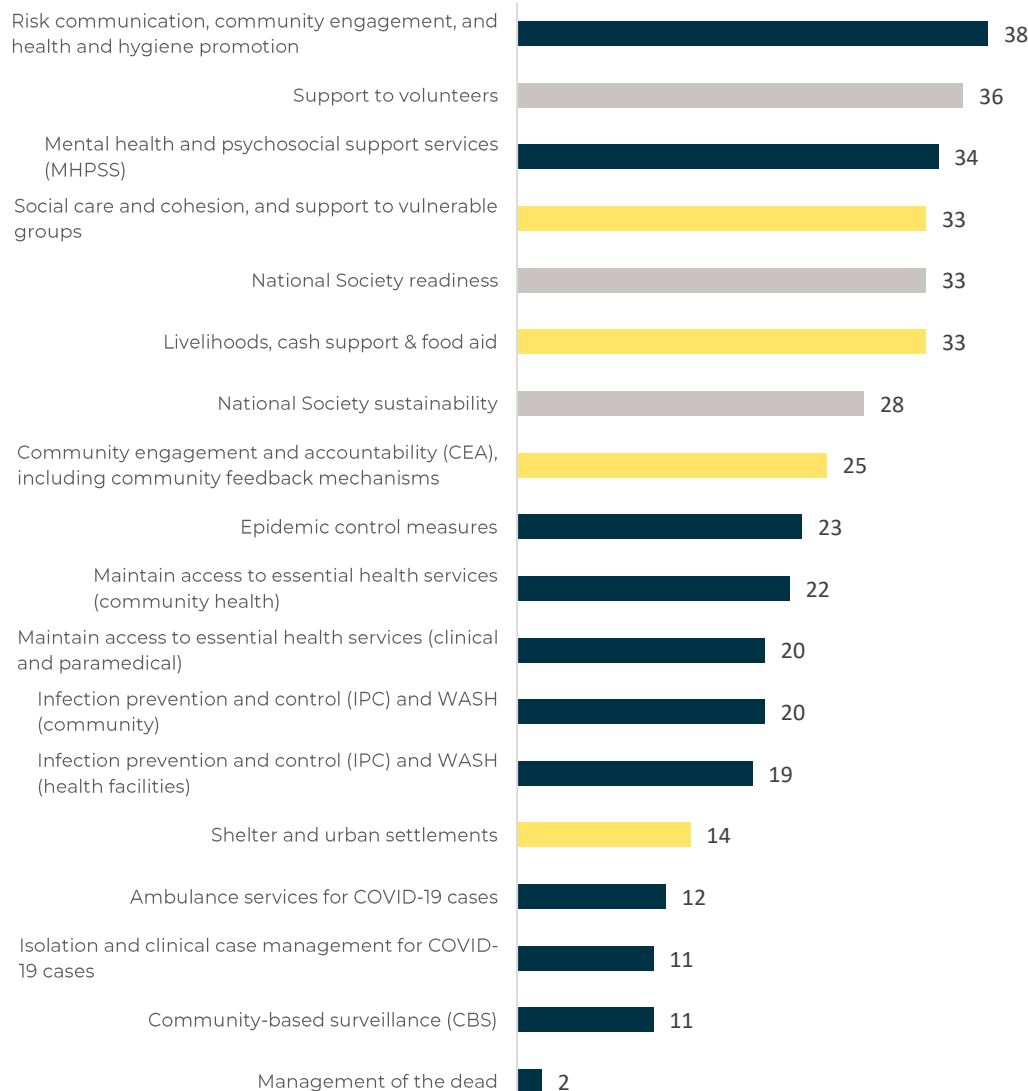
3,981,419 confirmed cases in Europe and Central Asia
216,338 confirmed deaths in Europe and Central Asia
reported by WHO as at 4.00pm CEST, 24 August 2020

Daily new cases in Europe region over time



National Society Response

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

37
Strengthening
National Societies

Regional overview

Since the beginning of pandemic, National Societies (NSs) of the Europe region with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office for Europe (ROE) have been implementing pandemic preparedness and response actions. Six months into the operation, NSs in the region are responding and will continue to respond to the crisis.

The scope of the operation has gradually increased in scope from the initial phase, from its initial focus on health and risk communication, to a comprehensive approach under the three strategic priorities identified in this Global Appeal. Addressing the socio-economic impact and supporting the development of National Societies in the region has gained relevance, including a potential transition to recovery programming as well as innovative approaches for domestic resource mobilisation. Preparedness for a second pandemic wave has become an increasingly relevant component of the operation.

The IFRC ROE COVID-19 response team at a regional level – jointly with the Country Cluster Support Teams (CCSTs) and Country Offices (COs) has been closely working with all regional National Societies. Focus has been given to methodological support in planning, implementing and reporting, to facilitating knowledge transfer, to building capacities, and to facilitating networks. As of 31 July 2020, 34 NSs in the region have requested funding support from the COVID-19 Emergency Appeal. A total of CHF 34.2 million have been transferred and committed to 24 NSs from the funds available, including CHF 5.1 million global and regional procurement done by IFRC for the NSs, mainly covering the National Societies personal protective equipment (PPE) needs of NS staff and volunteers.

For the current reporting period, the epidemiological situation in Europe region showed a slight improvement at first, however, during the summer months it has deteriorated significantly.

So far, Europe has reported more than 3.9 million COVID-19 positive cases. Although the region now represents a decreasing proportion of global cases compared to earlier in the outbreak, there has been an alarming increase in the incidence rate with more than 27,000 new cases recorded on 24 August (and steadily increasing). This increase does not indicate we are even close to having the pandemic under control in the region. As of 24 August 2020, 17% of the global cases (more than 48% in May) and 27% of global deaths (more than 68% in May) were observed in the region and an increase in number of new cases continues to be observed. The epidemic continues to evolve from Western Part of Europe to Central, Southern and Eastern parts including South Caucasus and Central Asia. The top 10 countries with most cases detected include Russia, Spain, UK, Italy, Turkey, France, Germany, Kazakhstan, Ukraine and Israel.

Priority 1: Sustaining Health and WASH

Since July 2020, many European countries begun easing government-imposed health rules and movement restrictions. At the same time Europe saw its first weekly increase in new cases in two months, and several countries in the region have been reporting a second wave of new cases.

National Societies of the region with technical support from IFRC ROE COVID-19 Response Team have continued to support actions to contain, slow or suppress transmission of the virus and helping affected communities maintain access to essential services; providing clinical, medical and paramedical health and care services—such as ambulance, hospital, and community health services to people affected by the pandemic and those unable to access care because of the health system overload.

Additionally, 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”. ToR for this survey was developed in close collaboration between Austrian RC, IFRC ROE and IFRC CCST in the South Caucasus. Implementation of the survey is financially supported by Austrian RC, IFRC CCST for the South Caucasus, Swiss RC and UNFPA country offices in Georgia and Armenia.

Case detection, surveillance and contact tracing

Red Cross Red Crescent NSs in the region play critical roles, providing prevention, detection and case management services at the community level. This includes carrying out community-based surveillance and contact tracing; supporting people

isolated at home or in quarantine. These community-level interventions contribute to reducing the risk of transmission, support national health services on pandemic prevention, detection, and response measures within the most affected communities.

Since the beginning of the COVID-19 response, more than 20 National Societies are involved in case detection, surveillance and contact tracing as a main and critically important component of COVID-19 response actions. The NSs contributed to contain, slow or suppress transmission of the virus, and are helping affected communities to maintain access to essential services, especially those unable to access health care because of the health systems impacts it causes.

Due to rapid increasing the number of cases during the time frame of the operational update, National Societies scaled up their support to the local health authorities on screening, testing and early detection of new cases, as well as transportation of suspected or confirmed cases.

National Societies have conducted body temperature checks of passengers arriving to the countries' airports. Besides these, some National Societies conduct thermal screening of individuals as they enter public spaces, like courts, hospitals and in state detention establishments, as well as within the migrant's communities⁵. National Societies activated their response and support their health authorities with urgent medical transport (for suspect/confirmed cases), as well as ensured activities of quarantine stations, testing stations, triage facilities and outpatient fever clinics; support of the public emergency medical service, mobile care services. Some National Societies set up "drive-through" testing facilities to increase health authorities' testing capacities. National Societies are also involved in and supporting large scale prevalence studies and hot-spot testing on behalf of regional health authorities.

Risk communication, community engagement, and health and hygiene promotion

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

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

More than 20 NSs have established or participated in the running of telephone information lines, often working in partnership with governments and/or other organisations and operated by both volunteers and paid staff (e.g. psychologists, medical doctors). The telephone lines provide various services including information sharing, answering questions, collecting feedback, making referrals, telemedicine, PSS support, social care and linking people with needs to volunteers and services. The telephone lines have also provided an important channel to address rumours and misinformation. The lines have been targeting different groups including the general public, people in quarantine or isolation, people with specific information needs in relation to COVID-19 like older people, youth, migrants, and health care staff, as well as RCRC staff and volunteers. Information has been provided in several languages and many of the lines are providing 24/7 services.

Certain NSs are also engaged in (ongoing) studies and perception surveys to better understand the changing knowledge, attitudes, practices and perceptions to COVID-19 and the most effective RC/CEA approaches. In Turkey, for example, online meetings were conducted with pre-existing community fora (including refugees and members of host communities) and information collected about knowledge on COVID-19 and gaps and barriers. Several NSs are looking to use the Turkish example as a model, while others are engaged in discussion with WHO and other partners (e.g. UNICEF and USAID) to help facilitate multi-agency country-wide perception surveys and rumour tracking. Examples include the Turkish Red Crescent Society, the Kazakhstan Red Crescent Society and the Armenian Red Cross Society.

Four National Societies are being supported through IFRC *Do Better Do More* funding to build Risk Communication/CEA capacity in support of the COVID-19 response. The Ukraine Red Cross is developing a national-level feedback mechanism; Georgia Red Cross is building its ability to engage with people online and use data to inform planning; Armenia Red Cross is seeking to consolidate its telephone hotline and data management systems, and the Kazakhstan Red Crescent is building two-way online interaction with communities through social media.

Community-based surveillance (CBS)

To contribute to reduce the risk of transmission, support national health services on pandemic prevention, detection, and response measures within the most affected communities, the NSs of the South Caucasus are planning community-based surveillance activities. The potential inclusion of contact-tracing activities is currently under discussion.

Two regional webinar-sessions were provided by the IFRC Geneva CBS adviser for three NSs on Community based Surveillance (CBS), which were followed by the training sessions at the country levels. National societies started preparing for the CBS assessment, and established contacts with national health authorities responsible for disease surveillance.

Infection prevention and control and WASH in health facilities and in the community

For the current reporting period, the IFRC ROE Health Team jointly with IFRC Geneva WASH unit, the Learning Platform unit and Country Cluster Teams for the South Caucasus and Central Asia conducted a series of webinars on WASH within the COVID-19 context for the National Societies in the South Caucasus and Central Asia. A total of five webinars were tailored to meet the needs of these national societies during the reporting period. Some of the contents of these webinars included:

- Kick-off and introduction, Basic WASH, WASH and the relation with Public health, how to use the platform and tools;
- Hygiene promotion, WASH – COVID-19 in schools, Hand washing resources, Hygiene kits.
- Solid waste management, general COVID-19 disinfection COVID-19
- Facilitation skills TOT and wrap up.

In total more than 25 participants from HQ and branches of Armenia RC, Azerbaijan RC, Georgia RC, Kyrgyzstan RC, Tajikistan RC and Uzbekistan RC as well as ICRC offices in South Caucasus took part in these webinars.

Mental health and psychosocial support services (MHPSS)

Since the beginning of the COVID-19 outbreak response, 31 Red Cross Red Crescent National Societies (NS) have provided Psychosocial Support (PSS) to populations and communities at risk as well as affected individuals. A Mental Health and Psychosocial Support (MHPSS) Delegate was assigned to join the Regional Office Europe Health Team, supporting the NS in the region by strengthening their emergency response, providing technical advice and guidance about MHPSS.

NS are providing their available resources to face this outbreak, through the establishment of mobile teams nationwide, assisting communities and especially the most vulnerable groups (older people, single parents, low-income families, people with disabilities, migrants) with the provision of, among other basic needs, Psychosocial First Aid (PFA). Around 22 NS reported to make PSS Hotlines available for the general population, in order to guarantee accessibility to psychosocial support for everyone, including the ones living in remote areas.

Different online and on-site training on MHPSS were organized and conducted by NS, assuring all staff and volunteers are very well briefed on the psychosocial well-being impact of the operation, as well as on COVID-19's risk of transmission, prevention measures, and self-care.

As the spread of COVID-19 continues to evolve in the European Region, 48 NS scaled up their COVID-19 response actions, including MHPSS activities in their response plans. As experiences and lessons learned start to bring more awareness, more

attention is being paid to the most vulnerable groups, including victims of family and gender violence, people with TB, people living with HIV, and people with non-communicable diseases.

NS are strongly advised to also provide PSS to all their staff and volunteers involved in the response. Support systems are being established and monitoring is to be done on a long-term basis to ensure first responders' well-being. The provision of PSS is also being done to the frontline workers and their families. PSS refresher trainings is starting to be organized for staff and volunteers, so they can be up to date and aligned with the changes in the COVID-19 situation.

Different MHPSS platform meetings and Webinars are organized, jointly with IFRC PS Reference Centre, for the NS as a platform of sharing experience and best practices on MHPSS to the COVID-19 outbreak response.

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

National Societies since the beginning of COVID 19 pandemic are implementing different community-based activities and have a significant role in outbreak control activities to contain, slow or suppress transmission of the virus by ensuring people affected by these measures are able to meet their basic needs, essential services and maintain their dignity.

National Societies are actively supporting community-level health and hygiene promotion activities, focusing on promoting positive behaviour change centred around handwashing, safe cough etiquette, physical distancing and what do if they or someone they know fall sick.

With these activities NSs are reaching to the most vulnerable groups of population including older people, people with chronic disease, people with disabilities, migrants, asylum seekers, socio-economic vulnerable groups, Roma population, homeless etc. with distribution of food and hygiene parcels, procurement of medicines, hot meals, shopping, Providing assistance with farm animals/home pets care; paying bills, small house work (cleaning, washing, cooking) and check ins on those who are known to be isolated and living alone.

National Societies conduct home visits to proven COVID-19 cases, monitoring their symptoms and situation, assisting people that are in quarantine and providing them with hot meals, medicaments for patients with chronic diseases and other necessary items in close coordination and collaboration with the local authorities, transportation for vulnerable groups to the medical check-ups and other urgent appointments. Some of them providing at home childcare services for parents performing urgent public services.

Maintain access to essential health services (clinical and paramedical)

Currently, 20 National Societies are providing clinical and paramedical services, such as the National Societies of Germany, Italy, Israel, Spain and UK. These services vary country by country and include support to the national health systems and ambulance services to support safe discharge from hospital including psychosocial support, providing a hospital transport service and delivering mobility and medical aids.

Additionally, National Societies are operating quarantine stations, testing stations, triage facilities and outpatient fever clinics to support of the public emergency medical service as well as The NSs are also providing mobile care services and are helping in expanding of bed capacity in hospitals. Some National Societies are supporting government-sanctioned experimental treatments by collecting plasma from patients who recovered from COVID-19 and have antibodies, and in turn provide this plasma to hospitals to treat patients in severe condition. National Societies have also been involved in developing trainings and guidance for staff and volunteers on COVID-19, proper use of PPE and ambulances cleaning and disinfection.

Priority 2: Addressing Socio-economic impact

The ROE has provided technical guidance and support to the National Societies' livelihoods response plans and advocating for further assistance to the most impacted and vulnerable people. Due to the varying NS context and capacities in addressing the socioeconomic impacts, IFRC ROE has adapted its support accordingly and carried out a mapping of NS livelihoods and basic activities including challenges and opportunities for building on NS capacities and identifying areas of cooperation among partner National Societies in the region in the sector of livelihoods programming.

The ROE is also ensuring that NS response plans are inclusive and have a people-centred approach enabling and supporting early recovery of people's livelihoods and paving the way for mid to longer-term recovery strategies building communities' resilience for future disasters and crisis impacting people's livelihoods.

Additionally, in view of the increase of the caseloads in the region and consequent worsening people's livelihoods, IFRC ROE addressed a letter in July to NS leadership on the evaluation of the pandemic and stressed the need of scaling up of the IFRC and its membership assistance by providing further guidance to addressing the wider socioeconomic impacts of COVID-19 that will have longer-lasting impacts on people's livelihoods in general.

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

Since the outbreak of the pandemic, National Societies in the region continue to respond to the urging basic needs of the most vulnerable people and to those that whom livelihoods have been impacted by the pandemic. This include in-kind food distribution or cash and voucher-based assistance to relief people immediate basic needs to those already vulnerable, people that have lost their job, people in quarantine, people with illness or disabilities, migrants or households that have lost their main breadwinner.

While responding to people's basic needs, 7 NS have selected multipurpose cash grants for their response and additional 4 NS decided for vouchers. 7 NS mainly in South Caucasus and Central Asia have integrated livelihood intervention in their response plans in order to address the socioeconomic impacts of the pandemic to support households that faced deterioration or loss of their main livelihoods by designing intervention plans to assist targeted populations to recover, restore or start income generating activities. These include opportunities for income diversification and increase through enhancement of skills or provision of cash or voucher-based provision of working assets or start-up cash grants for early to mid-longer-term recovery. IFRC ROE is providing necessary and tailored technical guidance and support to National Societies plan of actions in their efforts in responding the effects of COVID-19.

In pursuance of its coordination role, the IFRC is not only engaging with National Societies to assist vulnerable people and whom livelihoods have been seriously impacted but also advocating that whereas that national social protection nets are insufficient or inexistent, National Societies are able to complement them or include those excluded from such programmes. IFRC is also providing technical support in advising how to address these gaps in protection mechanisms that may be unavailable, weaker or break down, and how to utilize the activities and the service provided to monitor the safety and well-being of the people reached. Check-ins with NSs were provided to support the mapping of new needs and the updating of referral path.

Community engagement and accountability (CEA)

During the past months, two webinars were organized to share good practices and lessons learned in the area of CEA, that had good participation from the NSs in the region. The first webinar had a total of 40 participants from 10 NS and the second webinar had 25 participants from an additional 10 NS. Additional webinars, more regular engagement with RC/CEA counterparts and networking are planned for the rest of the year and into 2021.

Ongoing Knowledge, Attitudes and Practices / Perception surveys are including socio-economic survey questions with results helping to track impacts and inform response planning.

Social care, cohesion, and support to vulnerable groups**Protection, Gender and Inclusion (PGI)**

In this reporting period, NSs were supported with different technical guidelines, produced at global and regional level, to provide guidance on how to better address vulnerabilities related to COVID-19. The technical guidance documents provided key messages and activities to be included in the NSs responses aiming at addressing needs of the most at risks of exclusion and isolation. Likewise, 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.

NSs were supported with different technical guidelines, produced at global and regional level, to provide guidance on how to better address vulnerabilities related to COVID-19. The technical guidance documents provided key messages and activities to be included in the NSs responses aiming at addressing needs of the most at risks of exclusion and isolation. Likewise, 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.

Evidence from past outbreaks demonstrate the necessity to carefully consider the impact of the pandemic and its intersection with inequalities and vulnerabilities to adopt specific measures to better protect and keep people safe. COVID-19 have a long-lasting socio-economic impact that can deteriorate fragile systems and make people exposed to more or new vulnerabilities. In this regard, regular meetings were held with NSs to identify strategies and actions to mitigate the impact of the socio-economic crises and to find ways to address secondary impacts related to COVID-19.

PGI was also mainstreamed across sectors. A cross-cutting approach was enhanced to create coherence between different areas of expertise and approaches, in collaboration and coordination with other departments and sectors and to guarantee that the do no harm principle is fully addressed. NSs were supported through learning opportunities and technical support activities to contextualize the PGI mainstreaming approach and to better address immediate risks and consequences of secondary impact faced by the affected population. Due to the worsened socio-economic situation, coordination with livelihood and basic needs interventions was established to guarantee that people at risk of SGBV or exploitation are linked to economic opportunities and interventions. A technical help desk will start in the incoming month with the support of regional networks, like ATN, to guarantee regular, quick and ad hoc support and coaching on the job sessions for those NSs in need of strengthening their technical capacities in addressing vulnerabilities and protection risks, and to enhance the mainstreaming approach.

Migration and Displacement

Migrants, including refugees are disproportionately at risk to the spread of COVID-19 and related health risks. Because of their legal or employment status, migrants may not have equal access to health services or other social protection measures. Specifically, migrants in an irregular legal or employment situation are often in precarious living conditions (in the streets, formal or informal camps settings, collective reception sites, and immigration detention) and are at risk of being excluded from prevention and treatment.

While national response plans are developed at the country level and some innovative and solidarity-based solutions have been found in numerous contexts, the situation of those newly arriving (especially in countries of first arrival or in those along transit routes) have become even more concerning in the summer months of 2020. The adverse effect of the COVID-19 pandemic and related measures for migrants may create not only increased health needs and need for sharing appropriate information, but can also lead to additional concerns around stigma and discrimination, may force people seeking more dangerous border crossing means and can lead to challenges in accessing essential services or protection. Policy measures in response to the pandemic affecting the situation of migrants have been very diverse across Europe, but the restrictions on movement and border closures have affected most adversely those seeking international protection or living in collective sites or with an irregular employment or legal status, with the risk for many to become destitute or lack essential treatment. A particular challenge in this context has been that many National Societies lost access to those in the

most vulnerable situation during the first and second quarter of the year, primarily in locations that have been turned into places of quarantine or while movement restrictions have been in place locally.

The primary objective at IFRC ROE has been to support National Societies including migrants alongside other vulnerable groups in national COVID-19 response plans. While doing this, cooperation has been upheld with PERCO, RCEU Office, IFRC Geneva Teams and ICRC offices. At numerous webinars National Societies presented innovative ideas of adapting existing or scaling up new migration/asylum support activities to the changing contexts and policies affecting migrants. National Societies across Europe have been engaged in the following activities throughout the period: 1) Sharing COVID-19 related information based on feedback from migration centres and border crossings, 2) Health screening, first aid and referrals for migrants and displaced, ensuring their participation; 3) Advocating for access to health services, protection and information for migrants, irrespective of status; 4) Advocating with service providers on re-planning for decongestion of detention and displacement sites; 5) Distribution of livelihood support (food and cash) and hygiene items to families in urban settings and facilitating access to shelter. To support these activities, IFRC ROE and ICRC Brussels office have developed a “Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in the face of COVID-19 pandemic”, which was officially shared with all National Societies in Europe and Central Asia on 29 May 2020. The document is now also available in Russian, French and Spanish languages.

Throughout the period, cooperation was also ensured with different sectors of the response, primarily with PGI and CEA teams to ensure that support across sectors is also reaching vulnerable migrants/displaced communities and their specific needs analysed and addressed. CEA Teams have organized two webinars in June/July 2020 with a focus on including people who are migrants in the COVID-19 response, where a number of National Societies shared good practices from this regard. A first Webinar was organized jointly with the PERCO Network on 15 April 2020 on the topic of the specific vulnerabilities migrants face in the COVID-19 crisis. The Austrian RC organized a Webinar on 29 June 2020, discussing the socio-economic impact of the upcoming financial crisis on migrants, where IFRC ROE as well as the IFRC Greece office participated. Throughout the period attendance was also ensured at the regular coordination calls organized by the ICRC Belgrade office and at the thematic webinars organized by RCEU office and IFRC Geneva Tea

Priority 3: Strengthening National Societies

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

For the current reporting period, the IFRC ROE COVID-19 Response Team continued knowledge sharing and technical support to National Societies in the region by organizing the following webinars:

- **European regional webinar ‘Working with older people during COVID 19’.** On 8 June IFRC ROE and GVA Health, CEA and PGI focal persons conducted a joint webinar with participation of 53 participants. NSs from Europe region including Bulgarian RC, Georgia RC, German RC, N. Macedonia RC, Slovenian RC, Swedish RC, Swiss RC, Italian RC, Norwegian RC, Czech RC, Hungarian RC, Croatian RC, Finnish RC, Turkish RC, Belarus RC took part in the webinar. Several aspects of ‘Working with older people during COVID 19’ from Health, CEA and PGI perspectives were discussed.
- **Webinar on First aid in context of COVID 19.** The 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 was 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.
- Additionally, two webinars on the topic “**Self-care – caring for staff and volunteers**” were held, jointly with the IFRC PS Reference Centre: the first, on the 03 June, in Russian, included PSS peer-peer- support and the use of PPE, with 40 participants and the second one on 11 June and in English.

- On 29 May, two webinars took place, one on **Remote PSS** (focused on running a hotline), held in Russian and with the participation of approximately 25 NS, and another one on **MHPSS in COVID-19 context**, for the Russian speaking NS (12) with 23 participants.
- Another webinar on **Remote Psychosocial First Aid (PFA)**, was hosted by PS Reference Centre, on 04 June, with the participation of several NS.
- **ICRC and IFRC** Regional offices for Europe and headquarter colleagues arranged a webinar on: **COVID-19 and Engaging an overview of the IFRC guidance on the impact of COVID-19 on trafficking in persons with Migrant Communities**. Presenters included: VOICES Network (an initiative bringing together experts-by-experience to advocate on refugee and asylum issues), Turkish Red Crescent, Hellenic Red Cross, and migration, CEA, and communications experts from ICRC and IFRC. During this interactive webinar, guests, National Society speakers and participants shared their insights and experiences of how to better engage people who are migrants in the COVID-19 response.
- IFRC PGI Global and Regionals organized a **webinar on SGBV guidance note**. The aim of the webinar was explored the impact of Covid-19 on SGBV and how to address and mitigate potential risks. The webinar also highlighted the linkages between the pandemic and the increase in SGBV and the need to remain aware of the risks of increase of SGBV during and after the pandemic.
- IFRC and ATN organized a regional webinar on **Understanding & Responding to Trafficking in Persons during COVID-19**. The webinar provided, while sharing experiences, trends and challenges, and discuss about concrete actions that different sectors can put in place to address the increased risks of trafficking.
- In the area of Livelihoods, the **Cash Hub** and the Livelihoods Resource Centre held a webinar on 15 July focusing on Livelihoods and Household and Economic Security (HES). Following British Red Cross introduction on the concept Household and Economic Security of people, Gambian Red Cross, Afghan Red Crescent, and Ukrainian Red Cross were invited to present and share experience on their livelihood programmes. The event ended by a Q&A session facilitated by the Cash Hub, the Livelihoods Centre and ICRC.
- From the **Livelihoods Resource Centre**, A webinar on **“Protecting and restoring Livelihoods in response to the COVID-19 pandemic”** was organised on 28 May. The event was attended by 31 people from NS and IFRC from all regions with 11 (I count 11 in attached list of attendance but it said 12 in previous report – this took place before I joined and I am unable to confirm the correct number) NS from Europe region such as Armenia, Austria, Belarus, Bosnia and Herzegovina, German, Italy, Montenegro, Sweden, Swiss, Poland, Turkey. It was the second webinar hosted by the Livelihoods Resources Centre and the British Red Cross and aimed at 1) Discussing impacts of COVID-19 and related measures on people’s livelihoods, and 2) Introduction of resources/infographics as well as the creation of the LRC help desk made available for NS to help them address the socioeconomics impacts of the pandemic.

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** on 31 July. The event was attended by 44 people from National Societies from all regions including Ukrainian Red Cross Society, IFRC, and the Livelihoods Resource Centre to discuss 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.

Also, a [Survey on Livelihoods preparedness of National Societies](#), targeting all European and Central Asian NS, was launched in the aftermath of the pandemic and a total of 15 National Societies have participated in the survey. Six out of the 15 NS indicated the need of trainings in Livelihoods programming, four reported the need for more financial or human resources to design Livelihoods interventions, and three NS expressed the interest in peer to peer learning and best practices sharing.

National Society sustainability / National Society Domestic Resource Mobilization Development.

Over the course of six months, ROE has increased its methodical support of domestic resource mobilization development in light of COVID-19 and related contraction of Regional economies. A dedicated support in corporate and individual giving capacity building has been introduced to support the technical development of key strategic income channels.

