



CONTENTS

➤ [Click to access sections](#)

GLOBAL OVERVIEW

Operational Update
COVID-19 and other
emergencies

ASIA PACIFIC REGION

Regional update
National Society response

AFRICA REGION

Regional update
National Society response

AMERICAS REGION

Regional update
National Society response

EUROPE REGION

Regional update
National Society response

MIDDLE EAST & NORTH AFRICA REGION

Regional update
National Society response

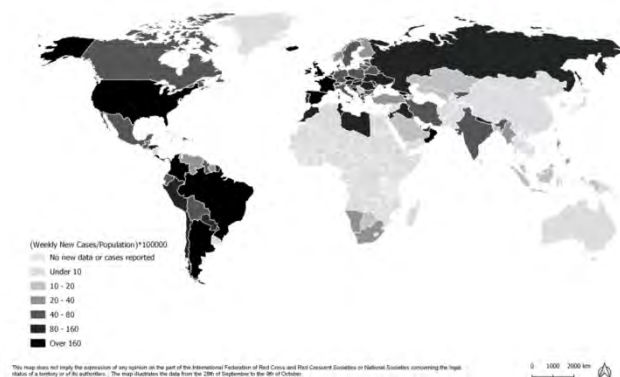
Situation Update

41.104.000 confirmed cases globally reported to WHO as 23 October 2020

Rapid acceleration in transmission, with approximately 2.2 million new cases per week.

COVID-19 Global View
Produced 13 October 2020

+C IFRC



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

Funding**

450,000,000 CHF Required



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

National Society Response

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



152
Sustaining Health and WASH



145
Addressing Socio-economic Impact



147
Strengthening National Societies

*Breakdown of pillars in annex and on GO 5 May - 22 October

GO Platform

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

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

Useful Links



Technical Guidance - Compendium

The [Red Cross And Red Crescent Movement Resource Compendium](#) has links to resources Health Help Desk

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

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

Click the button to return to the main page

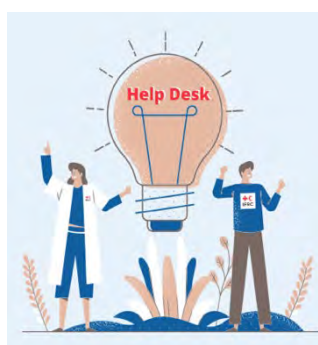
Red Cross and Red Crescent activities globally

Operational Priority 1: Sustaining Health and WASH

Health and Care

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

The health and care team continued to update, maintain and quality assure the **COVID-19 Health Helpdesk**: responding to online inquiries, writing and sharing weekly risk assessment reports, and revising the extensive Frequently Asked Questions document to align with latest evidence. Individualized technical support was provided to National Societies as needed, in close collaboration with regional health colleagues.



Do you have a question or a request about health for technical support?

Contact our team of experts:

health.helpdesk@ifrc.org

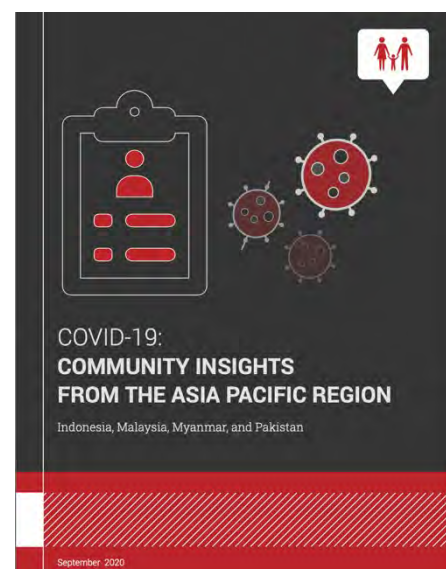
Risk Communication, Community Engagement and Accountability

Coordination: IFRC continues to co-chair the weekly GOARN coordination group and thematic sub-groups on Risk Communication and Community Engagement. As part of the Collective Service, a second draft of the revised global RCCE strategy for the COVID-19 response has been shared to collect inputs from membership of the group and it is currently in its final phase. Moreover, initial discussions and a dedicated deep dive with IFRC regions and partners have taken place to discuss the role of CEA into the ACT-A/COVAX workstreams. IFRC has contributed to review the first Community engagement guidance for vaccines which is available [here](#).

Technical: A major new survey co-led by IFRC in four Asian countries has been initiated by the Asia Pacific Risk Communication and Community Engagement Working Group to find out what people know about the virus and how it spreads, in order to enable stronger community-based response.

See report here. The **feedback data analytical tool template** has been finalized and shared to countries through one to one session and a common webinar.

The tool contains a user guide and instructions on how to set up the tool in each context. A [Cash and Voucher Assistance \(CVA\) toolkit](#) during COVID-19 was developed to help volunteers and NS staff integrate CEA principles before, during and after CVA activities.



Knowledge Sharing: The CEA E-Learning course was launched globally on the 23rd September. Since then a total of 830 people has been engaged, with more than 233 finalizing the whole course and obtaining its certificate. Work continues at the global level in collecting best practices. A case study of the WhatsApp business line was set up in Peru to provide remote assistance to migrants affected by the COVID-19 crisis. The document provides tips on how to keep in contact with migrants who are increasingly vulnerable, losing sources of income and supportive networks as a result of COVID-19.



e-LEARNING COURSE
Risk Communication/
Community Engagement and
Accountability

The latest CEA Newsletter has been shared widely including COVID-19 related content.

Highlight for the period:

- Feedback data analytical tool template has been finalized and shared with regions and partners.
- CEA E-Course in times of COVID-19 has been launched through Learning Platform with more than 830 people engaged.

Challenge for the period:

- The mapping out the landscape and RCCE role into the ACT-A/COVAX multiple subgroups and workstreams.

Operational Priority 2: Addressing Socio-economic Impact

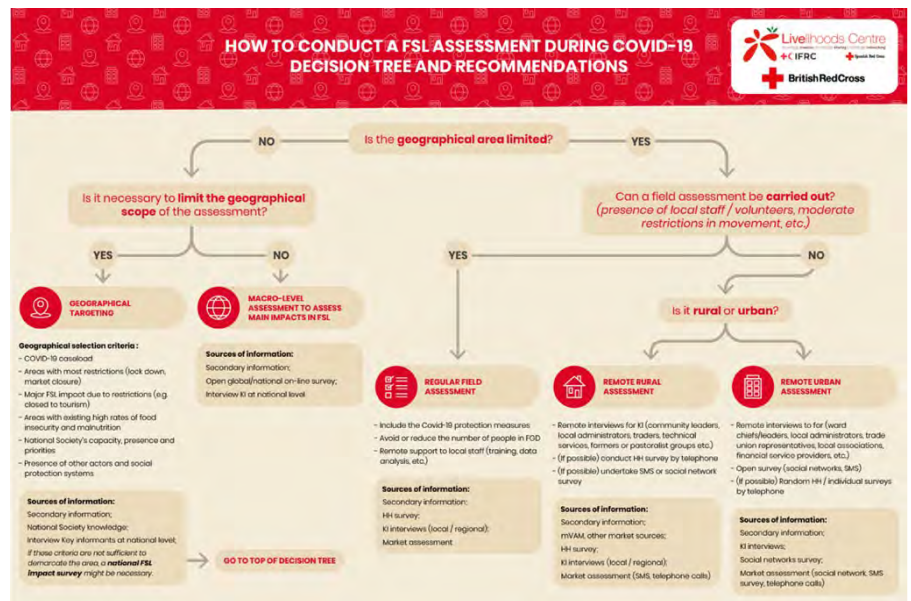
Livelihoods and Household Economic Security

Coordination: The Food Security and Livelihoods (FSL) HelpDesk hosted by the Livelihoods Resource Centre has continued working with the requests received from previous weeks and have received 3 new ones (cumulative 64) from Africa and LAC. Total number of requests closed to date 64. The main requests continue focusing in how to conduct remote livelihoods assessments, how to support income generation activities and targeting and impact of COVID in markets.

Eight technical trainings started in August and September and are on going (1 for Bahamas Red Cross Society to adapt livelihoods programming to COVID 19, 2 CTP in EN and FR, 2 LPC EN and; ERLA in EN and ES, 1 LPC for staff at the Spanish Red Cross).

The Livelihoods Resource Centre with the **infographics and other materials** produced regarding COVID-19 has reached up to date (from 4/4/2020) on Facebook, 27.307 people and in LinkedIn 26.836 people.

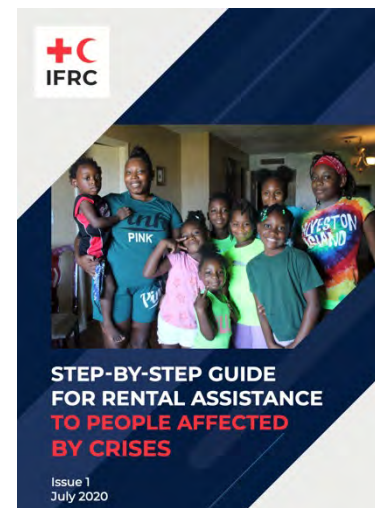
Technical: It has been developed a targeting in urban and rural context guidelines and tools (Targeting approach, criteria and mechanism, scorecard mechanism) and also shared in social media and website in English (soon will be translated into SP and FR).



The main **challenge** is the limited funding for the implementation of livelihoods interventions to go beyond covering basic needs.

Shelter and Urban Settlements

The “Step-by-step Guide to Rental Assistance” was officially launched on September 21 through a webinar with more than 180 participants in English and Spanish. The guide is available in [English](#), with Spanish, French and Arabic translations in the making. This guide is a joint effort led by Geneva and Americas teams and has brought together expertise from shelter, migration, cash, livelihoods and social protection. The efforts had started before COVID-19 however as a number of national societies are implementing (or considering to implement) rental assistance as part of their COVID response and recovery, it is very relevant to this operation. A self-learning module on the guidance is currently being worked on and a second webinar in English is planned for October to reach a wider audience.



Global Shelter Cluster continued to support the country clusters with their COVID-related issues. A dedicated session on COVID-19 and shelter took place during the annual workshop of the cluster and another session for cluster partners will take place on October 8th during the annual meeting of the Global Shelter Cluster. The session is open to everyone and can be registered through this [link](#). The recordings of the session and the relevant background documentation will also be made available on the same page and on the GSC website.

Protection Gender, Inclusion (PGI) and Education

The PGI and Education teams continues to provide support to overall IFRC response and plan and providing dedicated PGI and Education support on specific themes.

Sexual and Gender Based violence:

- **A one-hour talk on SGBV Core concepts and safe referrals** was conducted with the volunteering alliance to discuss with volunteers their roles and responsibilities in handling SGBV disclosure, including SEA, and safely referring survivors to local services.
- **Training of 5 National Societies in Central Asia** together with the Central Asia Centre for Emergency Situations and Disaster Risk Reduction, and UNICEF Country Office on Integration of SGBV in Disaster Preparedness and Response started. A series of 6 online training sessions will be conducted during September and October 2020.
- Cofacilitation of first webinar part of a regional learning series in the Africa region on **Gender and SGBV integration in emergencies preparedness and response planning**, together with IFRC regional PGI team and UNICEF regional office for East and Southern Africa. IFRC and National Societies personnel (PGI, Disaster Law, Gender & Diversity, Youth Engagement, DRR) joined from 14 countries.

Child Protection:

- The cooperation around COVID-19 response has been enhanced with UNICEF and **Partnership to End Violence against Children** working with National Societies and local UNICEF offices in Colombia, Libya, Pakistan, Philippines, and Uganda.
- The partnership with **Sesame Street** has been developed to promote COVID-19 messages for children **on protection, education, and wellbeing**.

Education:

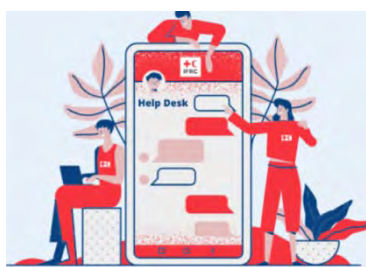
- **Virtual Summer Learning Series:** organisation of **28 online sessions** on diverse topics (i.e., first aid, empathy and migration, kindness, psychological first aid, human trafficking, SGBV, diverse SOGIESC, disability inclusion, safe housing, DRR, conflict management and positive communication) attended by 700 individuals from over 50 countries
- **Continued digitalisation of the YABC initiative:** design of online YABC workshops (proposed series of 6 virtual sessions to be incorporated into Fiat-Chrysler Automobiles' learning and professional development offer for staff; continued collaboration with CCM, APRO and HKRC)

- Continued technical review and support to the IFRC Climate Centre on the development of **activity cards for children (7-12 years' old) on climate change**
- Attendance of **UNESCO Global Education Coalition's call on the rapid needs' assessment and response strategies** of the Ministry of Education and Higher Education, and follow-up with MENA RO and CCST Lebanon colleagues to evaluate potential RCRC support to identified gaps and challenges (e.g., logistical for the transportation of sanitation kits for schools' reopening from Dubai to Beirut, PRCS teachers for children with special needs to coach/mentor Lebanese teachers, repair/rehabilitation of damaged educational facilities)

Operational Priority 3: Strengthening National Societies

National Society Preparedness

A National Society preparedness team comprised of staff focusing on various types of hazards (natural, technological, biological, epidemics and pandemics) continues to provide technical support and backup to IFRC regional offices and the Business Continuity Planning (BCP) Helpdesk operated by Global Disaster Preparedness Centre (GDPC) hosted by the American Red Cross. GDPC also hosts the COVID-19 Health Helpdesk and serves as an **information hub for COVID19-related guidance**, including resources on NS preparedness.



Do you have a question or a request for technical support?

Contact our team of experts:

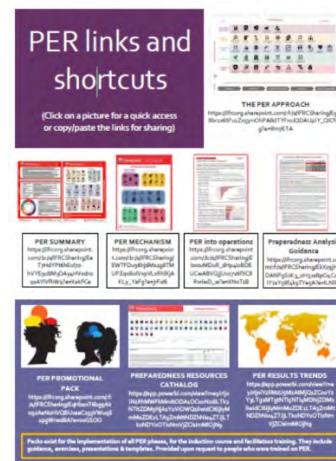
bcp.helpdesk@redcross.org

In August and September, webinars on **Business Continuity Planning for National Societies** were organized with all five IFRC regional offices and interested NS to discuss challenges and opportunities and adjust methodologies and ways of working. A template providing guidance to NS on the elaboration of their BCP was translated into Spanish, French, Russian and Arabic, and is updated based on feedback collected. BCP is new to many NS and requires close accompaniment over time to ensure plans do not solely focus on risks directly related to the pandemic or COVID 19 related protective measures but also on multiple hazards and changing socio-economic contexts. The recent dissemination activities should support the increase in the number of NS with a new or revised BCP which is reflected in one key indicator for strengthening National societies.

NS have continued preparedness measures to various seasonal risks such as hurricanes, monsoon, floods and droughts in the context of the COVID-19 pandemic. They updated their risk matrixes to guide further preparedness activities, developed essential sets of standard operating procedures (SOP) for more efficient emergency response and elaborated on **Contingency Plans** to achieve greater synergies in supporting the needs of affected population in future disasters. A new template encouraging multi-hazard contingency planning was developed and will be disseminated and tested with the support of IFRC regional offices in the next reporting period. This should have a positive impact on the quality and quantity of Contingency plans which provide a key indicator for preparedness measures.

With the support of BMZ, funding is being secured to offer support to selected National Societies in setting up the **Emergency Operation Centers, strengthen information management** for disaster preparedness and response and further support contingency planning.

The NS preparedness for Effective Response technical working group meet in September. Participants from NS, IFRC and ICRC attended this meeting. It included a preparedntation from the Netherlands Red Cross document that captures [how Response Preparedness work has contributed to a more efficient COVID-19 response](#). Findings indicate that response was not only faster, it was also of much higher quality. NS developed good quality COVID-19 response plans quickly, collaboration with their government was reinforced, and use of data allowed for more accurate risk analysis to target the areas and communities most at risk. Canadian Red Cross developed a paper to **advocate for greater investment in local actors' preparedness** and [capacity to support localised humanitarian action](#). It also includes an update on the Business continuity and contingency planning reference document recently developed and recent develop NS preparedness for Effective Response materials was shared, short document for easy access can be [found here](#), and the PER resource catalogue was release and is available [here](#).