A budgetary allocation to support National Society domestic income generation and diversification towards financial sustainability has been made, including seed funding to launch systemic income generation programmes. Other provisions include salary support for technical experts, database implementation, research and product development.

ROE continues its series of technical co-ordination and upskilling webinars on topics of financial sustainability through domestic resource mobilization, including subjects relating to Regular Giving, Major Donors and Digital Fundraising. Webinars are organized in partnership with Partner National Societies.

Enabling Actions**Coordination for quality programming**

At the country level, IFRC continues to provide ongoing technical support in the area of strengthening domestic COVID-19 appeals with a focus on building domestic resource mobilisation capacities. National Societies and IFRC CO and CCSTs are part of national inter-sectoral coordination mechanisms, IFRC Cluster and Country Offices are closely liaising with regional and country offices of WHO and UNICEF in the high risk / priority countries.

IFRC-ICRC Movement coordination

IFRC ROE COVID-19 Response Team further continued its close collaboration with ICRC: 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 established and shared with all NSs in the Region, focussing on supporting advocacy-oriented communications and providing talking points when engaging with external actors to ensure the protection of migrants and their access to key and basic services.

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. Since March 2020 two webinars on RCCE with ICRC participation was organized.

IFRC ROE Communications Manager has monthly meetings with her counterpart at ICRC HQ to make sure we are aligned and across each other's work. Joint communication materials have been produced with ICRC in several contexts - Greece (fact sheet), Ukraine (key messages) and Georgia (statement).

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.

Inter-sectoral coordination with WHO Europe

IFRC ROE Health and Care Team continued to develop its cooperation and coordination with WHO Europe Regional Office. ROE COVID-19 Response Team participated in the Regional consultation with Focal Points of UN Agencies and Red Cross Movement on Protection and health in the context of COVID-19.

In the framework of IFRC cooperation with WHO, the IFRC ROE Health/RCCE/CEA Team is considering an opportunity to engage our National Societies in Risk Communication and Perception surveys. Potential countries for this survey is *Albania*,

Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Kazakhstan, Poland, Czech Republic, Moldova, Montenegro, North Macedonia and Ukraine. WHO will request their country teams to reach out to respective NS counterparts.

Livelihoods and Cash and Voucher-based assistance

IFRC ROE COVID-19 livelihoods and CVA teams, and ICRC counter parts in Geneva and South Caucasus Office held several online meetings for sharing of experience and for coordination of both organisations work in the areas of livelihoods programming and cash and voucher-based assistance for South Caucasus National Societies.

Evidence-based insights, communications and advocacy

Planning, monitoring, evaluation, and reporting (PMER)

The PMER Regional team has continued to support this operation by continuing to engage with the wider ROE team in providing reports and timely situation updates. The PMER team has also supported project managers and technical focal points with drafting of project proposals and technical support to ensure that technical teams' operational strategies are aligned with the global priorities in this appeal. For the current reporting period, the regional PMER team expanded its workforce with an additional PMER delegate for a three-month period and is currently in the process of recruiting a PMER officer for longer-term support.

The PMER team has also worked on a regional COVID-19 reporting guidance and template to support the NS in the Europe region. This new template seeks to streamline the data collection and reporting processes for those National Societies that are implementing their activities through funds from this appeal. This template was officially launched through a webinar on 21 July 2020 which focused on how to complete it as well as background information on the current Federation-wide efforts to showcase the collective progress and resources used by the Federation Secretariat and the membership in response to this pandemic. A total of 48 participants attended the call from National Societies and IFRC as well.

Also, for the current reporting period a second phase of the Real-time Learning (RTL) exercise took place. This second pilot focused on National Society needs during the COVID-19 pandemic and also how are these needs being addressed through the prioritization and allocation of funding. A total of 18 respondents were interviewed between July and August and included staff from donor National Societies, recipient National Societies as well as IFRC Secretariat staff. Following the data collection and analysis, a first draft presentation of this RTL exercise has been shared for final feedback on 24 August.

Information Management

The IM team has worked on information flows and data visualisation for the response. The team has been supporting National Societies on user queries related to reporting through the GO platform. Moreover, the IM team has helped in setting up a survey to collect information about Livelihoods in the region.

The Regional IM team has received support from the South Caucasus CCST IM Delegate and the Geneva IM team to cover regional Information Management needs and tasks related to the COVID-19 response.

The IM team has set up a [regional GO emergency page for the COVID-19 response](#) to host Europe region specific dashboards, maps, visuals, and key documents.

Communications

The Regional Communications team experienced high interest from the media, most of the journalists have been interested in Italy, Spain and the threat of COVID19 to refugee camps in Greece. Three press releases were produced on the resurgence of COVID-19 in Europe, on the effect of COVID-19 on Mediterranean migration and on managing COVID-19 risk during heatwave.

The team also produced regional and country-specific key messages on the region's most fragile contexts, including Greece, Italy, Spain, Turkey, France, Germany, UK, Ukraine and Russia. Volunteer profiles were collected from more than 20 countries

to show the human faces of the Red Cross and Red Crescent response and were featured in social media channels with the #OurHeroes hashtag. The team also organized regular group calls with National Society communication focal points and Geneva representatives in English as well as in Russian. So far, the COVID-19 work of 45 National Societies has been featured in the IFRC Europe Twitter and Instagram accounts. Additionally, 12 RED Talks streamings were organized across IFRC global social media platforms with European National Societies. The communications team also launched new TikTok and Viber channels in the Russian language to reach out to a younger audience, reaching an estimated total audience of 8,000 Russian-speaking people. We also organized quizzes on COVID-19 prevention on our Twitter and Instagram.

The communications team is supporting 14 National Societies in developing their visibility plan related to the COVID-19 programmatic funding they received from USAID. It also produced infographics and videos that can be easily translated and adapted to the local context, and the majority of National Societies in Europe are using them for distributing information and advice to the public on COVID-19.

The Communications team is grateful to the Finnish and Norwegian Red Cross for providing two surge delegates for four months who helped manage the extreme workload. Relevant media coverage to date has included:

COVID-19

BBC: [Lockdown's heavy toll on Italy's mental health](#)

ABC News: [Why was Italy hit so badly by coronavirus?](#)

TRT World: [Interview with Valerio Mogini, national coordinator for Biocontainment for Italian Red Cross](#)

BBC: [Return to Lombardy, the 'Wuhan of the West'](#)

El País: [El migrante del 'Aquarius' que no le tiene miedo al coronavirus](#)

COVID-19 resurgence

Sputnik: [La Cruz Roja insta a seguir alerta para evitar una segunda ola de COVID-19 en Europa](#)

Urdu Point: [IFRC Sounds Alarm Over Resurgence Of COVID-19 In Europe, Warns Of 2nd Wave](#)

Otkrytye NKO: [Красный Крест и Красный Полумесяц призывают сохранять бдительность](#)

COVID-19 impact on vulnerable people

Voice of America: [Spain's New Poor Take Brunt of COVID-19 Fallout](#)

Sky News: [Where do the homeless go during a lockdown?](#)

Catholic News Service: [Lockdown means new levels of hunger for Rome's poor](#)

Heatwave and COVID-19

Anadolu: [Public urged to care for each other as Europe swelters](#)

Monaco Daily News: [Red Cross raises alarm over heatwave concerns](#)

BHRT: [Vodeća humanitarna organizacija upozorava na opasnost od visokih temperature](#)

International Support and Resourcing**Logistics, Procurement and Supply Chain**

Europe Region supported the National Societies through the Rapid Response deployment of Supply Chain Coordinator and Global Logistics Procurement and Supply Chain Management (GLPSCM) Team in their personal protective equipment, food and household items procurement under the COVID19 operation. CHF 5.1 million has been allocated for supporting NS COVID19 response through global procurement.

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.

Rapid Response Personnel

15 profiles were deployed under the Rapid Response mechanism or as Staff on Loan supporting the Europe region and CO / CCSTs. This included both remote and physical deployments in the following sectors: Operations Management (Austrian RC, Norwegian RC [shadowing], IM (Austrian RC), RE/CEA (British RC, Norwegian RC), PRD (British RC, Lithuanian RC), Health (Finnish RC, German RC), Communications (Finnish RC [one shadowing profile]), Livelihoods (IFRC), supply chain (Swiss RC). In addition, IFRC HQ staff supported in the areas of PMER [3 profiles) and IM with dedicated personnel. All requests for Rapid Response profiles have been answered positively. Due to the travel restrictions, Surge profiles are expected to face ongoing restrictions for physical deployment. Despite posing unique challenges, the remote working modality has been proven to be widely successful.

Human Resources

The COVID-19 Operation Human Resources plan has been approved. Total headcount of 51 positions has been reviewed and approved by the Secretary-General. 28 headcounts will be for National Staff distributed among Southern Caucasus CCST, Russia / Belarus / Moldova CCST, Turkey CO, Ukraine CO, Greece CO, Central Asia CCST and the ROE. 23 international delegate / Staff on loan positions will be recruited as well. The hiring of essential positions has been kicked off. The COVID-19 Emergency Appeal also covers 444 NS personnel.

Programmatic Summary

This is a summary of the IFRC ROE team's collective performance data on the COVID-19 operation in the Europe region. It reports cumulative data up to the current reporting period, unless otherwise indicated.

Priority 1: Curb the Pandemic - Sustaining Health and WASH

ID	Indicators	Target	Reached	% completion
1.1.	Number of monitoring visits	10	0	0%
1.2.	Number of health coordination/ intersectional meetings with international partners	23	6	26%
1.3.	Number of information and education materials developed, adapted and distributed	7	3	43%

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

ID	Indicators	Target	Reached	% completion
2.1.	Number of NS supported to develop or implement livelihood assessment/ programming	10	5	50%
2.2.	Number of NS supported on cash feasibility, cash readiness or cash implementation	15	2	13%
2.3.	Number of NS assisted to develop monitoring and reporting tools (e.g. PDM, lessons learnt exercise)	TBC	TBC	TBC
2.4.	Number of NS technically supported to develop or implement shelter/urban settlements assistance programmes	5	0	0%

2.5.	Number of NS supported in targeting migrant and displaced communities with essential assistance (including Health, WASH, RC/CEA, Shelter, livelihoods, PGI)	15	13	87%
2.6.	Number of NS supported for adoption/implementation of RC/CEA-related activities (e.g. trainings, technical support, funding etc.)	15	8	53%

Priority 3: Strengthening National Societies

ID	Indicators	Target	Reached	% completion
3.1.	Number of NS with EOC established throughout the operation	4	0	0%
3.2.	Number of NS with preparedness activities scaled up, based on PER assessment conducted	8	2	25%
3.3	Number of thematic webinars held (for regional and sub-regional actors) - hosted by IFRC (global/regional/sub-regional) or entities linked to IFRC (incl. Reference Centres)	117	11	9%
3.4	Number of NS provided with technical assistance on developing tailored programming guidance (in different sectors)	54	37	68%

National Society response – key highlights

As of 10 August 2020, 34 National Societies requested funding from the Global Emergency Appeal in Europe Region. 24 of these National Societies have already received funding or funding commitments are being processed. The below section contains overview on these 24 countries.

1. Albanian Red Cross

Summary of achievements:

ARC has been implementing activities through its 38 branches, mobilizing more than 500 staff and volunteers, engaging mostly in relief distribution to 2000 most vulnerable families while taking measures to ensure safety and health for all staff and volunteers involved providing them with necessary PPE.

Health, and Water, Sanitation and Hygiene Promotion (WASH)

ARC has distributed 2000 hygiene kits that include cleaning products and personal hygiene items like soaps and shampoos to assisted families in order to maintain good hygiene and sanitary conditions and to prevent the virus spread.

Livelihoods and basic needs

Albanian RC is providing in-kind assistance, sourced from its own stocks and funds, appeal-funded goods and donors support, to the affected population.

The distributions is focused on ensuring the most vulnerable and excluded groups have access to essential services, particularly: Vulnerable older people especially those living alone; people with pre-existing illness; families whose household lost their jobs and with social economic struggle. A total of 10,000 people have been supported through the distribution of the ARC “Standard Package” (2,000 packages were distributed as of 31 July with funds from the IFRC Appeal) which consists of essential food items for a period of one month.



The Albanian Red Cross is providing food parcels to 2000 families across the country during the COVID-19 pandemic. Photo: ARC

Risk communication and community engagement aligned with PPS approaches

Albanian RC recognizes there is an urgent need to focus on general health promotion behaviour changes, with a focus on hand washing, physical distancing and care-seeking behaviours, which could have a significant impact on individual and population-level risk. The NS is continuing its efforts in risk communication and in managing community feedback through the social media. Hence, Albanian RC is sharing on daily basis updated information, advice and key messages and posts with about COVID-19 on social media platforms (webpage, Facebook, Instagram and Twitter). In the meantime, several materials available from PSS Reference Centre related to have been adapted in the local context and needs and are shared with staff and volunteers of local branches. So far, up to 50,000 people have been reached through social media engagement.

In addition to support the population to address inquiries and to provide essential information and practical advice related to COVID-19 and to provide PFA as well, a hotline is in the pipeline. IEC material for COVID-19 information, for the proper wearing of masks, hand washing, and etiquettes of coughing and sneezing are under the process of preparation.

The safety and wellbeing of staff and volunteers involved in humanitarian relief activities during COVID-19 outbreak is the utmost priority of Albania Red Cross. During the relief activities which are including need assessment, door-to-door distribution of food packages, but also components of home care for the older people, the involved staff and volunteers (for more 500 persons) have been provided with PPE such as surgical face masks, gloves combined with very good hand hygiene and with appropriate distancing based on IFRC/ICRC current guideline and WHO recommendation. In addition, online trainings are provided to volunteers not only to brief them prior to the activities on COVID-19, but as well to train them on provision of PFA and modalities in how they can provide it remotely in these pandemic situations.

2. Armenian Red Cross Society

The 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.

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 and according to the lists provided by the later. 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.

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. 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-line numbers of Armenian government structures and Armenian Red Cross were printed and



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

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. With support from ICRC, the ARCS volunteers and staff involved in the response across the country received personal protective items such as 15,000 masks, 15,000 gloves and 800 litres of hand cleansing liquid.

3. 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”. The Azerbaijan Red Crescent as an auxiliary organization to the public authorities in the humanitarian field provides humanitarian assistance to vulnerable people through its network composed of Headquarters, the Nakhchivan Autonomous Republic Committee, eight regional centres, 92 local and field branches and primary organizations. The National Society has about 300,000 members and over 22,000 registered volunteers of which nearly 6,000 are active. 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 assistance consisting of essential food and non-food support and providing social services in Baku and 75 locations across the country. This support included previous donations from Turkish Cooperation and Coordination Agency (TIKA), one of the largest supermarket chains Bravo, ARAZ, Procter and Gamble, donations from private companies, using the financial resources of the AzRC amounting to circa 150,000 EUR, financial support from IFRC and donor organizations like USAID.

All 1,978 volunteers and all staff members who are involved in the COVID-19 response operation regularly receive online training sessions, supervision and support through digital platforms and phone calls. Feedback from staff and volunteers, AzRC operational experience and discussions with governmental and international organisations and stakeholders in COVID-19 response revealed the continued need in reinforcing the following topics: risk communication, rules of conduct during COVID-19, personal hygiene and key hygienic rules, instructions during distribution process to ensure no virus is passed to people benefiting from aid, healthy life style (healthy food, physical exercises while staying at home), importance PSS messages during quarantine on coping with stress, proper hand washing via personal demonstrations during visits / handling of food parcels or hygienic packages.

Respectively following trainings, regular instructions, reminding along with socio-economic support, awareness raising, and risk communication work goes on a regular basis in all regional branches. Brochures, leaflets and posters on COVID-19 prevention and PSS topic are regularly delivered to the population with relevant clarifications and explanations. AzRC distributes materials of own production and or the ones produced by partners such as MoH / PHRC and UNICEF. Thus, from so far published 916,000 information-promotional materials, 2,500 have been provided by the PHRC and 35,350 - by UNICEF. Almost 845,000 communication materials were presented to various groups of population either separately or during food and hygienic 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 ongoing.

The AzRC established a hotline in Baku on the basis of its HQs. Information about the hotline is placed on the AzRC webpage and Facebook page. 4,962 phone calls were so far registered in Baku and around 51,000 calls were received by the AzRC's branches. The calls are mainly about requesting support, especially from those who have low or no income, who are forced



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

to stay at home, or people who are restricted to continue working (especially in strict quarantine regime periods). Also people applied for 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. Mainly phone callers are women, age is between 30–55 years old. Average duration of the call is 2 min.

Partnership between AzRC and UNICEF in risk communication among younger generations and their communities on COVID-19 and psychosocial topics continues. 33,350 people were directly covered by 322 staff and volunteers from 22 city and local branches and more than 330,000 indirectly via submitting various IEM materials. Staff and volunteers were provided with PPEs. Videos developed on COVID-19 and PSS related topics and they planned to be demonstrated via the AzRC social network pages, used during training sessions and awareness of general public. A total of 6,400 parcels were distributed to the households in Baku, Sumgayit and the rest 75 regions (socially vulnerable families, including lonely older people, people with disabilities, families with many children, migrant families) under the agreement with Procter & Gamble Company.

4. Belarus Red Cross

BRCS continues to inform the public through the distribution of information leaflets. These have focused on key messages that include *“Protect yourself and your close relatives”*, *“How to cope with stress”*, and *“How to stay healthy when traveling in public transport”*. An estimated 3,000,000 people have been reached with these information materials.

BRCS continues to inform the general public through internal communication channels: website, social networks of the BRCS and regional branches of the BRCS. All organizational structures of the BRCS are involved in activities focused on informing the public about the prevention of the COVID-19 spread: the Secretariat, 6 regional, Minsk city and Railway branches, 158 district (equivalent in status), 8,399 primary branches, «Open Home», Crisis centre of the Gomel regional BRCS branch, Crisis room and Day centre for children with disabilities in the city of Grodno, Consulting Centre "Hope" with a rental point for rehabilitation facilities of Brest regional BRCS branch. A total of 8,571 organizational structures and services of the BRCS. 30 volunteers are involved in the BRCS 201 helpline line operation (122 from a landline phone). Assistance was provided to 1,056 people.

Since the beginning of the pandemic, 16 meetings of the BRCS working group on response to COVID-19 have taken place, which includes representatives of government bodies and partners. More than 40 partners are involved in the COVID-19 outbreak response activities. Weekly, based on the results of the BRCS response activities, short digests are prepared to inform partners, the media and the general public. The use of infographics for the convenient perception of the results of the BRCS activity during the COVID-19 period has been introduced.

The leaflets "How to deal with stress during an outbreak" and "Prevention of psycho-emotional burnout among employees and volunteers" were translated into Russian developed jointly by the Red Cross of Japan and Hong Kong with the support of the IFRC Psychosocial Centre. This booklet has been adapted to the context and published in the amount of 160 copies and distributed among staff and volunteers. Procured and distributed among all organizational structures of the BRCS are 200 non-contact thermometers, 19,860 masks, and 60 pairs of gloves. In addition, 750 employees and volunteers of all organizational structures of the BRCS are provided with PPE.



Belarus Red Cross purchased and distributed personal protective equipment among employees and volunteers involved in the fight against the pandemic. Additionally, 32,000 informational leaflets on protection against COVID-19 were produced and distributed throughout Belarus.
Photo: BRC

5. Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) provides a range of services supporting the affected population in local communities with its highly trusted volunteers and staff being front-line responders to COVID-19 pandemic across the country. With an extensive network of branches, the RCSBiH is placed to support the most vulnerable people and their communities to prepare for and respond to this global emergency. The RCSBiH provides assistance with the help of the partners from the International RC/RC Movement in the country (IFRC, ICRC, Austrian RC, Turkish RC, Swiss RC). A short informative video about the response to COVID-19 has been produced (<https://www.youtube.com/watch?v=IRMAz-nXeOI>). The video has an aim to provide the public with a systematic overview of the activities done since March 5, when the COVID-19 virus appeared in Bosnia-Herzegovina for the first time, until now.



RCSBiH staff provides humanitarian support to vulnerable people in need. Photo: RCSBiH

The 2019–20 Coronavirus pandemic was confirmed to have spread to Bosnia and Herzegovina when its first case was confirmed on the 5th of March 2020. Since the outset of the pandemic the RCSBiH structure has continued to provide a range of services in support of more than 32,000 persons encompassing more than 17,800 households throughout the country, including persons above 65, people with chronic disease, people in isolation, beneficiaries of public kitchens and socially disadvantaged families. The RCSBiH has been implementing the activities through 97 branches, mobilizing 2000 staff and volunteers, engaging in disinfection of more than 700 public buildings and spaces across two entities and Brčko District, providing transportation to potentially infected persons from borders and airports to their place of residence for 235 people to date. The NS assisted in setting up more than 50 triage tents and quarantines and delivered more than 1,000 cots, bedding and tents to crisis cells in 14 communities, distributing more than 200.000 masks and gloves to citizens where the use of masks is mandatory by state decision for general public, and equipping all engaged volunteers with the necessary Personal Protective Equipment (PPE) and disinfectant sprayer units. The RCSBiH have established 22 disinfection tunnels at the entrance of Health Centres across the country. The NS distributed more than 13,000 food parcels, more than 8,600 hygiene packages and more than 9,400 hot meals. The RCSBiH volunteers provided groceries shopping and payment of bills more than 5.000 times for those who were restricted to move. The RCSBiH also provided risk communication through the hotline and social media, with more than 11.000 calls received via S.O.S phone to date and more than 1.000 PSS services via phone to date. The RCSBiH has also distributed more than 43.000 awareness leaflets and spent over 300 minutes on radio and television and posted over 800 awareness material and messages via social media like Facebook, Instagram, twitter, LinkedIn etc.

As of 1 July, RC Mobile teams have observed nearly 9.000 migrants outside of reception centres on migratory route from east part of the country all the way to Una-Sana canton in the west. In conversation with them their main goal is to get to Una-Sana canton and further to EU. Main mean of transport for them are buses but since it is required to wear the mask to enter the bus MT members have increased number of requests for masks from migrants. Masks are also required in all grocery shops and stores, so access is limited for those without the basic personal protective equipment (PPE).

6. Croatian Red Cross

The Croatian Red Cross responds to COVID-19 epidemic in accordance with its mission and is acting in harmony to the Law of the Croatian Red Cross (OG 71/2010). With an extensive network of the 131 local Red Cross societies and highly trusted personnel (3,481 volunteers and 1,606 staff), the Croatian Red Cross stands in solidarity as front-line responder in local community, providing humanitarian assistance with unified efforts through various activities. Well prepared for COVID-19 epidemic, the Croatian Red Cross ensures support to public health services across the country and to raise public awareness that safety measures have been accepted.

According to official data by the Civil Protection Directorate (<https://koronavirus.hr>) on 25 August 2020, there were 2,231 active COVID-19 patients (out of 8,530 in total), out of which 167 patients were in hospitals. In total, 6,124 persons have been cured and 175 deceased persons. Like other countries, Croatia has also experienced a significant increase in the number of new cases in the summer season resulting from loosening travel restrictions and thousands of tourists visiting the coastal area of the country. The main focus of COVID-19 operation is to provide additional support to Government and to cover immediate needs of vulnerable people, who were also affected by a strong earthquake in Zagreb and surrounding areas on 22 March 2020. The Croatian Red Cross took effective response with emergency actions and contributed to the implementation of activities in the following priority areas:

Health and WASH

The Croatian Red Cross actively contributes to information and recommendations provision to reduce SARS-CoV-2 transmission and to apply proper containment measures. Washing Hands leaflets have been produced and advertised via web page and social media. More than 500,000 leaflets/posters have been placed across the country in public and private institutions, trade markets, pharmacy shops, restaurants, café bars, gas-stations, lavatories, parking places etc. The leaflet is also translated in English and Arabic languages for migrants accommodated in three Reception Centres. The IFRC COVID-19 info graphics with main recommendations was translated into Croatian language. The Manual on First Aid published and distributed (20,000) in a daily newspaper. Video clip - a song "Hand washing" for children produced; Video clip - "Proper use of face mask protection" produced. The two leaflets - How to receive and how to provide safe assistance during COVID-19 epidemic produced for caregivers and older persons, as well as for people in self-isolation at home. The 150 volunteers trained psychosocial assisted 6,195 persons via Call-Centre.

The NS launched a free of charge psychosocial support Call Centre on March 15, 2020. The main concerns of callers are related to confusion and unclear information from the media. People were facing loneliness, boredom, and inability to go to work, which caused unexpected stress and reactions, fear of SARS-CoV-2 infection, feeling out of control, anxiety and being overwhelmed with emotions. 568 persons received psychosocial support through the Call-centre and were informed about the COVID-19 epidemic in the period of May and July 2020. The service is planned to be extended until 31 October 2020.

Livelihood and basic needs

As the main home service "caregiver" in the country, the local Red Cross volunteers delivered daily meals and other home care assistance to meet people's urgent needs (food, medicines, etc.). Support was also provided (at entry doors) to the people who were in non-hospital quarantine or in self-isolation. Given the available stocks of the Croatian Red Cross no procurement of additional items has been initiated under the support from the multilateral funds. This activity is planned to be commenced in September 2020, when the second wave is expected.

Strengthening the National Society

The Croatian Red Cross provided personal protective equipment and introduced safety measures for the staff and volunteers involved in the operation. In addition to the 20,000 masks, which were covered from the IFRC multilateral funds, the National



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

Society provided 10,000 hand sanitizers, 80,000 protective masks and 40,000 gloves to its personnel. International telecommunication Department procured with the two laptops to enable remote work from home.

In addition to the above the National society also supported the government by equipping non-hospital quarantine centres from its own funds.

7. Georgia Red Cross Society

In line with its mission, the Georgia Red Cross Society has expanded the emergency response operations in coordination with the Ministry of Health, Tbilisi City Hall and the municipalities in the regions, through its network of 39 local branches and over 5,000 Red Cross active volunteers throughout the country. And over 4,500 trained spontaneous volunteers.

In cooperation with the State Coordinating Council against the spread of COVID-19, The Georgia Red Cross Society had arranged special spaces for testing at 11 border checkpoints of the country before the closure of borders. Georgia Red Cross volunteers and staff were involved in the process. Regular body temperature monitoring of people is being carried out in different regions of Georgia using the door-to-door approach. During this activity the risk communication and protective messages are being delivered.

All Georgia Red Cross staff and volunteers who are involved in COVID-19 operations are equipped with personal protective equipment and well trained to ensure personal protection and protection of people who are being supported by the Georgia Red Cross. Over 2.5 million people have been reached through printed and online media, active appearance on TV channels, online training, and information sessions. Informational and educational materials are produced in Georgian, Azerbaijani, Armenian, Ossetian, and Abkhazian languages and are disseminated among the entire population, national minorities among them. Georgia Red Cross Society is working on elaboration of the booklet focusing on people in quarantine zones, which will be printed and disseminated among those people.

Starting from early days from the outbreak of the disease, the GRCS MHPSS team is the frontline operator serving communities in need. Immediately after the onset of the crisis, the Georgia Red Cross launched a free of charge daily Hotline service. To-date over 6,500 call were processed. The first and foremost aim of the hotline is to provide Psychological First Aid (including three principles “Look, Listen and Link”) through actively listening, emotional support to people concerns and helping them deal with their challenges. Moreover, the hotline offers general information on the COVID-19 and referral to various State and Non-State services. The GRCS MHPSS team, consisting of 5 staff members and a group of volunteer psychologists are working on the intervention plan aiming at Helping the Helpers: NS staff and volunteers, and medical/quarantine personnel.

The MHPSS component is an integral part of all COVID-19 related training modules. Within the Risk Communication approach, representatives of 39 branches of the NS and local and central government were trained to expand and further disseminate key messages at branch level. Once the state of emergency announced the NS switched from face-to-face training modality to online (virtual) training mode. This specialized for volunteers training module on COVID-19 consists of various topics, such as general overview of COVID-19, the NCDC recommendations on personal protection measures, social stigma and stress related to the COVID-19. The GRCS also launched a MHPSS Coordination Platform, including all the relevant non-governmental organizations and professional groups in the country working in MHPSS response to the COVID-19 crisis, with the aim to contribute to sharing information, experience and lessons learned between the key stakeholders in the humanitarian sector and coordinating activities to reach and support maximum number of vulnerable people living in Georgia. The very useful information about existing MHPSS services across the country is already gathered by the GRCS MHPSS staff and the online coordination meetings are being conducted.



Georgia RC distributed humanitarian parcels to lonely elderly people in Tbilisi. Each pack consisted of food supply, hygiene products and other basic necessities. Photo: GRC

One of the crucial services of the NS is Humanitarian Relief to socially vulnerable people and older people (age over 70) through provision of food and hygienic items. Over 80,000 older people were assisted with basic food and hygienic items: over 20,000 older people in Tbilisi. Over 10,000 food and hygiene parcels were collected and distributed through the nationwide campaign for older people with such supermarket chains.

Provision of Home Care services that includes taking care of persons with specific needs in homebound settings through Georgia RC home care services. The home care services are being provided to over 1,000 persons with specific needs with support of the Red Cross home care teams. The main attention is paid to have professional home care teams and provide regular training. During the times of restrictions, the Georgia Red Cross Society continued the provision of the Home care services. The organizations working with the elderly beneficiaries asked Georgia Red Cross to support them and to provide home care service for their beneficiaries as well. Georgia Red Cross aims to reach more than 3000 beneficiaries and increase the scope of coverage.

8. Hellenic Red Cross

The Hellenic Red Cross has further scaled up its COVID-19 response through a wide range of programmes and services including mobile health units in migrant camps, accommodation centres for unaccompanied minors, home care services in urban settings, a psycho-social support hotline, health and hygiene promotion for homeless and other vulnerable groups, temperature screening and risk communication. At the request of the authorities the Hellenic RC is now operating mobile health units in several migration centres on the mainland, including Kleidi/Serres, Nea Malakasa and Korinthos camps, to cover the primary health care needs of newly arrived migrants. Preparations are underway to provide similar health services in Ritsona camp from October. The HRC mobile health units provide general medical services on a daily basis to all vulnerable migrants. Services typically include a general pathological clinic with a general practitioner and nurses, a nursing station for triage and monitoring of chronic patients, a paediatric clinic staffed with a paediatrician and nurses, a gynaecology clinic and a dental clinic. The medical teams are supported by interpreters in key languages including Arabic, Farsi and French. Health and hygiene promotion activities include COVID-19 awareness raising and prevention activities for adults and children, while tailored hygiene kits also have been distributed.

A first distribution of COVID cash grants to vulnerable households - especially elderly people living alone and those living with a disability - was completed in Athens. Meanwhile, some 84,700 vulnerable migrants in 17 sites and various urban locations in Northern Greece continued to receive vital cash assistance, despite major operational challenges due to COVID-19 related measures. The team worked in close partnership with UNHCR to adjust procedures and protocols to ensure that activities were never suspended, with almost 80% of the people now reached through remote certification.



HRC staff and volunteers distributing water and hygiene items to people in need. Photo: Hellenic Red Cross



Mobile health unit in action in Greece. Photo Hellenic Red Cross

Italian Red Cross

The Italian Red Cross (ItRC) has been implementing activities in 21 regional branches and over 1,439 local and subbranches, mobilizing more than 150,000 Volunteers and 650 staff since the beginning of the outbreak. Thanks to the work of its branches and volunteers, the ItRC is greatly contributing to cover the needs of the most in need by strengthening and expanding its services outreach at national level.

For this emergency, due to the unique position of the ItRC to access people and households, branches and volunteers have taken the major role in assisting people in need by collecting the requests for help both through the National Response Centre (calls received at the hotline) and through the local branches. The ItRC has ensured the transportation of patients and set-up temporary infrastructures next to hospitals for triage systems, which have enhanced the possibility to manage the intake of new patients more efficiently. Likewise, through its toll-free number, the National Emergency Room as well as the 21 regional emergency rooms, the ItRC has provided up-to-date information to the population about the importance of staying home in case of mild symptoms which contributed to avoid the spread of the virus inside the hospitals and as well the overload of the health system already severely overstretched and close to collapse.



Italian Red Cross volunteers are delivering medicine to the homes of vulnerable people in self-isolation. People can ask for assistance 24/7 by calling the toll-free number of the Red Cross. This service is aimed at people who are older than 65, living with disabilities or showing symptoms of COVID-19 infection. Photo: ItRC

Among the activities carried out at national level, ItRC provided: Ambulance services for the transportation of non-Covid patients; Bio-containment ambulance services for the transport of Covid-19 patients to hospitals; support to hospitals and clinics by providing volunteers, doctors and nurses; set-up and management of pre-triage tents outside hospitals for screening purposes; creation of a dedicated hotline in order to provide psychosocial support for health workers; monitoring, health care and PSS support for the people that had to stay in quarantine facilities; health surveillance at ports and airports both with medical personnel and by measuring the temperature of travellers; provision of up to date and reliable information on Covid-19 through a dedicated toll-free number (which has reached peaks of up to 15,000 calls per day); collection of support requests through the toll-free number; PSS to the general public; provision of PPEs to all the Italian Red Cross branches; development of online training courses for volunteers and staff members; stress management to volunteers through a dedicated hot-line; home delivery of groceries and medicines during lockdown; provision of food and non-food parcels to people and families in need; distribution of 16,607 vouchers for the purchase of food to families facing economic distress; and support to the Operational Rooms of local and regional authorities.

The NS also continued its efforts in risk communication and in managing community feedback through its hotline and social media. To date, 46,062 services were activated through the national ItRC hotline in order to respond to the different needs tied to the Covid-19 emergency, allowing to track the changes in the type of requests of the general public and adapting the services that are provided throughout the national territory. The ItRC has also developed IEC material for COVID-19 information, tutorials on how to wear masks correctly and on handwashing. Etiquettes on coughing and sneezing have also been disseminated through all our social media channels. To date, the ItRC has provided over 125,892 ambulance services related to Covid-19, it has made over 101,618 home deliveries of medicines and over 87,537 packages of groceries and distributed over 58,573 food parcels.

9. Kazakh Red Crescent

The Red Crescent Society of Kazakhstan (RCSK) are front-line responders in the pandemic. With a network of 16 branches and trusted volunteers and staff across the country, the RCSK is uniquely placed to support communities to respond to the COVID-19 pandemic. 944 volunteers have been mobilized and trained on COVID-19, and a stock of PPE is available for staff and volunteers. RCSK procured 11,000 reusable masks and distributed them among branches. The RCSK has been implementing risk communication and community engagement activities all over the country since April. The total number of people reached by the end of July was 1,158,374 people. While adapting to challenges in face-to-face engagement, RCSK

has increasingly become “digital first” in its COVID-19 response. Electronic versions of information materials are disseminated via electronic mail and messengers (WhatsApp, Telegram), and posts are made by the RCSK in social media (Facebook, Instagram, VK). Television is also used for dissemination of information. 750,000 leaflets/booklets, in Kazakh and Russian languages, have been produced, as well as posters, that provide correct information and dispel myths about the virus. In addition, IFRC, in cooperation with the National Scientific Centre for Highly Infectious Diseases, has run 11 trainings on COVID-19 biosafety and IPC for 275 healthcare professionals working in hospitals and PHC facilities in 5 locations; it is estimated they will provide IPC knowledge and skills to some 5,000 healthcare workers across the country.

To date 259,993 leaflets have been disseminated in communities. Printed information materials are distributed on the streets, in parks, in public transport, in shops, shopping malls, markets, pharmacies, medical institutions, schools and colleges, regional, city and district administrations, railways, correctional institutions, gasoline stations etc. Live face-to-face sessions take place where quarantine measures allow meetings in small groups/outdoors. Schoolchildren and students of colleges have been reached online via electronic education platforms and through teachers. Materials are also disseminated with food parcels distributed by the RCSK among the most vulnerable people; 9,076 food parcels have been distributed to date.



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. So far over 300,000 people have been reached with the help of over 1,000 volunteers. Photo: Kazakh Red Crescent

10. Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK) has continued its response to the pandemic, working closely with key Government ministries (Ministry of Health, Ministry of Emergency Situations and the Ministry of Labour and Social Development) in COVID-response activities, and helping vulnerable groups with a view to forestalling and mitigating the adverse effects caused by COVID-19 across the country. All RCSK's seven branches and central office in Bishkek, as well as 33 district level representations have been actively involved in COVID-19 response activities. RCSK has mobilized and trained 740 volunteers in COVID-19 prevention and response and provided them with personal protective equipment. In addition, 61,641 items of personal protective equipment were provided to healthcare workers and social care workers. Training of social workers on COVID-19 prevention has been carried out, and training for health workers is planned.

From the first days of the pandemic, the RCSK has been conducting massive informational work in communities throughout the country. RCSK has joined the national COVID-19 communication campaign “SAKTA”, led by the Ministry of Health and UNICEF, aiming to join efforts to share key messages. The number of households reached with risk communication and community engagement activities is 918,845. These activities include a WASH component, motivating household members to practice hand washing and sanitation, reaching over 900,000 households. Additionally, there has been innovative use of WhatsApp channels in villages to engage with local community groups. Facebook is also used, and total coverage via Facebook publications in July was 551,287 unique users. RCSK has also participated in TV panel discussions related to COVID-19

Humanitarian and relief activities had also been carried out. 16,584 food parcels and hygiene kits have been distributed among vulnerable groups (including people living with HIV and people affected with TB). A cash assistance programme has been launched for those who have lost income owing to COVID-19. A cash assistance programme has been launched for those who have lost income owing to COVID-19.



Over 700 volunteers of Red Crescent of Kyrgyzstan are supporting over 14,000 people across 7 regions of Kyrgyzstan. They are supporting vulnerable groups of population, such as elderly people, persons with disabilities, low-income families and TB patients, by providing them with disinfectants, personal protection equipment, food parcels, hygiene kits, informational materials and hot lunches. Photo: Red Crescent Society of Kyrgyzstan

11. Magen David Adom in Israel

In light of the increase in the number of new cases, Magen David Adom (MDA) was requested by the Israeli Ministry of Health to continue and increase the activity in the sampling project. MDA continues to focus on long-term care facilities, as well as in the drive-through complexes in the four largest cities (Jerusalem, Haifa, Tel Aviv and Beer Sheva) as well as the population in facilities. In other cities, the drive-through complexes are activated when needed upon request of the MoH and primary health care providers. MDA has increased the number of samplers and samples taken and refreshes the instructions to the staff and volunteers. As of 31 July, more than 735,000 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 long-term care facilities and upon request of the HMO. MDA teams have taken over 12,500 daily samples in the last few days. Compared to the first wave of sickness, though the total number of patients is larger than in the first wave, the total number and percentage of elderly patients (70 years and older) is lower, which demonstrates success in the national plan to protect the elderly (a project that MDA has a major role in). When it comes to the illness among the younger population, the results are much less encouraging, thus the disease is spreading. MDA will attend to the needs of the population affected by COVID through the following activities:

1. Increasing the capacity of the EMS personnel to provide fast and efficient EMS response
2. Attending to the health care needs of persons under home quarantine, and patients hospitalized in the community (at home or dedicated centres), providing on site care and transport as needed.
3. Support the health care system in testing the population for COVID, especially in long-term care facilities and vulnerable communities. Support the health care system in validation on alternative testing methodologies to COVID-19 (Alternative to Rt-PCR).
4. Support the treatment of the critically ill patients by collecting and providing units of convalescent plasma to the health care system.
5. Sustain and increase the capacity of MDA to respond to COVID needs operation through developing tools and methodologies for distance and hybrid learning.

The following are the risks to the operation:

1. Massive outbreak. At this stage, the situation is stabilized with around 2000 new cases a day. MDA is dealing well with these numbers. In case the outbreak sparks again, more resources will be needed, resources that are not currently secured.
2. Personnel – if the amount of personnel available decreases dramatically, due to massive illness among MDA staff and volunteers, or sudden dramatic decrease in the availability of volunteers, the capacity of MDA to complete the activities will be challenged. Contingency – training of more staff and volunteers, considering the COVID limitations.
3. Equipment – COVID-19 guidelines implies much higher use of PPE (as many “regular” EMS responses are considered as “high risk” – possible COVID-19 patient). Though PPE is secured by the Israeli MoH for “COVID operations, this is not secured for “regular EMS operations”. Contingency – MDA is trying to procure additional PPE (facing lack of availability and much higher prices).
4. Health care system overwhelmed by the number of patients. Though the authorities invested significantly in creating surge capacities for the COVID patients, a spike in the number of hospitalized patients may stretch the hospitalization capacity, especially expecting the seasonal flu during November – March season. MDA is working with the MoH on developing a programme that will allow minimizing the number of patients transported by MDA teams to hospitals.
5. Deterioration in the security environment. Possible escalation in the security situation around the Gaza or Northern borders (with Lebanon, Syria or both) may deteriorate into an active armed conflict. Deterioration in the security situation in the West Bank, can lead to further security incidents. Contingency – MDA has reviewed its conflict related contingency planning.



Magen David Adom in Israel is piloting a drive-thru coronavirus testing method that allows people to stay in their own car during the entire sampling process. This enables medical teams to collect thousands of samples per day if needed. Photo: MDA

12. Red Cross Society of the Republic of Moldova.

The National Society has engaged with 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 Red Cross 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 70 staff and volunteers were equipped with PPE. Two training sessions were conducted regarding measures of protection during pandemics, and more than 75 staff and volunteers were trained. 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. Moldova RC purchased and distributed 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.). 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.



60-year-old Ghenadii has volunteered for 11 years, because “being part of the Moldova #RedCross team, I can bring hope and happiness to people.” During the current pandemic, his team distributes water, hygiene supplies and information to those most vulnerable. *Photo: Red Cross Society of the Republic of Moldova*

13. Red Cross of Montenegro

From the beginning of the COVID-19 response operation, the Red Cross was active in raising awareness on COVID 19 – adapted and translated all the documents and info graphics received by the International Federation of the Red Cross/Red Crescent societies. They were posted on all Red Cross social media. Additional flyers created by the Institute for Public Health were distributed all over the country through the local Red Cross branches. In total, 24.500 flyers for general population were distributed.

The National Society continued with visits to older people (both professionals and volunteers), respecting all preventive measures. House visits and chores were mainly organized for priority cases – people who were immobile or had difficulties moving. Visits were short and used for clean-up and preparation of meals, using all the protective equipment and practicing social distancing. Communication with other beneficiaries was organized via phone and they had the possibility to use some of other services, such as groceries shopping, collecting the medicines, scheduling doctors’ appointments, administrative services so that they didn’t have to go out and expose to infection. The total number of beneficiaries covered with this type of service is 1500.

There was a Red Cross Call Centre for people in need, both at national and local level, (older people, persons with disabilities, people who live by themselves, people in isolation, those who returned from treatments...) who called and asked for assistance after which the Red Cross volunteers procured what was needed on their behalf. In addition, there was a hotline for providing psychosocial support where trained RC psychologists provided the necessary assistance. This type of assistance



Red Cross of Montenegro has been operating a call center until the end of May 2020, but now the conditions have been created for them to return to regular ways of communication. *Photo: RC of Montenegro*

was very important as people found themselves in changed environment that caused various emotions, thoughts, behavioural and sometimes physical changes. In the period from 19 March to 1 July, there were 3539 PSS services provided. In addition, PSS was provided to the volunteers who were involved in the response, through constant communication and monitoring of their work.

Red Cross is continuing its work with migrants and asylum seekers who are accommodated in reception centres. These groups have been reached through the distribution of awareness material in 3 different languages (English, Arabic and Farsi) but also with the provision of medicines and disinfectants. In addition, humanitarian assistance is being provided to people in private accommodation and integration with the support of UNHCR.

Assistance is also being provided to Roma population (food and hygiene). Red Cross of Montenegro has been working with Roma community in the country for almost 20 years now – activities related to education, health, but also provision of humanitarian assistance. RCM also has an office in the camp near Podgorica with around 2,000 Roma refugees from Kosovo. In addition, the Red Cross staff and volunteers are trained on identifying neglect, violence against children, gender-based violence and implementing the SOPs. The NS is also developing and disseminating informative material on prevention of child abuse and neglect, child sexual exploitation and any form of exploitation (child labour, early marriages), and Gender Based Violence material.

The Red Cross is in the process of creation of standard operational procedures for referral of children at child protection risks and people exposed to GBV risks to support services in the context of COVID-19 pandemic.

For the period from March 19 until 1 July 2020, the Red Cross distributed 58 950 humanitarian parcels (food, hygiene and baby parcels) across the country and directly reached 40 628 households. In this period, volunteers spent 18,876 hours responding to Covid-19. In addition, there were 1174 meals provided and 3385 procurements 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. Thanks to the committed and continuous work of 100 staff, around 450 volunteers and 130 professional home helpers, the Red Cross of Montenegro was able to provide the assistance to a large percentage of socially vulnerable population. All the people involved in the response were equipped with protective equipment.

14. The Red Cross Society of the Republic of North Macedonia

The NS has been active since the beginning of the pandemic in the country and implementing activities for raising public awareness on COVID-19 prevention and hygiene promotion, risk communication, help line for PSS support for vulnerable people and people in isolation, health activities, distribution of medicaments and food, and hygiene parcels to most vulnerable groups of population (older people, homeless, Roma population, children, people with pre-existing chronic diseases and people in self isolation). The NS is also actively supporting migrants that transit the country and migrants sheltered in the transit centres, Centre for asylum seekers and centre for migrants.

Health, and WASH

The NS has also been active in raising awareness about symptoms and individual prevention measures related with COVID-19, the importance of social distancing and translation of WHO and IFRC educational materials for prevention of COVID 19 into Macedonian and Albanian languages. Dissemination of these materials were mainly through social media, raising public awareness using social media (Facebook, webpage, twitter etc.). RCNM mobilized all volunteers proficient in hygiene promotion and enabled them to undergo WHO online trainings for COVID 19 in order to conduct online prevention campaign and dissemination sessions for hygiene promotion and corona virus protection for vulnerable groups, institutions etc. In addition, over 1000 posters for hygiene promotion were distributed and posted on visible places. Also, NS will continue to provide hygiene promotion in rural areas and educational institutions, then establishment of electrical hand disinfection systems in Red Cross premises in order to protect staff and volunteers.



Volunteers of the North Macedonia Red Cross are providing masks, gloves and disinfectants for migrants and refugees at the transit centre of Tabanovce to protect them from COVID-19. Photo: RC of North Macedonia

In cooperation with the Ministry of Health, NMRC was actively engaged with their volunteers at all border crossings for conducting an epidemic questionnaire with all entry passengers crossing the border.

NS from the very beginning of the response open SOS telephone lines to provide support to most vulnerable, older people, those in self-isolation. Then open the lines for all citizens who need mental health support to overcome the stress caused by COVID-19 and to accept the new lifestyle. So far, 4513 calls were registered at national level, specifically 16 Red Cross branches and Red Cross of City Skopje organize this service.

In addition, **online trainings** are provided to volunteers not only to brief them prior to the activities on COVID-19, but as well to train them on provision of PFA and modalities in how they can provide it remotely in these pandemic situations.

NMRC have strengthened the migrant response: Preventive measures with additional teams, humanitarian assistance and referral (the teams of doctors were providing preventive medical checks, primary health checks and additional medical checks if needed as per the protocols for COVID 19 in coordination with Public Health Centre). Regarding the irregular migrants that were being brought by the authorities or met by the mobile teams there were in total of 20193 assisted migrants until 31 July. During the distribution of food or non-food items or first aid interventions and interviews were conducted with the migrants where there were 3,347 suspected cases for COVID-19. To all the interviewed migrants, informative leaflets were distributed with preventive measures.

During each distribution of food and hygiene parcels there are distributed sets for personal protection of vulnerable groups including protective masks, disinfection gels and protective gloves. NMRC volunteers are also assisting Ministry of Health in distribution of the medicaments for the people with chronic diseases in state quarantines, distribution of insulin for people with diabetes that are in self-isolation. In cooperation with UNICEF, North Macedonia RC volunteers are supporting vulnerable groups of population especially children and distribution of hygiene parcels for 10 000 Roma population.

Red Cross Teams are active in providing support to older people through home visits and supporting them with procurement of daily supplies and medicines upon their request, as well as providing them with PSS support. The National Society distributes food, hygiene, medicines, etc. for vulnerable people and people in isolation. The NS performs disinfection of vehicles, premises and equipment of volunteers and staff of Red Cross.

Livelihoods, cash support and food aid

COVID-19 affected all segments of functioning of the regular daily living, then affected the economy, vulnerable groups became more vulnerable and number of citizens become vulnerable due to the closure of businesses where the middle class was employed. Since March, the NS responded to the most vulnerable citizens and those who lost their jobs and so far until end of July the following livelihoods activities were conducted:

Distributed monthly food parcels: 1,908

- Assistance to vulnerable groups through delivery service: 6,257 persons
- Distributed hot meals to vulnerable groups 77

National Society Strengthening

Special attention was given for strengthening the capacities of the NS especially for acting in pandemic. From the very beginning there were 33 educations for COVID prevention for each branch where 450 volunteers and staff were trained how to protect themselves, then 5 refresher trainings with 40 participants were organized for hygiene promotion. NS started to organize the PSS and PFA system, so comprehensive analysis was conducted with recommendation for establishment of a structured system for PSS and PFA provision that can be further developed and be sustainable. So far, 55 volunteers were trained how to disseminate PSS and PFA trainings and to provide PSS and PFA assistance in pandemic situation and manuals for PSS and PFA trainings were produced adopted for COVID-19.

15. Polish Red Cross

The situation in Poland is dynamic. The first COVID-19 case was confirmed on the 4th of March. As of 27 July 2020, there were 4,3402 confirmed cases and 1,676 deaths. Daily there are around 580 new cases confirmed and for the last two months this level has been remaining. Polish Red Cross, as auxiliary to the public authorities, established the so-called Humanitarian Aid Centre, which is focused on three major areas: 1) central intervention crisis warehouse dealing with current equipment purchases and distribution; 2) psycho-social support; 3) education and prevention. There are a number of different activities done within the HAC framework including social campaign, support in construction of temporary shelters and quarantine camps, restoring family links through on-line communication, provision of food and personal protective equipment, home care and blood donation.



Polish Red Cross youth volunteers support older people to ease loneliness and anxiety during COVID-19. Check-in calls have led to hours of interesting discussions and shared life lessons. Photo: PRC

According to the findings of the first needs assessment done by the Polish Red Cross in March 2020 two fields were identified, where urgent intervention was needed: provision of assistance in the form of food and non-food items including personal protective equipment, and long-term support focusing on psycho-social support. The first one is supported by domestic partners who contributed both financially and in-kind to the operation, while the latter one is supported financially by different donors through the multi-lateral funds of the International Federation of Red Cross and Red Crescent Societies. It was assessed that in epidemic or pandemic situation special attention should be paid not only to physical health, but also to emotions and mental health. Therefore, the Polish Red Cross decided to strengthen the social well-being of the people in times of COVID-19 crisis through psycho-social support. Two projects focusing on psychological helpline and child friendly spaces have been implemented. With the engagement of volunteers, the psychological helpline was established with the following three main objectives.

It was assessed that in epidemic or pandemic situation special attention should be paid not only to physical health, but also to emotions and mental health. Therefore, the Polish Red Cross decided to strengthen the social well-being of the people in times of COVID-19 crisis through psycho-social support. Two projects focusing on psychological helpline and child friendly spaces have been implemented. With the engagement of volunteers, the psychological helpline was established with the following three main objectives:

- Beneficiaries have access to psychological helpline and use it to individual consultancies,
- Staff and volunteers of the PRC have access to professional psychological aid and use it,
- Beneficiaries are well instructed and educated how to behave during the COVID-19 crisis and know how to reduce the level of stress and where they can get psycho-social support.

Activities included psychoeducation, psychological first aid, information provision on places where specialist's help can be obtained. The line was active from 27 March until 30 June. It has been suspended for the period of summer holiday, during which other needs have been identified. Since the beginning of the psychological helpline project, a total of 181 psychological consultations have been conducted. Additionally, 10,000 people received leaflets informing about the helpline, 32,000 people were educated on stress control through special brochures and 6 volunteer initiatives were conducted: 1 in Lublin and 5 in Pomeranian region to activate youth and volunteers. The main topics of them included ecology, self-esteem, fake news, highly sensitive people, entertainment, stereotypes.

Health education is one of the key activities in this project. Therefore, educational brochure educating what are the stress symptoms, how to deal with stress and panic, how to support the others, when to ask for help was prepared by the experts, printed and distributed to the people assisted. 32,000 brochures have been distributed through PRC branches involved in youth, rescue and home care activities. As an interest among migrants and refugees has been noticed, the brochure will be translated into foreign languages, printed and distributed through collaborating NGOs involved in multicultural activities. During an evaluation, decreasing number of phone calls to the psychological helpline in the summer period has been noticed. At the same time an interest of on-line workshops has been reported.

To respond to this need, the NS decided to extend the educational offer in the project and organize 4 workshops on self-care during COVID-19. They will be dedicated to youth and volunteers. Additionally, a contest for youth teams and young leaders on psycho-social activities is planned. All the above achievements have contributed to improving the public image of the PRC as a reliable and trustworthy partner for other actors involved in COVID-19 operation. Therefore, PRC has attracted new individual and corporate donors to support its efforts since the beginning of the crisis. Initiating new actions was also an opportunity to attract new people who had never collaborated with the PRC before. The National Society could offer new positions of psychologists, psychotherapists and supervisors attractive on the labour market.

16. Russian Red Cross Society

Since the start of the spread of COVID-19 in the Russian Federation, the Russian Red Cross has conducted risk communication and awareness-raising activities with the people on the COVID-19 related risks and preventive measures. As the COVID-19 spreads and lockdown measures have been introduced, RRC staff and volunteers have been provided targeted assistance to deliver food to people at self-isolation, as well as work with partners to mobilize resources to strengthen RRC capacity in COVID-19 response. From the beginning of the response to the present, work continues to inform about the risks of infection with COVID-19, provide psychosocial support to people exposed to stress (people who have lost income, the elderly and people with chronic diseases, migrants, medical workers), an information campaign to promote free blood donation, providing targeted assistance to the most vulnerable and most affected people by the pandemic.



Volunteers of the Russian Red Cross regional branch in Velikiy Novgorod continue to support vulnerable population by packing and delivering food packages, patrolling the streets and informing population on COVID-19 prevention measures, as well as providing psycho-social support. Photo: Russian Red Cross

Sustaining Health and WASH

Activities in these two sectors have included:

- Informational campaign on risk communication and COVID-19 prevention which have been covered about 250,000 people
- Informational campaign on blood donation that has been covered 57 mln people all over the country
- Psychosocial support (PSS) has been provided to around 8,000 people.
- More than 4500 people have been provided with hygiene kits within the hygiene promotion campaign in 10 regions of Russia.

Livelihoods, cash support and food aid

Main activity under this pillar has included direct livelihood assistance through food parcels distribution has been provided to 14,000 households (about 30,000 people).

National Society Strengthening

About 500 RRC staff and volunteers have been trained on different aspects of COVID-19 response (PPE use, PSS, risk communication, safety of staff and volunteers). In addition, around CHF 1 million (funding support and in-kind donations) has been attracted from external donors at the national level.

17. Red Cross of Serbia

Two peaks of the first COVID-19 epidemic wave have been identified by the epidemiological experts in Serbia. The first peak was identified in April, and the second one in July. As of 30 July 2020, a total of 25,213 people were tested positive with virus COVID-19 and 565 have died. During these two peaks and whole epidemiological crises the healthcare system demonstrated flexibility and ability to adjust to the new circumstances by opening temporary field hospitals and reorganizing existing capacity to be able to attend COVID-19 patient. From the begging of COVID-19 crises and the declaration of the state of emergency (15 of March) until 31st July 2020 the Red Cross of Serbia engaged 176 Red Cross branches, 700 staff, and more than 6.000 volunteers to provide support to the affected communities, National and local self-government efforts to respond to COVID-19 crises and its impact to the population in Serbia. In the reporting period, the Red Cross of Serbia supported more than 1.000.000 people through the following assistance:



Zorana Arunovic is the best female sport shooter in Serbia. Zorana volunteers at the information centre set up by the Serbian Red Cross to support people who are staying at home. She spends her days responding to people's calls and giving anyone who needs to talk a listening ear, information, encouragement and consolation. *Photo: Red Cross of Serbia*

From the begging of COVID-19 crises and the declaration of the state of emergency (15 of March) until 31st July 2020 the Red Cross of Serbia engaged 176 Red Cross branches, 700 staff, and more than 6.000 volunteers to provide support to the affected communities, National and local self-government efforts to respond to COVID-19 crises and its impact to the population in Serbia. In the reporting period, the Red Cross of Serbia supported more than 1.000.000 people through the following assistance:

Sustaining Health and WASH

- 148 local RC branches organized info-centres to provide the right information to citizens and to receive requests where support was needed (183.485 people helped). Through the info-centres and established info lines there were over 42,000 call-backs from RC volunteers and staff to the affected population;
- 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 was developed (92.619 people 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 helped).
- 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. This activity was implemented from the National Society's own resources;
- 44 local RC branches are proving support with tanks that are filled with disinfection liquid that is distributed to citizens (155.348 people supported).