National Society Development

Financial Sustainability: As National Societies are facing challenges in the area of financial sustainability and looking for opportunities to improve their governance, these are often complex and multifaceted issues. Action Learning is an IFRC endorsed tool for working through difficult problems and identifying creative and workable local solutions. IFRC has set a global agreement with World Institution for Action Learning (WIAL), where probono Action Learning coaching will be offered for National Societies until end of June 2020. 2 NSs have started the Action Learning with the support from WIAL Action Learning coaches during this reporting period. (to access further information on Action Learning, please visit <https://fednet.ifrc.org/en/resources/policy-strategy-and-knowledge/national-society-development/ns-financial-sustainability/>)

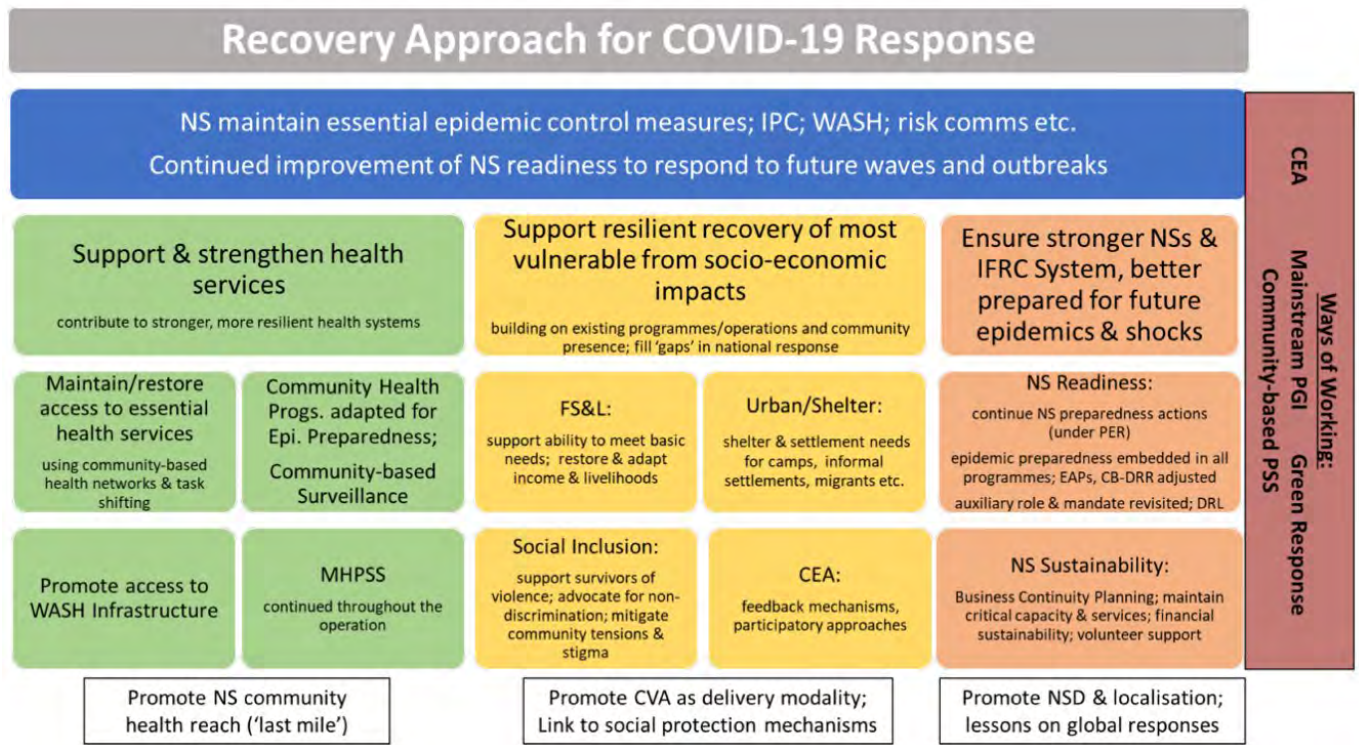
Duty of care for volunteers: IFRC has supported 16 National Societies (4 in Asia Pacific, 7 in Americas and 5 in Europe) on options to insure volunteers and staff against Covid-19, based on the guidance for volunteer insurance. Eight National Societies are being supported in setting up a solidarity mechanism for their volunteers, including financial projections. Four NSs are being supported on negotiations with private insurance companies and others are being supported on a mixed model. 100,000€ has been secured from the Spanish Red Cross to support NS in resourcing their preferred option. Analysis of needs for insurance mechanisms as well as identifying priority NS continue through the regional offices.

Learning: In coordination with IT, The NSDV Team is coordinating the development a single landing page where NS staff and volunteers can have access to all COVID-19 related materials. This compendium will offer 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.

Recovery

After some months of development, the **COVID-19 Recovery Approach** was finalised. This examines how recovery is relevant in a health emergency in general. It highlights that in order to support recovery from the crisis, NS need to 'layer' assistance that addresses secondary impacts, both health and socio-economic, on top of the ongoing core Health & WASH response which should continue throughout the operation. It suggests some key recovery interventions for NS to consider across the three strategic priorities set out in the operational strategy. The approach also notes how the pandemic presents opportunities for transformation, both for NS, and also at a wider level where many actors are advocating for investments and stimulus from Governments to be directed to support a green and resilient recovery.

It is now being translated into other key languages and is being used at regional level to influence the next round of revisions to NS response plans.



International Coordination and Enabling Actions

Business Continuity Planning and Security within IFRC Secretariat

Countries that thought they had seen the worst of the pandemic are once again coping with strained healthcare systems and confronting the possibility of a second economic shutdown. Europe is once again at the centre of the pandemic - per capita cases in the EU surpassed those of Latin America on 4 October for the first time in months - but other countries that had seemingly controlled infections are once again on high alert (see Iran, Jordan, Russia, and Israel). In most cases, case growth is not quite exponential, and death rates so far have been lower compared to peaks in April. Nevertheless, more countries are likely to experience similar resurgences over the coming months, underscoring that a return to any sort of "normal" remains elusive for much of the world.

Following the [Guidance approved](#) by Secretary General on gradual readjustment of working arrangements, 15 offices worldwide have received authorization to change the working modality. Two of the offices that had been authorized for the new working modality, had to return to work from home due to the rising cases, which may present a new tests for IFRC Secretariat and its ability to adapt to the new challenges imposed by the pandemic situation, especially because the crisis runs long and some colleagues worldwide start to suffer from what some have coined 'COVID fatigue'.

The business continuity task group at HQ level (composed of global BC adviser, staff health dedicated to Covid 19 and security) continued to monitor the situation globally and regionally, adapting and translating into the official language the guidelines, providing advice, especially in the case of deployment of rapid response personnel, to ensure healthy work environments and to limit the risks of transmission within the organization and to operate effectively and efficiently and to guarantee services to the most vulnerable. Weekly meetings are organized with the BC regional focal points to coordinating action and sharing best practices. More than **210** daily travels advisories has been produced since the begging of the crisis and sent to more than **100,000** NSs volunteers and staff worldwide and more than **3,500** IFRC staff. Joint analysis is constantly ongoing between BCP and security experts, because anti-humanitarian sentiment and increased hostility towards foreigners in continued to grow worldwide

There continue to be few direct COVID-19-related security impacts on RC/RC personnel and operations. However, civil unrest, socio-economic protests and violent political demonstrations due to or as a result of the COVID situation continue to be reported globally. In most RC/RC operating contexts, COVID-19 remains only one of multiple factors influencing the security threat environment. As the global economic downturn hits some countries harder than others, civil unrest continues to be either ongoing or is anticipated. This security threat is of grave concern in countries where authorities are unable to prevent a corresponding rise in criminality, which sometimes affects RC/RC personnel and assets. Meanwhile, the rise of COVID-19 within armed conflict theatres hampers humanitarian access and poses indirect threats to humanitarian workers. Social tensions appear to be rising. These have an actual impact in locations where humanitarian workers and foreigners have a high incidence of COVID-19 or are blamed for the spread of the virus (S. Sudan, Cameroon, CAR, South Africa). In other areas (i.e. South Sudan), a spike in inter-communal violence in several states that has not been met with adequate response due to the reduced capacity of security services – is indirectly impacting some humanitarian operations and assets. As it continues to be few direct COVID-19-related security impacts on RC/RC personnel and operations, the main concern has been in places where delegates could not leave due to close down of flights or country borders. Here we have emphasized the importance of updating the hibernation plans and capacity (emergency stocks).

Communications

Media Highlights

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

Social Media Highlights

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

Surge Capacity

DEPLOYED	119
<i>MENA</i>	<i>20</i>
<i>AFRICA</i>	<i>20</i>
<i>ASIA PACIF</i>	<i>25</i>
<i>EUROPE</i>	<i>31</i>
<i>AMERICAS</i>	<i>23</i>

As of October 15 , 2020, there were 119 rapid response personnel (female 59/male 60) from 31 deploying National Societies to support the COVID-19 outbreak operation in 25 countries. Out of the 119 deployments, 99 ended their missions, and 20 are still active (most of them supporting remotely (6 on site and 14 remotely)). During the reporting period the lesson learned study about the remote mission modality have been completed after a 2 months consultation process with different internal (Rapid response members, NS, IFRC Offices) and external stakeholders. In In September there was a webinar with more than 80 participants where the result of this study was shared with the membership. The final report will be shared during October 2020.

119 Total Rapid Response deployments	20 Active deployments	6 On-site deployments	14 Remote deployments	31 Deploying National Societies
---	---------------------------------	---------------------------------	---------------------------------	--

Number of total deployments, by Country



COVID-19 and impact on other emergency operations

ASIA PACIFIC REGION

COVID-19 has heavily impacted emergency operations activities: It is much harder to move goods and people within and between countries, supply chains are disrupted and local capacities are stretched. National Societies' own sustainability is at risk through a drop in revenue through traditional fundraising streams, at the same time that their first responders are exposed to greater health risk working in the community.

The Asia Pacific region has launched **23 emergency operations since January 2020**. IFRC and National Societies are working together to provide training, insurance and personal protective equipment, to enhance business continuity and safeguard our most important asset: our people. IFRC has developed a five-step process to being disaster-ready in a time of COVID. This includes:

- Analyse risks and barriers and planning accordingly
- Transform ways of working to address these risks
- Advocate for access in a context of movement restrictions and barriers to movement
- Preposition stock in anticipation of future needs
- Strengthen the workforce to quickly pivot to new emergencies taking into account the potential for illnesses among staff

This month IFRC launched its **Asia Pacific Pilot Guide for COVID-safe programming**, aimed at safeguarding personnel and affected populations during Red Cross and Red Crescent Operations. The guide was well-received by National Societies with several planning to translate and apply the tool in their own countries.

[Click here to read more about the COVID-19 response in this region](#)



COVID-19 and impact on other emergency operations

AFRICA REGION – Focus on floods in Tanzania

Millions of people across Africa region have been affected by **floods**. The months of August and September 2020 alone have seen **more than 1.2 million people across 12 countries been affected**. This has compounded the humanitarian situation for populations that were already grappling with the effects of COVID-19, leaving people even more at risk, and even more vulnerable. Following flooding in the country, the Tanzania Red Cross found itself working in crowded settings, in sites that were densely populated and often with limited access to handwashing and sanitation services. This made the implementation of COVID-19 protocols, such as social distancing and handwashing, challenging, and likewise had to manage the concentration of people at distribution sites. To address these issues, the Tanzania Red Cross ensured that handwashing points were set up at the entrances to distribution sites, enforced strict social distancing protocols, and advocated on the wearing of face masks. The IFRC AfRO also developed and disseminated guidelines on crowd management. The Tanzania Red Cross has also **maximized the support provided by through the IFRC Africa COVID-19 Emergency Appeal** to strengthen its overall capacity to response to emergencies, not only COVID-19, and is in the process of establishing an Emergency Operations Centre (EOC). This is being supported by the German Federal Ministry of Economic Cooperation and Development (BMZ).

[Click here to read more about the COVID-19 response in this region](#)



COVID-19 and impact on other emergency operations

AMERICAS REGION – Focus on emergencies in Argentina and Paraguay

The COVID-19 pandemic has been of enormous impact by itself. Still, National Societies and the IFRC's secretariat in the Americas have had to respond to other emergencies such as dengue outbreaks, droughts, migration, the Hurricane Season and many others.

Two operations of particular interest, as they have been heavily affected by COVID-19, are [Argentina - Drought](#) and [Paraguay - Dengue](#). The north part of **Argentina** faced severe drought and the National Society response was significantly challenged due to COVID-19 restrictions. Mobilization was the main constraint as all means of transportation were cancelled. Native communities were reluctant to receive outside visitors because of potential exposure to COVID-19. As a result, volunteers had to make long trips and go through strict quarantine isolation before reaching these communities. In addition, cash transfer programming had to be halted, and new strategies were implemented. For instance, delivering food kits instead of cash transfer.

In **Paraguay** for the dengue outbreak, the initial response model was based on community-based work, but most humanitarian efforts were put on hold due to mobility restriction. Local purchases were made to provide vulnerable communities with necessary items, but availability of resources from local suppliers was minimal. Although the selection of beneficiaries was underway, it was paused due to mandatory isolation of the population.

Hence, the IFRC's Americas region has put in place measures to cope with the impact of COVID-19 across operations including: All operations must include a COVID-19 component in their planning process, plan for additional implementation delays and the Regional Contingency Plan was updated to include a section "COVID-19 & Hurricane Response Planning". Part of these measures are a result of the support the COVID-19 appeal is providing to the regional response mechanisms.

[Click here to read more about the COVID-19 response in this region](#)



COVID-19 and impact on other emergency operations

EUROPE REGION – Focus on Greece, Moria fires

During the night on 8 September 2020, a devastating fire ripped through the Reception and Identification Centre in Moria, on the island of Lesbos, as residents remained in COVID-19 lockdown. Initially the authorities arranged to accommodate some one thousand of the most vulnerable migrants immediately on a passenger ferry, and also quickly established a new temporary camp at Kara Tepe to host all other migrants. As of 14 October 2020, the camp is fully operational, tents have been erected, basic medical facilities have been set up, and water and electricity have been secured. ¹ Corrected from previously reported 13,000 based on UNHCR estimate. **People are queuing up to receive medical assistance at the first aid station of the Hellenic Red Cross in Lesbos.** The authorities have announced that all migrants must register at the new camp. As of 14 October, almost 10,000 migrants had already moved into their new tented accommodation. All migrants are tested for COVID-19 upon arrival, and according to the authorities, 243 migrants have tested positive so far. They are isolated at a separate quarantine structure at the camp. As the camp will stay open until the spring of 2021, all basic services will need to be consolidated and further streamlined in the weeks ahead. Health and hygiene promotion, and the observation of common measures such as physical distancing, regular handwashing and use of masks will remain particularly relevant in view of the overall COVID-19 trends. The immediate crisis has further affected community relations between migrant and host communities. As the socio-economic situation may worsen further due to COVID-19 and individual households were already struggling because of the global downturn, poverty levels are likely to increase. Where possible, support measures for local communities should be considered as part of the overall response. **HRC is therefore planning to implement CVA programme** for the most vulnerable local communities in Lesbos and currently working on the assessments and targeting criteria.

[Click here to read more about the COVID-19 response in this region](#)



COVID-19 and impact on other emergency operations

MIDDLE EAST & NORTH AFRICA REGION – Focus on Yemen

Years of conflict, an economic crisis, water scarcity exacerbated by climate change, as well as the secondary impacts of the COVID-19 pandemic in Yemen has **greatly diminished the living conditions of already vulnerable groups and further amplified humanitarian needs**. Increasingly scarce fuel availability, lack of available medical supplies as well as limited resources to communicate effectively with communities in areas of conflict make it a huge humanitarian challenge to access those impacted by COVID-19 to provide them with humanitarian assistance that includes basic health care for both communicable and non-communicable diseases.

The situation is further compounded by the concerns of stigmatization, leading to patients not seeking appropriate treatment at health facilities and higher risks of further transmission in communities. In addition, the supply pipeline of goods that was already impacted by the ongoing conflict and governmental restrictions before COVID-19, was further hindered due to the global pandemic. In the face of these multiple challenges, Yemen Red Crescent Society (YRCS), support by the Red Cross Red Crescent Movement, still managed to mobilize and train at least **720 volunteers and 340 health workers in 19 branches** on risk communication and community engagement and providing staff and volunteers in 17 YRCS primary health care centres with the necessary personal protective equipment. YRCS supported patients in at least two quarantine centres with food and non-food items, and reached at least 133,300 people through social media outlets alone.

[Click here to read more about the COVID-19 response in this region](#)



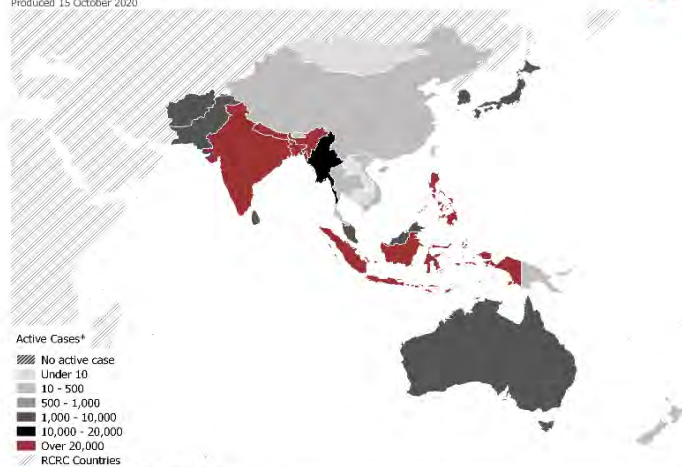
Nisreen Ahamd, Yemen RC

Situation Update

9,226,353 confirmed cases in Asia Pacific

153,075 confirmed deaths in Asia Pacific
reported by WHO as at 3:53pm CEST, 15 October 2020

COVID-19 Asia-Pacific Region
Produced 15 October 2020



Active Cases*
 No active case
 Under 10
 10 - 500
 500 - 1,000
 1,000 - 10,000
 10,000 - 20,000
 Over 20,000
 RCRC Countries

* Active cases = total confirmed cases - total recovered - total deaths
 This map does not include the responsibility of any country in the past or the International Federation of the Red Cross and Red Crescent Societies or National Societies covering the legal status of a territory or of its inhabitants. Produced by OCHA (2020).