Livelihoods, cash support, and food aid:

- 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 working orders completed);
- 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 food and hygiene parcels (432,532 food and hygiene parcels distributed);

- During the state of emergency 76 local RC branches were running public/soup kitchen program (134.000 meals were delivered to beneficiaries' address)

National Society Strengthening:

At the beginning of the COVID-19 response operation, the Red Cross of Serbia established the Disaster Management Coordination-Operations Centre (DMCOC) for disaster preparation and response, to improve the coordination of disaster response activities, the communication with Red Cross operational organizations, monitoring, and data collection, and information. DMCOC was established within the implementation of the project of the International Federation of Red Cross and Red Crescent Societies "Capacity Building for Communication and Coordination for More Efficient Disaster Preparation and Response in Southeast Europe", financially supported by USAID.

Instructions for local Red Cross branches for reducing the risk of Infection COVID-19 was developed and forwarded to all Red Cross branches on March 12, 2020. To continuously implement planned activities and support people in need during the state of emergency and total lockdown the Red Cross of Serbia provided movement licenses from the Ministry of Interior for all 2.705 RC staff and volunteers. The document "Framework of recommended COVID-19 related activities for local Red Cross branches" was developed and forwarded to all Red Cross branches, with all recommendations, instructions, and procedures that were harmonized with the measures adopted by the competent authorities.

To 182 local Red Cross branches the Red Cross of Serbia has distributed next tranche of PPE for engagement of volunteers and staff during COVID-19 crises. In total, by implementing previously mentioned activities during this period (15th of March - 31st July) the Red Cross of Serbia reached and helped more than 1.000.000 people.

18. Slovenian Red Cross

Following a sharp increase in the number of new cases in March, the numbers started gradually decreasing in April and in May with no new cases in the first half of June. However, the numbers started growing exponentially from the middle of June reaching a total of 2,401 by 14 August 2020.

On 24 February, the Slovenian Red Cross established an internal taskforce to coordinate the information flow and activities linked to the COVID -19 response. The National Society organized and implemented trainings for SRC staff and volunteers about symptoms and individual prevention measures, contributing to awareness raising and addressing panic and stigma issues. On 11 March 2020, SRC FA team members were deployed by the Administration of Republic of Slovenia for Protection and Disaster Relief to 6 Slovenian – Italian border control points to scan for signs of SARS-Cov-2 and measure body temperature of those entering the country. SRC responded to COVID-19 in close coordination and cooperation with the Ministry of Health, Ministry of Defence's Administration for Civil protection and Disaster Relief, National Institute of Public Health and other governmental and non-governmental organisations, providing the following services:

- Monitoring the health status and measuring of body temperature at 19 border check points with Austria and Italy, as well as in medical, public and other institutions in the country
- Support to residential care homes as well as delivery of food and NFIs to older adults
- Distribution of food parcels and hot meals
- Sawing of facial protection masks for local communities
- Provision of clothing, footwear and hygiene items to migrants at the Asylum Home Ljubljana
- Cross-border delivery of medicine to people in need in neighbouring countries due to the lock-down
- Activation of SRC EMT I in collaboration with Administration for Civil protection and Disaster Relief and the Slovenian Army - mobile hospital (ROLE-II) for provision of medical care in case of an increase in number of cases



Slovenian Red Cross volunteers are screening passengers for COVID-19 symptoms at the country's border crossings. They also set up a field hospital in Ljubljana that can serve as an isolation centre for up to 140 patients. Photo: Slovenian Red Cross

- Transportation for vulnerable groups to the medical check-ups and other urgent appointments
- Phone lines offering PSS, COVID-19 information and support requests from the public
- Providing at home childcare services for parents performing urgent public services
- Informing and building awareness about COVID-19 prevention and response measures
- Organization of blood-drives, under COVID-19 precaution/prevention regime.

In addition, a “Social stigma guide” which was provided by IFRC, WHO and UNICEF and translated into Slovenian and disseminated among the general public. Likewise, the NS provided additional web-based learning aids for school children. With first allocation of multilateral funds provided by IFRC, SRC was able to provide more nutritious food items for children within the food parcels distributed to socially vulnerable families who SRC is working with. In total 6,885 food items were secured, which in total reached 5,300 children. In addition, SRC distributed 160 pairs of protection footwear for SRC FA team members and staff helping in the COVID-19 response. The Slovenian Red Crosses achieved the following:

- An estimated 2,097,195 people reached through RCCE/CEA activities focused on health and hygiene promotion
- A total of 182,642 people supported through community-based WASH activities
- A total of 5,096 people reached through community through mental health and support services
- As many as 59,322 vulnerable people due to COVID-19 received food or other kind of assistance.

19. Red Crescent Society of Tajikistan

The Red Crescent Society of Tajikistan (RCST) as a member of the National Platform for Emergency Response, a member of the National COVID-19 Task Force, and Coordination Council at the Ministry of Health and Social Protection (MOHSP), has been involved in the COVID-19 preparedness and response since the beginning of the pandemic, closely coordinating with WHO, UNICEF, UN Women and other partners. The National Society has been providing logistics support to the MOHSP, in delivering essential COVID-19 medical supplies and personal protective equipment to rural and city health facilities. It has also provided translation of COVID-19 informational materials into local languages. RCST, with its extensive network of branches across the country, has mobilized and trained 1,800 volunteers in COVID-19 and response, and provided them with personal protective equipment. Training on COVID-19 prevention and response has also been provided to 320 primary health care workers, and 3,200 hygiene kits have been provided to primary health care facilities.

The priority has been risk communication and community engagement activities. During the period March-July, information sessions on COVID-19 were conducted among 810,493 people in urban and rural populations and 511,959 schoolchildren (mostly at home), with a total coverage of 1,322,452 people. 270,000 printed information leaflets and posters have been printed and distributed. RCST has reached out to geographically and socially isolated communities, including people at risk in remote areas, people with pre-existing health conditions, people affected by TB, people living with HIV, and people in prisons. It has also provided monthly cash assistance to 1,100 orphans and 2,000 vulnerable families and distributed 1,920 food parcels.

The priority has been risk communication and community engagement activities. During the period March-July, information sessions on COVID-19 were conducted among 810,493 people in urban and rural populations and 511,959 schoolchildren (mostly at home), with a total coverage of 1,322,452 people. 270,000 printed information leaflets and posters have been printed and distributed. RCST has reached out to geographically and socially isolated communities, including people at risk



IFRC, with financial support from the EU, has allocated 80,000 euros to Tajikistan Red Crescent to assist victims of mudflows caused by heavy rains in mid-May in Bohtar and Khuroson Khatlon regions. Humanitarian assistance was received by approximately 1,700 people whose property was destroyed by natural disaster. They were provided with kitchen utensils, mattresses, blankets, bed linen and other household items. In addition, families whose homes were completely destroyed or seriously damaged received financial assistance to solve their most pressing issues. Photo: RCST

in remote areas, people with pre-existing health conditions, people affected by TB, people living with HIV, and people in prisons. It has also provided monthly cash assistance to 1,100 orphans and 2,000 vulnerable families and distributed 1,920 food parcels.

20. Turkish Red Crescent Society

With IFRC support, the Turkish Red Crescent Society (TRCS) has continued to respond to needs related to COVID-19 in the country through risk communications and community engagement (RCCE) activities. These include dissemination of information among refugee and host communities by phone, social media and conference platforms, at households, and in public community spaces. Based on community information needs and in coordination with the TRCS public health department, the TRCS communications team has been updating and developing new content and information materials on various topics related to COVID-19, including factual information to address rumours. To date, TRCS has reached over 88,717 people in refugee and host communities, and health institutions through community centre RCCE activities and with the distribution of PPE items in relation to COVID-19.

Between Jul and /August, with support of IFRC community engagement and accountability (CEA) in-country, TRCS conducted a knowledge, attitude, practice/perception (KAP) assessment focusing on COVID-19 via TRCS social media platforms, phone interviews and online consultation/focus group discussions (FGDs) with refugees and local people at 16 community centre (CC) locations to understand community KAP, along with their information needs related to COVID-19. Findings from the assessment aim to inform risk communication, behaviour change and community engagement activities. To enable all CC staff and volunteers to record and respond to questions, feedback, complaints and rumours about COVID-19, a feedback form was deployed using the Kobo toolbox. Guidance documents on using Kobo to collect and respond to community feedback were developed and shared with community centres. Online training on Kobo was organised on 21 July with an orientation on KAP assessment conducted on 22 July for 25 TRCS staff from the community centres. Earlier, TRCS CEA and communications together with IFRC participated in a global Risk Communication/CEA training on 27 May.

Through TRCS's Health activities, frontline staff and volunteers equipped with personal protective equipment (PPE), continue to increase public health awareness, and promote safe hygiene practices to prevent and mitigate transmission of the virus, as well as conduct symptom screening by phone, and referring potential cases to hospitals. To date, the National Society has distributed over 3 million hygiene kits to vulnerable refugee and host communities as well as almost 6 million PPE units to health and public institutions, staff, volunteers, refugees and host communities. PPE items procured through the IFRC appeal have been distributed, with 40,000 hygiene kits and 25,000 baby hygiene kits scheduled for distribution in the coming months through the 16 TRCS community centres. TRCS staff and volunteers at community centres continue producing masks and visors. The National Society works in cooperation with public health organizations in distributing these items. To date, the community centres have collectively produced some 1.25 million masks.

Also being conducted are TRCS's mental health and psychosocial support (PSS) activities which include individual and group counselling sessions, psychoeducation, online consultations, psychological screenings, and distribution of PSS kits to children. To date, these TRCS activities have covered some 560,000 people. For psychological screening, an online form is prepared for those seeking support, and based on the information provided, individuals are invited for psychological triage or provided referrals for professional psychological services. This service is also available for people referred by other I/NGOs and public institutions.

Other key TRCS activities include provision of hot meals for more than 75,000 people under quarantine in state-run facilities (observation points); support for almost 5.8 million people with in-kind assistance (i.e. food parcels, clothing) and 2.4 million refugee and host community members with cash assistance. To date, the TRCS call centre has received 4,332 calls from the refugee community for COVID-19 related services. In the treatment of the COVID-19 patients, TRCS has supported 322 hospitals with immune plasma components.



Turkish Red Crescent (Türk Kızılay) provides 3 meals a day to the people who recently returned from abroad and are under medical surveillance for COVID-19. Staff and volunteers prepare and serve the food wearing protective equipment. Photo: TRCS

TRCS continues to implement its activities in response to the COVID-19 pandemic through its 258 branches and 174 local units, 16 community centres, nine regional disaster response centres and 85 blood centres across Turkey.

21. Red Crescent Society of Turkmenistan

The National Red Crescent Society of Turkmenistan (NRCST) is a member of the national COVID-19 Outbreak Response Plan Working Group, working with Government ministries and fulfilling its role as auxiliary to the Government. To date there have been no cases of COVID-19 reported in Turkmenistan, and the focus has been on awareness raising activities. The NRCST has mobilized a total of 230 volunteers, and staff and volunteers have been trained on COVID-19 prevention and response and provided with personal protective equipment. Public awareness-raising activities have been carried out; volunteers have conducted information dissemination activities and distributed information material in communities related to COVID-19 prevention, including information on wearing personal protective equipment, observance of social distancing, and regular hand washing. Information has been provided to a total of 52,500 people via printed material and in-person information sessions, and 3,500 door-to-door visits have taken place informing people of COVID-19 mitigation. A video was developed for schoolchildren, in the Turkmen language, based on IFRC and Ministry of Health materials.

NRCST has provided support for training on COVID-19 prevention and response for medical personnel (family doctors and family nurses). Training was prepared using materials from WHO and the Ministry of Health, adapted to the Turkmenistan context and translated into Turkmen language. A total of 60 doctors and nurses were trained; four trainings were held for 10 people in Ashgabat and 2 trainings were held for 10 people in Ahal district. The National Society also worked together with local authorities at border points of entry, organizing tents for citizens entering the country, for compliance with 14 days quarantine. NRCST, from its own funds, allocated personal protective equipment to employees of the Turkmenistan national airline. PPE has also been provided to frontline workers. Additionally, together with local entrepreneurs, it has distributed laser thermometers for thermo- screening to schools, kindergartens, universities, factories and local NRCST branches.

22. Ukrainian Red Cross Society

According to the latest data published by the Ministry of Health (MH), the coronavirus has infected more than 110,000 people, and caused 2,354 deaths, with 53,454 recovered. Based on statistic there are 2073 children and 5184 medical personnel have got sick since the beginning of COVID-19 in Ukraine. The Ministry of Health has introduced a single state protocol for the treatment of COVID-19 infected patients. The document was initiated by Minister of Health. Since March 29th, Ukraine has been working on updated medical standards for the provision of medical care to patients with COVID-19. A new algorithm of outpatient care has been updated for patients suspected with COVID-19. The government extended its quarantine until 22 June. Some premises like sport facilities, Shopping malls, markets have been opened already to the public with some minor restrictions and hygiene measures.



Evacuation Lviv-Kyiv, ZSHR volunteers, from the window. Photo: Ukrainian Red Cross Society

23. Red Crescent Society of Uzbekistan

The Red Crescent Society of Uzbekistan (RCSU) is actively involved in COVID-19 preparedness and response coordination with the Ministry of Health and Ministry of Emergency Situations, WHO and other partners. The NS supports the Ministry of Health and WHO with translations of COVID-19 information, education and communication materials into Uzbek and Karakalpak languages. The RCSU has also mobilized 976 volunteers, and together with 298 National Society staff, they have all been trained on prevention of COVID-19, risk communication and community engagement and accountability, sanitation and hygiene, raising awareness of protection of staff/volunteers, psychosocial support, and have been provided with personal protective equipment.

The priority has been COVID-19 risk communication and community engagement activities, and the RCSU, as a trusted and established organization with a network of branches and volunteers throughout the country and strong community presence, is uniquely placed to undertake this role. RCSU works in all regions, at community level, relying on the existing network of community mahalla groups, and working closely with the local health authorities. RCSU undertakes the dissemination of public awareness education messages, including at schools, also reaching people without access to regular media, and including vulnerable groups (older people, disabled, people with TB, people living with HIV etc). The number of people reached through risk communication and community engagement health and hygiene promotion activities is 120,470. It has organized 3,608 actions/events, and there have been 279 posts/mentions in the media (local TV and radio, print media, social networks). In its ongoing partnership with the Ministry of Health, RCSU provides social care to vulnerable households throughout the country, and 14,626 vulnerable people have been provided with food and non-food items, including masks.



Volunteers and staff of Uzbekistan Red Crescent educate people on the importance of personal hygiene, distribute medical masks and information materials in crowded places.
Photo: Red Crescent Society of Uzbekistan

Contact information in the IFRC Regional Office for Europe

- Seval Guzelkilinc, Head of DCPRR, seval.guzelkilinc@ifrc.org
- Juergen Hoegl, Operations Coordinator Europe - COVID-19, RROps.Europe@ifrc.org
- Davron Mukhamadiev, Regional Health and Care Coordinator, davron.mukhamadiev@ifrc.org
- Katja Kotkavaara, Regional Pandemic Preparedness Delegate, RRPanPred.Europe@ifrc.org
- Anssi Anonen, Regional Information Management (IM) Coordinator, anssi.anonen@ifrc.org
- Dorottya Patko, Planning, Monitoring, Evaluation and Reporting (PMER) Manager, dorottya.patko@ifrc.org
- Andrej Naricyn, Head of Partnerships and Resource Development (PRD) a.i. , andrej.naricyn@ifrc.org
- Corinne Ambler, Communications Manager, corinne.ambler@ifrc.org



Middle East and North Africa Region - COVID-19 outbreak

Last update CEST, 30 August 7:00 p.m 2020

Source - WHO Data - <https://covid19.who.int/>

25118689

Confirmed Cases "Globally"

844312

Deaths "Globally"

1591666

Confirmed Cases

43287

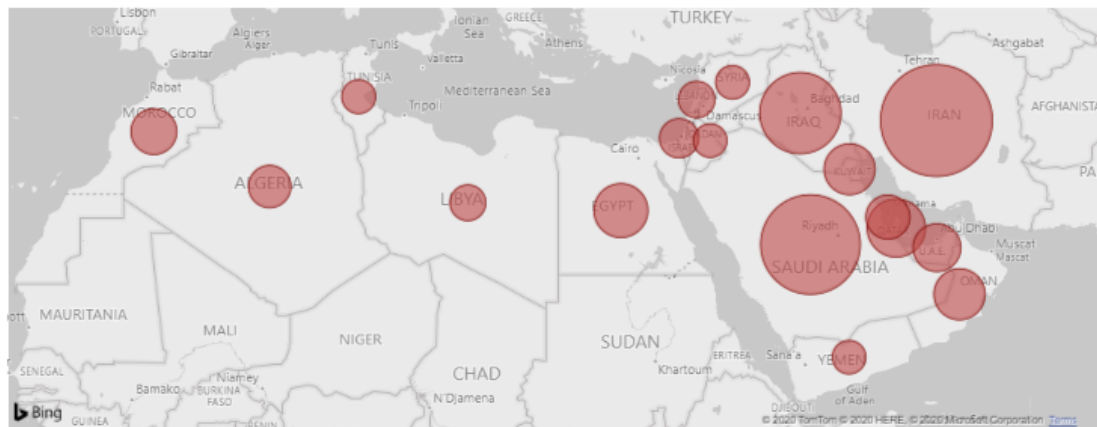
Cumulative Deaths

Country

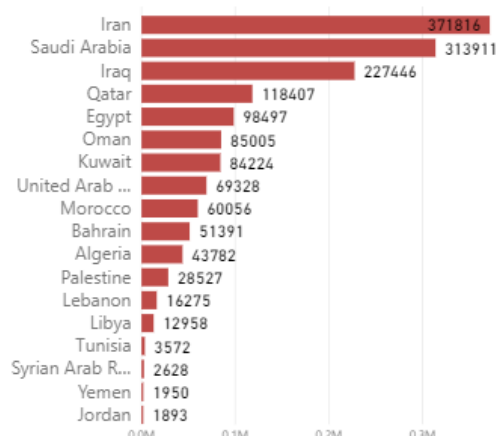
All

Cluster

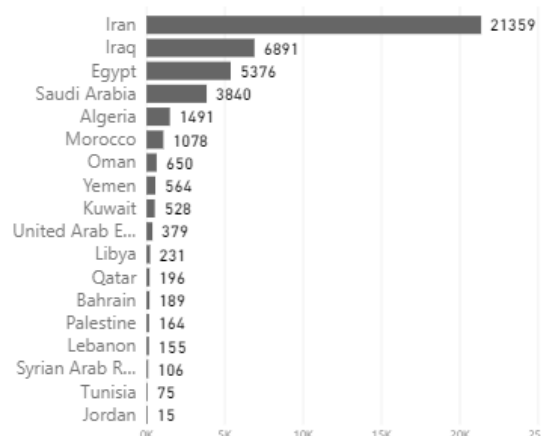
All



Cumulative Confirmed Cases by Country



Cumulative Deaths by Country



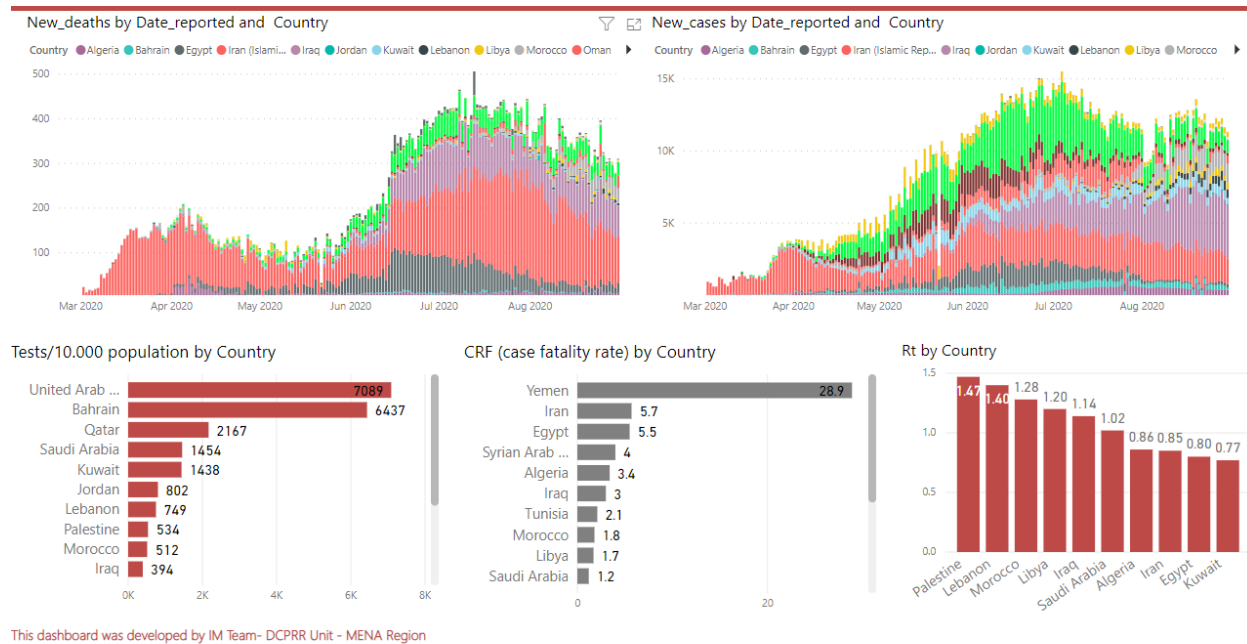
Country	Cumulative Confirmed Cases	Cumulative Deaths	Rt	CRF (case fatality rate)	RISK CLASS
Iran	371816	21359	0.85	5.70	Medium
Saudi Arabia	313911	3840	1.02	1.20	low
Iraq	227446	6891	1.14	3.00	Medium
Qatar	118407	196		0.20	low
Egypt	98497	5376	0.80	5.50	Medium
Oman	85005	650			
Kuwait	84224	528	0.77	0.60	Medium
United Arab Emirates	69328	379		0.50	low
Morocco	60056	1078	1.28	1.80	Medium
Bahrain	51391	189		0.40	Medium
Algeria	43782	1491	0.86	3.40	Medium
Palestine	28527	164	1.47	0.60	High
Lebanon	16275	155	1.40	1.00	High
Libya	12958	231	1.20	1.70	High
Tunisia	3572	75		2.10	Medium
Syrian Arab Republic	2628	106		4.00	Medium
Yemen	1950	564		28.90	High
Jordan	1893	15		0.80	Medium

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 Society concerning the legal status of a territory or of its authorities.

Map Sources : Bing - For more information about Covid-19 Outbreak please visit www.go.ifrc.org

Regional overview

At first limited in spread, the second three months saw COVID-19 infections surge in the region, with peak reported new cases and deaths occurring in July and relenting only slightly afterwards. Iran and Iraq figure among the top 20 countries globally with the most registered COVID-19 deaths.



MENA countries are diverse, but many are subject to factors that accentuate the risks associated with the spread of coronavirus, including rapid and unplanned urbanization, resulting in informal settlements with limited services, including health and water, sanitation and hygiene (WASH). Multiple protracted complex emergencies in the region compound vulnerabilities and complicate humanitarian access. Civil unrest and mass gatherings challenge social distancing. Fragile humanitarian contexts such as Yemen, Syria and Libya are more likely to have limited capacity to detect, isolate and treat COVID-19 cases, or to carry out public health measures to mitigate or stop transmission. There are also millions of people who have been displaced – as migrants, refugees, returnees and IDPs. These people may have limited access to information and treatment.

Downstream socio-economic effects are already severe and expected to worsen. The COVID-19 pandemic is expected to trigger an economic contraction of 5.7 percent in the region.¹ As a result of protracted conflict, food security was already a problem before the virus outbreak. Yemen remains the world's largest food crisis in the world and provision of food aid has been a major part of operations in the main conflict affected countries (Yemen, Syria, Iraq). In Lebanon, following the 4 August explosion that destroyed most of the Beirut Port as well as most of its strategic grain reserves,

¹ International Monetary Fund, Regional Economic Outlook Update, available at <https://www.imf.org/en/Publications/REO/MECA/Issues/2020/07/13/regional-economic-outlook-update-menap-cca#report>

half of the country's population risks falling short of their basic food needs by year's end.² Due to the regional importance of the Beirut port, possible regional effects can also be expected.

Connected to their economies, national societies in the region face challenges in maintaining revenue and paying obligations. In the face of growing demands to respond to the pandemic, many national societies in the region experience shortages of technical human resource capacity in the immediate term, hampering the ability of National Societies to coordinate an effective pandemic response.

In the first six months, IFRC COVID-19 appeal funds supported 12 of 17 National Societies in the region, including Algeria, Egypt, Morocco, Tunisia, Iraq, Iran, Jordan, Lebanon, Libya, Occupied Palestinian Territories, Syria and Yemen. Additionally, funds are used by the MENA regional office for region-wide coordination, support and administrative activities. Other countries have not yet requested for assistance.

Priority 1: Sustaining Health and WASH

The context of the MENA region before the COVID-19 pandemic was already significantly complex. The longest observed protracted crisis in the world, related to civil war in countries such as Syria, Iraq, Libya and Yemen, has been causing unprecedented damage to human lives and physical infrastructure. More than fifteen million people have fled from their economically fragile countries. Fragile health systems, weak disease surveillance systems, overwhelmed response capacities, and a suboptimal level of public health preparedness, has led to many outbreaks of diseases in recent years, for instance wild polio virus in Syria and cholera in Yemen. At the same time, and in many countries, health systems have not been sufficiently upgraded throughout the years to respond to the growing public health needs. More importantly, not all health governmental systems are equipped to respond to pandemics, adding more challenges.

As the COVID-19 pandemic continues to sweep across the region, almost two million people have been infected across the region and tens of thousands of lives have been lost, with many more not accounted for due to the weak surveillance system. COVID-19 health consequences are catastrophic in several contexts in the region, with already weakened public services, including health and WASH systems from years of humanitarian crises, making responses in those contexts particularly challenging. For example, Yemen, registering the highest COVID-19 mortality rate in the world of almost 30%. Most countries and territories in the region now respond to their initial-known cases, while others face already large community outbreaks. Some countries are facing widespread outbreaks and uncertainty about underreported cases. The region is also suffering from social inequity, and diseases (include waterborne) that may flourish as a result of COVID-19 can rapidly spread especially among the most vulnerable communities. These include foreign workers, IDPs and refugees living in camps, camp-like settings and informal settlements. Several countries in the region are also facing a shortage of qualified personnel and an inequality in the distribution of health and infrastructure resources and medical and non-medical staff, which are crucial to provide advanced medical care. Moreover, support for adherence to infection control practices and protection of the existing work force is paramount although a shortage and delayed shipment of personal protective equipment (PPE) is hindering efforts to protect staff and volunteers.

COVID-19 has an immense impact on the mental health and psychosocial wellbeing of the population and the front-line responders. The outbreak of COVID-19 has created concern and worry among the general population worldwide. Emergencies affect and destroy community and family resources and undermine personal coping strategies and social connections, especially with the fear and stigma that are related to COVID-19 due to the media-pandemic. To mitigate the effects on mental health and psychosocial well-being and to minimize the individual and population-based anxiety,

² ESCWA Policy Brief: "Is Food Security in Lebanon under Threat?" https://www.unescwa.org/sites/www.unescwa.org/files/20-00257_pb14_eng_foodsecurity_aug27.pdf

and stigmatization, it is important to address the Mental Health and Psychosocial Support (MHPSS) needs of both the first responders (Red Cross and Red Crescent (RCRC) volunteers, health workers) and the affected community.

As the world's largest volunteer-based humanitarian network, the Red Cross and Red Crescent play a unique role in reaching communities, acting within their capacities and mandates to respond as auxiliaries to the public authorities in the prevention and alleviation of human suffering. National Red Cross and Red Crescent Societies in MENA region are playing an important role controlling this outbreak, through their respective domestic responses. The MENA National Societies with the technical support of the MENA regional office and country offices, led by the MENA Health and Care Unit, are actively contributing to reducing the loss of life while protecting the safety and wellbeing, of the most vulnerable people affected by the COVID-19 outbreak through reducing direct and indirect morbidity and mortality, and secondary health impacts caused by COVID-19 by preventing or slowing transmission. MENA NSs are actively engaging people and communities, online and offline, in promoting safe behaviour and practices, facilitating community understanding and acceptance of infection prevention and control measures, and helping to prevent misinformation, rumours, and panic.

The IFRC MENA regional office has established a regional taskforce co-chaired by the Health and care and Disaster and Crisis units in Beirut. They liaise closely with the MENA National Societies teams to analyse the needs and provide appropriate support to preparedness and response measures, through reinforcement of the pandemic and epidemic control measures, the promotion of health and hygiene practices and strengthen communities' capacity to accelerate and improve community-led solutions to prevent and control the outbreak, with a focus on risk communication and community engagement, psycho-social support, duty of care, addressing the direct impact of the pandemic at the community health and medical provision of services and National Society (NS) response preparedness and response.

The MENA RO Health and Care Unit has technically supported all the MENA NSs, through sharing technical resources. Eight National Societies have been supported in the development and regular update of their country COVID-19 contingency and response plans. The Health and Care unit has been focusing on strengthening its technical capacity and coordination to ensure quality and timely support to NSs in terms of provision of standard information, materials and guidelines in English, Arabic and French as well as technical expertise through assignment of human resources seconded by the movement partners (e.g. Netherlands RC, Norwegian RC and Japanese Red Cross).

The Health and Care unit has been providing relevant guidelines and promoting peer to peer exchange between RCRC NSs, through the pre-existing coordination platform: Health and WASH forum or in thematic webinars with the aim to share information and increase NSs skills and knowledge. In total, more than 15 technical platforms and meetings have been organised with RCRC partners and external partners such as WHO EMRO and UNICEF. Additionally, peer to peer technical support has been exchanged by Qatar RCS, Kuwait RC and Lebanese RC). Members outside of the region, such as Italian RC and Canadian RC have been organised to promote timely sharing of their expertise and knowledge. Topics covered include Epidemiology for COVID-19 (behind the numbers), Care in Community, Public Health Emergency, e-learning platform, WASH, Green response and COVID-19, Glossary, MHPSS, Community based surveillance, First Aid and COVID-19 and COVID-19 for exchanging experiences, scaling up and assuring minimum standards of the COVID-19 operation.

The Health and Care unit encourages NSs to attend MoH or other national authorities' meetings for information sharing and coordination. The Health and Care unit coordinates and works closely with WHO, UNICEF, UNRWA and other partners, actively participating in the different coordination mechanism and sub working groups such as the regional health in fragile settings, CEA/RCCE sub working group etc.

Epidemic control

The Health and Care Unit, with support from headquarters is developing a COVID-19 glossary to be shared and utilized by all regions, based on WHO and IFRC guidelines. This glossary aims at unifying terminology, definitions and relevant tools used in health activities in COVID-19 response, in order to facilitate the reporting process for the NSs. Technical guidance and materials from WHO and IFRC Geneva have been translated into Arabic and the dissemination of learning

from previous IFRC pandemic response operations. The Health and Care Unit had supported the National Societies to adapt and reactivate community-based health tools used to prevent spread of the disease, positive behaviour changes, and community health promotion (CBHFA, PHAST, ECV, CEA etc). Three NS: Iraqi RC, Libyan RC and Algerian RC had benefited from individual technical webinars and e-learning training were organised in the region to boost and build their pandemic and epidemic control technical capacity. Additional e-trainings are planned in the upcoming period.

Almost all the NSs in the region have been engaged in pandemic and epidemic control measures, acting in their auxiliary role to their government, the NSs been actively engaged several activities related to pandemic control such as:

- Support point of entry/point of control screening, contact tracing, active surveillance or other activities to assist in case detection and outbreak prevention for example Irani RC is performing a National wide temperature check at the public premises, entrance of cities were more than 21 million people benefits from this services.
- Support enhancing understanding and acceptance of key containment actions (i.e. IPC, quarantine, point of control screening, isolation and treatment) a peer to peer organised and technical support to NSs engaged in quarantine centres support at different level.

The IFRC is committed to its Duty of Care for volunteers and will focus on their safety, security and protection through the provision of PPE. IFRC MENA Regional Office had provided NSs in the region with PPE estimated at more than CHF 4.5 Million region as part of the COVID-19 preparedness plan initiative.

Risk communication, community engagement, and health and hygiene promotion

In cooperation with CEA and Communications, IFRC MENA health and care had supported scale up of the capacities of NSs to promote healthy behaviour and hygiene practices, through intensifying the health and hygiene promotion building on the pre-existing community-based health and hygiene interventions in close coordination with risk communication and community engagement approaches, using other risk reduction interventions such as Community-based health and first aid (CBHFA), epidemic control for volunteers (ECV).

IFRC MENA Risk Comms and CEA is translating into Arabic and sharing IFRC messages, infographics, and other resources daily through regional communications and social media channels. The team is working closely with National Societies, supporting them in adapting and using these resources in their public communications as well as in their risk communication and community outreach. RCCE technical guidance and materials included the guidance note and RCRC prevention and key messages documents, in addition, the Introduction for Psychological First Aid (PFA), Social Stigma and Rapid Training for community response and guidance for NS teams. https://twitter.com/IFRC_MENA/status/1242397026517745666; TikTok: https://www.tiktok.com/@ifrc_arabic

An RCCE mapping was conducted to identify available material and guidance and highlight gaps and needs based on the scope of work in the region. Accordingly, priorities were identified, and the next steps are clear in terms of further development of risk messages and the needed tools for community engagement especially when it comes to rapid assessment and rumour tracking.

The Risk Communication Guidance for MENA was produced with the aim to consolidate all key messages in one document for easier reference and use. National Societies can then adapt messages based on their individual context and integrate it in the chosen communication channel (video, poster, online session etc.).

Risk Communication and Community Engagement (RCCE) Strategy for MENA Region was developed with a key element in the Regional Emergency Plan of Action (EPoA). This (RCCE) Strategy is available in English and is in the process of translation to Arabic. All RCCE available guides and tools have been integrated into Health and WASH interventions; e.g. the COVID-19 webinar with Libyan RC and Iraqi RC.

New channels are being opened with North African NSs (Algerian RC, Egyptian RC and Tunisian RC) concerning the community health and the RCCE e-learning package.

Coordination with Headquarters in Geneva is maintained through calls with the global RCCE group and the RCCE global focal point to be updated about next plans to avoid duplication and to provide feedback from regional perspective.

The Health and Care unit has established a process-oriented partnership with UNICEF for the COVID-19 response, with a focus on enhancing collaboration on RCCE at the regional and country levels.

IFRC RCCE team, jointly with all members of the Inter-agency Eastern Mediterranean RCCE Working Group at regional level, issued updated guidelines in English and Arabic on “COVID-19: How Can Risk Communication and Community Engagement Include Marginalized and Vulnerable People in the Eastern Mediterranean Region” and contextualized the original guidelines developed by RCCE partners in the Asia and Pacific region. As part of the documentation of successful community engagement approaches in the region, interviews with Libyan Red Crescent focal people and volunteers were conducted to explore the approach of the “one volunteer in every street” initiative and its effectiveness. The team is also in the process of preparing video addressing stigma in the region.

The new Global tools developed by IFRC for Health Programming in Emergencies and MHM which has been developed with RCRC National Societies have been translated into Arabic by the MENA WASH team and adapted to the context of MENA NSs.

Community-based surveillance (CBS)

The MENA health and care Unit with the support of the IFRC emergency health unit in Geneva had initiated dialogue with NSs in the region to support public authorities in their effort to identify potential clusters through passive and active CBS and contact tracing. Coordination with WHO EMRO and RCRC partners was initiated to promote joint technical collaboration across the region on CBS and identify potential areas and countries of collaboration.

Infection prevention and control and WASH in health facilities and in the community

The MENA WASH team supported the National Societies and IFRC Country Offices information needs for COVID-19 response and Infection prevention and control (IPC) and WASH related materials through its established platform. All materials are available in Arabic and English and have the objective of WASH scaling-up to reach vulnerable communities such as camps, informal settlements and urban slums. The Health and WASH team have collaborated on mapping and procurement of Personal Protective Equipment (PPE) and COVID-19 Hygiene kits for the National Societies in the region as part of the COVID-19 preparedness plan initiative. The WASH team is coordinating with WASH Working Groups and ICRC WASH Focal points in MENA and is liaising with Geneva WASH team concerning WASH guidelines. The team is also developing a guidance list for COVID-19 Hygiene kit distribution in MENA countries, based on IFRC standard specifications, and advising NSs not to promote large scale outdoor spraying, as there is no evidence to support efficacy against COVID-19, but rather to encourage selective spraying (following Vector Control Guidelines) and to disinfect indoor settings such as high-density homes; health structures, public transport, supermarkets, pharmacies, care homes for the elderly, police and military establishments etc. WASH Technical support on mass spraying/disinfection has also been provided as part of the COVID-19 rapid training including about the main steps of disinfection at home. The WASH team also developed a guidance related to handwashing hardware considerations amid COVID-19 and Water quality testing guidance for MENA NSs.

E-learning webinars in cooperation with Community Health, RCCE and MHPSS teams have been implemented for Iraqi Red Crescent Society (NS complementary approach/activities between Community health and WASH departments/teams) and Libya Red Crescent Society (Behaviour Change in Emergency, protection and migration) and Algerian Red Crescent and included a WASH session. Libya Red Crescent has also developed specific procedures on health in workplace, with the support of Health and Care Unit.

A guidance note on WASH scaling-up for COVID-19 was formulated and disseminated to NSs. During the MENA WASH working group meeting with National societies, PNSs and ICRC in the region, some important topics have been covered:

challenges faced in maintaining WASH services amid COVID-19, potential scale-up of activities and MHM experience sharing with Iraqi Red Crescent and French RC.

Mental health and psychosocial support services (MHPSS)

In November 2019, the MENA MHPSS network was established as a platform of exchange between MENA NSs in the MHPSS in the region. To promote the sharing of tools, resources, experiences, and best practices in MHPSS between the MENA national societies and to communicate the specificities of MHPSS in the Red Cross Red Crescent Movement at the regional level. Since the beginning of the COVID-19 outbreak, the MENA MHPSS network, chaired by IFRC MENA health and care unit, was empowered to take the lead on enhancing co-operation and support NSs technically in the development and dissemination of contextualized MHPSS tools for the MENA region. The Network participated in developing and adapting PSS materials for COVID19 for the region. In the past 6 months, the Network met 8 times to provide technical support. A platform of sharing the materials had been established to collect all the documents and MHPSS messages developed by NSs.

MENA MHPSS (Mental Health and psychosocial support) Network and technical committee informed on the current available technical guidance and information to NSs, IFRC CO/ CCO, ICRC and the movement partners including the Introduction for Psychological First Aid (PFA), Social Stigma associated with COVID-19 (including Video) and Rapid Training for community response and guidance. A coordination mechanism with Global MHPSS surge, IFRC Reference Centre for PSS and Danish Red Cross is in place to support the MENA MHPSS network. The MHPSS focal person supported the Iraqi RC MHPSS material translation and took part of the learning webinar for Libya RC, Morocco RC, Egypt RC, and Bahrain RC. All the capacity building activities was in coordination with IFRC Reference Center for PSS. The MHPSS focal point facilitated a session in the special Scouts 'Jamboree on the Internet' webinar hosted by the World Organization of the Scout Movement, around 1000 participants joined this global webinar to address their experience on the impact of COVID19 on their mental health and wellbeing.

Isolation and clinical case management for COVID-19 cases

Response and guidelines related to Isolation and clinical care management in Arabic, English and French were shared with National Societies and IFRC Country Offices using a shared platform. IFRC worked closely with NSs managing health facilities including isolation and quarantine facilities to support their response (i.e. PRCS, Iraq RC, Egypt RC, Iran RC.)

Ambulance services for COVID-19 cases

An Emergency Medical Service Protocol has been developed and translated into Arabic. A series of the webinars were conducted to present and discuss with NSs. Several NSs had implemented the protocol among their Ambulance services: such SARC, PRCS, YRCS, Libya RC.

Maintain access to essential health services (community health)

Community Health, in cooperation with RCCE, WASH, MHPSS, and Comms have translated into Arabic and sharing IFRC messages, infographics and other resources through regional communications and social media channels. The team is working closely with National Societies, supporting them in adapting and using these resources in their public communications as well as in their risk communication and community outreach. Most of materials are available in English, Arabic and French for the 17 MENA NSs. The eCBHFA COVID-19 module translation has been finalised and disseminated to MENA NSs. The Community Health team has established the e-learning platform to deal with the remote technical support mechanism. Concerning Community based health interventions and RCCE, the e-learning sessions on community response to COVID19 for Iraqi RC and Libya RC have been completed and a new and innovative learning approach has been integrated and extended to the region.

The joint technical team with Community Health, CEA, WASH and MHPSS continued the e-learning for Libya RC community health volunteers. The rapid training for Libya RC was a series of 5 sessions/two-hour webinars for about

35 volunteers/staff, arranged by the IFRC Country Office for Libya with technical support from IFRC Regional Office. The virtual modality or e-learning was chosen due to movement restrictions inside and outside Libya, and the approach of reducing gatherings to decrease risk of infection. The effectiveness of the e-learning sessions has appeared through a community health initiative named “volunteer in each street” that has been initiated by the community health volunteers in Benghazi branch, with engaging and training of 202 community volunteers reaching to 2,066 homes with health awareness messages. The team has also conducted an e-learning package for Iraqi RC for approximately 100 Iraqi RC staff and volunteers from different branches. New channels for the e-learning platform are being opened with North African NSs (Algerian RC, Egyptian RC, and Tunisian RC) concerning the community health interventions and RCCE e-learning package. The team is preparing for community health interventions e-learning webinars with Algerian, Yemeni, and Egyptian RC.

Updated risk messages have been drafted on topics related to Ramadan, stigma, violence, and environment. The health message for Heat Waves during COVID-19 has been developed and shared with the MENA NSs in advance of the summer heat. The team is now preparing new Key Messages on continuity of Vaccination despite COVID-19.

The team is also supporting a CBHFA project implemented by Libyan RC, adapting the non-COVID19 messages (NCDs, Maternal and new Child health) to align with COVID-19 situation, and the project M&E plan has been developed with support of MENA Community health and PMER teams.

The unit has continued working closely with WHO EMRO on Epi updates, joint webinars, and possible collaboration on Community Health Surveillance (CBS). In addition, the unit is working with NSs on how to activate the Community Based surveillance (CBS) within their current community-health activities.

Maintain access to essential health services (clinical and paramedical)

IFRC supported National Societies’ information needs for COVID-19 response and health care services (clinical, paramedical, transport). All materials and technical guidelines in Arabic, English and French have been shared through an established platform.

The Health and Care Unit provided technical support for provision of PPEs for 17 NSs, medical equipment for Iraq RC and other planning of health care services in Egypt and PRCS in Lebanon. It also supported technically NSs to help scale up their medical interventions to address secondary impacts of COVID-19 to increase access to essential health care services (non COVID-19) through Mobile health units and pre-existing health facilities (e.g. PHCC and Hospitals).

Link with WHO and UNICEF to strengthen cooperation on vaccination among the region and encouraging the NSs in MENA to get engaged with their respective NSs to assure that the most vulnerable population have access to EPI services.

Priority 2: Addressing Socio-economic impact

All 12 MENA national societies sharing COVID-19 field reports over the GO platform indicate that they are engaged in programmes that address socio-economic effects taking a hold of the region: 10 (Bahrain, Iraq, Jordan Kuwait, Libya, Morocco, UAE, Saudi Arabia, Syria, OPT) report being active in livelihoods, cash support and food aid; 7 in social care and cohesion (Iraq, Kuwait, Morocco, Qatr, Saudi Arabia, Syria and OPT), 6 in CEA (Bahrein, Iraq, Libya, Qatar, UAE, Yemen) and 3 in shelter and urban settlements. Syria reports over 10 million people receiving COVID-19-related food aid, Libya 124,000 and Lebanon 34,000. Lebanon reports over 22,000 receiving cash or vouchers. Specific IFRC support in the sector is now just starting, but is expected to grow in line with existing plans for Food, Cash/vouchers and longer-term support to livelihoods.

IFRC MENA is committed to supporting National Societies to ensure a response that addresses the needs of the most vulnerable, including those at risk of discrimination, exclusion and violence. IFRC seeks to ensure communication and engagement with vulnerable groups to ensure that their voices are heard and to support investments in recovery,

inclusion and resilience that can bridge gaps across systems and communities. Lebanon, Libya, Syria and Yemen all reported that they had staff trained in community engagement and accountability (CEA) methods.

Shelter-related activities aim to contain virus transmission by providing shelter for those in need of accommodation during lockdowns and to mitigate the socio-economic impact with people losing their livelihoods through cash assistance for rent, utilities, or other debts to maintain accommodation and avoid evictions. According to field reports posted on the GO platform, three MENA national societies report working in shelter and urban settlements as part of their COVID response (Morocco, Qatar and Syria).

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

Coordination: The Food Security and Livelihoods (FSL) [HelpDesk](#) and the Cash Hub continues to provide remote support to National Societies in the region. The main requests are how to conduct remote livelihoods assessments, how to adjust ongoing operations to COVID-19, how to target effectively and how to integrate the social protection systems in the response. A webinar was conducted providing information about the impact of COVID-19 on people's food security and livelihoods, potential intervention and services, tailored and facilitated by the IFRC Asia Pacific Region. The [Livelihoods Resource Centre \(LRC\)](#) produced a series of guidance [infographics](#) on livelihoods and food security programming in the context of COVID-19. Strategy sessions on cash and voucher assistance (CVA) were coordinated with PNS and ICRC in the region.

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 (CVA) planned in several Countries (Yemen, Palestine, Iran). Information sessions on Livelihoods approaches are planned. The team is also preparing online trainings and webinars on Cash and Social Protection Guidance during the COVID crisis, and refresher training for more experienced staff and volunteers.

Implementation: Emergency cash assistance has been initiated in Jordan and Syria. In regards to longer term Livelihoods interventions, there is a strong tradition within National Societies in MENA to implement Vocational Trainings for vulnerable parts of population, but many of these activities have been in decline in recent years and more so since the start of the COVID crisis. Some societies are trying to revive these centres (Iraq, Syria, Jordan). Steps have been also taken to engage NSs in further reflection and diversify the Livelihoods programming options (including North African Cluster, Iraq, Jordan, Lebanon).

Shelter and urban settlements

National Societies' peer-to-peer dialogue, capitalisation of good practice and knowledge sharing were done through the webinars "*Rethinking Urban Community Risk Reduction and Resilience while responding to COVID-19*" held in June and July and featured [Lebanese RC](#), presenting on how they are adjusting their current response and on future urban programming in the urban context. The recordings can be accessed [here](#).

To date, [11 National Societies](#) asked for assessment and to provide technical guidance to National Societies to assess immediate and ongoing shelter needs, capacities, gaps and mid-term shelter solutions in relation to COVID 19. Some of these, like the Lebanese Red Cross, have been triggered by other emergencies, looking into the shelter needs from a multi crisis angle, and focusing on individual shelter options (such as repairs and cash for rent) rather than collective accommodations.

Yemen RC as well as Qatar RC have increased their roles and Government relations on adequate shelter: including advocacy with authorities to plan and provide for increased shelter support in specific vulnerable environments (identify quarantine and isolation facilities, adapt facilities/collective centres, provide rental options etc..). In addition, countries

such as Iraq and Morocco, along with a total of 8 other NS, have raised interest to get support in designing and implementing the required cash and voucher assistance to meet shelter needs of the affected population (e.g. for hotels, apartment rental).

Procurement and distribution of household items to support COVID-19-affected communities during and after lockdown is ongoing, although separate data on non-food distributions is lacking. Over the past six months, IFRC provided National Societies support in procurement and appropriate distribution of emergency shelter and household items as required (tarps, blankets, kitchen sets, mattresses, tents) particularly in complex shelter contexts (e.g. collective centres, camps, urban hot spots).

Community engagement and accountability

Ensuring a community-centred approach 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 attacks on volunteers and staff due to the spread of fear, mistrust and misinformation.

Coordination: The RCCE Collective Service coordination mechanism is advancing with finalisation of its governance, functioning and workplan. The focus will be on strengthening RCCE for contact tracing (key for suppressing transmission) with a set of recommendations (from previous experiences)/check list for countries expanding or reviewing their contact tracing programmes. GOARN partners, along with IFRC have created a dedicated interdisciplinary working group.

Technical: IFRC co-developed with the interagency subgroup on Community Engagement and low resource settings the Planning Guide for Conducting Safe Covid-19 Community Meetings: RCCE Operational Tool with post lockdown Considerations. To ensure all RCCE reference resources are accessible, a CEA landing page has been generated in the GDPC compendium portal: <https://www.preparecenter.org/site/covid-19/cea/> Moreover, The IFRC is working closely with interagency partners to develop RCCE back to school guidance to ensure that COVID related messages and practices are delivered for students, parents, and teachers (taking into consideration age groups specifications) for a safe back to school.

Translators Without Borders and IFRC have put together a short webinar on How to write in Plain English; aiming to answer the 'what,' 'why' and 'how' to establish clear and understandable two-way communications with vulnerable populations; which is key in times of COVID-19. A [recording](#) of the webinar in English is available.

Capacity Building: 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 as part of a community health training package to different national societies in the region.

In addition to the above, The IFRC CEA unit worked jointly with community health on case studies reflecting Risk Communication and Community Engagement approaches being followed by different national societies. These case studies aim at promoting the national societies' work as an attempt to at experience sharing and learning.

Social care, cohesion, and support to vulnerable groups

Support to MENA in this area is provided from Geneva headquarters. In Sexual and Gender-Based Violence, a training video and resource materials were developed for the current context, outlining the basic core concepts and how to receive disclosures from survivors. A training session on Psychological First aid for Children was developed in collaboration with the Psychosocial Centre. The course "Case management of children during COVID-19" was finalised.

In Education, support was provided to develop or revise education products, including adapting Turkish Red Crescent's animation video for children on the virus for global use, digitising of educational materials (Climate Centre Kids' Activity Cards) and online delivery of RCRC educational programmes such as YABC session for CCM's virtual Atlantis Youth Camp and others. Two more webinars on RC RC education response to Covid-19 were held, one on partnerships and one on

futures of education post Covid-19. Contributions were made to inter-agency processes, including discussions on best practice for Covid and SGBV at the annual partners meeting on “Call to Action to End GBV. With Save the Children, IFRC contributed to the advisory group of the Alliance for Child Protection in Humanitarian action on limiting the use of schools as shelters.

Movement coordination continued with the development with ICRC of a mini-survey on Protection, Gender and Inclusion activities in Covid-19 by National Societies. Collaboration with PGI regional focal points and sector focal points in IFRC established a coherent joint plan of support to National Societies in their programming and monitoring of PGI-related responses to Covid-19.

Migration and Displacement

The intersection between the COVID-19 pandemic and migration is perhaps nowhere stronger felt than in MENA region. Seven MENA countries of 12 reporting through the GO platform indicate that they have programmes addressing the “Social care, cohesion and support to vulnerable groups” pillar (Iraq, Kuwait, Morocco, Qatar Saudi Arabia, Syria and OPT).

IFRC has invested in multi-agency guidance that was published during the reporting period, namely [“Practical Guidance for Risk Communication Community Engagement for Refugees, IDPs, Migrants and Host Communities Particularly Vulnerable to COVID-19 Pandemic”](#) developed with UN agencies and Johns Hopkins University, and [“Reducing the impact of the COVID-19 pandemic on internally displaced people”](#) developed jointly with ICRC and tailored to guide policy and advocacy efforts of the components of the Movement. Both are meant to help support humanitarian actors including National Societies to implement COVID19 activities for and with refugees, IDPs, migrants and host communities vulnerable to the pandemic, linking sector interventions in health, shelter, protection, inclusion, cash and livelihoods.

In MENA, a migration delegate supports IFRC offices, sharing best practices among National Societies. A regional webinar on “Migration and Displacement with a focus on the impact of COVID-19 on Trafficking in Persons” was rolled out end-July. A technical guidance note was published on trafficking in persons ([TIP](#)) in the context of COVID-19, including what operational approaches can be adopted by Movement actors. Country-level IFRC multilateral-funded programmes are starting. Funds from the appeal have been allocated to Libya and will be reported in subsequent reports. Egyptian Red Crescent has reported on their services specifically targeting migrant communities (see National Society highlights below).

Priority 3: Strengthening National Societies

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

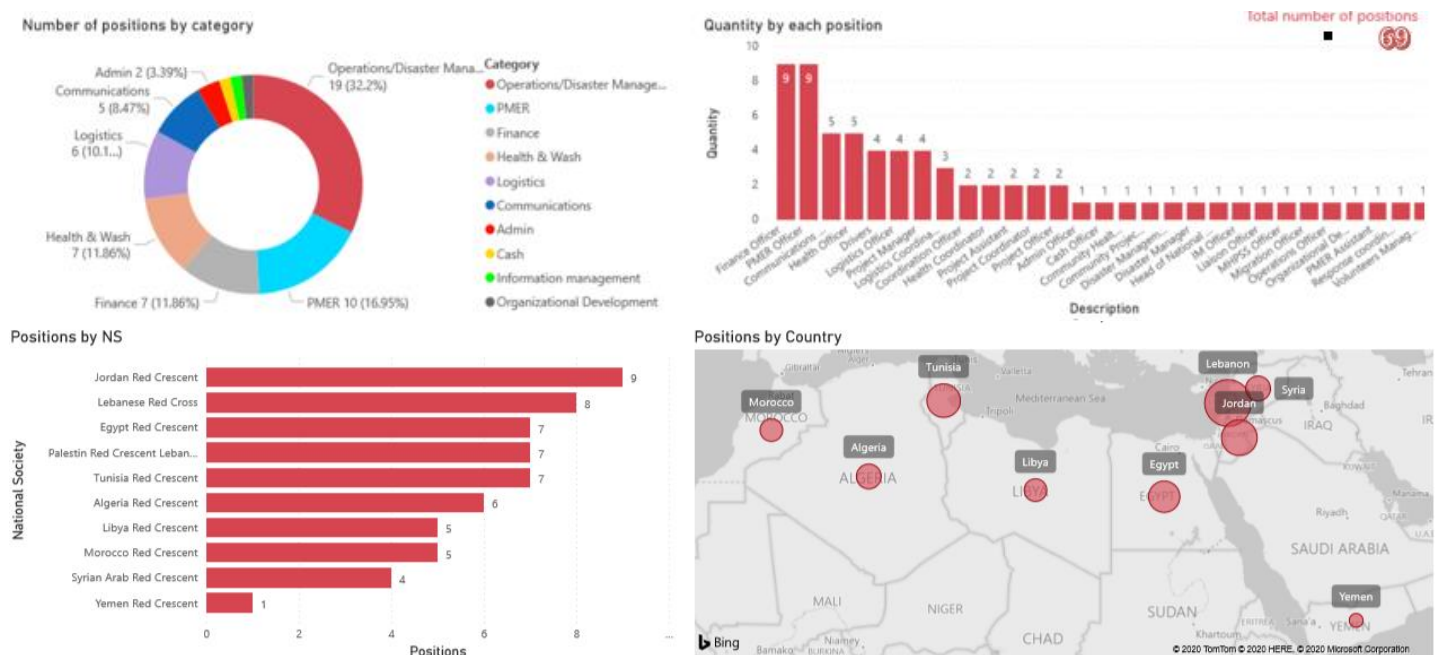
IFRC plays an active role in the IASC Emergency response preparedness working group. For COVID-19, the IASC developed the [Interim Guidance on the Emergency Response Preparedness Approach to the COVID-19 Pandemic](#), a short, technical step-by-step guide. It was rolled out through a webinar. The guidance is based on the ERP approach adopted by the IASC in 2015 with the [IASC Emergency Response Preparedness Guidelines](#), with an aim to increase the speed, volume, predictability and effectiveness of assistance.