National Society Response

38 National Societies engagement in three operational priorities



Health and WASH

38



Socioeconomic Interventions

32



NS Institutional Strengthening

34

PEOPLE REACHED



84m
by **RCCE**
32 NS reporting



30m
by **WASH**
20 NS reporting



4,3m
by **MHPSS**
20 NS reporting



34m
by **IN-KIND ASSISTANCE**
15 NS reporting



324k
by **CASH**
10 NS reporting



1,9m
by **DRR**
13 NS reporting

SUPPORT TO VOLUNTEERS



1,3m
covered by **insurance**
22 NS reporting



625k
with access to **PPE**
17 NS reporting

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 and from September onwards on bi-weekly basis. CCSTs and country offices has regularly updated the region on progresses 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 diverse in the region with some Pacific countries managed to stay COVID-19 free and 94 per cent 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. Maldives on the other hand is registering highest number of cases per million population. Situation is rapidly changing in Myanmar, Nepal and Malaysia as these countries are witnessing sharp rise in cases recently. COVID-19 has caused significant impact on the health sector as resources initially allocated for other public health issues such as vector borne diseases and tuberculosis have been diverted to suppress the pandemic.

All 38 National Societies in the Asia Pacific region are working in the Health and WASH priority for the COVID-19 response. Asia Pacific Regional Office continues to provide technical support to National Societies by updating the technical guidance according to the evolving scenario. Fortnightly, health technical webinar remains a major highlight in the reporting period. Asia Pacific Regional Office has also started to participate in the Regional Working Group for COVAX and highlighted the importance of the role of community volunteers in rolling out the COVID-19 vaccine. National Societies will be supported to join the national working group on COVAX.

Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks, including COVID-19 pandemic. Therefore, ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, prisons and health care facilities will help to prevent transmission of the virus. Safely managed WASH services are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on community livelihoods and wellbeing.

Epidemic control

National Societies in the region are working with the Ministry of Health to suppress the pandemic. During the reporting period, 34 National Societies in the region are actively involved in epidemic control with public health interventions such as entry/exit point screening, testing, home isolation services and contact tracing.

National Societies are involved in measuring body temperatures specially in the border areas, collection of swabs for testing, operating Bio safety level – 2 labs, providing social emergency services in quarantine facilities. The Philippine Red Cross has developed contact tracing training curriculum for staff and volunteers.

Examples include:

- Philippine Red Cross has 21 laboratories located on 10 sites in the country and has reached 1 million COVID-19 tests.
- Nepal Red Cross has supported 469 tents, 3,922 tarpaulins, 15,416 blankets, 3,907 mosquito nets and 8,439 mattresses to various sites including quarantine and isolation sites.

Risk communication, community engagement and health and hygiene promotion

National Societies has continued awareness raising sessions on COVID-19. Additionally, National Societies have been building up additional channels to engage communities. CEA APRO continues to co-chair the regional risk communication and community engagement working group. Under the working group and led by IFRC, WHO and UNOCHA in collaboration with UNICEF and NS from Pakistan, Malaysia and Indonesia, a cross-country perception report was published. With the support of the communications team, the report was highlighted in several media outlets.

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 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 continue to be placed on increasing access to appropriate WASH facilities such as hand washing stations and latrines, and to distribute suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants and cleaning materials. Distribution of key hygiene messages is focused upon, particularly on the importance of washing hands with soap, coupled with dissemination/display of relevant IEC materials.

The APRO continues to provide technical support to the 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](#). This protocol, which has been circulated to Health and WASH colleagues, had so far received positive responses. Parts of the distribution protocol had been reflected in the COVID-safe best practice guide (a self-assessment pilot version), an initiative of the APRO Disaster, Climate and Crisis Unit. The APRO WASH team is now working on a training protocol/guideline, which will be a key reference document as National Societies increasingly resume their face-to-face trainings.



Examples include:

- Pakistan Red Crescent Society has conducted community level risk communication sessions through sharing information through mosques via 60 volunteers in 13 districts.

- Indonesian Red Cross Society (PMI) has broadcasted two public service announcements via the 100 KBR radio network stations informing communities on COVID-19 prevention in community markets (reaching nearly 900,000 listeners)

Community-based surveillance (CBS)

Since the beginning of COVID-19 response actions, 23 National Societies have been involved in community-based surveillance. National Society volunteers are trained on collecting data based on case definition of probable and suspected case from the community and report to designated health authorities to detect potential cases in the community. These volunteers are also trained on Epidemic Control for Volunteers toolkit to disseminate health awareness messages. To date, more than 62,000 staff and volunteers have been trained on COVID-19 health risk and basics of surveillance.

Examples include:

- Indonesia Red Cross (PMI) has finalized a community-based surveillance protocol to better support staff and volunteers. Indonesia Red Cross has more than 240 volunteers and staff trained on CBS.

Mental health and psychosocial support services (MHPSS)

More than 25 National Societies continue to provide MHPSS response in the COVID-19 operation; some are focusing on assisting school children during school resumption. IFRC Psychosocial Centre has published a manual "[Back in school during COVID-19](#)", which was shared to National Societies as a reference. Some countries like Nepal are experiencing a surge in suicide rate within the country and are looking into suicide prevention activities during the pandemic. IFRC Psychosocial Centre has also published a manual on "[Suicide prevention during COVID-19](#)", which many National Societies found useful in training their staff and volunteers on suicide prevention and intervention.

Examples include:

- During this pandemic, psychoeducation IEC materials are shown to be a useful tool to mobilize community to respond to crises on personal, family, and community level. National Societies and country offices continue to reach out for adaptation of IEC materials in various languages.
- Malaysian Red Crescent Society rode on the enhanced awareness of mental health and psychosocial wellbeing and plans to develop a strategic development plan for MHPSS service within the National Society.
- A technical webinar on MHPSS was conducted in August for Movement partners. Representatives from Maldivian Red Crescent Society and Hong Kong Red Cross branch of RCSC shared their experience in providing MHPSS response COVID and social unrest context.
- A sharing of MHPSS response in COVID-19 was conducted together with emergency health team in a public health in emergency sharing for Beijing Normal University on 7 August. A total of 145 participants joined the conference.

Isolation and clinical case management for COVID-19 cases

Asia Pacific region continues to provide support to National Societies that are involved in case management of COVID-19 patients. National Societies like Philippines Red Cross (PRC) are working together with their government to provide diagnostic facilities through a network of 7 molecular labs for RT-PCR testing, with 3 more waiting to be operational. PRC emergency medical units (EMU) or medical tents are supporting as back up to government hospital in their regular activities by setting up isolation units or screening point for COVID-19 patients. In total, 71 EMU are supporting the response in partnership with the government and other organizations.

In Cox's Bazaar, Bangladesh Red Crescent Society (BDRCS) has set up 2 isolation and treatment centres. The first one which is operational since 21st July is in camp 2E, has 30 bed capacity. The second one which recently started to provide isolation and treatment facilities is a 50-bed facility and is in Rubber Garden from where BDRCS has also been providing primary health care to camp and host communities. BDRCS also trained their technical team in sample collection and handling of samples while sending samples to diagnostic facilities of MSF and WHO in Cox's Bazaar. The key challenges are human resource (trained medical professionals) as well as the existing conflict environment in the camps, which makes it difficult for community mobilizers to reach people at risk. BDRCS has reconfigured the Holy Family Hospital as a COVID-19 case management facility. The 400 beds hospital includes 30 isolation and 10 ICU beds. Corona Care hospital

in Pakistan is a dedicated 110 beds COVID-19 hospital in the city of Rawalpindi, Pakistan. This hospital includes 10 fully equipped ICU beds and COVID-19 testing capacity (RT-PCR).

Other National Societies have also extended support to their government in providing isolation and treatment services. Afghan Red Crescent Society (ARCS) has been running a 50-bed COVID-19 hospital with 8 ICU beds capacity. Based on ARCS experience with blood banks, the hospital aims to include testing capacity through 2 PCR machines, it is expected that the Ministry of Health would support with the reagents. ARCS is also supporting 138 small clinics, in various locations.; the range of services from these clinics include screening, isolation and case management.

Ambulance services for COVID-19 cases

Linked to the government's referral mechanisms, many National Societies have a network of ambulances supporting the COVID-19 response. Malaysian Red Crescent Society, Afghan Red Crescent Society and Nepal Red Cross Society are a few examples. PRC also has 2 negative pressure ambulances to transport COVID-19 patients. Volunteers and ambulance crew of the National Societies are trained in IPC standards and use of PPE. Pre-hospital care and emergency medical services guidance documents have been shared with National Societies in the region. Asia Pacific Regional Office health team is also working with APRO logistics team to provide support during procurement of transport vehicle and equipment in those vehicles.

Maintain access to essential health services (community health)

As secondary impact of COVID-19 deepens in Asia Pacific, the regional health team continuously support National Societies to maintain essential health program in a COVID-19 safe way. Pilot version of COVID-19 safe best practices guide has been disseminated through health technical webinar.

Essential lifesaving services like routine immunization 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.

This year, National Societies in Asia Pacific celebrated the World First Aid Day (WFAD) on September 12, 2020. National Societies organized successful activities online or on site around the WFAD theme, resulting in millions of people trained in or informed about first aid or more generally on National Society's activities. The theme for this year was "Adapting First Aid Practices to the Pandemic".

Maintain access to essential health services (clinical and paramedical)

Primary health care services are continued in various communities with the effort from National Societies like Bangladesh Red Crescent Society, Myanmar Red Cross Society and Afghan Red Crescent Society. They play a crucial role in the country's health system by delivering essential health care during emergencies. With 70 mobile clinics in Afghanistan or mobile clinics in Rakhine or mobile clinics in areas affected by cyclone and floods in Bangladesh, National Societies continue to work together with their government to reduce gaps in essential health care.

Blood services have been one of the key areas of work for several National societies in the AP region. Korean Red Cross, Bangladesh Red Crescent Society, Nepal Red Cross and Philippines Red Cross have been providing blood services, which also includes the collection of plasma for therapeutic use. Indian Red Cross Society through its 89 blood transfusion centres in the country has been providing uninterrupted blood supply to Thalassaemic patients and other blood transfusion dependent patients.

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)

The Asia Pacific Regional Office continues to provide remote technical support and assistance to the National Societies, country offices and CCSTs in the planning and implementation to address socioeconomic impact of COVID-19. This includes support for proposal development in fund-raising efforts, provision of tools and technical guidance on livelihoods and cash and voucher assistance.

In the past two months, a total of 12 National Societies reported utilizing cash and voucher assistance to address immediate basic needs of households affected by the pandemic and the secondary economic impact. At the regional level, IFRC continuously co-chairs the Regional Cash Working Group (RCWG) together with WFP and OCHA. A RCWG meeting was held in August where ongoing regional cash responses to COVID-19 were discussed with emphasis in strengthening linkages to government social protection.

Woman Empowerment Programme funded by Kuwait Red Crescent which commenced in January 2020 and focused on livelihood as an entry point, has been affected in its roll-out especially in Bangladesh, Pakistan and Afghanistan primarily due to operational constraints of pandemic movement restrictions. However, this has not reduced the commitment of the National Societies to deliver the programme on time and priorities are being realigned and sped up. A case study by Myanmar Red Cross of women's groups in Rakhine State undertaking livelihood activities aligning to emerging needs is worth noting. Impacts on informal sector workers and migrants (internal, cross border and overseas) are being reported in the pandemic needs assessment across South and South East Asia. South Pacific countries are reporting secondary impact due to losses in tourism and inward remittances; the Suva CCST is working on an approach to introduce livelihood and household economic security in some National Societies.

Community engagement and accountability (CEA)

While COVID-19 continues to pose challenges with movement restrictions and physical distancing, National Societies have continued to implement planned activities and where possible, expand feedback mechanisms and engage with communities. Additionally, National Societies are continuing to build CEA capacity of volunteers and staff.

Examples include:

- CVTL has led a total of 10 CEA trainings (in 10 branches) to CVTL volunteers and staff with a total of 97 participants. The topics included feedback collect with Kobo, introduction to CEA and feedback channels/mechanism.
- IFRC/PMI trained four PMI CEA focal points in South Sulawesi and East Java on CEA basics, feedback management, and establishing radio programme as well as how to establish and run a hotline. Additionally, a CEA orientation was given to 10 PMI CEA focal points in 5 provinces.
- Pakistan Red Crescent Society has established a medical helpline in Sindh to answer health questions.
- Bangladesh Red Crescent Society and IFRC CCST Jakarta participated in an interactive live panel led by IFRC CEA APRO that was part of the Humanitarian and Sustainable Development Initiative (HDI) 2020 organised by CCST Beijing.

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 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 plan 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.

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 offices, CCSTs 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 seven national societies (Myanmar, Nepal, India, Bangladesh, Pakistan, Indonesia, Philippines).
- 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
Evidence-based insights, communications and advocacy

Information Management (IM)

The IM team has provided technical support for National Societies through guidance and briefing on the GO platform to enhance efficient reporting on COVID-19 operations. The team also set up a regional GO emergency page for the COVID-19 response to host Asia Pacific region-specific dashboards, maps and key documents.

In terms of data analysis and visualization, the regional IM team has worked with the OLPSCM unit to develop a Logistics & Procurement [dashboard](#) for COVID-19 operation in July. The dashboard is customizing to virtually track the logistics and procurement activities which has the following information: summary of total procurement value, breakdown summary of the procurement activities, and Personal Protective Equipment (PPE) delivery status. In addition, the COVID-19 operation update dashboard was developed in September. The dashboard gives a general overview of COVID-19 operations in the Asia Pacific countries, with a brief summary on financial and implementation status.

Communications

IFRC Asia Pacific worked with National Societies and IFRC Geneva to achieve major international media including opinion articles and coverage across digital news, print, TV and radio reaching tens of millions of people in Asia and around the world. Major opinion articles have been published in a range of major global and regional media outlets including CNN, Bangkok Post, Nikkei Asian Review and the UK Guardian. In the shadow of Covid-19, silent killers re-emerge – is the first such Op-ed from the region published in [CNN International](#) by the IFRC Pandemic Preparedness Coordinator for the Asia Pacific.

Two press releases on Red Cross action to prevent COVID in Indonesia and COVID in the Philippines scored significant national and global media coverage including: [SBS Australia](#), UK Telegraph, [India Today](#), [Malaysian Star](#), [Tech Today](#), [Japan Times](#), [Al Jazeera](#), [Philippines Sun Star](#), [Verdict Medical](#). On DPRK, Voice of America and [CNN](#) included comment from IFRC spokespeople on humanitarian work including COVID prevention in the country. Al Jazeera ran a special feature following the global release of an IFRC report on climate change and COVID-19 : [Asia Pacific hardest hit by COVID-19, climate-related disasters](#). Red Cross Red Crescent Climate Centre Director Maarten Van Aalst appeared on Channel News Asia TV prime time. A [Vice News](#) special appeared across digital news sites globally on climate disasters and COVID.



Two Opinion articles profiling first-person accounts of the humanitarian crisis in Cox's Bazar were published to mark the 3-year anniversary of the mass movement of people from Myanmar to Bangladesh: Fear, mistrust and COVID-19 in Bangladesh camps – Opinion article by Dr Mumtaz Mohammed Hussain from Bangladesh Red Crescent, [Thomson Reuters](#) and the Bangkok Post newspaper. Opinion article Coronavirus has made every day a struggle to survive amid the squalor of Cox's Bazar - [The Guardian](#)- UK. There was also global media coverage following a [Press Release](#) on health concerns in Cox's Bazar camps, with rolling online stories on [Al Jazeera Online](#) and a live prime-time interview on Channel News Asia with Dr Mumtaz Hussain, Bangladesh Red Crescent. The Bangkok Post published

opinion by IFRC's Francesca Capoluongo [Youth leading way in pandemic](#).

An Opinion article was published in [Nikkei Asian Review](#) by Dr Susan Mercado, IFRC Strategic Adviser: Polio stalks the Philippines. Again, as COVID-19 lockdowns hamper polio vaccination efforts. [Al Jazeera](#): Myanmar reports biggest daily

rise in cases. [Al Jazeera Inside Story](#) featured Brooke Takala - Secretary-general of the Marshall Islands Red Cross Society and Jagan Chapagain - IFRC secretary-general - Is the coronavirus pandemic a chance to tackle climate change?



An IFRC [media release](#) on a major COVID Asia inter-agency community engagement survey quoting Dr Viviane Fluck, involved collaboration with National Societies, WHO and UN-OCHA and resulted in strong international media coverage via [Reuters](#) including [New York Post](#), [US News Online](#), [Washington Post](#), [Al Jazeera](#), [Hindustan Times](#), [Jakarta Post](#), [Nikkei Asian Review](#), [South China Morning Post](#), [Deutsche Welle](#) and [Irish Times](#). An Opinion article by Dr Viviane Fluck was also published in the [Bangkok Post](#) and [South China Morning Post](#).

Communications content packages focused on preventing COVID-19 across the region in including in the most at-risk communities from Philippines to India, Timor Leste, Indonesia and Nepal. Audio-visual communications also centred on psychosocial support for children, cash support in vulnerable communities, along with health and hygiene promotion among older populations. On World Day, a wide range of stories and content from National Societies across the region were shared successfully on IFRC Asia Pacific and global IFRC social media channels with high engagement rates.



Publication on how to stay safe and healthy when going abroad in Thai.

A broad range of publications supporting Asia Pacific National Societies have been produced including: "Emergency Response: Covid-19 Pandemic Asia Pacific", "Know Before You Go! How to Stay Safe and Healthy When Going Abroad", "The IFRC Global Strategy on Migration – Reducing Vulnerability, Enhancing Resilience 2018-2022" and "Manilla Call for Action: Engaging Local Humanitarian Action in a Fast-Changing World".

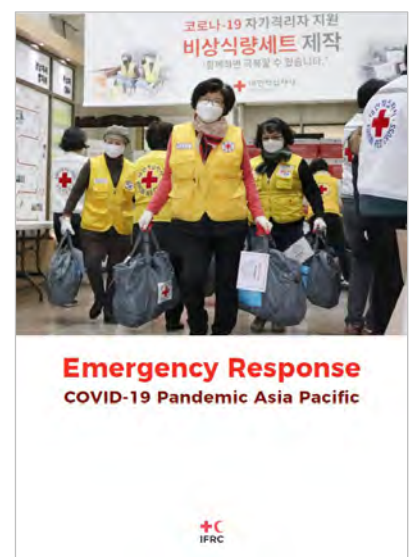
International Support and Resourcing

Partnerships and Resources Development

PRD is striving to ensure IFRC and National Societies in Asia Pacific region obtain sufficient financial resources for the COVID-19 response through continuous donor engagement and external communication.

The first Partners Call with external partners was held on 3 September 2020. Close to 100 representatives from embassies, UN agencies, private sectors, international organizations as well as the Red Cross Red Crescent participated. The achievements attained by National Societies under their COVID-19 response operations over the past six months and plans for coming months were presented. The Chairman and Chief Executive Officer (CEO) of Philippine Red Cross and the Secretary General of Afghan Red Crescent Society engaged actively and presented an overview of the response activities by their respective National Societies. Country-level Partners Calls have been held in Pakistan and DPRK, which brought together Movement partners to discuss on the steps taken by the National Society to date, including with IFRC support. Funding requirements and current gaps were also presented and discussed.

APRO has developed a regional level promotional document for COVID-19 and we are in the pipeline to develop country-level documents. This additional tool is



Asia Pacific regional promotional document for COVID-19.

a part of an initiative to increase awareness and understanding among potential external donors on the Red Cross Red Crescent response activities and, in turn, contribute to mobilizing additional resources for the region.

Logistics, Procurement and Supply Chain

The Humanitarian Services & Supply Chain Management (HSSCM) unit in APRO has continued its logistics and procurement support to the COVID-19 operation. To date, the team has managed the procurement and mobilization of COVID-19 related goods and services for the AP region with the value worth of CHF 16 million for both international and local procurement comprises of PPE, medical items, vehicles and Non-food items (NFIs). This support had reached 11 countries and the Pacific region (with recipient of 11 national societies) where 100% of international and 76% of local procurement especially on PPE had been fully secured and completed. Currently, the procurement team is working on the global procurement for 4 other regions (apart from AP) to secure PPE worth of CHF 285,000 for the German Government funding (MFA & BMZ). For the same funding, the HSSCM team in APRO is also providing technical support and quality assurance verification (support extended by the global Medical Logistics) to the country team on local procurement worth close to CHF 968,000. This is done in close collaboration with all relevant stakeholders at different level to ensure it meet the deliverables before pledge deadline.

On the collaboration of accessing WFP free flights and Qatar Airways for this operation, to-date, the total saving of freight costs by IFRC is estimated to be at CHF 1.185 million globally and total 12 flights/shipments (approx.13.5MT & 96 CBM) were mobilized (from Kuala Lumpur & China) to respective countries in the AP region.

The study to further investigate changing local capacities and policies enforced by the governments in some identified countries such as Afghanistan, Bangladesh, Nepal, Myanmar and Pakistan had been activated. This is to support the localization agenda initiative to leverage on local logistics capacity at country level. This study is done in collaboration with human resource (HR) support of Partner National Societies.

Surge

There were 8 rapid response members active during August and September providing support to the COVID-19 and tropical cyclone Harold (Pacific) operations. The technical areas for support included general logistics, operations management, shelter, human resources, COVID-19 assessment, PMER, COVID-19 operational planning and staff health. Surge desk Geneva conducted a review of remote rapid response as most of the rapid response support globally were provided remotely and AP accounts for 54% of remote rapid response among the 38 members deployed in 2020.

Human Resources

The COVID-19 operation human resources plan is currently being revised to accommodate and reflect the needs of the current situation. The HR department has employed a dedicated full-time employee to focus on staff health, ensuring health and well-being of personnel and volunteers during this outbreak.

National Society response – key highlights

Afghan Red Crescent Society (ARCS)

ARCS has inaugurated a **50-bed hospital dedicated for COVID-19**. During the last two months, over **30,635 people were screened for COVID-19** by ARCS medical health teams, clinics and emergency sub-health centres across the country. 6,070 out of 30,635 people screened were identified as suspected cases and 573 of them were referred to the COVID-19 hospital. Cumulatively, 391,704 individuals have been screened since the beginning of the operation, with 49,084 suspected cases and 3,008 hospital referrals. **199,467 individuals received health awareness** through medical health teams and health facilities during August and September, bringing the cumulative total to 759,368.

During the reporting period, 65,433 individuals benefitted from **risk communication and community engagement programme**. 20,028 individuals also received first aid services. 40 volunteers were trained on **psychological first aid (PFA)**. Furthermore, **cash and voucher assistance (CVA)** benefitted 1,952 households in Balkh, 5,196 households in Daikundi for 2 rounds, 1,233 households in Badghis and 1,138 households in Herat province. **Food items were distributed** to 14,000 individuals in Kabul, 4,900 individuals in Qandahar, 8,400 individuals in Herat, bringing the total beneficiaries since the beginning of the operation to 117,947.



ARCS food distribution. Photo: ARCS

Australian Red Cross (ARC)

Australian Red Cross' 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 COVID19**. Current activities include ongoing monitoring of the situation, provision of public information, PFA and social connection phone outreach services and emergency relief through payments and food provision for migrants in transition. Phase 3 (from 30/7/2020 to 9/9/2020) of the COVID-19 response included additional priority work on monitoring and planning for the Victorian response, needs assessment and psychosocial wellbeing resources for Aboriginal and Torres Strait Islander communities.

To date, support provided included emergency relief through **cash payments to approximately 34,731 migrants** on temporary visas, **food relief** to approximately 9,538 migrants on temporary visas and information provided through 115,607 visits to the **emergency relief website**. Psychosocial support has also been provided through:

- **Psychological first aid phone outreach to 52,110 people** experiencing self-isolation or mandatory quarantine
- **Development of a social connection phone call service** for 759 of the broader population of adults experiencing social-isolation due to COVID-19 restrictions
- **Referral and community connection call service to 14,624 Victorians**
- **Wellbeing kits provided to 3790 people in mandatory hotel isolation**
- **Advocacy to government on psychosocial impacts**
- **Resources and training** to build capability of community organizations to support their clients facing increased vulnerability

- **Public information activities** to encourage people to help flatten the curve and cope with the impacts with 59,821 views of content
- Recovery Positioning document to guide advocacy to government and other agencies

Australian Red Cross has also mobilised funding and technical support to the IFRC global appeal and ARC Partner National Societies and influenced the Australian Government and humanitarian sector to take global action and strengthen global solidarity in response to COVID-19 and its impacts.

Bangladesh Red Crescent Society (BDRCS)

Health and Psychosocial Support – In August, BDRCS organized 405 health education sessions with 5,243 participants. 1,500 posters were disseminated through 10 Mother and Child Health (MCH) care centres. BDRCS has reached a total of 17,021 people with various essential health services through the MCH care centres. 3,671 individuals also received personal counselling and 8,814 individuals took part in awareness raising programmes. Red Crescent Youth (RCY) volunteers provided oxygen services to patients and arranged free healthcare support to COVID and non-COVID patients. In August, 310 people were reached with psychological first aid (PFA) through PSS Call Centre at national headquarters of BDRCS. Other activities during the reporting period included:

- Developed a training guide on PFA for volunteers.
- Referred 7 people to specialized mental health services.
- Reached 22 staff and volunteers with Caring for Volunteers activities.
- Reach 2,132 people through BDRCSs Community Safe Spaces in Cox's Bazar.
- Trained 12 BDRCS RCYs in Teknaf on basic PFA.
-

Holy Family Red Crescent Hospital has been providing medical services as a dedicated COVID-19 hospital since April 2020. In August, 252 new COVID-19 positive patients were admitted for treatment, while 279 COVID-19 patients recovered and were discharged.

Infection, Prevention and Control (IPC) – 5,000 people were reached through COVID-19 awareness messages and face mask distribution in Barguna and Chattogram district, mobilizing 50 RCY volunteers. RCY volunteers of Barguna branch also assisted local government to bury COVID-19 positive dead bodies. BDRCS volunteers has been working at the entrance of 60 district Central Jails through respective Unit Offices. 240 RCY volunteers reached 9,600 people with IPC materials and awareness messages for behavioural change in prisons. 1,713 people were through COVID-19 awareness and discussion sessions; 390 people through practical hand washing sessions; 5430 people through cell phone on COVID-19 awareness. 500 pieces of surgical masks were distributed to field staff, volunteers and participants of refresher training and orientation on “COVID-19 and Personal Safety”. BDRCS received 14,280 surgical masks as a gift from Yunan Province handed over by the Chinese Ambassador in Bangladesh.

Livelihoods and Basic Needs – 15,600 drinking water bottles were distributed among selected COVID-19 dedicated hospitals, test and response centres, police station, and District Commissioner offices at several districts. RCY volunteers also carried out home delivery service for medicines and essential daily products during lockdown. Data collection trainings were conducted for 50 volunteers at NHQ to select beneficiaries for multipurpose cash grants support under COVID-19 response project.

Protection, Gender and Inclusion (PGI) – 33 volunteers participated in orientation on PGI, Prevention and Response to Sexual Exploitation and Abuse (PSEA) and Child Protection conducted remotely.

Community Engagement and Accountability (CEA) – 170 calls were received through BDRCS Hotline on COVID-19 in August. 250,000 people were reached in this reporting period through monthly community radio program. BDRCS continued to provide awareness raising and life-saving messages

on COVID-19 through social media. The total reach through different posts by social media accounts was more than 1 million in August.

COVID-19 response in Cox's Bazar – The **Integrated Isolation and Treatment Centre (IITC)** in Camp 2E treated 336 patients with COVID-19 symptoms. Eight COVID-19 positive patients from the camps were admitted to the IITC after referral from the Dispatch and Referral Unit. More than 40,000 households in the catchment areas of the IITC received COVID-19 messages from community health volunteers. Key messages included hand washing techniques, mask-wearing, IITC facilities, disinfection activities and physical distancing. **223,322 people were reached through COVID-19 hygiene promotion and hand washing sessions** held in camps and host communities. 29,865 IEC materials were distributed and 12,071 WASH facilities were disinfected. Additional construction is underway at the second BDRCS IITC (in Camp 7), as a part of restructuring to standardize isolation and treatment facilities. Collaboration is also underway with WHO to make a sentinel testing site at the IITC in Camp 7. In addition, IFRC and BDRCS recently captured the following stories: [a live update from the BDRCS IITC in Camp 2E in Cox's Bazar](#), [short video saluting front-line healthcare workers](#), and [news article on a doctor working at the BDRCS IITC](#).

Bhutan Red Cross Society (BRCS) BRCS has been accredited by the government's Health Emergency Management Committee as the **lead agency for dead body management**. The National Society has been providing crematorium services in the national and district crematoriums. Prior to the national lockdown, BRCS carried out extensive **COVID-19 advocacy program**, set up **WASH facilities in the public areas across 20 districts**, and **reached out to vulnerable communities and elderly people in remote areas** across the country.

Brunei Darussalam Red Crescent Society (BRC) The National Society 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 (CRC) In August and September, CRC procured and distributed **IEC materials on hand washing and COVID-19 prevention** (64,910 flyers; 30,000 posters; 100 flipcharts), uniforms (2,000 caps; 2,000 t-shirts) for Red Cross volunteers and hand soap (50,000 bars) to support information dissemination activities. Red Cross staff, volunteers and youth conducted **COVID-19 information dissemination activities** at targeted villages with gatherings of small groups (less than 10 people per group). Key messages were shared with distribution of posters, flyers, and leaflets and demonstrations on hand washing and using face masks and scarves for



CRC volunteers conducting hand washing demonstration and COVID-19 awareness with IEC materials in the community. Photo: CRC

protection. 15 branches also delivered the information sharing activities at major tourist areas during a long public holiday in August.

In the reporting period, over 250,000 people in 25 provinces were reached through health and hygiene promotion activities. By September 30, CRC had completed all awareness-raising and hygiene promotion activities under the IFRC-funded COVID-19 operation as planned. A video on CRC's COVID-19 operation progress has been filmed and will be finalized by mid-October. IFRC has continued to support CRC's COVID-19 operation. CRC's budget and plan of action has been revised. IFRC has been supporting CRC to develop new COVID-19 activities to be scaled up in the next six months (1 October 2020 to 31 March 2021).

Red Cross Society of China (RCSC)

Through the Global Emergency Appeal for COVID-19 by IFRC, RCSC has procured the second batch of **16 negative pressure ambulances** without equipment. On 25 August, these ambulances were handed over to RCSC Beijing Branch. When the infection cluster started in Xinjiang, RCSC Xinjiang branch was actively involved in the **COVID-19 prevention and control operations**. A disinfection rescue team, consisting of more than 30 members, carried out the **disinfection work in Korla city**, covering 44 communities with 22,256 households and 66 hotels with 5,968 rooms. RCSC Xinjiang branch also accepted donations from the public and conveyed **food parcels to the hospital, medical staffs as well as public security officers** who were on the front line of epidemic prevention and control work.



Handover ceremony for 16 negative pressure ambulances on 25 August. Photo: RCSC

In conjunction with World First Aid Day on 12 September, local branches of RCSC conducted virosus activities with the theme of **"First Aid under COVID-19"**, to spread the knowledge and skills of first aid and epidemic prevention, to enhance the public's awareness of self-protection and to learn about how to protect themselves and others from COVID-19. The activities included first aid scene drill, Q&A activity on first aid, COVID-19 prevention and on-site interactive training.



The "First Aid under COVID-19" activity in RCSC Jiangsu Branch. Photo: RCSC

Hong Kong Red Cross, branch of RCSC: From January to September 2020, the HKRC has **disseminated health & hygiene knowledge and provided psychological support to more than 3.3 million people**, distributed over 3.82 million masks, provided more than 36,000 relief materials to quarantine centres, helped over 400 people under quarantine to collect prescription drugs, set up 24-hour appointment on psychological support service, and provided emergency support to over 17,000 people under quarantine.

Cook Islands Red Cross

The National Society is supporting the national response efforts through the **village emergency operations centre (EOC)** in each province on the main island of Rarotonga. CIRCS has supported the EOC by **providing volunteers and resources for activities** such as value chain analysis and quarantine assessment. The National Society continued to actively roll out **messages on safe**

Society (CIRCS) **greetings for physical distancing** and rules such as “wash your hands” and “do not touch your face”. These messages were also part of the first aid trainings which are currently in high demand.

IFRC also provided technical support including food and livelihood activities guidelines, self-care in quarantine and development of the National Society's business continuity plan.