The [visualization of trends in](#) National Society [Preparedness for Effective Response](#) (PER) is continuously updated. Collaboration among DREF and NS Preparedness teams, supported by Canadian and Netherlands RC continues to aid the [identification of the response system gaps/challenge and operational lessons learned](#) faced by National Societies

in recent operations using the PER mechanism as an analytical framework. 120 operations have been tagged, and 1,800 pieces of learning have been identified and organized following the PER mechanism.

In MENA, a Rapid Response PER Coordinator is supporting virtually the application of PER in the region. An additional three NS have begun the approach, focused through the perspective of the COVID-19 response, layered with other operations. A regional PER webinar was held in Arabic to advance the understanding of how PER can support NS strengthening. Additional resources include Staff on Loan from Syria and continual translation of tools and guidance for the MENA context and a virtual support modality.

In the name of National Society readiness, IFRC MENA is also supporting National Societies with assistance to staffing of Coordination Cells in 10 National Societies. By the end of the end-July reporting period, 69 positions had been filled, according to the breakdown below:



National Society sustainability
MENA National Societies have availed themselves of the IFRC ['Guidance and Toolkits for NS Financial Sustainability in response to COVID-19 and its economic impact'](#) rolled out to NSs in during the reporting period.

To assist national societies in creating their own business continuity plans (BCP), A [template](#) has been developed by the [BCP helpdesk](#). It is meant to enhance operational sustainability and ensure vital humanitarian services while addressing the duty of care for staff and volunteers. MENA regional colleagues have initiated testing and roll out.

Support to volunteers
 IFRC MENA has formed a coordination group to establish a MENA NS Protection Support and Solidarity Mechanism. The coordination group is composed of high level IFRC and ICRC staff.

A TOR for a Regional Fund to support NS volunteers impacted by the COVID pandemic not covered by other national or global volunteer protection mechanisms. The TOR sets out two mechanisms for funding: 1) Supporting National

Societies to establish their volunteer coverage or solidarity mechanism; and 2) a regional coverage mechanism (temporary and back-up mechanism in the absence of a national level mechanism)

Four Arabic language webinars were conducted on volunteer management for COVID-19 and were attended by 102 volunteering leaders of four National Societies (Libya, Iraq, Egypt, and Algeria).

An Incident reporting mechanism has been developed to track new COVID-19 cases among MENA NS staff and volunteers. To date, 166 Staff and volunteers from 8 Ns have contracted COVID 19, with 8 deaths. IFRC MENA has been following each case to help ensure needed support. Relatedly, to make sure that the affected volunteers and staff and their families were receiving the needed support via their National Societies. An Insurance and Safety net mapping was conducted, where responses and needs assessment were collected from 12 National Societies.

A webinar on the role of young volunteers in COVID-19 in MENA was conducted in cooperation with the MENA Youth network, in Arabic Language, with participation of Lebanese, Egyptian, Palestinian and Tunisian National Societies, with 360 active participants and 1,800+ viewers via the Facebook live stream. MENA youth network also produced an awareness video in which youth focal points from MENA NS have shared stay at home messages. With Geneva Secretariat, an Arabic language teleconference allowed MENA volunteers to share their stories, insights, and lessons learned with volunteers from other regions, in which more than 90 participants have shared their experiences.

Regional webinars have been organized for the promotion of the SOKONI platform with COVID-19 related resources for NS Staff and volunteers, as well as interactive spaces for knowledge sharing and peer to peer support

Enabling Actions

Coordination for quality programming

The IFRC MENA Regional Office (MENA RO) has set up a highly collaborative working modality with Partner National Societies and the ICRC. It co-chairs the weekly regional coordination meeting with the ICRC, informed by Movement-wide thematic working groups acting as think tanks. IFRC continues to play the role of convener and catalyst in terms of peer to peer technical exchange and facilitation of learning and information sharing among the wider Movement. IFRC's role also includes innovative ways of working to support the mobilization of Federation wide resources (together with the partner National Societies), contributing to the National Societies' humanitarian response efforts. These resources are not limited only to financial and in-kind contributions, but also include advocacy and solidarity support. This approach also complements and reinforces the support provided by the ICRC.

The IFRC MENA RO is closely liaising with regional offices of WHO/UNICEF to strengthen and support multisectoral coordination, as well as coordination with regional health partners and stakeholders, by sharing updated information, collaboration and planning, with a focus on countries affected or at high risk. The IFRC MENA RO is also in contact with the UN OCHA COVID-19 Cell and the MENA desk for coordination purposes. Also, National Societies and IFRC Country Offices are coordinating closely with their respective Ministries of Health and relevant technical clusters and WHO/UNICEF country offices. Increased outreach and collaboration with other UN Agencies (UNFPA, UNHCR, WFP, UNESCWA, IOM, UNRWA) is sought at regional level as to enable and facilitate country-level cooperation.

Evidence-based insights, communications and advocacy

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

PMER and information management support from country to global levels has been put in place to ensure consistent data and information collection to guide informed decision making and allocation of resources, based on an M&E framework developed and managed by PMER. The IFRC MENA PMER team was reinforced with the recruitment of a surge PMER Coordinator for COVID-19 Emergency response. A PMER officer will replace the surge to continue supporting the operation. Information is channelled through appropriate streams, including the IFRC GO platform, internal and external communications and media relations, partnerships and resource development on behalf of IFRC's

membership and the Secretariat itself as appropriate. National societies' PMER capacities are being strengthened, and tailored support is provided under the umbrella of the MENA Movement Coordination Group, which includes support from IFRC, PNS, ICRC PMER practitioners and enables Peer to peer support.

The M&E systems will consider the limits of technology for a more inclusive and engaging methods. A weekly meeting is scheduled to provide the appropriate support as the situation and needs evolve throughout the operation life. The weekly meetings offer the NSs with the space to refine their data management systems to improve the granularity of the information provided with a special focus on disaggregated data. Working papers and guidance result from this work to standardize the PMER work across MENA. Activities are listed under Strategy for Implementation 3 in the attached financial reports. Furthermore, restructured, adaptive PMER and safe data gathering methods are being developed alongside the implementation of the operation.

Information Management:

Information Management has become increasingly essential, with an increasing reliance on data and digitalization, particularly with COVID-19 travel restrictions that put an emphasis on digital platforms. During the reporting period, technical experts in the IFRC MENA Regional Office have supported the membership through the following products:

- National Societies preparedness Peer to Peer Survey in 3 languages (AR, EN, FR) has been developed and shared as a data collection mapping tool to identify potential areas of support per every technical unit for MENA National Societies. It can be accessed [here](#).
- National Societies have been trained and supported by the IFRC IM Unit to develop analytical products and upload them to their country pages, good examples can be found here: [Iraq dashboard](#), [Jordan](#), [Yemen](#), [Palestine](#), [Lebanon](#) infographics and dashboards.
- The IFRC MENA Information management unit supported the technical units at the regional office mainly DCPRR/Health/PRD/PMER and HR to develop Regional analytical products including infographics/dashboard for the COVID-19 response. The health dashboard can be found [here](#).
- Channels and data collection tools were put in place to allow NS to report their achievements during the operation timeframe. National societies are supported and trained through virtual and peer to peer training methods to promote the use of digital and IM tools including Data storage tools, Mobile Data Collection (MDC) and to ensure they can apply survey design and mobile data collection standards through the use of the IFRC ODK / Kobo servers and Survey Design Tool.
- NSs are supported to use secondary data analysis tools (Power BI, Tableau, etc..), to enable and enhance their capacities to develop new information analysis products to support decision making and actions through the operation.
- **GO Platform**
MENA NSs are trained on the navigation and use of GO Platform as a core reporting tool through virtual sessions. Calls and short video tutorials in addition to reference documents with screenshots in **Arabic**, which focus mainly on the development and update of COVID-19 Epidemic field reports, 3Ws, and financial reporting through GO – documents can be found at the [MENA regional page](#)

12 out of 17 NSs response plans are uploaded on the GO Platform. **More than 100 Staff and volunteers from National Societies, Partner National Societies, and the Regional Office** were trained on the use and navigation of the GO Platform in the last 6 months. **12 out of 17 MENA National societies submitted a public Covid-19 field report on GO Platform so far and 40 3Ws entries** are reported on MENA 3Ws pages for activities in **9 countries**. You can browse the dashboard here <https://go.ifrc.org/regions/4#3w>

- **Calls and communications with National Societies**

Scoping Calls with MENA Information management focal points took place to discuss areas of support and learning opportunities. IM will continue to connect with SIMS for remote technical support so far requests for Spatial Analysis through (GIS) and Licences for data analysis tools are requested.

Communications

Content received from National Societies highlighting their response activities is shared across all national society platforms. A COVID-19 communications surge focal point was recruited to support development of COVID-19 related key messages and to reach out to media. Moreover, the Communication Department has provided technical support to National Societies on the verification and amelioration of their content production in English and Arabic languages. Coordination with WHO and UNICEF has been established to align health and other COVID-19-related content. Links to COVID- related products:

- **Suffering from COVID-19 in Utter Isolation, An ERCS Volunteer Tells His Story (30.07.20)**
<https://media.ifrc.org/ifrc/2020/07/30/suffering-covid-19-utter-isolation-ercs-volunteer-tells-story/>
- **Syria: Dying from hunger, conflict or COVID-19 (28.07.20)**
<https://media.ifrc.org/ifrc/2020/07/28/syria-dying-hunger-conflict-covid-19/>
https://twitter.com/IFRC_MENA/status/1288071658113249281?s=20
- **Interview on Aljazeera English with MENA RD about the effects of COVID19 on MENA (24.07.20)**
https://twitter.com/IFRC_MENA/status/1286733114719580167?s=20
https://twitter.com/IFRC_MENA/status/1286734034387836929?s=20
https://twitter.com/IFRC_MENA/status/1286735339932078080?s=20
- **PRCS introduces children with disabilities and their families to distance learning (09.07.20)**
<https://media.ifrc.org/ifrc/2020/07/09/prcs-introduces-children-disabilities-families-distance-learning/>
- **Video: How can we support people with disabilities during emergencies like COVID19 (22.07.20).**
Professor Dalal-Al-Taji from Palestine RC. Full story on <https://bit.ly/2WjEb2l>
https://twitter.com/IFRC_MENA/status/1285875460702904325?s=20
https://twitter.com/IFRC_MENA/status/1285876388575182848?s=20
- **Awareness Campaigns and Rumors' Busting about COVID-19 Throughout All Governorates in Yemen (22.06.20)**
<https://media.ifrc.org/ifrc/2020/06/22/awareness-campaigns-rumors-busting-covid-19-throughout-governorates-yemen/>
https://twitter.com/IFRC_MENA/status/1275169783177240581?s=20
- **How to keep some normality while COVID19 is spreading (18.06.20)**
https://twitter.com/IFRC_MENA/status/1273582325520048128?s=20
- **In Support of Nomadic Bedouins During COVID-19: Algerian Red Crescent Sends Aids to Al-Oued (10.06.20)**
<https://media.ifrc.org/ifrc/2020/06/10/support-nomadic-bedouins-age-covid-19-algerian-red-crescent-sends-convoy-aids-al-oued/>
<https://bit.ly/31kxvEm>
- **Latest Video: Emergencies don't stop during a pandemic (10.06.20)**
https://twitter.com/IFRC_MENA/status/1270680887445917696?s=20

Health Awareness:

https://twitter.com/IFRC_MENA/status/1265574384095432712?s=20

Preparations for a joint WHO UNICEF public positioning: Routine vaccination and COVID19.

Five health awareness video messages have been produced and published in coordination with the CBHFA regional team:

1. Smoking during COVID19 (EGYPT RC): https://twitter.com/IFRC_MENA/status/1260917315471900672?s=20
2. Stay active and eat healthy (Algeria RC): https://twitter.com/IFRC_MENA/status/1260546504139386880
3. Physical distancing during Ramadan (Algeria RC):
https://twitter.com/IFRC_MENA/status/1260115081179922433?s=20
4. Physical distancing and washing hands (Egypt RC):
https://twitter.com/IFRC_MENA/status/1260107053495959552
5. Washing hands and proper hygiene (Syria RC) https://twitter.com/IFRC_MENA/status/1259743829248409600

TikTok:

<https://vm.tiktok.com/KX4Jqx/>

<https://vm.tiktok.com/KXcg7v/>

<https://vm.tiktok.com/KXw8oR/>

<https://vm.tiktok.com/KXGF6y/>

Press releases:

- **Press release: COVID-19: Red Cross and Red Crescent urge more support for displaced people in the Middle East North Africa region (19.06.20)**

<https://media.ifrc.org/ifrc/press-release/covid-19-red-cross-red-crescent-urge-support-displaced-people-middle-east-north-africa-region/>

<https://bit.ly/31cNjcv>

- **Press release: UN and partners launch guidelines to address the needs of most vulnerable groups during COVID-19**

<https://media.ifrc.org/ifrc/2020/06/15/press-release-un-partners-launch-guidelines-address-needs-vulnerable-groups-covid-19/>

<https://bit.ly/3hY7xfZ>

International Support and Resourcing**Logistics, Procurement and Supply Chain**

As reported, four global requisitions were completed for the procurement of 12.5 million PPE. Thanks to global efforts, IFRC procured 13.8 million PPE for a budget of only 10.2 million CHF. To deliver these PPE, IFRC has used a global framework agreement signed with a freight forwarding company. IFRC has also transported 81,9 MT/ 495.33 CBM using WFP services, amounting to a total savings of 1,003,484 USD. In total, IFRC has initiated transport purchase orders for MENA region totalling USD 1,885,253 from China to Dubai and Dubai to MENA countries.

The majority of the PPE's ordered are procured and delivered to respective countries in MENA Region. To date around 96% of PPE's (including in-kind donations – IKDs) are delivered into countries. There have been some specific challenges with shipping to certain countries as Yemen, Tunisia, Iraq, Iran and Palestine. However, we have managed to ship to

Yemen, Iraq, Iran and Tunisia. The Shipment to Yemen, Iran and Iraq, the goods are received and GRN issued. For Tunis waiting for the GRN. The PPEs not yet delivered are in transit in the IFRC Dubai warehouse.

Technical support and file reviews / validation is also provided to the Country Teams / Country Cluster Teams and NS with local procurement of PPE's where required by the Mena Regional Logistics (LPSCM) Unit.

Procurements planned at Country level / Country Cluster level and at Regional level are initiated and in progress, including items such as Food Parcels, Hygiene Parcels, Hygiene Materials, Medical Equipment / ICU Equipment and Drugs. MENA Shipments Covid-19.

- 29 shipments +1 IKD shipment (Swiss RC to Iran) to 9 MENA countries
- Majority of shipments ex Dubai, 3 direct shipments from suppliers to Lebanon, 1 direct shipment to Iran

Delivery fulfilment:

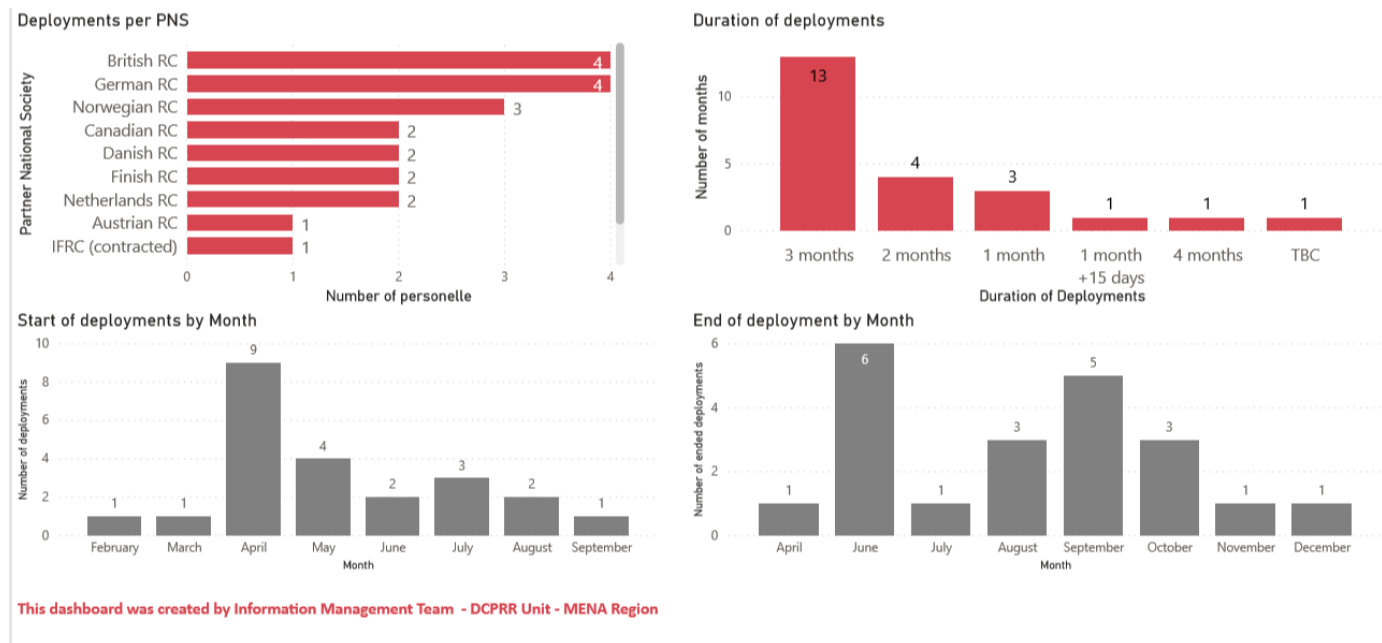
- 3 shipments under clearance in Iraq
- 2 in Tunisia
- 1 shipment in transit to Palestine

Items delivered, including in-kind:

Surgical Mask	2,909,400
Face Shield	15,500
Infrared Thermometer	940
Coverall with hood	49,290
Surgical Gloves	10,950
Goggles	14,000
N95/FFP2 respirators	918,000
Examination Gloves	2,838,400
Isolation Gown	101,350
Surgical Cap	64,400

Rapid Response Surge human resource deployment

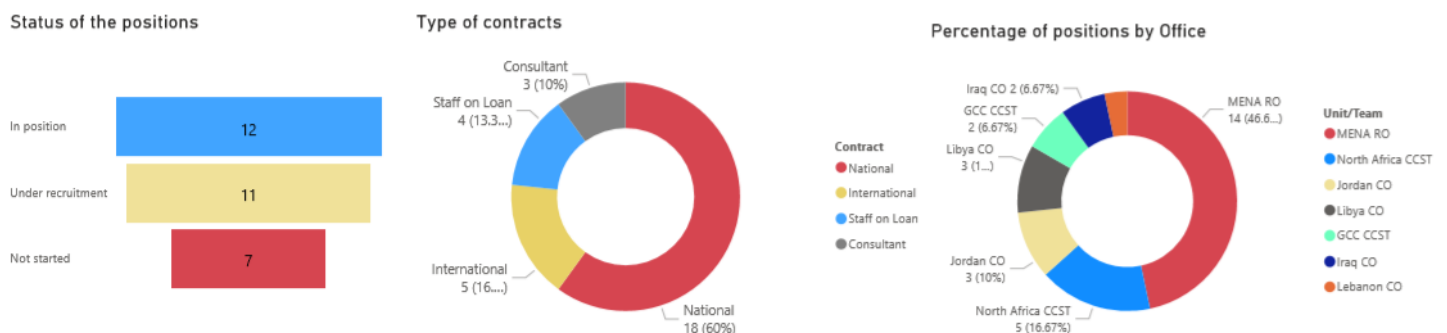
Surge – Rapid Response Surge – COVID-19 – As of 27 August 2020



By the end of the reporting period, the surge team had deployed 23 people from different National Societies and experience areas to provide support to various sectors. The support is a mixture of remote and on-site attachment of in-country partner human resources, although even on-site surge support is constrained by office closures and travel restrictions. However, the remote modality has proven to be effective in technical areas that have managed to adapt their activities accordingly. The regional surge capacity team has worked together with the surge team in Geneva to guarantee support, although the global demand for some profiles has proven a challenge.

Human Resources

The situation by the end of the July period was that of 30 positions from the workforce plan, 12 were filled and 11 under recruitment.



MENA HR workforce plan - COVID-19 - as of 27 July 2020

National Society response – key highlights

Algerian Red Crescent

Funds were only recently advanced for these activities and will be reported on subsequently. Goods and services provided include : Masks and protective gowns fabrication; Disinfection kits distribution, door to door and mass media sensitization in 48 *Wilayas* (provinces) and food kits distribution.

Egyptian Red Crescent Society

ERC continues to broadcast health and hygiene promotion messages on social media and online platforms. Activities also targeted children and elderly people at 300 orphanages homes and 15 nursery centres with total outreach 8,800 children and 420 elderly respectively. ERC medical volunteers continue to operate the medical hotline and WhatsApp 24/7. Similarly, the PSS hotline continues to provide PSS services and field support to the teams in all governorates and PSS messages are disseminated on online and social media platforms in addition to train 275 volunteers in the branches to provide PFA, the services reached more than 3,300 benefited from different MHPSS services. In addition to train 350 volunteers on community health training package on COVID19 in 27 branches.

ERC provide support to the Ministry of Health and isolation hospital and centres with more than 800 PPE for service providers. It provides PSS kits and meals for 200 patients during the 15 days isolation at the Ismailia hospital. ERC provided a psychosocial support tent outside the hospital, that is equipped with an entertainment and self-meditation zone. The tent is open 24 hours every day for the medical teams and non-medical teams inside the hospital.

In coordination with national authorities, ERC continues to disinfect state institutions as well as banks, post offices and schools equipped to pay pensions. To date, more than 2,353 disinfection and sterilisation campaigns have been completed, including the Faculty of Education, Alexandria University, and the Egyptian railway station in Ramses.

The Egyptian Red Crescent volunteers from the health awareness and promotion team also distributed health awareness posters in vital places in all the corridors and platforms of the station and inside the train carts with a total of 600 posters and 5 main banners.

ERC services target migrant communities, including distribution of relief aids and food items and medical awareness messages disseminated to the people on the move from different nationalities and host communities through a Facebook group and other social media platforms in addition to door to door delivery. ERC volunteers distributed personal hygiene kits and food parcels so far to 800 of an eventual 2,000 families. MHPSS for migrants is provided through WhatsApp groups and online platforms, as well as a MHPSS assessment for migrants through telephone to identify needs and support required.

Meanwhile, ERC has positioned themselves at the forefront of engaging youth in launching their “Volunteer in Every Street” campaign in response to the COVID-19 pandemic. The role of the volunteers in the campaign is to raise awareness through messages, combating rumours, undertaking preliminary needs assessments, and assisting with monitoring. This is in addition to supporting government and ERC activities in their neighbourhoods. Around 3,700 volunteers positively responded to the campaign covering 91.5% of the country's major cities. Two-thirds were spontaneous volunteers and one-third were regular volunteers.

Moroccan Red Crescent Society

Activities planned and budgeted in Morocco that have been implemented include: Training virtual trainers in PSP and , in emergency epidemiology (ESU) (G1); Communication unit set up at central administration; Trainings in communication (video recording and editing, interviews, articles writing, etc); Purchase and distribution of PPEs for volunteers, and for the general population; Leading awareness sessions on Covid-19, preventive hygiene behaviours and PSP.

Tunisian Red Crescent

CRT volunteers collaborate with social and medical personnel to distribute masks, hydro-alcoholic gels and cleaning and disinfection products; as well as participation in blood sampling for testing. For example, at Ouad Ennour primary school, 385 samples were taken for analysis. COVID19 support therefore also targets training sessions for new volunteers and supply of suits and bibs for volunteers to be able to safely do their work.

Iraqi Red Crescent Society

Funding through the appeal has helped IRCS through supply of CHF 200,000 worth of personal protective equipment. In progress are procurement of CHF 120,000 worth of food parcels, as well as CHF 907,000 worth of medical equipment. IRCS's "your Doctor" program assigns doctors for consultations followed by home-based isolation and treatment, with hospital referrals for severe cases. Over 1,600 people have had such consultations so far. Other areas of achievement reported by IRCS include public awareness-raising, including more than 2M through community and household outreach, and more than 11M users through social media platforms. More than 35,000 facility sterilizations have been carried out so far (houses, stores, buildings, religious shrines) including 187 prisons. ICRS has distributed more than 50,000 personal protection kits and more than 9,000 hygiene kits. Almost 60,00 food parcels have been distributed to those in need. IRCS has provided psychosocial support to more than 100,000 individuals (local communities, health staff and armed forces).



Awareness lecture activity on the dangers of Coronavirus in Al-Zawra district (photo: IRCS)

Red Crescent Society of the Islamic Republic of Iran

The Iranian Red Crescent Society (IRCS) is mandated by the government to provide emergency rescue, relief and public education. The Ministry of Health is leading the overall country response to COVID-19 and IRCS, as a member of the National Task Force, is implementing its COVID-19 Response Plan based on existing protocols. IRCS activated its Emergency Operation Centres (EOCs) at Headquarters and in its 32 branches. More than 12,700 staff and 60,000 volunteers of IRCS, are actively engaged in COVID-19 response.

IRCS focused on a public awareness campaign in 31 provinces adapted to different needs, comprising face to face health promotion and distribution of pamphlets and brochures by IRCS volunteers. In addition to use of virtual networks for sharing knowledge, online courses on the Coronavirus have been rolled out and completed by millions. Specific courses have been prepared to target highly-exposed groups, such as taxi drivers. Moreover, educational materials have been prepared in Arabic and Turkish.

Sahar teams affiliated to IRCS' Youth Organization provided psychosocial support (PSP) for the families of victims, patients and others.

IRCS-trained relief and health workers were located at the entrance of all provinces screening all passengers. Suspected cases were identified and referred to the hospitals for medical check-up by the Emergency Medical Services. More than 21 million people and passengers of some 8 million cars have been screened, and 14,288 were referred to clinical centres for further examinations.



IRCS youth member conducting psychosocial activity (Photo IRCS)

IFRC and IRCS have been procuring and distributing PPEs, including more than 2,000 face shields and 1,950,000 surgery masks have been procured and delivered to IRCS. Additionally, IRCS has delivered capacity building packages for staff, volunteers and community members and distributed health kits to vulnerable people (especially patients affected by serious pathologies).

Main challenges so far have related to difficulties of cash transfer due to economic sanctions. IRCS has bridged delays in money transfers with their own funds to ensure timely implementation of the planned activities.

Jordan National Red Crescent Society

JRCS now focusing on RCCE, WASH and NS Institutional Strengthening. JRCS has prepared RCCE volunteer trainings for 184 volunteers across all 10 JRCS branches and received 38,000 personal hygiene kits that will be distributed by the volunteers to the people attending the RCCE activities. A school renovation project under WASH completed the tendering phase. Both RCCE and WASH activities will be completed in the coming weeks.



An orientation course for new volunteers in the Northern Region (Photo: JRCS)

Lebanese Red Cross

In a country already reeling from economic collapse and civil unrest, the Lebanese Red Cross (LRC) COVID-19 response has been transformed by the massive explosion at the Beirut Port on 4 August that killed upwards of 200 people and left 300,000 homeless (see [Beirut Port Explosions Emergency Appeal](#)). COVID-19 has surged dramatically in the aftermath to over 18,000 confirmed cases at the time of publishing.

As a highly trusted national institution with a mandate for EMT services, LRC's COVID-19 plan is guided by four strategic objectives:

1. Ensure safe and efficient transportation of suspected and confirmed cases

2. Support in Case detection and identification at level dispatch
3. Support in risk communication, community engagement and public awareness
4. Maintain provision of LRC services to beneficiaries in a safe and effective manner while ensuring the safety of LRC staff and volunteers.

In the past six months, LRC has taken the lead in transporting suspected and confirmed COVID-19 cases, as well as to transport test samples from multiple locations to laboratories for analysis. As of 3 August, LRC has transported a total of 3,265 patients to medical facilities and 38,687 PCR tests to designated laboratories.

Other achievements reported during the period include Creation and distribution of over 1 million IEC materials including posters, flyers and booklets, to over one thousand entities with general information about COVID-19, viral transmission modes, precautionary measures, proper hand hygiene practices and frequently asked questions. The materials jointly produced by LRC, Ministry of Public Health, Ministry of Education and Higher Education, World Health Organization and the United Nations Children's Fund.

Libya Red Crescent

Libyan Red Crescent has published awareness messages using social media. Food rations were distributed to quarantined areas and communities engaged through an electronic questionnaire. In addition to financial support, IFRC provided technical support through online training for volunteers.

Palestine Red Crescent Society

Progress against PRCS's COVID19 Response plan (USD 6,544,765) includes training of 100 staff and volunteers, dissemination of public health messages and issuing of personal protective equipment (PPE) to its medical staff (EMS, hospitals and clinics). PRCS has also prepared isolation wards in PRCS hospitals as well as procurement of food parcels for day labourers who had lost their livelihoods, along with other vulnerable communities members (elderly, people with disabilities, etc—see below).

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 widely shared, such as by 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, including Bethlehem governorate, Gaza Strip local communities and the laborers in Hebron governorate.

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 through 35 mobile numbers for use by the PSS team in the oPt. Furthermore, 120 home visits were organized to provide Psychological First Aid.

The lockdown imposed by the PNA meant a loss in livelihoods for thousands of families. 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 more than 124,000 people.

Syrian Arab Red Crescent



PRCS EMT says "I am not afraid of transporting suspected COVID-19 patients because I follow all precaution measures"
Photo: PRSC

IFRC funds have contributed to SARC COVID activities, namely risk communication and community engagement activities, through 8,305 volunteers and staff, with campaigns concentrated in the governorates of Homs and Aleppo, as well as Hama and Rural Damascus. Most campaigns are implemented by the Health Department. Moreover, printed awareness materials like posters and brochures are distributed (30,085 reported) and additionally, the SARC 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) include sterilization campaigns for SARC facilities, as well as sterilization campaigns for streets, public facilities, shelters and points of entry. Hygiene kits were distributed periodically.

Mental health and psychosocial support services (MHPSS) are provided through counselling sessions and on-phone support, taking into account provisions to prohibit the spread of the virus. SARC continues to maintain access to essential health services through 150 health facilities in all governorates. Socioeconomic Interventions include Livelihoods, cash support and food aid through the disaster management team, including distribution of food and non-food items in quarantine centres.

To provide necessary support to volunteers, SARC conducted 103 COVID-19 trainings, --17 online trainings and 86 live trainings involving 1,411 staff and volunteers (58% females and 42 % males) as well as 53 health educators and local community representatives.

Operational challenges include shortage of PPEs, obstacles to local procurement due to high currency fluctuations and limited access due to security concerns.



Awareness-raising sessions (Photo: SARC)

Yemen Red Crescent Society

The Yemen Red Crescent Society (YRCS) COVID-19 response plan focuses on Health, WASH, Risk Communication and Community Engagement (RCCE), provision of food and household items as well as referral and community detection. Supported by Movement partners, YRCS works closely with the Ministry of Public Health and Population (MOPHP).

Resources under the appeal have contributed to YRCS achievements in preposition of stocks of Personal Protection Equipment (PPE) for staff and volunteers. IFRC helped procure and deliver essential supplies, including 4,000 hygiene kits and 170,000 masks, of which 85,000 were delivered to MoPHP to help in the public authority response efforts and bridge shortage of protective items.

YRCS is supporting the needs of quarantine/ isolation centres in coordination with MOPHP, including providing clean water as well as personal protection equipment (PPE) and training for volunteers and for the Ministry personnel. YRCS reported delivering 185,000 litres to date to vulnerable groups, covering 9,250 households (estimated 55,500 people).

YRCS has activated CBHFA, ECV and other community-based volunteers, with most of the 22 YRCS branches with trained volunteers ready to respond to the outbreak and training ongoing. Training sessions have been conducted for 520 volunteers on epidemic control for volunteers (ECV) and for 200 health staff in YRCS health facilities in 13 YRCS branches on COVID-19 related preventive measures. COVID-19 awareness campaigns broadcast audio using loudspeakers from YRCS ambulances and distribute awareness posters in high population areas of 14 of 21 planned Governorates. Additionally, a related Facebook campaign has so far reached 133,000 people in all governorates.

Constraints include shortage of personal protective equipment and the consequent impact on safety for staff and volunteers to be able to reach vulnerable communities. Market availability is limited and international procurement continues to be a challenge due to embargoes and global logistics challenges linked to the pandemic.

Contact information in the IFRC MENA Regional Office

- Dr. Hosam Faysal, Head of Disaster and Crisis (Prevention, Response and Recovery); phone +961 71 802 916; email: hosam.faysal@ifrc.org
- Dr. Aymen Jarboui, Head of Health – MENA; phone +961 71 802 915; email: ayman.jarboui@ifrc.org
- Anca Zaharia, Regional Head of Partnerships and Resource Development; phone: +961 81311918; e-mail: anca.zaharia@ifrc.org
- Nadine Haddad, Regional PMER manager, phone: +961 71 802 775; e-mail: nadine.haddad@ifrc.org

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	8,954,000
AOF2 - Shelter	10,232,000
AOF3 - Livelihoods and basic needs	87,706,000
AOF4 - Health	159,960,000
AOF5 - Water, sanitation and hygiene	25,984,000
AOF6 - Protection, Gender & Inclusion	8,741,000
AOF7 - Migration	8,376,000
SFI1 - Strengthen National Societies	52,556,000
SFI2 - Effective international disaster management	59,321,000
SFI3 - Influence others as leading strategic partners	9,632,000
SFI4 - Ensure a strong IFRC	18,538,000
Total Funding Requirements	450,000,000
Donor Response* as per 11 Sep 2020	210,153,454
Appeal Coverage	46.70%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	207,855	41,191	166,664
AOF2 - Shelter	776,826	245,159	531,667
AOF3 - Livelihoods and basic needs	13,276,722	2,927,249	10,349,473
AOF4 - Health	98,578,958	58,505,625	40,073,333
AOF5 - Water, sanitation and hygiene	5,231,037	934,519	4,296,519
AOF6 - Protection, Gender & Inclusion	1,190,031	-9,658	1,199,689
AOF7 - Migration	485,303	287,665	197,638
SFI1 - Strengthen National Societies	13,809,551	2,938,687	10,870,864
SFI2 - Effective international disaster management	20,299,073	4,395,593	15,903,480
SFI3 - Influence others as leading strategic partners	3,582,713	824,115	2,758,598
SFI4 - Ensure a strong IFRC	8,097,064	2,096,176	6,000,888
Grand Total	165,535,134	73,186,322	92,348,813

III. Operating Movement & Closing Balance per 2020/07

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	147,508,095
Expenditure	-73,186,322
Closing Balance	74,321,773
Deferred Income	34,024,022
Funds Available	108,345,795

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	Outstanding :	0
----------------------------------	--------	-----------	--------------	-----------	----------------------	----------

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Alter Domus Participations S.ar.l	212,944				212,944	
American Red Cross	3,642,821				3,642,821	
Asian Football Confederation	192,323				192,323	
Australian Government	30,314				30,314	
Australian Red Cross	91,742				91,742	
Australian Red Cross (from Australian Government*)	1,453,590				1,453,590	
Austrian Red Cross (from Austrian Government*)	1,049,419				1,049,419	
Bahrain Red Crescent Society	20,000				20,000	
Belgian Federal Government	1,605				1,605	5,359,520
Boston Scientific	145,158				145,158	
British Red Cross	327,465				327,465	
British Red Cross (from Aviva Plc.*)	169,463				169,463	
British Red Cross (from British Government*)	42,961,041				42,961,041	
British Red Cross (from Standard Chartered Bank*)	2,882,671				2,882,671	
Charities Aid Foundation	96,412				96,412	
Coca-Cola	189,668				189,668	
Coca Cola Foundation	1,301,491				1,301,491	1,114,274
Danish Red Cross			21,329		21,329	
Danish Red Cross (from Danish Government*)	396,972				396,972	
Estonia Government	26,533				26,533	
European Investment Bank Institute	157,829				157,829	
FIA Foundation	1,063,078				1,063,078	
Finnish Red Cross	323,476		45,163		368,639	
Finnish Red Cross (from Finnish Government*)	1,492,124				1,492,124	
Finnish Red Cross (from Huhtamaki*)	494,125				494,125	
French Red Cross (from L'Oreal*)	1,058,843				1,058,843	
German Red Cross	4,843				4,843	
Goldman Sachs	663,839				663,839	
Great Britain - Private Donors	20				20	
Icelandic Red Cross	54,000		29,133		83,133	
Icelandic Red Cross (from Icelandic Government*)	146,000				146,000	
ICRC	0				0	100,000
ICRC (from DirecTV*)	27,468				27,468	
Irish Government	946,736				946,736	
Italian Government Bilateral Emergency Fund	645,796				645,796	
Italian Red Cross			15,200		15,200	
Italy - Private Donors	12				12	
Japanese Government	19,275,643				19,275,643	4,976,811
Japanese Red Cross Society	88,665				88,665	
Johnson & Johnson foundation	2,433,750				2,433,750	
Kaspersky Lab	15,000				15,000	
Kenya - Private Donors	2,038				2,038	
Kuwait Red Crescent Society	97,167				97,167	
Lithuania Government	105,340				105,340	
London Stock Exchange Group (LSEG)	1,184,388				1,184,388	
Medtronic Foundation	1,693				1,693	
Morgan Stanley	26,597				26,597	
Nestle	3,000,000				3,000,000	

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Netherlands - Private Donors	2,970				2,970	
New Balance	22,890				22,890	
New Zealand Government	304,650				304,650	
New Zealand Red Cross			11,400		11,400	
Norwegian Red Cross	111,014				111,014	
Norwegian Red Cross (from Norwegian Government*)	1,498,835				1,498,835	
Olympus Corporation	177,183				177,183	
PPG Coatings (HongKong) Co.Ltd	97,416				97,416	
PPG Industries Europe Sarl	288,856				288,856	
Procter & Gamble	488,615				488,615	
Qatar Red Crescent Society	9,156				9,156	
Red Crescent Society of Turkmenistan	2,933				2,933	
Red Cross of Monaco	158,432				158,432	
Red Cross of Viet Nam	29,182				29,182	
Red Cross Society of China	950,017				950,017	
Republic of Korea - Private Donors	11,486				11,486	
Siemens Gamesa Renewable Energy	52,822				52,822	
Singapore Red Cross Society	2,302,238	34,430			2,336,668	
Spanish Government	221,369				221,369	3,757,470
Supreme Master Ching Hai	1,016,853				1,016,853	
Swedish Red Cross	742,179				742,179	
Swiss Government	5,300,000				5,300,000	
Swiss Red Cross	854,061	72,349	988		927,399	
Switzerland - Private Donors	2,100				2,100	
T1 Entertainment & Sports	10,987				10,987	
Taiwan Red Cross Organisation	61,163				61,163	
Thasia International Development Ltd	706				706	
The Canadian Red Cross Society (from Canadian Governr	14,696,712				14,696,712	
The Netherlands Red Cross (from Heineken International B	15,912,000				15,912,000	
The Netherlands Red Cross (from Netherlands Governmen	4,246,642				4,246,642	
The Republic of Cyprus	29,251				29,251	
The Republic of Korea National Red Cross	50,000				50,000	
The Republic of Korea National Red Cross (from Republic c	280,944				280,944	
Tokyo Electron Limited (TEL)	904,231				904,231	
Tory Burch UK	11,575				11,575	
Turkish Red Crescent Society	20,000				20,000	
United States Government - PRM	52,134				52,134	1,526,352
United States Government - USAID	7,800,981				7,800,981	16,893,880
United States - Private Donors	1,065				1,065	
Université de Management de Suisse	53,942				53,942	
UPS foundation	49,406				49,406	
WHO - World Health Organization	1,000				1,000	295,716
Write off & provisions				-50,000	-50,000	
Total Contributions and Other Income	147,328,102	106,780	123,214	-50,000	147,508,095	34,024,022
Total Income and Deferred Income					147,508,095	34,024,022

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
Africa	Budget	237,608	3,347,193	14,966,103	494,034	62,711	21,219	4,240,950	6,735,665	206,825	214,164	30,526,472	
	Expenditure	96,236	1,152,039	7,914,465	226,796	34,923	18,155	1,913,098	1,548,991	4,391	23,941	12,933,035	
	Variance	0	141,372	2,195,154	7,051,638	267,238	27,789	3,064	2,327,852	5,186,674	202,435	190,223	17,593,437
Americas	Budget	29,930	132,087	2,455,485	18,139,223	2,564,035	171,071	86,874	4,228,542	2,969,954	279,217	57,408	31,113,827
	Expenditure	2,425		42,978	7,595,716	19,951			136,479	132,123	3,725	899	7,934,295
	Variance	27,506	132,087	2,412,507	10,543,506	2,544,085	171,071	86,874	4,092,063	2,837,832	275,492	56,510	23,179,532
Asia Pacific	Budget	113,725	237,157	2,834,603	16,218,960	1,304,669	109,493	249,985	1,917,847	4,554,253	785,136	2,261,431	30,587,259
	Expenditure	38,346	80,357	1,606,870	11,537,462	501,128	-47,550	269,429	460,104	1,811,086	325,775	1,150,017	17,733,025
	Variance	75,380	156,800	1,227,732	4,681,497	803,541	157,043	-19,444	1,457,743	2,743,167	459,361	1,111,414	12,854,233
Europe	Budget	32,250		1,116,271	27,442,615	53,750	77,400		352,409	291,010	520,432	734,580	30,620,719
	Expenditure	421		76,755	13,563,062			80	12,013	36,094	7,702	212,753	13,908,881
	Variance	31,829	0	1,039,516	13,879,553	53,750	77,400	-80	340,396	254,917	512,730	521,827	16,711,838
MENA	Budget			2,828,091	19,803,861	814,549	63,900	52,675	2,743,806	4,117,526	183,664	468,701	31,076,773
	Expenditure				14,154,083	186,137	2,969		416,326	112,902		168,710	15,041,128
	Variance	0	0	2,828,091	5,649,778	628,412	60,931	52,675	2,327,480	4,004,624	183,664	299,990	16,035,644
Geneva	Budget	31,950	169,974	695,080	2,008,196		705,456	74,550	325,997	1,630,664	1,607,439	4,360,780	11,610,085
	Expenditure		68,566	48,607	3,740,837	506			667	754,397	482,522	539,856	5,635,958
	Variance	31,950	101,408	646,473	-1,732,640	-506	705,456	74,550	325,329	876,267	1,124,917	3,820,924	5,974,127

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4							
Region		Disaster risk reduction		Shelter		Livelihoods and basic needs		Health		Water, sanitation and hygiene		Protection, Gender & Inclusion		Migration		Strenghten National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL			
Africa																											
Africa regional office		Budget		5,325		178,153		3,459,202						5,325				164,118		90,982				3,903,105			
		Expenditure						253,566										133,775						387,341			
		Variance		0		5,325		178,153		3,205,636		0		0		5,325		0		30,343		90,982		0		3,515,763	
Benin		Budget						53,631								17,061		155,528						226,219			
		Expenditure						47,818										7,127		64,191				119,136			
		Variance		0		0		0		5,813		0		0		0		9,934		91,337		0		0		107,084	
Botswana		Budget		16,614		86,783		82,534				10,341				116,035		28,352						340,658			
		Expenditure				10,062		52,528		112,145				6,263				77,287		17,202				275,486			
		Variance		0		6,552		34,255		-29,610		0		4,078		0		38,748		11,150		0		0		65,172	
Burkina Faso		Budget		63,688		120,945		203,400						3,980		92,728		61,355				7,076		553,173			
		Expenditure				18,723		35,556		194,131						1,170		34,154		37,775				2,080		323,591	
		Variance		0		44,964		85,388		9,269		0		0		2,810		58,574		23,580		0		4,996		229,582	
Burundi		Budget						356,110								46,005						12,284		414,399			
		Expenditure						366,011										45,980						411,991			
		Variance		0		0		0		-9,901		0		0		0		25		0		0		12,284		2,408	



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Cameroon	Budget		61,042	378,282				256,767	168,899			864,990
	Expenditure		1,038	212,176				50,368	64,162			327,744
	Variance	0	0	60,003	166,107	0	0	0	206,399	104,737	0	0
Cape Verde	Budget		24,663	188,469	5,091		379	77,538	29,989			326,128
	Expenditure		8,201	68,223	6,783		126	29,322	15,649			128,304
	Variance	0	0	16,462	120,246	-1,693	0	253	48,216	14,340	0	0
Central Africa CCST	Budget								423,180			423,180
	Expenditure			6,269				462	45,666		7,839	60,235
	Variance	0	0	0	-6,269	0	0	0	-462	377,514	0	-7,839
Central African Republic	Budget	10,385	84,374	85,507	60,570			7,010	104,215			352,061
	Expenditure	18,379		39,778	3,487			1,050	5,134		1,845	69,673
	Variance	0	-7,994	84,374	45,729	57,084	0	0	5,959	99,081	0	-1,845
Chad	Budget	21,984	43,034	86,461				30,760	97,526			279,766
	Expenditure	8,527	16,691	32,525				11,931	37,874			107,548
	Variance	0	13,458	26,343	53,936	0	0	0	18,830	59,652	0	0

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4					
Region		Disaster risk reduction		Shelter		Livelihoods and basic needs		Health		Water, sanitation and hygiene		Protection, Gender & Inclusion		Migration		Strenghten National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL	
Comoro Islands	Budget						17,832				799				35,087		1,278						54,995		
	Expenditure						30,952				799				10,083		8,393						50,226		
	Variance		0		0		0		-13,119		0		0		0		25,004		-7,115		0		0		4,769
Cote d'Ivoire	Budget						390,935		7,737						18,389		87,634						504,695		
	Expenditure						142,453		89,941						7,500		30,222						270,116		
	Variance		0		0		248,482		-82,204		0		0		0		10,889		57,412		0		0		234,580
Democratic Republic of Congo	Budget						622,177		808				361,351		2,177,040		20,137		62,863				3,244,375		
	Expenditure						177,588								30,435				122				208,145		
	Variance		0		0		0		444,589		0		808		0		361,351		2,146,605		20,137		62,740		3,036,230
Djibouti	Budget						163,509						17,330		26,813								207,652		
	Expenditure						182,354								8,572								190,925		
	Variance		0		0		0		-18,845		0		0		0		17,330		18,241		0		0		16,727
East Africa CCST	Budget						625,819								38,236		36,180						700,235		
	Expenditure						75,756								4,010								79,765		
	Variance		0		0		0		550,063		0		0		0		0		34,227		36,180		0		620,470
	Budget						10,502		70,242						22,064		17,804						120,612		



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Expenditure			45,599				4,370				49,969	
	Variance	0	0	10,502	24,643	0	0	0	17,694	17,804	0	0	70,644
Ethiopia	Budget			403,871				9,859		12,686	9,584	436,000	
	Expenditure			427,679					1,870			429,549	
	Variance	0	0	0	-23,808	0	0	0	9,859	-1,870	12,686	9,584	6,451
France	Budget			160,176								160,176	
	Expenditure			70,377								70,377	
	Variance	0	0	0	89,799	0	0	0	0	0	0	89,799	
Gabon	Budget			220,880				103,905	293,261			618,047	
	Expenditure			107,027				28,747	77,791			213,564	
	Variance	0	0	0	113,854	0	0	0	75,159	215,470	0	0	404,483
Gambia	Budget		170,543	565,036				411,820	173,594			1,320,993	
	Expenditure		28,012	109,237				172,285	43,039			352,573	
	Variance	0	0	142,532	455,799	0	0	0	239,535	130,554	0	0	968,420
Ghana	Budget		151,143	96,216	169,988			211,632	110,312			739,291	
	Expenditure		51,368	63,749	57,773			78,425	31,501			282,816	



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Variance	0	0	99,775	32,467	112,215	0	0	133,207	78,811	0	0	456,475
Guinea	Budget		105,417	181,975		8,236		93,765	62,252			451,645	
	Expenditure		37,980	132,938		2,967		33,920	22,368			230,174	
	Variance	0	0	67,437	49,037	0	5,269	0	59,845	39,884	0	0	221,471
Guinea Bisau	Budget	31,786	42,857	55,893				26,716	27,054			184,306	
	Expenditure	15,759	21,248	27,711				13,245	13,453			91,415	
	Variance	0	16,027	21,609	28,182	0	0	0	13,471	13,601	0	0	92,890
Indian Ocean Islands CCST	Budget			200,072								200,072	
	Expenditure			56,533			2,080		18,229		733	77,575	
	Variance	0	0	0	143,539	0	0	-2,080	0	-18,229	0	-733	122,496
Kenya	Budget			1,371,619				190,269			107	1,561,994	
	Expenditure			1,330,231				190,283				1,520,514	
	Variance	0	0	0	41,388	0	0	0	-14	0	0	41,480	
Lesotho	Budget		79,451	98,973		1,083		62,079	29,941			271,527	
	Expenditure		53,274	99,716		1,093		38,777	18,413			211,273	
	Variance	0	0	26,177	-742	0	-10	0	23,302	11,528	0	0	60,254

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4					
Region		Disaster risk reduction		Shelter		Livelihoods and basic needs		Health		Water, sanitation and hygiene		Protection, Gender & Inclusion		Migration		Strenghten National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL	
Liberia	Budget						53,277		74,846		5,553				155,243		138,565				1,193		428,677		
	Expenditure						38,662		18,935		1,405				39,275		34,286				302		132,865		
	Variance		0		0		0		14,615		55,911		4,148		0		115,968		104,279		0		891		295,812
Madagascar	Budget						195,711								19,098		0		4,793				219,601		
	Expenditure						33,176								63,702		13,313		102				110,293		
	Variance		0		0		0		162,535		0		0		0		-44,604		-13,313		4,690		0		109,308
Malawi	Budget		4,430		105,930		69,280				8,997				99,857		81,587						370,080		
	Expenditure				1,892		77,733		73,129				2,270				47,947		32,684				235,655		
	Variance		0		2,538		28,197		-3,849		0		6,727		0		51,910		48,902		0		0		134,425
Mali	Budget		3,571		110,462		164,402								48,649		32,232						359,316		
	Expenditure				1,434		44,366		102,991						19,539		13,010						181,340		
	Variance		0		2,137		66,096		61,410		0		0		0		29,110		19,223		0		0		177,976
Mauritania	Budget				47,700		86,849						11,029		36,098		28,455						210,131		
	Expenditure						22,032		38,736						4,835		24,736		27,360				117,700		
	Variance		0		0		25,668		48,112		0		0		6,193		11,362		1,095		0		0		92,431

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4					
Region		Disaster risk reduction		Shelter		Livelihoods and basic needs		Health		Water, sanitation and hygiene		Protection, Gender & Inclusion		Migration		Strenghten National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL	
Mauritius	Budget				285,420		260,123										114,988		2,260				662,790		
	Expenditure						73,648						9,944				45,590		1,036				130,217		
	Variance		0		0		285,420		186,475		0		0		-9,944		0		69,398		1,224		0		532,573
Mozambique	Budget						111,345								39,856		53,356				13,617		218,174		
	Expenditure						110,795								30,272		25,560		28		198		166,852		
	Variance		0		0		0		550		0		0		0		9,585		27,796		-28		13,419		51,322
Namibia	Budget				136,487		74,127				3,842				86,935		93,639				1,726		396,755		
	Expenditure				63,219		49,813				536				31,283		40,840				1,726		187,416		
	Variance		0		0		73,268		24,314		0		3,306		0		55,652		52,799		0		0		209,339
Niger	Budget				74,360		34,937		183,539		6,241				64,554		47,199		3,225				414,055		
	Expenditure				69,246		55,052		139,818		6,292				64,753		46,728		3,225				385,114		
	Variance		0		0		5,114		-20,115		43,721		-51		0		-200		471		0		0		28,941
Nigeria	Budget				390,361		327,530								254,657		97,438						1,069,985		
	Expenditure				24,874		607,291								108,618		40,495						781,280		
	Variance		0		0		365,486		-279,761		0		0		0		146,039		56,942		0		0		288,706
	Budget						138,984								56,069		53,205						248,258		

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				154,399				19,508	31,229			205,136
	Variance	0	0	0	-15,415	0	0	0	36,561	21,976	0	0	43,123
Rwanda	Budget				303,172				14,224			107	317,503
	Expenditure				263,306				14,224				277,530
	Variance	0	0	0	39,866	0	0	0	0	0	0	107	39,973
Sahel CCST	Budget									612,182		79,885	692,068
	Expenditure				8,788					116,580		8,469	133,837
	Variance	0	0	0	-8,788	0	0	0	0	495,602	0	71,417	558,231
Sao Tome and Principe	Budget		26,566		43,652				29,194	92,725			192,137
	Expenditure		1,410		19,301				5,226	52,200			78,138
	Variance	0	25,156	0	24,350	0	0	0	23,968	40,525	0	0	113,999
Senegal	Budget		47,412	141,820	103,212				67,872	152,411			512,727
	Expenditure		20,049	59,972	103,342				37,567	81,850			302,781
	Variance	0	27,363	81,848	-130	0	0	0	30,305	70,561	0	0	209,946
Seychelles	Budget				38,659				9,741	18,107	3,996		70,503
	Expenditure				28,578				9,741	30,259			68,578

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Variance	0	0	0	10,080	0	0	0	0	-12,152	3,996	0	1,925
Sierra Leone	Budget				300,941				219,599	106,585			627,126
	Expenditure				6,867				3,180				10,048
	Variance	0	0	0	294,074	0	0	0	216,419	106,585	0	0	617,078
Somalia	Budget				229,193	0	0		5,214	212,761			447,168
	Expenditure				279,414				8,575	68,612			356,601
	Variance	0	0	0	-50,221	0	0	0	-3,361	144,149	0	0	90,567
South Africa	Budget			127,478	180,771		6,245		206,174	68,473			589,141
	Expenditure			127,541	109,335				45,038	48,567			330,481
	Variance	0	0	-63	71,435	0	6,245	0	161,136	19,907	0	0	258,660
Southern Africa CCST	Budget				450,000								450,000
	Expenditure				53,819		5,289			1,567			60,675
	Variance	0	0	0	396,181	0	-5,289	0	0	-1,567	0	0	389,325
South Sudan	Budget				31,925				91,600	215,280		15,181	353,986
	Expenditure				9,787				219,970			627	230,384
	Variance	0	0	0	22,138	0	0	0	-128,370	215,280	0	14,554	123,603

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1											TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Sudan	Budget			370,691				53,294		13,842	225	438,051
	Expenditure			372,577				56,134				428,712
	Variance	0	0	-1,886	0	0	0	-2,841	0	13,842	225	9,339
Swaziland	Budget	5,847	161,541	49,531		2,632	506	88,035	71,333			379,424
	Expenditure		127,056	23,436				11,399	4,478			166,368
	Variance	0	5,847	34,485	26,095	0	2,632	76,636	66,855	0	0	213,056
Tanzania	Budget			345,329				66,172		15,000	8,429	434,931
	Expenditure			358,039				68,388	225			426,652
	Variance	0	0	-12,710	0	0	0	-2,216	-225	15,000	8,429	8,279
Togo	Budget			126,228				34,936	65,705			226,869
	Expenditure			78,361				14,653	26,771			119,785
	Variance	0	0	47,867	0	0	0	20,283	38,934	0	0	107,084
Uganda	Budget			362,555				70,988			214	433,756
	Expenditure			367,435				71,193				438,627
	Variance	0	0	-4,880	0	0	0	-205	0	0	214	-4,871