Fiji Red Cross Society (FRCS) FRCS has completed the development of key messaging for the first phase of COVID-19 response. **87 communities have received prevention information on COVID-19 in the first phase. 82 volunteers were trained**, 44 of which carried out community messaging in their own communities and other communities. Messaging to these communities included the following areas:

- COVID-19 signs and symptoms
- COVID-19 transmission and prevention
- Identification of common surface areas
- Coughing and sneezing etiquette
- 10 steps of proper hand washing
- Social distancing

COVID-19 IEC materials that address stigma and promote hygiene practices have **reached a total of 12,296 people (6,380 male and 5,919 female)**. In collaboration with the MoH and other NGOs, the second phase of COVID-19 awareness and activities are underway. **66 volunteers participated in divisional trainings** on COVID-19 in the Northern, Western and Central Eastern branches. These trained volunteers then went on to **train 157 volunteers across 15 branches**. 225 communities have been targeted for the second phase of COVID-19 awareness activities. Community messaging for the second phase included COVID-19 social stigma, vulnerability mapping and community surveillance.



COVID-19 awareness activity in the community on addressing social stigma related to the pandemic using IEC materials. Photo: FRCS

Indian Red Cross Society (IRCS) IRCS has been actively involved in **COVID-19 awareness activities and distribution of IEC materials** in local language. **Distribution of personal hygiene items** included washable masks (2447290), sanitizers (9525), body bags (1450), PPE Kit (14897), gloves (695900), face shield (23931) and soaps (20,00,000). IRCS handed over 320 ventilators and 20,000 oxygen concentrators to the government. Other activities implemented during the reporting period included distribution of **packed food and dry ration, community surveillance** and community counselling, logistic support to quarantine or isolation centres, establishing **connection with families of migrants, providing shelter homes to migrants, ambulance and transport services for patients**, disinfection of public places, home **delivery of food and medicines to patients with chronic diseases**, pick and drop facility to individual blood donors and mobile blood collection.

IFRC also advocated through social and news media to remove myths about blood donation during COVID-19. Training webinars for volunteers and staff were held and guidelines for safety of staff and volunteers were issued. The National Society also **established 24/7 control room for blood**

requirements and for psychosocial support. Livelihood projects have been initiated. Pedal sanitizers and hand washing kiosks were also installed by the National Society.

The Indonesian Red Cross (PMI)

As of August 2020, PMI COVID-19 response operations have been conducted in 34 provinces and 397 PMI districts/cities all over Indonesia, where **6,490 personnel were mobilized** for sanitizing 101,802 locations; **conducting health promotion in more than 9,000 locations reaching more than 6.1 million people**; providing **health services in 1,010 locations in 20 provinces**; providing **psychosocial support reaching 31,411 people**; ambulance services reaching 883 people; conducting RFL activities in 4 provinces; and **providing relief support to almost 1.8 million people**.

To support the operation in all PMI Branches, PMI NHQ has distributed several equipment including 15,216 units of sprayer, 27,427 hazmat suits, 5,130 raincoats, 9,799 goggles, 56,747 N95 masks, 7,017 rubber gloves, 1,233,372 surgical gloves, 9,093 pairs of boots, 3,180,946 surgical masks, 973,115 hygiene kits, 676 body bags, 85,867 food packages, 7,724 face-shields, 566,498 Wipol pouches, 30 units of ventilators, 676 units of handwashing stations, and 2,798,217 fabric masks.

PMI also has been providing **Restoring Family Links service for 11 cases along with COVID-19 Hotline Services** at 021-7992322 and social media Q&A. In addition, PMI has provided remote psychosocial support through WhatsApp which have reached 18 people. Several PMI branches such as PMI Cilegon has been actively providing temperature screening in several checkpoints and toll gates in Cilegon. Debriefing group sessions were conducted separately for 3 days, with a total of 150 national task force volunteers and partners (Indonesia National Armed Force) joining the sessions. The sessions were led by a professional psychologist from University of Indonesia and University of Tarumanegara.

Risk Communication and Community Engagement

- In the period of reporting, 116 articles that covered PMI's activities and services were published. A total of 111 articles published by online media and 5 articles published by printed media. PMI contributed to the finalization of SUARA KOMUNITAS (The Voice of Community), a bulletin that consolidates the findings of 28 surveys aimed at understanding community perceptions of COVID-19. PMI has received 735 feedbacks mainly through PMI's social medias, of which 39% received feedbacks related to questions on self-isolation, health services provided by PMI and blood bag stocks.



Photo 1 PMI continues conducting awareness raising campaigns across the most vulnerable areas. Source: PMI

In supporting the MoH 'Gerakan Pakai Masker' campaign, PMI **produced several IEC materials through digital posters** uploaded on social media such as Facebook, Twitter (8,493,073 people), and Instagram. PMI is promoting its #CegahCovid19 campaign through the 'Safe Steps for Kids' event targeting young people. The aim of this collaboration is to educate and inform, especially students on natural and non-natural disaster preparedness, along with COVID-19 preventive actions. PMI is collaborating with 4 influencers in the country to further promote COVID-19 prevention campaign and donation. PMI Chairman—Jusuf Kalla was featured in Jaya Suprana Show to further talk on PMI's Humanitarian Efforts on 8 September.

Institutional Readiness - PMI NHQ continued to review PMI's business continuity plan (BCP) to ensure each PMI Branch adjust their BCP in accordance with local situations and contexts. PMI

conducted debriefing sessions for the volunteers in the Distribution Team, provided online session to PMI's personnel with main topics on self-isolation and psychosocial, updated the existing Community-based Surveillance (CBS) guideline under CP3 program with adjustment of COVID-19 guidance and is finalizing the active CBS guidance for COVID-19 emergency response along with CBS COVID-19 indicators and two additional supporting guideline books for CBS volunteers.

PMI Blood Transfusion Unit (PMI UDD) – Coordinating with National Institute of Health Research and Development, Ministry of Health on the socialization of clinical trial of convalescent plasma to treat COVID-19 patients. Continuing with convalescent plasma services in 12 PMI-UDDs (UDD NHQ, Makassar, Surakarta, Bandung, Sidoharjo, Surabaya, Lumajang, DKI Jakarta, Banyumas, Semarang, Bali, and NTT)

PMI Bogor Hospital – Continuing the effort to increase PMI Bogor Hospital's PCR testing capacities through the collaboration with LIPI—Indonesia's national laboratory which has been selected by the as the provider of choice for RT-PCR COVID-19 testing services. A Memorandum of Understanding was signed between PMI, IFRC, PMI Bogor Hospital, LIPI Laboratory and PT. Lab SATU (supplier of consumable medical supplies for PCR testing) to increase testing capacities. Through IFRC support, PMI procured HEPA filter as part of the upgrading process of PMI Hospital capacities for COVID-19 patient's isolation rooms, alongside the repeat order that has been conducted to purchase the second batch of PPE for PMI Hospital and ambulance services.

Ambulance Services and Management of Dead Bodies – PMI across Indonesia has managed to provide ambulance services and implement management of dead bodies in response to COVID-19 pandemic. Out of all, 56 PMI branches in 17 provinces actively provide ambulance services, along with 25 PMI branches that implement management of dead bodies. 90% from 56 PMI districts/cities across Indonesia have coordinated with National Task Force along with integrating Regional Emergency System. PMI has provided ambulance services for positive and suspect patients of COVID-19 to 562 suspects/patients and for dead bodies of COVID-19 patient to 319 dead bodies. PMI continued with the modification process of 6 ambulances for transporting patient/suspect of COVID-19 to strengthen PMI Ambulance Services. The modification of 2 ambulances have completed while 4 ambulances are still being processed.

**Japanese
Red Cross
Society
(JRCS)**

The Japanese Red Cross Hospitals have been treating COVID-19 patients for more than 7 months. In July, the number of COVID-19 patients in hospitals has decreased, but the number has been increasing since August until now with around 200 patients hospitalized. By the end of September, **1,700 COVID-19 patients have been hospitalized and 10,000 COVID-19 outpatients have been treated in over 60 Red Cross Hospitals.**

As the hospitals adjusted hospital beds to be used exclusively for COVID-19, the number of non-COVID patients has been decreasing, which can have a negative impact on the hospital income. After publishing [“COVID-19 Staff Support Guide”](#) in March, the JRCS also finalized [“COVID-19 Staff Support Guide Vol.2”](#) for the Red Cross Hospitals. The aim of this guide is to share unique experiences of Red Cross hospitals that care for COVID-19 patients for these 5 months and be prepared to cope with the second wave. JRCS put high importance on staff care.

JRCS developed the **MHPSS and risk communication material “Three Faces of COVID-19”** in March, which has been getting a lot of attention from media, schools and many companies. The Youth Red Cross also organized lectures based on the Three Faces Guide. From April to July, the JRCS communication department has received 639 data usage requests, which is four times the requests from last year.

The Japanese Red Cross is **reviewing implementation of activities and guidelines in accordance with COVID-19 situation**. For first aid and disaster preparedness seminars, some trainings have restarted without “closed”, “crowded”, “close-contacted” environment. Some chapters have also developed e-learning first aid seminars. In addition, JRCS has promoted online donation system, using credit card or smartphone apps.



JRCS chapters have developed e-learning first aid seminars.
Photo: JRCS

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 through the Betio Town Council and Teinainano Urban Council branches on Tarawa. **KRCS has mobilized 50 volunteers to deliver health and hygiene awareness and distributed IEC materials** across 54 communities in South Tarawa (including 19 roadshow hotspots), and for North Tarawa (2), Abaiang (4) and Maiana (12) communities, **reaching a total of 23,913 people**. In addition to the awareness sessions delivered by volunteers, risk communication has also been disseminated through local media platforms including radio, TV, newspaper and social media. 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 DPRK RCS, **as an auxiliary to the government**, regularly carried out and monitored the anti-epidemic work of provincial and county Red Cross branches. In close collaboration with household doctors and anti-epidemic workers, the **Red Cross volunteers regularly visit individual households, nursing and educational institutions, and cooperative farms to inform local population of the importance of key preventive measures** to empower them to take ownership of crucial life-saving measures such as proper mask wearing, hand washing, disinfection, screening and social distancing.

In addition, the emergency response against COVID-19 was carried out in combination with the national campaign “September-October Hygiene Months”, finding out all the unsanitary elements in the communities and managing sewage and waste disposal in accordance with the relevant requirements. All these activities contributed to making the communities more hygienic and aware of preventing COVID-19.

The World First Aid Day (WFAD), September 12, 2020, was celebrated by the DPRK RCS, contributing to highlighting the importance of live-saving and evidence-based first aid among local population. More than 5,000 Red Cross volunteers were fully engaged in first aid promotion across the country, reaching around 100,000 people, particularly those living in the remote and rural areas. **Every first aid education and promotion were combined with key health messages on preventing COVID-19.** Individual talks, focus group discussions and household visits were implemented widely, abiding by anti-epidemic measures such as mask wearing, social distancing and disinfection. On September 12, 2020, the central TV broadcasted 'First Aid for All' which covered traditional and ongoing first activities of the DPRK RCS and the IFRC. WFAD articles were also reported in Pyongyang Times, Information Bulletin and other local newspapers.



Red Cross volunteers conducting regular screening by visiting household with a household doctor in Kwaksan county, North Phyongan province in September 2020.
Photo: DPRK RCS

The Republic of Korea National Red Cross (KNRC)

The Republic of Korea National Red Cross (KNRC) has continued its **emergency relief operations to help vulnerable people affected by natural disasters amid COVID-19 pandemic** over the last two months. In late August and early September, a series of typhoons, especially Maysak and Haishen, with strong winds and torrential rain falls brought considerable human casualties and property damages in southern and eastern parts of the Korean Peninsula. In the face of continued spread of COVID-19, KNRC took **infectious disease prevention measures** by keeping physical distances between emergency shelters and installing temperature checkpoints in evacuation centres to prevent the spread of COVID-19. KNRC staff and volunteers strictly followed the infectious disease prevention guidelines such as applying social distancing, wearing face masks and using hand sanitizers. KNRC also changed the traditional way of face-to-face meal service into the delivery of boxed meals. Furthermore, to prevent any confusion at disaster sites, the KNRC HQ gave clear guidance to chapters and community service centres about relief activities during the COVID-19 pandemic.



COVID-19 activities at evacuation centres.
Photo: KNRC



COVID-19 Heart Care Campaign in Korea. Photo: KNRC

"Butterfly Embracing Method" which is a psychological stabilization technique that helps people regain stability by patting themselves on the shoulder 15 to 20 times when you are stressed or shocked.

At the same time, KNRC has been purchasing and stockpiling **masks, protective clothing, and emergency food packages to support those suffering from COVID-19**. The KNRC chapters and community centres have been responding to sporadic infection cases in each region. As the Korean thanksgiving holiday is approaching, the government is planning to launch a five-day campaign to minimize travels and prevent the spread of virus. KNRC is participating in this campaign as an auxiliary organization.

Lao Red Cross (LRC)

By the end of August, all 5 LRC branches had completed their **COVID-related public awareness and public education (PAPE) activities**. Between 6-27 August 2020, LRC Savannaket branch conducted PAPE activities on COVID-19 in 4 districts (Sepon, Xayburi, Songkon, and Champon) and 31 villages, reaching a total of 1,483 people. Between July 28 to August 26, LRC Champasak branch conducted PAPE sessions on COVID-19 in 39 villages with a total of 43,407 people taking part. From July 29 until August 20, LRC Xayaburi branch conducted PAPE sessions in 13 villages from 3 districts (Xeinghorn, Parklai and Bortaen) with 1,939 participants. LRC Bokeo branch also delivered PAPE sessions in 36 villages located in two districts (Tonpherng and Huayxai) to 1,444 people. LRC staff and volunteers used the previously procured hand soaps and bottles of hand sanitizer during PAPE activities.

Between August 6-18, LRC Champasak branch **disseminated COVID-19 information through 8 radio channels**. The key messages disseminated covered COVID-19 symptoms, prevention, and disinfection as well as basic hygiene practices and social distancing. LRC also integrated public awareness activities on COVID-19 to ongoing projects such as HIV for migration project where LRC **provided COVID-19 information to migrants returning to Lao PDR**. LRC signed the contract with the supplier for **procurement of a National Blood Transfusion Centre Vehicle** which will be used to address blood shortage within the country. The entire procurement process should be completed by March 2021. In September, LRC received and installed ICT equipment to support virtual meetings.

IFRC has allocated 59,730 USD under the Red Ready Project to cover LRC's COVID-19 pivot activities. The activities included: 1) PAPE on disease prevention including **hygiene promotion in communities and schools**; 2) **mask and hand sanitizer procurement and distribution** to the population in targeted locations; 3) training for staff and volunteers on **Epidemic Control for Volunteers**; 4) contextualize, design, translate, print and distribute **IEC materials**; 5) procurement of refrigerator and IT equipment for mobile blood donation; 6) virtual meeting and internet connection for LRC's main meeting room; 7) procurement of kitchen sets for 3 regional warehouses.



LRC Bokeo branch volunteers demonstrating how to wear a mask. Photo: LRC

Malaysian Red Crescent Society (MRCS)

MRCS had **distributed PPE to staff and community, family kits to vulnerable families and Multi-purpose Cash Assistance to vulnerable families**. MRCS has conducted a **Psychological First Aid (PFA) Training** in Malacca, with the participation of 29 volunteers from across the country. This training was conducted with the technical support from IFRC and will enhance the capacity of the National Society in PFA for disaster response operations. COVID-19 safety measures were considered to guarantee the health and safety of the staff and volunteers. The order of 2 ambulances (for Sabah and Sarawak) was also placed.

The main findings from the data analysis of the perception survey have been identified and shared widely within the Movement and with other organizations working on community engagement and accountability in Malaysia including WHO, UNICEF and Mercy Malaysia. The findings will support the development of future messaging and campaigns. The second phase of the perception survey is ongoing.

MRCS Working Group on Migration will start developing MRCS Plan of Action for Migration. MRCS is also co-leading the Malaysia COVID-19 Coordination and Action Hub (MATCH). MATCH is a coordination platform that brings together local civil society organizations, donors, and relevant government agencies, including the National Disaster Management Authority (NADMA) and the Department of Social Welfare, to coordinate response and recovery efforts.

Maldivian Red Crescent Society (MRC)

As a part of the ongoing response, Maldivian Red Crescent (MRC) currently focuses on providing psychosocial support services (PSS), increasing PSS capacity, increasing risk communication and community engagement activities, supporting migrants in hardship, supporting the rapid response teams, supporting mass inspections and providing support to the Health Emergency Operations Center established by the Ministry of Health.

Providing support to migrants in hardship: As a part of the response MRC has through the Migrant Support Center established by MRC Male' Branch, **a helpline has been providing service to migrants seeking help**. From 28 June 2020 to 30 September 2020, a total of 1712 calls were attended by the Migrant Support Center. Over 1100 calls were migrants reaching out for meals while 288 reached out

to clarify and connect to authorities regarding repatriation. The Migrant Meal Provision Programme from 27 June - 30 September distributed over **7900 meals and 556 hygiene kits to migrants.**

Increasing PSS capacity internally and externally to respond to COVID19: A total of **7313 individuals have been trained/oriented in psychosocial support and PFA.** 458 trainees undertook PFA and PFA for Children training in over 30 sessions, 133 trainees undertook supportive communication sessions in over 11 sessions. A total of 6426 individuals completed the PFA Orientation in 91 session, 33 individuals have been trained as trainers, while 81 attended additional sessions on topics such as loss and grief, SGBV, stress and coping organized by MRC.

Providing PSS helpline services through 1425 toll free number: From April to September a total of **1221 calls have been received** to the helpline. 91.5% of people calling in to seek MHPSS services received immediate support. 46% of those who received the service are male while 52.8% were female. 11.25% of the callers were minors and 3.13% were elderly (older persons). Most calls, especially for young people, were mental health concerns related to anxiety, worry, low mood/sadness, and sleeping difficulties. There were also concerns about health and safety of loved ones, concerns about medications, and family or relationship issues.

Marshall Islands Red Cross Society (MIRCS) IPC and WASH remains a priority in Marshall Islands. For preparedness and response, two COVID-19 outreach teams from each branch completed their first aid trainings. **81 people were trained and over 80 volunteers have been engaged in the response to provide continued COVID-19 awareness and hygiene promotion to 336 people.** The National Society has continued to conduct COVID-19 awareness, hygiene promotion and **hygiene kit distribution** on Majuro, Jaluit, Arno, Ebadon, Mejatto, Enewetak Atoll, Utrik Atoll and Ebeye Community.

Micronesia Red Cross Society (MRCS) Recognizing the key role of traditional community leaders in the Federated States of Micronesia (FSM), MRCS, together with WHO, UNICEF and local NGOs, is supporting FSM to implement a comprehensive **COVID-19 Community Outreach Package**, which aims to empower the communities to protect themselves from COVID-19. The package is organized into two phases. Phase one consists of a series of **microplanning workshops with the community leaders** (known as chiefs). During the workshop, the chiefs work together to identify risks specific to their communities, such as social gatherings and cultural practices. Through a facilitated discussion, the group then identifies additional measures which could be implemented in their respective communities. By actively involving the leaders in developing an action plan, the solutions are tailored to the local context and more likely to be adopted by the community.

Phase two involved house-to-house outreach, where the teams provided **education on COVID-19, hand washing and social distancing**, as well as **distributed soaps and information materials.** MRCS has been leading the **community outreach activities** and supporting **hand washing station** in all the states. Overall, **15,240 people were reached** through the MRCS COVID-19 response involving **13 staff and 100 volunteers.**

Mongolian Red Cross Society (MRCS) Through the Global Emergency Appeal for COVID-19 by IFRC, MRCS has selected the company to construct **20 hand washing stations** at the most populated markets and public centres in Ulaanbaatar city. The contract was signed and construction has started in August. IFRC has also supported communicable **disease prevention training for 600 volunteers** to establish health emergency team at each mid-level branch in case of health emergency in Mongolia.

MRCS has delivered **3,000 food parcels and 2,500 hygiene parcels to more than 3,000 vulnerable families across all 21 provinces and 9 districts**. IFRC staff conducted field trip to visit beneficiaries in August and a Mongolian beneficiary article has been [published at IFRC website](#). MRCS volunteers have supported monitoring of patients who have recovered but still in home isolation. After distributing food and hygiene items, a survey was also conducted to collect feedback from beneficiaries.



Food and hygiene parcels distributed to the Songinokhairkhan district mid-level branch. Photo: MRCS

Myanmar Red Cross Society (MRCS)

The number of lab-confirmed cases increased rapidly in late August and continued increasing during the month of September, reaching record numbers. By 28 September, the total reported confirmed cases were more than 11,000 with 256 deaths.

The volunteers of MRCS have continued working on their main activities including risk communication and community engagement (RCCE), psychosocial support (PSS) and coordination/ auxiliary role to the government. RCCE activities haven taken place countrywide by Red Cross volunteers responding to influence communities risk perceptions, health behaviours and practices that can reduce the risk of COVID-19 spread. Over **18,000 people have been reached by RCCE** activities since beginning of the COVID-19 operation. PSS services have been provided to the community as well as people in the Community-based Facility Quarantine Centres (CBFQs) and IDP camps, in order to reduce the emotional, social, physical and psychological effects of COVID-19. MRCS has reached more than **3400 people through PSS** activities. Being supportive of the MoHS, Red Cross volunteers are working actively in the CBFQs and medical centres with lab-confirmed cases. With the guidance of MoHS, these volunteers are engaging in activities such as distributing food and drinks, fever screening, transporting people to and from the CBFQs, and disinfecting. Over 1000 Red Cross volunteers have been volunteering every week in the 306 CBFQ ´s across the country.



Mass education by mobile amplifier in Magway. Photo: MRCS

The training on Epidemic Control for Volunteers (ECVs) was conducted on 23rd and 24th September for Magway Region. 50 volunteers from Magway actively participated in this training. Another 2-day training in ECVs is planned to be implemented on 1st and 2nd October covering 44 volunteers from 6 townships of the Yangon region. COVID-19 education and psychological first aid were also incorporated in the pre-existing curriculum of ECVs.

Nepal Red Cross Society (NRCS)

As of 15 September 2020, **216,844 people have been reached through awareness sessions, orientation sessions, door to door visits, messaging through hand mic and Red Cross volunteers supporting the help desk either established by the government or by Red Cross**. Similarly, more than **336,378 personal protective equipment; masks, gloves, hazmat suits, boots, air-tight goggles, etc.** have been distributed by the headquarters and District Chapters to NRCS first responders. **Five**

ambulance were installed with GPS in Kathmandu valley districts in coordination with National Ambulance Service. The ambulances are being mobilized to transfer COVID-19 patients in various isolation sites.

A total of **707 hygiene kits**, 36,369 soaps have been distributed in various quarantine sites, public places and government offices. Likewise, **796 handwashing stations** have been installed in the quarantine sites, public places and government offices providing hand washing services. In addition, **44,411 people have been reached with hygiene promotion activities** such as hand washing demonstration and practical sessions being conducted by the WASH-trained volunteers. As of 26 August 2020, 114,708 people coming back to Nepal have benefitted from the bottled water supported by NRCS through its **help desk established in the border areas** in coordination with other agencies in different districts.

NRCS has distributed **699,294 IEC materials** among the communities and **142 episodes of radio programmes** have been broadcasted with the objective to create awareness against COVID-19 infection which has covered topics such as: blood donation and blood donors, monsoon, COVID-19 infection and preventive measures. In addition, **808 calls related to COVID-19 have been received and resolved in the NRCS hotline-1130**. As of 15 September 2020, 538 COVID-19 related posts have been shared in NRCS Facebook site and viewed 5,325,179 times.



Banners in local languages have been printed and distributed in medical shops and public places to raise awareness on COVID-19. Photo: NRCS

As of 15 September 2020, NRCS has supported **469 tents, 3,922 tarpaulins, 15,416 blankets, 3,907 mosquito nets and 8,439 mattresses** to various sites including **quarantine and isolation sites**. District Chapter representatives are frequently visiting quarantine sites as a member of the district quarantine monitoring committee and giving update to NHQ team for further planning.

At least **1,969 Red Cross volunteers** have been mobilized to provide support to the COVID-19 preparedness and response operation.

New Zealand Red Cross (NZRC)

Meals on Wheels



Psychosocial Support



Disaster Management



Migration Programmes



Pakistan Red Crescent (PRCS)

PRCS Corona Care Hospital in Rawalpindi equipped with 10 beds and 9 ventilators in the ICU and 120 beds in the isolation ward had no positive cases admitted during the reporting period correlating with the decline in overall cases and less burdened healthcare facilities. While Sindh Provincial Headquarters (PHQ) continued to conduct **COVID-19 testing services**; 1,411 tests were conducted, out of which 263 were positive. In addition, a total of **13 ambulances have been deployed** (2 in Merged Areas, 1 at isolation facility in Karachi and 10 with first aiders in different cities) **providing mobile diagnostic services as well as transportation services for confirmed and suspected cases of COVID.**

PRCS Virtual Call Centres at National Headquarters (NHQ, 1030 Helpline) and Sindh PHQ (COVID-19 AAGAH Call Centre) assisted 9,620 people, out of which 1,164 callers were provided medical assistance from doctors (doctors available in AAGAH Call Centre) and 8,456 were provided non-medical assistance (inclusive of risk education communication efforts). A few distributions were conducted with the support of different partners. These included **PPE for health professionals** in primary and secondary healthcare facilities across 12 cities of Pakistan and 13 districts of KPK (inclusive of the merged areas). **1,050 food packs and 550 food packs combined with hygiene kits** were distributed to affected populations in KPK, Punjab and Sindh. An additional 14,247 household hygiene kits have been procured, planned to be distributed in October. **Due to funding constraints, only 1,000 household have been provided cash assistance** of PKR 15,750 in KPK, Punjab and Sindh, instead of the 2,500 previously planned across all provinces. Additional cash assistance is planned to increase coverage to 9,100 households inclusive of Balochistan.

Palau Red Cross

Deployment teams of PRCS revisited Airai State to **deliver hygiene kits and IEC materials** to vulnerable populations. A total of **12,383 households have been assisted** by PRCS through the help

Society (PRCS) of **104 volunteers and 10 staff**. In addition, PRCS, as a support agency to the Ministry of Health, continued to provide access to blood services and programs. IFRC Sub-regional Office of the North Pacific continued to provide technical support to PRCS in developing **business continuity plan and contingency plan**.

Papua New Guinea Red Cross Society (PNGRCS) PNG Red Cross has been actively involved in **RCCE in 12 provinces** of PNG through its staff and volunteers. **Over 67,000 people have been reached through the campaign**. It has been reaching out to remote areas of PNG. **Due to geographical limitations, accessibility has been a challenge especially to small island communities**. PNGRCS has been able to coordinate and work well with national and provincial health authorities, Provincial disaster management authorities and local humanitarian actors were involved in the campaign.

IFRC has been a major source of funding and technical support for PNG Red Cross. PNG country office remained actively involved in supporting staff, volunteers, senior management, and governance in awareness and best practices that could be replicated in PNG context. Mutual coordination and sharing of humanitarian actions with Department of Health at national and provincial level, Disaster Management Team and other UN agencies, INGOs remained good. Over 240,000 CHF have been allocated to support PNG Red Cross in its efforts to reach out, engage community and spread messages on COVID-19 protocols.

Philippine Red Cross (PRC) To date, **PRC has reached 3,876,213 people with hygiene awareness activities**. The key messages included use of mask, physical distancing, hand hygiene and respiratory etiquette. In terms of reinforcing behaviour, PRC together with its partners have distributed hygiene kits in the community and COVID-19 patients. The PRC also set up 2,289 hand washing facilities in different parts of the country. 50,119 families were provided with hygiene kits.

PRC “Helpline (1158)” has been established to take calls related to COVID-19. It is operational 24/7 and run by psychosocial support trained volunteers, who will provide information and advice to people in their own language. This also helped to address rumours and misinformation related to COVID-19. In addition, 143 volunteers were mobilized to assist the authorities in identifying who are sick and required testing and isolation.

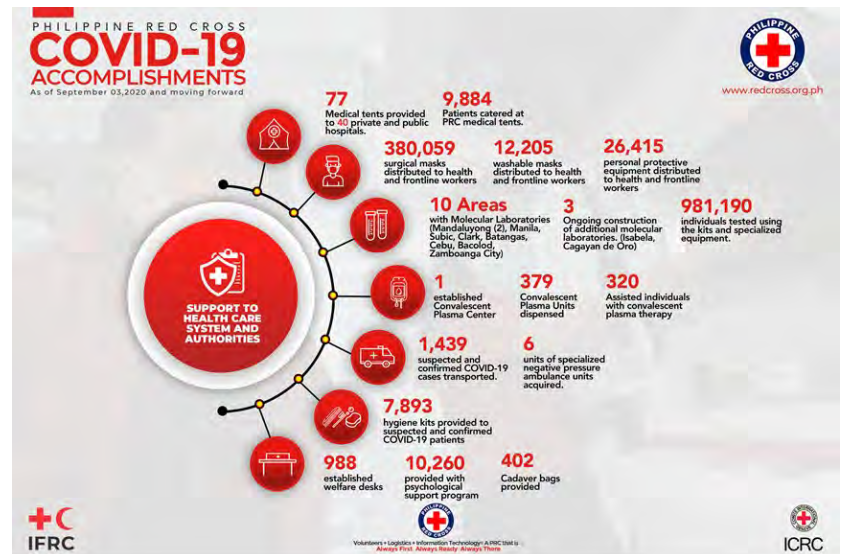
PRC together with UNICEF has started the **distribution of cleaning kits for health facilities and quarantine areas** across Metro Manila. A total of 200 healthcare and quarantine facilities have been provided with cleaning kits. The PRC is working closely with IFRC, ICRC, American Red Cross, Netherlands Red Cross & UNICEF to scale up in addressing the needs and gaps in WASH.

11 volunteers were mobilized for Helpline that runs 24/7. Most of them are social workers and psychometricians trained on psychosocial support and psychological first aid. Welfare Services also conducted face-to-face training to ensure the quality of services. Mental health concerns were also addressed through social media. PRC created an online Facebook group named “Sama-Sama: A Safe Space Online Community”. As of now, the group has 98 members. In cases where specialized care is needed, they will be referred to the National Center for Mental Health, and for telepsychology, using directory services of the Psychological Association of the Philippines.

PRC continuously support the healthcare authorities by mobilizing its medical tents. The PRC has set up **77 medical field tents**, which served as a staging. **Isolation wards were set up in different parts of the country with 9,884 people served**. The PRC together with IFRC and UNICEF also mobilized additional medical tents in Metro Manila, Bataan, Laguna and Cebu as cases is increasing and with limited available rooms in selected hospitals. The PRC is operating **its molecular laboratories** in the following areas: Mandaluyong City (2), City of Manila, Clark, Subic Batangas and Cebu Bacolod City, Negros Occidental, Zamboanga City and Misamis Oriental. **PRC has tested 981,890 specimens**. PRC

has conducted **testing for 29,474 healthcare workers** in Metro Manila as of 25 September 2020, The PRC is the only organization that has developed a systematic RT-PCR testing platform that provides results in 24 hours for health care front-line workers. PRC has also operated its Convalescent Plasma Center in Port Area; 379 units were collected and served 320 patients as of this reporting period.

Ambulance services for COVID-19 cases – PRC Ambulances are continuously mobilized to support DOH with the transportation of suspected and confirmed COVID-19 patients. A total of 1,439 suspected and confirmed COVID-19 cases were catered. The IFRC, ICRC, American RC, the Netherlands Red Cross, and the Australian Government is supporting PRC with the ambulance operation.



Amid the COVID-19 pandemic, the volunteers are protecting children from life-threatening polio virus. Red Cross 143 volunteers go house-to-house to deliver life-saving polio vaccines while observing health standards. The PRC supported the DOH in **scaling up polio vaccination program** in line with “Sabayang Patak Kontra Polio”. Poliomyelitis is an incapacitating and implicitly deadly infectious disease caused by Polio virus. The areas of focus for this round includes Central and Southern Luzon and provinces in Mindanao.

Cash assistance interventions have been conducted in Metro Manila, Bulacan, Rizal and Cebu which include an assessment and feasibility study, risk management for cash assistance, pilot disbursements of multipurpose cash grants, and an evaluation. The targeted recipients were helped to meet their immediate basic needs, giving them income while their livelihoods are disrupted, access basic services, as well as cover any additional costs that they are incurring during the EQ/lockdown. Food distribution has been provided to front-line workers and families that are heavily affected by the economic impact brought by COVID-19. The PRC Chapters continuously implement community-based psychosocial support activities to help in coping with the stress brought by COVID-19.

Samoa Red Cross Society (SRCS)

In collaboration with the National Emergency Operation Centre and WHO, SRCS has been raising **community awareness on COVID-19 preparedness and hygiene practices, reaching 5,000 households** to date. When conducting awareness on COVID-19, SRCS has also integrated messaging on other communicable diseases and illnesses such as dengue fever, which may cause similar symptoms. Through community awareness campaigns, SRCS has disseminated **IEC materials and distributed essential hygiene items to vulnerable groups**. SRCS is



Red Cross volunteers distributing relief items to vulnerable communities during the COVID-19 pandemic. Photo: SRCS

also working with communities to **improve access to safe water** through awareness activities and installation of rainwater harvesting tanks.

Singapore Red Cross Society (SRCS) New cases continue to emerge in the migrant worker dormitories. Social distancing measures remain in place and schools are expected to resume in mid-October. 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 have now resumed. SRCS supported the **National CARE Hotline with 20 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.

Solomon Islands Red Cross Society (SIRCS) SIRCS is **supporting the Institutional Quarantine Facilities (IQF)** that house repatriated individuals. Repatriation flights are scheduled from China and Philippines for the month of September, and SIRCS will continue to provide assistance as requested by the government. Volunteers and staff have been supporting individuals in quarantine facility by regularly monitoring their welfare, supporting day-to-day needs, feeding back issues to relevant authorities on behalf of those in quarantine and helping to maintain family links.