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
West Coast CCST	Budget				591,693								591,693
	Expenditure				39,628								39,628
	Variance	0	0	0	552,065	0	0	0	0	0	0	0	552,065
Zambia	Budget			100,124	84,865		7,934		149,551	64,228		1,674	408,376
	Expenditure			87,651	74,868		8,008		62,863	37,064			270,455
	Variance	0	0	12,473	9,997	0	-75	0	86,687	27,164	0	1,674	137,920
Zimbabwe	Budget			115,671	81,501				65,171	36,827	3,725		302,895
	Expenditure				10,024								10,024
	Variance	0	0	115,671	71,476	0	0	0	65,171	36,827	3,725	0	292,871

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Americas												
Americas regional office	Budget			4,269,954								4,269,954
	Expenditure			2,207,117				3,667	6,045		899	2,217,728
	Variance	0	0	0	2,062,836	0	0	0	-3,667	-6,045	0	-899
Antigua and Barbuda	Budget	5,375	72,025	127,630		632		196,725	4,769			407,156
	Expenditure			82,037				3,988				86,025
	Variance	5,375	0	72,025	45,593	0	632	0	192,737	4,769	0	0
Argentina	Budget		137,600	57,641	139,750							334,991
	Expenditure			183,084								183,084
	Variance	0	0	137,600	-125,444	139,750	0	0	0	0	0	0
Bahamas	Budget		97,597	474,015	139,726			86,435	74,414			872,186
	Expenditure			147,831				20				147,851
	Variance	0	0	97,597	326,184	139,726	0	0	86,416	74,414	0	0
Barbados	Budget		42,191	47,215	2,484	2,069		60,580				154,540
	Expenditure			1,025	56,715	187						57,926
	Variance	0	0	41,166	-9,500	2,298	2,069	0	60,580	0	0	0

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Belize	Budget	2,561		126,420	142,006	44,149		50,748				365,884
	Expenditure			37,184	90,664	5,541		2,212	-227			135,374
	Variance	2,561	0	89,236	51,342	38,608	0	48,536	227	0	0	230,510
Bolivia	Budget		38,562	114,015	482,807	112,230	17,200	4,300	0		99,692	893,532
	Expenditure				264,719							264,719
	Variance	0	38,562	114,015	218,088	112,230	17,200	4,300	0	0	99,692	628,812
Brazil	Budget				121,292	153,874		36,638	18,222			330,025
	Expenditure				63,966			26				63,991
	Variance	0	0	0	57,326	153,874	0	36,612	18,222	0	0	266,034
Caribbean CCST	Budget				1,009,303							1,009,303
	Expenditure											0
	Variance	0	0	0	1,009,303	0	0	0	0	0	0	1,009,303
Central America CCST	Budget								741,201			741,201
	Expenditure								25,526			25,526
	Variance	0	0	0	0	0	0	0	715,675	0	0	715,675

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Chile	Budget	64,500	79,013	66,504	33,325			132,909				376,250
	Expenditure			130,049				850				130,899
	Variance	0	64,500	79,013	-63,545	33,325	0	0	132,059	0	0	245,351
Colombia	Budget		236,777	609,224	34,980			175,647	374,750			1,431,378
	Expenditure			120,088								120,088
	Variance	0	0	236,777	489,136	34,980	0	0	175,647	374,750	0	1,311,290
Costa Rica	Budget		16,982	531,676	55,832	5,264	9,478	19,721				638,953
	Expenditure			171,701								171,701
	Variance	0	0	16,982	359,975	55,832	5,264	9,478	19,721	0	0	467,252
Cuba	Budget			204,250				0				204,250
	Expenditure			55,600					600			56,200
	Variance	0	0	0	148,650	0	0	0	-600	0	0	148,050
Cuba, Haiti and Dominican Republic CCST	Budget			0					806,250		0	806,250
	Expenditure								30,553			30,553
	Variance	0	0	0	0	0	0	0	775,697	0	0	775,697

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Dominica	Budget	3,225		31,605	76,170	24,725		186,775				322,500
	Expenditure	2,425		691	152,435	12,286		21,978	-286			189,529
	Variance	800	0	30,914	-76,265	12,439	0	0	164,796	286	0	132,971
Dominican Republic	Budget			62,565	903,000	238,994		350,604				1,555,163
	Expenditure				348,686			49,130				397,816
	Variance	0	0	62,565	554,314	238,994	0	0	301,474	0	0	1,157,347
Ecuador	Budget			215,000	749,592	215,000	32,250	320,759				1,532,601
	Expenditure				306,717			4,803	8,071			319,590
	Variance	0	0	215,000	442,875	215,000	32,250	0	315,956	-8,071	0	1,213,010
El Salvador	Budget			206,263	966,503	23,498	21,866	159,339	5,385			1,382,853
	Expenditure				408,755							408,755
	Variance	0	0	206,263	557,748	23,498	21,866	0	159,339	5,385	0	974,099
Grenada	Budget	2,150		16,048	102,355	14,900		226,261	1,290			363,004
	Expenditure			60	65,866			9,062				74,988
	Variance	2,150	0	15,988	36,489	14,900	0	0	217,200	1,290	0	288,017
	Budget			131,188	1,038,274	12,174	5,052	73,096	309,062	48,357		1,617,203



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Expenditure			491,590								491,590	
	Variance	0	0	131,188	546,685	12,174	5,052	73,096	309,062	48,357	0	0	1,125,613
Guyana	Budget		29,025	210,121	37,705			85,553					362,403
	Expenditure			155,123									155,123
	Variance	0	0	29,025	54,998	37,705	0	0	85,553	0	0	0	207,280
Haiti	Budget			848,217	173,290			249,454					1,270,961
	Expenditure			353,563									353,563
	Variance	0	0	0	494,654	173,290	0	0	249,454	0	0	0	917,398
Honduras	Budget		93,525	1,080,797		78,957		69,805					1,323,084
	Expenditure			297,291									297,291
	Variance	0	0	93,525	783,506	0	78,957	0	69,805	0	0	0	1,025,793
Jamaica	Budget		172,000	777,110	63,183			264,699					1,276,992
	Expenditure			153,059									153,059
	Variance	0	0	172,000	624,051	63,183	0	0	264,699	0	0	0	1,123,933
Mexico	Budget			129,681				31,681	14,984		21,933		198,279
	Expenditure			108,418									108,418

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Variance	0	0	0	21,263	0	0	0	31,681	14,984	0	21,933	89,861
Nicaragua	Budget		84,257	750,345	150,090			103,611				1,088,303	
	Expenditure			241,080								241,080	
	Variance	0	0	84,257	509,266	150,090	0	0	103,611	0	0	0	847,223
Panama	Budget		39,592	238,243				92,368				370,204	
	Expenditure		3,787	205,803								209,590	
	Variance	0	0	35,805	32,440	0	0	0	92,368	0	0	0	160,614
Paraguay	Budget			160,754	28,246			189,803				378,803	
	Expenditure			146,854				842				147,695	
	Variance	0	0	0	13,901	28,246	0	0	188,961	0	0	0	231,108
Peru	Budget		213,325	292,480	31,949	6,450	0	120,454				664,659	
	Expenditure			66,724				3,061				69,784	
	Variance	0	0	213,325	225,756	31,949	6,450	0	117,393	0	0	0	594,874
Saint Kitts and Nevis	Budget	11,030	58,377	181,459	13,803	1,330		24,671				290,670	
	Expenditure			42,570								42,570	
	Variance	11,030	0	58,377	138,889	13,803	1,330	0	24,671	0	0	0	248,101

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Saint Lucia	Budget	11,825	17,469	73,294	3,225			12,438				118,250
	Expenditure			20,558								20,558
	Variance	0	11,825	17,469	52,736	3,225	0	0	12,438	0	0	97,692
South America CCST	Budget			172,686					594,855			767,541
	Expenditure								8,259			8,259
	Variance	0	0	0	172,686	0	0	0	586,596	0	0	759,283
Southern Cone CCST	Budget			56,416				171,575	12,900	179,525	10,750	431,166
	Expenditure							3,640	7,071	3,725		14,436
	Variance	0	0	0	56,416	0	0	167,935	5,829	175,800	10,750	416,730
St Vincent and Grenadines	Budget	4,300	18,006	75,241	14,741			70,462				182,750
	Expenditure			48,387								48,387
	Variance	0	4,300	18,006	26,853	14,741	0	0	70,462	0	0	134,363
Suriname	Budget	2,688		97,530	16,662			81,963				198,843
	Expenditure			78,870								78,870
	Variance	2,688	0	0	18,659	16,662	0	0	81,963	0	0	119,973

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Trinidad and Tobago	Budget	2,903		102,125	128,409	88,580			73,100	17,899			413,015
	Expenditure			231	106,845	1,937			62	1,646			110,721
	Variance	2,903	0	101,894	21,564	86,643	0	0	73,038	16,252	0	0	302,294
Uruguay	Budget		12,900	42,495	87,739	12,578			22,121	5,804			183,637
	Expenditure				118,444								118,444
	Variance	0	12,900	42,495	-30,704	12,578	0	0	22,121	5,804	0	0	65,193
Venezuela Country Office	Budget				799,289	684,343			252,582	248,875			1,985,089
	Expenditure				104,508				33,139	44,866			182,513
	Variance	0	0	0	694,781	684,343	0	0	219,443	204,009	0	0	1,802,576

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Asia Pacific												
Afghanistan	Budget		726,641	1,281,548			32,154	41,443	209,251	8,090	200,876	2,500,003
	Expenditure	10,756	643,950	975,546					29,415	11,395	135,798	1,806,860
	Variance	-10,756	0	82,691	306,002	0	32,154	0	41,443	179,836	-3,305	693,143
Asia Pacific regional office	Budget			196,570				83,726	643,820	51,605	124,279	1,100,000
	Expenditure			156,199				17,640	360,913	68,173	141,201	744,127
	Variance	0	0	0	40,371	0	0	0	66,086	282,907	-16,569	355,873
Bangkok CCST	Budget			1,065				0	204,065	0	60,956	266,086
	Expenditure								34,525	19	60,956	95,501
	Variance	0	0	0	1,065	0	0	0	169,540	-19	0	170,585
Bangladesh	Budget			3,622,514	330,640		46,846					4,000,000
	Expenditure			2,185,084	231,830	609	11,332					2,428,855
	Variance	0	0	0	1,437,430	98,809	-609	35,515	0	0	0	1,571,145
Beijing CCST	Budget			0	0	0	0	0	0	0	204,420	204,420
	Expenditure			387					686		99,433	100,505
	Variance	0	0	0	-387	0	0	0	-686	0	104,987	103,915

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Bhutan	Budget	12,430			89,249			87,651			10,670	200,000
	Expenditure				139,772							139,772
	Variance	12,430	0	0	-50,524	0	0	0	87,651	0	0	60,228
Brunei Darussalam	Budget				50,001							50,001
	Expenditure				31,987							31,987
	Variance	0	0	0	18,013	0	0	0	0	0	0	18,013
Cambodia	Budget				13				177,828	2,120		179,961
	Expenditure				13				103,210			103,223
	Variance	0	0	0	0	0	0	0	74,618	2,120	0	76,738
China	Budget				2,469,110	0	0	0	321,098	277,322	99,407	3,199,781
	Expenditure				1,964,076					128,338		2,107,555
	Variance	0	0	0	505,034	0	0	0	321,098	148,983	99,407	1,092,226
Cook Islands	Budget				18,420		479		16,539	3,025		38,463
	Expenditure				11,897				2,003	1,703		15,603
	Variance	0	0	0	6,523	0	479	0	14,536	1,322	0	22,860

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Democratic People Republic of Korea	Budget	33,193	97,448		307,932	223,394		214,061	302,460	122,109	3,195	1,303,790
	Expenditure	27,589			251,493	46,126		22,716	3,470	107,989		459,384
	Variance	5,603	97,448	0	56,439	177,268	0	0	191,344	298,990	14,119	844,407
Fed. States of Micronesia	Budget				22,592		2,580	21,704	22,518	1,075		70,469
	Expenditure				35,107	7,583	90	771	2,603			46,154
	Variance	0	0	0	-12,516	-7,583	2,490	0	20,933	19,915	1,075	24,315
Fiji	Budget				37,076			28,522	81,602	3,556		150,757
	Expenditure				60,570			5,963	4,280			70,812
	Variance	0	0	0	-23,494	0	0	0	22,559	77,322	3,556	79,944
India	Budget		199,723	691,514			27,649	74,266		6,848		1,000,000
	Expenditure			37,145			60,697	32,233			2,850	132,925
	Variance	0	0	199,723	654,369	0	0	-33,048	42,034	0	6,848	867,075
Indonesia	Budget			979,692				7,010	411,737	70,421	31,140	1,500,000
	Expenditure			413,005				7,625	144,608	32,530		597,768
	Variance	0	0	0	566,687	0	0	0	-616	267,129	37,891	902,232
	Budget			100,000								100,000

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure			40,390					2		2,315	42,707
	Variance	0	0	59,610	0	0	0	0	-2	0	-2,315	57,293
Kiribati	Budget			23,156				18,564	27,313			69,033
	Expenditure			26,489	342			1,008	18,132			45,971
	Variance	0	0	-3,332	-342	0	0	17,555	9,181	0	0	23,061
Laos	Budget			63,011				5,187	53,151	1,613		122,961
	Expenditure			63,011				5,187	36,931	1,613		106,742
	Variance	0	0	0	0	0	0	0	16,219	0	0	16,219
Malaysia	Budget		339,320	507,501	190,635	31,128		142,052	218,234	71,130		1,500,000
	Expenditure			771,951		16		35,476	46,599			854,043
	Variance	0	0	339,320	-264,450	190,635	31,112	0	106,576	171,635	71,130	645,957
Maldives	Budget	25,048		331,423		3,225	41,388	61,216	3,621		34,080	500,000
	Expenditure			167,921								167,921
	Variance	25,048	0	163,502	0	3,225	41,388	61,216	3,621	0	34,080	332,079
Marshall Islands	Budget			16,700		645		30,218	19,081	1,075	35,420	103,139
	Expenditure			27,107	5,220			2,977	539		31,010	66,853



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Variance	0	0	0	-10,407	-5,220	645	0	27,242	18,543	1,075	4,410	36,287
Mongolia	Budget		69,709	26,993	130,221			65,306	70,164	9,682	27,926	400,001	
	Expenditure		70,401	24,824	135,736	-49,464		56,359	3,654		13,130	254,641	
	Variance	0	0	-692	2,169	-5,516	49,464	0	8,947	66,510	9,682	14,796	145,360
Myanmar	Budget			505,714	75,626			127,532	644,271	6,553	140,411	1,500,106	
	Expenditure			5,497				20,081	517,440	-225	144,470	687,263	
	Variance	0	0	0	500,216	75,626	0	0	107,451	126,831	6,778	-4,059	812,843
Nepal	Budget	139,710		230,264	40,614	271		62,144	49,414	24,369	128,215	675,000	
	Expenditure	80,357		90,840	48,375	1,200		31,524	9,019		24,947	286,262	
	Variance	0	59,352	0	139,423	-7,761	-929	0	30,620	40,395	24,369	103,269	388,738
New Delhi CCST	Budget			26,093				6,630	25,028		199,251	257,001	
	Expenditure			5,257				8,900	1,111		89,650	104,918	
	Variance	0	0	0	20,836	0	0	0	-2,270	23,916	0	109,601	152,083
Pakistan	Budget		308,308	901,528	165,864	33,520	5,375			0	635,887	2,050,482	
	Expenditure			1,472,359							183,193	1,655,552	
	Variance	0	0	308,308	-570,831	165,864	33,520	5,375	0	0	0	452,694	394,930

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Palau	Budget			19,830	26,133	430		15,545	3,955	1,613	30,202	97,707
	Expenditure			30,870	311			29	3,756		25,660	60,627
	Variance	0	0	0	-11,040	25,822	430	0	15,515	198	1,613	4,542
Papua New Guinea	Budget			21,284				60,958	5,623		82,957	170,823
	Expenditure			40,297				6,809			42,706	89,812
	Variance	0	0	0	-19,013	0	0	0	54,149	5,623	0	40,251
Philippines	Budget	43,055		998,070	2,329,891	116,493			383,517	31,237	97,298	3,999,560
	Expenditure			716,555	1,418,997	25,401	301	770	177,325	18,570	27,253	2,385,173
	Variance	43,055	0	281,515	910,894	91,092	0	-301	-770	206,192	12,667	70,044
Samoa	Budget			23,739		1,499		17,437	14,991	731		58,396
	Expenditure			30,595					4,510			35,105
	Variance	0	0	0	-6,857	0	1,499	0	17,437	10,481	731	0
Singapore	Budget		15,975				127,800	28,535	27,690			200,000
	Expenditure						197,100					197,100
	Variance	0	0	15,975	0	0	0	-69,300	28,535	27,690	0	0

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4					
Region		Disaster risk reduction		Shelter		Livelihoods and basic needs		Health		Water, sanitation and hygiene		Protection, Gender & Inclusion		Migration		Strengthen National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL	
Solomon Island	Budget						38,523								55,793		92,773						187,089		
	Expenditure						84,487								2,177		22,066		29,170				137,900		
	Variance		0		0		0		-45,964		0		0		0		53,616		70,707		-29,170		0		49,189
Sri Lanka	Budget						114,596								242,655		58,397				84,352		500,000		
	Expenditure						39,898								161,109		529		4,171		42,371		248,078		
	Variance		0		0		0		74,698		0		0		0		81,546		57,868		-4,171		41,981		251,922
Suva CCST	Budget						93,063								16,672		16,226		240,177		82,734		448,872		
	Expenditure						48,596								11,220		3,212		31,338		58,940		153,306		
	Variance		0		0		0		44,467		0		0		0		5,452		13,013		208,839		23,794		295,566
Thailand	Budget						534,508						928				164,564						700,000		
	Expenditure						378,825										48,836						427,661		
	Variance		0		0		0		155,683		0		0		928		0		115,729		0		0		272,339
Timor-Leste	Budget						129,257								26,657		7,162		31,599		5,325		200,000		
	Expenditure						71,235								23,978		8,600		20,903				124,716		
	Variance		0		0		0		58,022		0		0		0		2,679		-1,438		10,696		5,325		75,284
	Budget						10,172				1,528						28,095						39,795		



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				17,903								17,903
	Variance	0	0	0	-7,731	0	1,528	0	0	28,095	0	0	21,892
Tuvalu	Budget				10,570		2,034		6,887	7,782			27,273
	Expenditure				11,872								11,872
	Variance	0	0	0	-1,302	0	2,034	0	6,887	7,782	0	0	15,401
Vanuatu	Budget				39,106	5,048			30,655	41,479			116,288
	Expenditure				51,214	203			2,367	13,626			67,410
	Variance	0	0	0	-12,108	4,845	0	0	28,289	27,852	0	0	48,878
Viet Nam	Budget			176,857	354,744				1,184	258,096	129	8,990	800,000
	Expenditure			175,965	354,744				1,184	81,446	129	8,990	622,458
	Variance	0	0	893	0	0	0	0	0	176,649	0	0	177,542

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Albania	Budget				113,628								113,628
	Expenditure				112,829								112,829
	Variance	0	0	0	799	0	0	0	0	0	0	0	799
Armenia	Budget				1,079,167		0				25,560		1,104,727
	Expenditure				862,846								862,846
	Variance	0	0	0	216,321	0	0	0	0	0	25,560	0	241,881
Azerbaijan	Budget				1,170,693								1,170,693
	Expenditure				309,024								309,024
	Variance	0	0	0	861,669	0	0	0	0	0	0	0	861,669
Belarus	Budget				795,000								795,000
	Expenditure				734,343								734,343
	Variance	0	0	0	60,657	0	0	0	0	0	0	0	60,657
Bosnia and Herzegovina	Budget				608,689								608,689
	Expenditure				157,809							3,242	161,050
	Variance	0	0	0	450,880	0	0	0	0	0	0	-3,242	447,638



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Bulgaria	Budget			414,125				2,056			32,890	449,071
	Expenditure			47								47
	Variance	0	0	414,078	0	0	0	2,056	0	0	32,890	449,024
Croatia	Budget			146,867								146,867
	Expenditure			143,309								143,309
	Variance	0	0	3,558	0	0	0	0	0	0	0	3,558
Cyprus	Budget			253,905								253,905
	Expenditure											0
	Variance	0	0	253,905	0	0	0	0	0	0	0	253,905
Europe regional office	Budget		252,136	1,511,642		77,400		135,450	291,010	494,872	549,843	3,312,353
	Expenditure			179,086					36,094	7,702	1,408	224,289
	Variance	0	0	252,136	1,332,556	0	77,400	0	135,450	254,917	487,170	3,088,063
Georgia	Budget			1,334,457								1,334,457
	Expenditure			707,293							37,223	744,516
	Variance	0	0	627,164	0	0	0	0	0	0	-37,223	589,941

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Greece	Budget			158,468								158,468
	Expenditure			118,880			80				30,216	149,176
	Variance	0	0	39,588	0	0	-80	0	0	0	-30,216	9,292
Ireland	Budget			209,888				12,416			2,363	224,668
	Expenditure			44								44
	Variance	0	0	209,844	0	0	0	12,416	0	0	2,363	224,624
Israel	Budget			71,488								71,488
	Expenditure			70,819								70,819
	Variance	0	0	669	0	0	0	0	0	0	0	669
Italy	Budget			10,290,782							5,325	10,296,107
	Expenditure			6,335,431								6,335,431
	Variance	0	0	3,955,351	0	0	0	0	0	0	5,325	3,960,676
Kazakhstan	Budget			571,977							63,867	635,845
	Expenditure	421		150,580							63,796	214,797
	Variance	-421	0	421,397	0	0	0	0	0	0	71	421,047
	Budget		305,902	589,271				61,920				957,093



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure		76,755	187,310				12,013				276,078
	Variance	0	0	229,147	401,961	0	0	0	49,907	0	0	681,015
Moldova	Budget			239,000								239,000
	Expenditure			55,934								55,934
	Variance	0	0	0	183,066	0	0	0	0	0	0	183,066
Montenegro	Budget			929,051								929,051
	Expenditure			284,376								284,376
	Variance	0	0	0	644,675	0	0	0	0	0	0	644,675
Poland	Budget			143,000								143,000
	Expenditure			141,438								141,438
	Variance	0	0	0	1,562	0	0	0	0	0	0	1,562
Portugal	Budget			98,898							1,102	100,000
	Expenditure											0
	Variance	0	0	0	98,898	0	0	0	0	0	0	100,000
Republic of North	Budget			710,089	0			6,719			13,279	730,086
	Expenditure			201,617								201,617



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Variance	0	0	0	508,472	0	0	0	6,719	0	0	13,279	528,469
Russia	Budget				465,247							60,885	526,132
	Expenditure				314,511							46,575	361,087
	Variance	0	0	0	150,736	0	0	0	0	0	0	14,310	165,045
Serbia	Budget				816,407							4,494	820,900
	Expenditure				411,088								411,088
	Variance	0	0	0	405,319	0	0	0	0	0	0	4,494	409,812
Slovenia	Budget				171,673				1,065			533	173,271
	Expenditure				53,212								53,212
	Variance	0	0	0	118,461	0	0	0	1,065	0	0	533	120,059
Tajikistan	Budget	32,250		396,984	704,661	53,750			118,250				1,305,894
	Expenditure				314,021								314,021
	Variance	32,250	0	396,984	390,639	53,750	0	0	118,250	0	0	0	991,873
Turkey	Budget				2,977,267								2,977,267
	Expenditure				1,412,975								1,412,975
	Variance	0	0	0	1,564,293	0	0	0	0	0	0	0	1,564,293



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region												TOTAL
	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	
Turkmenistan	Budget			362,835								362,835
	Expenditure			89,328								89,328
	Variance	0	0	0	273,508	0	0	0	0	0	0	273,508
Ukraine	Budget			101,426								101,426
	Expenditure			103,742							30,294	134,035
	Variance	0	0	0	-2,316	0	0	0	0	0	0	-32,609
Uzbekistan	Budget		161,250	403,015				14,533				578,798
	Expenditure			111,097								111,097
	Variance	0	0	161,250	291,918	0	0	0	14,533	0	0	467,701



Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
MENA												
Algeria	Budget			710,182				42,600	407,662		27,950	1,188,394
	Expenditure			522,233					1,663		6,234	530,130
	Variance	0	0	0	187,948	0	0	0	42,600	406,000	0	658,264
Egypt	Budget			202,640	161,250			123,582	60,566			548,038
	Expenditure			248,264					1,429		6,801	256,494
	Variance	0	0	0	-45,624	161,250	0	0	123,582	59,136	0	291,544
Iran	Budget		990,720	1,297,602					16,579	5,660	1,183	2,311,744
	Expenditure			1,182,614								1,182,614
	Variance	0	0	990,720	114,988	0	0	0	16,579	5,660	1,183	1,129,130
Iraq	Budget		345,733	1,991,758	8,267				21,500			2,367,259
	Expenditure			671,491							23,564	695,055
	Variance	0	0	345,733	1,320,268	8,267	0	0	21,500	0	-23,564	1,672,204
Jordan	Budget		150,433	627,727	258,699			321,798	10,750	10,538	4,945	1,384,891
	Expenditure			628,551	176,277				9,884		14,524	829,237
	Variance	0	0	150,433	-824	82,422	0	0	321,798	866	10,538	555,655

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4		
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
Lebanon	Budget				3,690,739				35,221	16,878	23,428	15,975	3,782,240	
	Expenditure				3,697,734							17,168	3,714,902	
	Variance	0	0	0	-6,994	0	0	0	35,221	16,878	23,428	-1,193	67,339	
Libya	Budget			90,300	134,335	45,150		52,675	203,632	53,408	5,375	533	585,408	
	Expenditure				308,557				1,251	4,590		25,948	340,345	
	Variance	0	0	90,300	-174,222	45,150	0	52,675	202,381	48,818	5,375	-25,415	245,062	
MENA regional office	Budget			430,000	2,007,352	42,600	63,900		1,208,797	3,422,992	138,663	288,390	7,602,694	
	Expenditure				239,022	9,860	2,969		4,682	93,137		20,489	370,159	
	Variance	0	0	430,000	1,768,330	32,740	60,931	0	1,204,115	3,329,855	138,663	267,901	7,232,535	
Morocco	Budget				338,658				29,401	1,720			369,779	
	Expenditure				26,428				140,755	276		6,234	173,693	
	Variance	0	0	0	312,230	0	0	0	-111,354	1,444	0	-6,234	196,086	
Palestine	Budget			267,675	2,497,273	37,410			38,700			9,406	2,850,464	
	Expenditure				1,472,338							37,150	1,509,488	
	Variance	0	0	267,675	1,024,935	37,410	0	0	38,700	0	0	-27,744	1,340,977	

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

AOF1		AOF2		AOF3		AOF4		AOF5		AOF6		AOF7		SFI1		SFI2		SFI3		SFI4			
Region	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL											
Syria	Budget				3,899,629			348,881	47,303		120,319	4,416,133											
	Expenditure				4,015,137			16,346				4,031,483											
	Variance	0	0	0	-115,508	0	0	0	332,536	47,303	0	120,319	384,651										
Tunisia	Budget			187,099	661,368	73,165		191,242	42,043			1,154,917											
	Expenditure				746,789			253,293	1,922		10,599	1,012,603											
	Variance	0	0	187,099	-85,421	73,165	0	0	-62,051	40,121	0	-10,599	142,314										
Yemen	Budget			366,130	1,744,597	188,008		199,952	16,125			2,514,812											
	Expenditure				394,926							394,926											
	Variance	0	0	366,130	1,349,671	188,008	0	0	199,952	16,125	0	0	2,119,886										

Emergency Appeal

INTERIM (6MONTH) FINANCIAL REPORT

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Selected Parameters			
Reporting Timeframe	2020/01-07	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 11 Sep 2020

All figures are in Swiss Francs (CHF)

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Geneva													
Geneva	Budget	31,950	169,974	695,080	2,008,196		705,456	74,550	325,997	1,630,664	1,607,439	4,360,780	11,610,085
	Expenditure		68,566	48,607	3,740,837	506			667	754,397	482,522	539,856	5,635,958
	Variance	31,950	101,408	646,473	-1,732,640	-506	705,456	74,550	325,329	876,267	1,124,917	3,820,924	5,974,127