PFA training has been completed by 21 volunteers from the Western Province branch in preparation for a potential outbreak on the border with PNG. SIRCS has also provided First Aid training to front liners from the Protection Committee who are assisting individuals in the quarantine facilities. SIRC personnel have also be deployed to the Moi Island in Malaita Province to assist the Ministry of Health in COVID-19 risk communication and community engagement.

Sri Lanka Red Cross (SLRC) SLRCS has been responding to the pandemic from its onset covering all districts of the country adopting the response in accordance with the dynamics of the pandemic's impact on the country. During the period 22 July – 30 Sept, SLRCS has been implementing **Social Behavioural Change Communication (SBCC) activities** as one of the priority operational areas across the nation. Under the SBCC component, 1,364 behaviour focused interactions have been implemented across the nation by 25 district branches and NHQ. SLRCS is in the process of reviewing its SBCC strategy based on the latest developments of COVID-19 in the country.

SLRCS supported the Ministry of Education with a **Transmission Risk Reduction (TRR) program** with its first phase in 128 schools, designed based on Inter-Agency Network for Education in Emergencies (INEE) guidelines. The IFRC and private sector; Ceylon Biscuits Limited (Munchee) and Maliban Biscuit Manufactories (Pvt) Limited support the program financially. At the same time, SLRCS continued its staff and volunteer care interventions. As direct support to the health sector, SLRCS continued to **support critical health facilities with 14,419 robes and 111,675 face masks** as part of Personal Protective Equipment (PPE) distributed across the island with the financial support of Movement partners IFRC, ICRC and the corporate sector. The ICRC is supporting a national level program in dead-

body management in the context of COVID-19 targeting medicolegal institutions in the country at district and central level.

As testing is a key in pandemic prevention and containment, Sri Lanka Red Cross supported the Ministry of Health with a total of **29,900 PCR test kits and 30,160 Viral Transport Medium (VTM)** with the financial support of The Coca-Cola Company and Standard Chartered Bank – Sri Lanka. So far, **through its network of 25 branches representing all districts of the country, SLRCS has reached out 4,614,153 people across the country.** Sri Lanka Red Cross with the technical and financial support of The ICRC has launched a project in transmission risk reduction in the Medicolegal settings. Sri Lanka Red Cross in full alacrity to promptly response to dynamics of the situation across the country.

The Thai Red Cross Society (TRCS)

TRCS has been contributing to joint trainings with the Ministry of Public Health, the Employment Office and Migrant Working Group (MWG) to introduce Migrant Health Volunteers to TRCS' disaster relief app 'PhonPai'. From 1 August to 30 September, **TRCS introduced 'PhonPhai' to a total of 1,225 Migrant Health Volunteers (MHVs)**



On 24 September 2020, Thepparat Red Cross Station staff distributed relief items to migrant workers in the Tak province. Photo: TRCS

from 7 provinces. TRCS also distributed **IEC materials** to migrants and local people, which included leaflets in Thai (4,426), Burmese (19,200), Khmer (9,870), Vietnamese (2,000) and posters in Thai (1,220), Burmese (4,290), Khmer (5,000) and Vietnamese (350). In the reporting period, TRCS also **distributed 33,342 cloth masks** to migrant children and 299,480 to migrant adults. TRCS HQ continued to coordinate with Red Cross chapters to support meal allowance for volunteers supporting data collection, mask distribution and public awareness activities. HQ is also planning Lessons Learned Workshop which will occur in December and will gather representatives from IFRC, ICRC, Migrant Working Group (MWG) and Red Cross actors. With the support of a private donor, TRCS also **distributed 236 relief kits to migrants**, an additional 20,000 cloth masks, IEC materials, a thermo scan, alcohol gel and chocolate drink power in Mae Sot district and Tak province.

Timor-Leste Red Cross (CVTL)

Health and Hygiene Promotion and Services – During the reporting period, CVTL continued with health and hygiene promotion on COVID-19 prevention to students and teachers in several schools across the country, including in Atauro Island, as the country is reopening schools. CVTL also continued with the installation of handwashing stations in several municipalities, especially for schools and public places.

Restoring Family Link (RFL), Epidemic Control for Volunteers (ECV) and CBS Training were conducted for 65 local authorities in the border areas (Bobonaro, Covalima, Dili in Atauro Island and Oe-cusse) especially targeting those whose areas are considered as high-risk areas that share border with Indonesia. 2 small tents were installed for checkpoint at borders in Atauro Island. The tents will be used as COVID-19 screening tent for people who illegally enter Timor-Leste, alongside tent for professional health workers.

Risk Communication and Communication Engagement and Accountability – CVTL continued its efforts to disseminate information related to COVID-19 pandemic, especially to communities living in high-risk areas such as Covalima, Oessue, Bobonaro Municipalities that share border with Indonesia. CVLT also continued its door to door approach for disseminating information related to COVID-19 to ensure that all communities understand the pandemic situation, along with public sensitization on COVID-19 prevention through megaphones in all 13 municipalities. Training on COVID-19 Prevention and RFL Key Messages Sensitization was conducted for village leaders in Atauro-Dili border area. CEA training was also conducted alongside the use of its tool—KoBo for 8 staff and volunteers in Dili Branch.

Information and Knowledge Management – Media monitoring contents related to COVID-19 situation updates were produced and information and data required for press release in Timor-Leste were completed. CVTL COVID-19 operation activities were promoted through the CVTL Facebook page. CVLT was featured as during IFRC Red Talk on COVID-19 Session to share the situation in the country alongside CVTL COVID-19 response activities.

Institutional Readiness – A briefing session was conducted to all 13 CVTL branch coordinators to organize COVID-19 task force coordination meeting within their respective partners in each municipality. Municipalities’ Task Force held regular meeting for branches to provide updates on COVID-19 response activities in branches. A fundraising proposal is also being developed.



CVTL personnel conducts health and hygiene promotion on COVID-19 prevention in villages. Photo: CVTL

Tonga Red Cross Society (TRCS) **74 volunteers and 15 staff have been engaged in risk communication.** The National Society has been disseminating information on COVID-19 and ready to provide support to the government when needed. IFRC is working closely with the National Society in providing technical assistance in the acquiring of funding to support local preparedness activities. Remote technical support has been provided by IFRC Health and WASH technical experts at planning and implementation stages of the response.

Tuvalu Red Cross Society The Tuvalu Red Cross team has been supporting the Department of Public Health to provide **COVID-19 health education and awareness** and manage a range of other programmes including disease surveillance, non-communicable diseases, mother and child health, communicable diseases and environmental health programs like water, sanitation and hygiene and vector control and management of programs. This included **social media campaigns on radio, TV and distribution of IEC materials.**

The Tuvalu Red Cross has developed and trained a COVID response team. **30 volunteers have been trained on ECV and COVID-19 to assist the Ministry of Health in response to the pandemic.** Tuvalu Red Cross Volunteers also assisted public health staff at the quarantine area, conducting RCCE programs, assisting the PH Surveillance Officer to collect and enter data, active case finding and contact tracing activities if there are confirmed cases, supporting a range of public health program delivery

activities and other activities as delegated by the Chief of Public Health. 10 volunteers from Tuvalu Red Cross Association (who received initial COVID-19 related training in March) have been recruited by the Department of Health to assist with **COVID-19 quarantine operations, surveillance data collection and RCCE activities**. They will undergo a 'Just in Time Training' program over the next month, facilitated by Medical Super, Chief Public Health and the Infection Prevention and Control team.

**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.



Handwashing practical session for COVID-19 hygiene promotion in a school outreach. Photo: VRCS

Viet Nam Red Cross Society (VNRC)

By the end of September, all 5 provinces (Hue, Quang Nam, Binh Thuan, Khanh Hoa, Da Nang) with planned cash interventions for the COVID-19 operation had completed cash beneficiary selection training. In 7 provinces, Red Cross chapters validated the beneficiary list for cash intervention and selected a total of 787 households. Red Cross chapters collaborated with financial service providers to distribute cash to beneficiary households. At the distribution locations, there were banners, posters, envelopes with logo, information on the project, selection criteria and cash levels for households. As of September 30, all **7 targeted provinces had completed the cash distribution and 759 households have received cash for COVID-19 relief.**



VNRC Binh Thuan Chapter staff explaining the purpose and selection criteria of the cash assistance to beneficiaries. Photo: VNRC

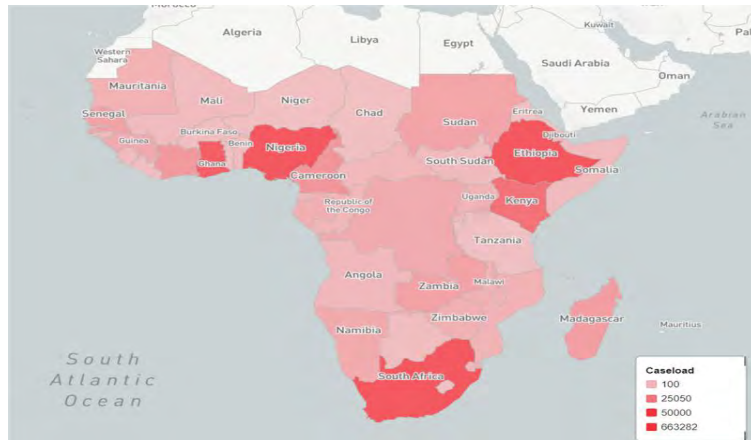
VNRC distributed masks, hand-soap and IEC materials to a total of 622,094 people in Da Nang, Lao Cai, Ho Chi Minh, Quang Ninh, Hue, Quang Nam, Khanh Hoa, Ha Noi, Binh Thuan, Ninh Binh. VNRC volunteers **reached 62,775 people through public awareness and public education (PAPE)** activities in communities. VNRC also conducted blood donation and collection events that reached 11,890 people. VNRC is now finalizing 8 community response plans for pandemics preparedness and response. VNRC procured the second batch of masks (26,500) and delivered 26,100 of them to Da Nang and Quang Nam to be distributed. VNRC continued to produce monthly factsheets on the COVID-19 operation and updates for the general population through their website and fan page.

Contact information in the IFRC Regional Office for Asia Pacific

- Gwendolyn Pang, Deputy Regional Director; email: gwendolyn.pang@ifrc.org
- 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 COVID-19; 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

1,206,092 confirmed cases in Africa
27,022 confirmed deaths in Africa
 reported by WHO as at 11:16am CEST, 16 Oct 2020



National Society Response

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



Health and WASH
37



Socioeconomic Interventions
36



NS Institutional Strengthening
36

HEALTH AND WASH

- 37** RCCE for health and hygiene promotion
- 34** Community WASH activities
- 23** MHPSS
- 21** Essential community health services

SOCIOECONOMIC INTERVENTIONS

- 30** Livelihoods, cash support and food aid
- 23** Social care and cohesion and support to vulnerable groups
- 11** Shelter and urban settlements

NS INSTITUTIONAL STRENGTHENING

- 30** National Society readiness
- 27** National Society sustainability
- 34** Support to volunteers

Regional overview

The number of COVID-19 cases in African Region has now surpassed 1.1 million cases and 25,000 deaths, compared to over 800,000 cases and 14,000 death at the beginning of the reporting period (1 August 2020). Countries with recent high increases in case-counts include Burundi (700%), Mauritius (600%), Botswana (482%), Sao Tome and Principe (200%), Lesotho (178%), Seychelles (100%), Côte d'Ivoire (51%), Cabo Verde (30%), and Kenya (27%). Countries reporting the highest number of cases in the past seven days include South Africa (9,290), Ethiopia (4,162), Mozambique (1,442), Uganda (1,305) and Kenya (1,154). South Africa continues to consistently register the largest number of reported cases; however, a 21% decrease is noted for the past seven days (WHO Africa Region SitRep #31, 30 September 2020).

The IFRC Africa Regional Office (AfRO) is supporting 48 NSs on COVID-19 responses, with over CHF 33 million allocated to 48 NSs, and over CHF 9,5 million (30%) transferred to 47 NSs from the funds available in the COVID-19 Emergency Appeal. The AfRO continues to provide technical support to National Societies (NSs), specifically those requesting multilateral support for implementation of activities for the COVID-19 response. A series of webinars were conducted with NSs (see Priority 3: Strengthening National Societies) to provide technical assistance on operational issues in the response to COVID-19. The AfRO contributed to the 6-month Operational Update in August 2020. The IFRC strategy for the COVID-19 response in Africa continues to focus on reducing mortality and morbidity from COVID-19 while protecting the safety, wellbeing, dignity, and livelihoods of those most at risk and severely impacted by COVID-19, including those impacted by other multi-layered disasters and climate crises in Africa, such as food insecurity, civil unrest, disease outbreaks including Ebola Virus Disease, population movement, and climate-induced disasters such as flooding, strong winds, tropical cyclones, and storms, as detailed in the [Information Bulletin](#) (6 September 2020).

Millions of people across Africa region have been affected by floods. The months of August and September 2020 alone have seen more than 1.2 million people across 12 countries been affected. This has compounded the humanitarian situation for populations that were already grappling with the effects of COVID-19, leaving people even more at risk, and even more vulnerable. Following flooding in the country, the Tanzania Red Cross found itself working in crowded settings, in sites that were densely populated and often with limited access to handwashing and sanitation services. This made the implementation of COVID-19 protocols, such as social distancing and handwashing, challenging, and likewise had to manage the concentration of people at distribution sites. To address these issues, the Tanzania Red Cross ensured that handwashing points were set up at the entrances to distribution sites, enforced strict social distancing protocols, and advocated on the wearing of face masks. The IFRC AfRO also developed and disseminated guidelines on crowd management. The Tanzania Red Cross has also maximized the support provided by through the IFRC Africa COVID-19 Emergency Appeal to strengthen its overall capacity to response to emergencies, not only COVID-19, and is in the process of establishing an Emergency Operations Centre (EOC). This is being supported by the German Federal Ministry of Economic Cooperation and Development (BMZ).



Following flooding in the country, the Tanzania Red Cross found itself working in crowded settings, in sites that were densely populated and often with limited access to handwashing and sanitation services. This made the implementation of COVID-19 protocols, such as social distancing and handwashing, challenging, and likewise had to manage the concentration of people at distribution sites. To address these issues, the Tanzania Red Cross ensured that handwashing points were set up at the entrances to distribution sites, enforced strict social distancing protocols, and advocated on the wearing of face masks. The IFRC AfRO also developed and disseminated guidelines on crowd management. The Tanzania Red Cross has also maximized the support provided by through the IFRC Africa COVID-19 Emergency Appeal to strengthen its overall capacity to response to emergencies, not only COVID-19, and is in the process of establishing an Emergency Operations Centre (EOC). This is being supported by the German Federal Ministry of Economic Cooperation and Development (BMZ).

Priority 1: Sustaining Health and WASH

The African NSs developed their COVID-19 country response plans in early March-April, followed by two rounds of funding. The 2nd round of funding and related plans were developed in June/July with operational budgets covering up to the end 2020/early 2021. Since the plans were approved, countries in Africa have been faced with certain realities, as described below. The AfRO has provided guidelines to help NSs respond to these field realities, as well as to help boost the morale and motivation of volunteers, and bring in a new zeal to work towards sustained behaviour change and resilience.

Vaccination programmes have been disrupted, thereby making children vulnerable to many vaccine-preventable diseases. Ministries of Health (MoH) are organising catch-up campaigns and strengthening routine immunisation programmes. Activities have included:

- Advocating with MoH to have minimal disruption of vaccination programmes by participating in EPI coordination meetings and GAVI interagency coordination meetings
- Social mobilisation during vaccination campaigns
- Promoting social distancing and handwashing during vaccination campaigns to avoid over-crowding in fixed/mobile vaccination points
- Discussing of the importance of vaccinations during ongoing risk communication and community engagement (RCCE) activities.

Governments are opening schools in different countries. This has provided an opportunity to inculcate social distancing, respiratory etiquette, and handwashing behaviour change among future citizens, as follows:

- Setting up permanent/semi-permanent handwashing points with running water, including low-cost hands-free handwashing stations built by local craftsman (e.g., Ghana)
- Social distancing in classrooms and school environments, such as changes in seating arrangements
- Health promotion in schools including aspects of social distancing, handwashing, and respiratory etiquette
- Raising awareness about and providing household water treatment and safe storage through children
- Establishing and supporting student-led health clubs in schools
- Training teachers in basic community-based health and first aid (CBHFA) and epidemic control for volunteers (ECV) to address disease risks.

Lockdown has resulted in increased teenage pregnancy, gender-based violence, and child-marriage in many communities. The response has included:

- Providing sexual and reproductive health (SRH) education to men and women
- Linking people in need with SRH service providers
- Sharing community feedback highlighting these issues with partners working on gender and protection
- Communicating via mass media.

National Governments are signing up for COVAX facilities that will provide access to free COVID-19 vaccines when available/approved by the Government. As such, NSs are preparing for COVID-19 vaccine social mobilisation and equitable access by:

- Addressing questions from the community about clinical trials and COVID-19 vaccines
- Identifying vaccine hesitancy among the population
- Positioning NSs as a credible agency for social mobilisation during COVID-19 vaccine delivery.

Mental health and psychosocial support to COVID-19 affected populations have included:

- Stress management and recreational activities for in- and out-of-school children
- Community awareness (psycho education) on stigmatisation of people with mental health illnesses, detection and referral for treatment
- Advocating for support to families and individuals negatively affected by the effects of COVID 19 (child mothers, victims of GBV, etc.).

Capacity building of NSs to sustain essential health services during the period of COVID-19 has included immunisation services, mental health and psychosocial support (MHPSS), ambulance services, blood collection services, and management of health facilities. The NSs in Kenya, Nigeria, Cameroon, Democratic Republic of Congo (DRC), and Central African Republic (CAR) have adapted their ongoing immunisation programmes during COVID-19 and ensured undisrupted services, while Uganda and Cameroon are involved in providing social mobilisation, crowd management, and supporting the immunisation teams during special campaigns in Yellow Fever and Meningitis, respectively. Online discussions and adaptations of IFRC's Community Health Strategy were undertaken with African NSs, as well as work on climatic change and health impacts with the NSs of Malawi, Ethiopia and Kenya.

Epidemic control

Eighteen national (18) societies are involved in putting in place epidemic control measures through different interventions, including direct community mobilisation and promotion of preventive and protective

behavioural practices, supporting MoH in contact tracing, home-based care, and isolation (institutional and at home).

With the growing number of cases in Eastern and Southern Africa, there has been a growing shift in the strategy of managing asymptomatic people and people with mild symptoms. They are now providing home-based care and home isolation, rather than stretching the capacity of the health facilities, as well as strengthening contact tracing capacities. In order to strengthen capacity of the NSs, the regional health team organized two webinars on home-based care and isolation in French and English for 42 participants. A training package, consisting of training curriculum for volunteers and resource materials, was also distributed to the NSs.

Risk communication, community engagement, and health and hygiene promotion

Thirty-one (31) NSs reported RCCE activities during the reporting period, making it a total of forty-two (42) NSs who have scaled up their RCCE interventions since the beginning of the response. Throughout August and September, different social mobilisation approaches were used by NSs: 14 reported using social media to engage with communities, 13 were communicating through WhatsApp or SMS platforms, 18 reported conducting face-to-face social mobilisation through household visits, 14 reported using megaphones, loudspeakers, or mobile radio, and 17 were conducting radio shows. During these radio shows, health experts, opinion leaders and community members discussed topics on COVID-19, answered questions from listeners, and addressed rumours or misinformation. Fifteen (15) NSs also produced radio jingles and adverts to share key health messages on COVID-19.

A range of resources and guidance notes have been developed during the reporting period to support NSs to set up and implement social mobilisation activities and locally-led solutions. For example, a guide on addressing mistrust and denial of COVID-19 in communities was finalised and published. It includes community feedback indicating a rise in mistrust of the response and denial of the outbreak and recommendations for NSs on what they can do to address these challenges. An infographic was produced in English, French and Portuguese on the key recommendations from the guide. A resource on 5 key lessons learnt from the Ebola response was also developed and shared with NSs, which demonstrates why communities are key in the fight against COVID-19.

The community engagement and accountability (CEA) team launched a satisfaction survey to understand how useful IFRC RCCE resources are to NSs' work and how these can be improved to support NSs to respond to their challenges and needs. This will also help to determine where to focus IFRC support efforts and to inform the revision of the RCCE Africa strategy.

Community Feedback Mechanisms

During the reporting period, 25 NSs were systematically collecting and analysing community feedback related to COVID-19. Three (3) NSs conducted Knowledge, Attitude and Perception (KAP) surveys in their communities to gather information on perceptions of COVID-19.

In September, the CEA team held the first of a series of capacity building workshops on community feedback management and analysis. This first session was held in French and English and covered the IFRC tools for recording and managing community feedback, as well as a new manual on how to record the data. Future sessions will cover how to use an IFRC excel tool to analyse community feedback data and prepare country-level reports.

Responding to Community Feedback

Community feedback shared by NSs was used to produce 4 Africa Region community feedback reports, documenting key trends in feedback across 18 countries in August and 15 in September. The feedback indicated increasing concerns about people relaxing and becoming too complacent with prevention measures, such as not wearing a face mask or following physical distancing. Many people reported being tired of the outbreak, saying they don't wish to hear about it anymore, or that they believe it is over already. Mistrust of the response, denial of the outbreak, and misinformation about who can be affected were also common trends throughout the two months.

During the reporting period, 4 Ask Dr Ben (English) and Demandez au Dr Aissa (French) factsheets were produced to help NSs address rumours and respond to key questions and concerns raised in community feedback about COVID-19 and the broader response. To complement these factsheets, 16 short videos have

been produced featuring Dr Ben (head of health and care), Dr Aissa (health coordinator for Sahel cluster), and Dr Joelle (epidemic pandemic preparedness manager for Central Africa). Some of the topics addressed were “why is stigma a problem?”, “How can I keep safe in crowded places?” and “Can people who don’t have symptoms of COVID-19 transmit the virus?”. These have been shared on WhatsApp groups, IFRC Africa Twitter, and in the RCCE COVID-19 Newsletter.

NSs are also supported to work with media in their countries. In the reporting period, 17 NSs reported collaborating with media either by sharing community insights with journalists and how they can help to address these, organising webinars or workshops with journalists, or conducting interviews on TV, radio or for newspapers where questions and rumours on COVID-19 were addressed.

NSs continue to roll out the RCCE and ECV training packages to their staff and volunteers following the regional and cluster-level training of trainers (TOTs) earlier in the year. During August and September, 27 RCCE trainings or briefings were delivered by 14 different NSs, ensuring volunteers have the skills they need to deliver a quality response.

Hygiene Promotion

During the reporting period, several hygiene promotion activities were carried out. Some examples are as follows:

- Malagasy RC has provided handwashing stations and training on infection prevention and control (IPC) measures to bus/taxi drivers and passengers. The idea is mainly for drivers to become promoters of good behaviours and safety measures starting from their own vehicle. Moreover, 6 main transport hubs in the capital city have been disinfected in relation to this campaign.
- Rwanda RC launched hygiene messages on IPC for COVID-19 among the main refugee camps within the country (approximately 149,000 refugees) together with the installation of simple handwashing stations (tippy taps) for demonstration.
- Kenya RC conducted hygiene promotion campaigns and improved sanitation facilities in 126 prisons around the country.

Infection prevention and control and WASH in health facilities

During August to September, 29 NSs reported to be engaged in IPC and WASH in health facilities. A few examples are as follows:

- Uganda RC is helping the government in the disinfection of health centres, border entry points, and truck transports, together with screening and referral activities.
- Similar activities to Uganda RC have been performed by Kenya RC, together with the aforementioned IPC in prisons.
- Malawi RC has donated tents for patients with mild conditions (including floor construction) to *Kamuzu Central Hospital* (3 units), *Kamuzu College of Health Sciences* (2 units), and *Mzuzu Central Hospital* (2 units). Moreover, PPE for volunteers, staff and health personnel have been provided. Malawi RC has also supported installation of plumbing systems, septic tanks, and toilets for the emergency treatment units (ETUs) in hospitals that were prepositioned because of Ebola; these sites are currently being used for COVID-19 patients.
- Burundi RC is supporting the government on the installation and running of WASH infrastructure in quarantine centres. Bladder tanks have been replenished by water trucking for communal latrines, showers and handwashing stations, and food and hygiene promotion have been delivered to the 3 main quarantine centres of *Mika*, *Mabanda* and *Ruyigi* close to the border.
- In Moroni, Comoros RC has disinfected a hospital where COVID-19 patients are being treated. One interesting note is that the NS of Comoros is producing its own bleach (5% active chlorine) through a WATA™ system as it is often scarce in the local market.

Since disinfection with chlorine solution through spraying is a sensitive activity and potentially dangerous, IFRC AfRO is providing technical support on disinfection of spaces and surfaces to ensure this activity is done in the safest and most professional way. Other useful resources like the ICRC *chlorine solution calculator app* have been shared and NSs have been supporting through webinars (as detailed below - see National Society readiness).

Infection prevention and control and WASH at the community level

During August-September, 33 NSs reported to be engaged in IPC and WASH at the community level. As the pandemic will last longer than expected and the number of people infected with mild symptoms is high among all countries, home-based care has emerged as a key community intervention. For this reason, during the months of August and September, a resource package home-based care has been developed and shared through webinars and email exchanges with NSs.

Disinfection of spaces is a key activity within this home-based care intervention. A technical note called *Chlorine solutions for home-based care during COVID-19* (including calculations and safety measures) has been prepared by the WASH team and included in the package.

Handwashing

As mentioned in the previous report, a *Hands-free Handwashing Compendium* is constantly being updated with different models and shared with the NSs, including a two-pedal (one for soap and one for water) welded-metal model with 2 deposits (water and wastewater) placed at different heights, which is one of the preferred models, and some NSs are looking to replicate it (the best developed units up to now are found in Djibouti and Ghana).

Some examples of installations of handwashing stations are as follows:

- Malagasy RC has installed 513 handwashing stations mainly in the region of *Analamanga* within 9 districts and 78 fokontany (neighbourhoods). Volunteers encourage people to wash their hands.
- In Comoros, 600 handwashing stations (simple bucket + tap) have been distributed in schools (bucket, tap, liquid soap, disposable tissue, and garbage bins).
- In Burundi, an activity combining handwashing stations and hygiene promotion has been implemented during elections, sport, religious, and political events. The fact of showing handwashing together with relevant authorities/leaders has sent a stronger message.
- Zambia RC has installed 54 good-quality handwashing facilities (52 are foot-operated and 2 are pilot for paraplegic persons) placed in strategic places such as ports of entry, health facilities, and markets. The interesting new issue is the pilot handwashing station. This unit has been designed and built and will be tested soon. The device allows a person within a wheelchair to push a lever and wash hands with minimum touching.

Schools

In places where schools have already reopened, like Djibouti, the local RC is helping to implement IPC measures within the education system (e.g., disinfection of classes, frequent handwashing for pupils and teachers, hygiene promotion, etc.) in coordination with school boards, Ministries of Education, and parents associations. The Rwanda RC has supported 3 schools by providing them with water coming from improved nearby spring catchments. Another example is found in Namibia, where the RC rehabilitated 8 water points during August.

Border Control

A major activity many NSs (e.g., Uganda and Djibouti) are implementing is screening and disinfection at border entry points for truck drivers, goods, or transport like buses. Fully equipped with PPE, volunteers perform these activities.

Distributions of Non-Food Items

The Seychelles RC has distributed 1,500 kits with mainly masks and hand sanitizers to kids coming from vulnerable families. The Namibia RC is distributing 800 kits, including soap, sanitizers, and reusable masks, to vulnerable families, and in August, conducted another distribution of 200 water purification tablets and 150 jerrycans in 15 villages.

Highlights and challenges of COVID-19 interventions

One highlight worth underlining is the **creative solutions that NS have developed, particularly in the field of handwashing**. Notable examples from the region include the double foot pedal (1 for soap and 1 for water) hands-free devices in many countries (e.g., Ghana and Djibouti), the *Jenghu* foot valve operated device (e.g., Uganda), and the improvements observed in tippy taps all over. Inclusive solutions, like the handwashing station for paraplegic persons in Zambia, will be tested. All solutions have had or will have a synergistic effect with other activities like hygiene promotion.

One **major challenge faced by many NS during this period is the floods** (in Burkina Faso, Chad, Guinea, Mauritania, Niger, Ethiopia, DRC, Sudan, Senegal, and Cameroon) with the rainy season extending up to the

end of the year. Social distancing, respiratory etiquette, access to water and sanitation, and even the possibility of developing good behaviours during the pandemic, have been seriously disrupted by these catastrophic events.

Mental health and psychosocial support services (MHPSS)

At the beginning of September 2020, a regional MHPSS delegate started at the regional office in Nairobi to provide technical support to clusters and national societies in the planning and implementation of MHPSS activities. A checklist on minimum MHPSS actions for COVID-19, originally developed by the Asia Pacific Region, was adapted to the African region, costed and shared with NSs to guide the planning and implementation of quality MHPSS activities. Eighteen (18) NS PSS focal points from two sub-regions, Eastern Africa and Southern Africa, have been identified and organised into cluster-based PSS technical teams as a strategy to provide the required MHPSS technical support. Collecting contact details of the PSS focal points from West Coast, Sahel and Central Africa clusters for direct support was commenced and is ongoing. Three technical meetings have been held with NS PSS focal points where they shared progress in activity implementation, challenges, and how skilled staff can support colleagues from other NSs through a peer-to-peer approach.

MHPSS approaches and activities have been integrated into the home-based care (HBC) package to be rolled out in all NSs. A specific guideline developed through the interagency working group has been adopted into the HBC response plan. In addition, MHPSS was integrated into the guide to redirecting COVID-19 activities, especially focused on school-based PSS interventions and community activities. A concept note to ensure increased attention and roll-out of MHPSS in African region was developed and shared with Danish Red Cross for possible joint action to promote a more sustainable MHPSS portfolio in the region. Similarly, collaboration has been sought with REPSI (Regional Psychosocial Support Initiative) working in Eastern and Southern Africa to identify and implement joint projects focusing on MHPSS support to adolescents and children.

The MHPSS delegate facilitated 2 online psychological first aid (PFA) integrated trainings with Protection, Gender and Inclusion (PGI) and CEA for 105 staff and volunteers of Botswana Red Cross, and shared basic guidelines for establishing and conducting safe and dignified referrals, as well as a checklist of MHPSS activities for NSs to guide their work.

The **major highlight** for the reporting period involves the **mobilisation and formation of cluster-based MHPSS technical teams** comprised of NSs PSS focal points who are being capacitated to share knowledge, skills and best practices through a peer-to-peer approach whilst being technically supported by the MHPSS regional delegate.

Isolation and clinical case management for COVID-19 cases

Eleven (11) NSs are involved in isolation and clinical case management. The most common involvement in isolation in case management is carried out through deployment of volunteers in supporting institutional or facility-based isolations and case managements in fulfilling their axially role to their respective governments.

The South African RC and Gambian RC are involved in home-based care and isolation in response to the growing number of cases required to isolate due to asymptomatic and mild cases. These NSs are also strengthening contact tracing with home-based care and supporting vulnerable groups in isolation with essential daily care and distribution of food parcels, a service which contributes to the proper care for the sick, limits any further spread of the disease, and contains the infection. Personal protection has also been provided for carers.

A platform was created for peer exchange between the South African Red Cross and English-speaking NSs, and the Gambian Red Cross and French-speaking NSs, to share their experiences in home-based care and isolation to ensure NSs are prepared with the necessary tools and skills to respond to the growing demand for home isolation and care.

Maintain access to essential health services (community health)

Sixteen (16) NSs are active in providing community health services. These NSs are implementing COVID-19 prevention activities while supporting their communities to access essential health services, such as immunization services, maternal and child health, and prevention of other common communicable diseases.

Considering the negative impact of COVID-19 in the health care delivery system of countries in the region, which is evidenced in the WHO survey indicating significant disruption in essential services, the regional health team is continuing to engage with NSs to support adjusted responses and other health programs in a way that facilitates continuation of services. Guidance on how to re-adjust community health programs to be COVID-responsive and how to re-direct the COVID-response to a more resilient and recovery-based approach is being provided by the health team on a case-by-case basis.

In line with the effort to ensure continuation of essential services, the regional health team is engaging with NSs to ensure immunization campaigns are supported to safeguard continuity of services. Nigeria, Kenya, Guinea, Chad and Sudan will be engaged in providing social distancing, crowd management, and handwashing, in addition to social mobilisation, for the forthcoming Measles vaccination campaigns. NSs are encouraged to participate in discussion groups that are happening at the global level through different working groups of the COVAX facility.

Priority 2: Addressing Socio-economic impact

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

A survey on Food Security and Livelihoods (FSL) capacities and experiences has been running over the last 2 months. Seventy-five percent (75%) of African NSs completed the questionnaire. This mapping and analysis is feeding into a global review aiming at addressing food security in Africa and ways forward to best support and orientate FSL responses for NSs. Various documents are being drafted in order to have a roadmap on FSL for Africa and be able to give an overarching approach to concomitant crises.

The FSL and Cash teams have attended NS update and follow-up calls to assess progress and advise on the implementation of the first phase of the emergency response covering the basic needs. Financial service provider (FSP) procurement remains a priority, along with the parallel steps, such as identification and selection of people to be assisted in order to deliver the assistance on time.

The procurement of FSPs and vendors for basic needs interventions, which will be delivered through cash and voucher assistance, has continued, and to date 8 NSs have concluded their processes, and 15 files are open. An FSP Procurement Tracking Dashboard was developed and can be consulted [here](#). It is updated on weekly basis every Friday. Eight (8) NSs have started their identification and registration of beneficiaries, and one has finalized their cash intervention.

In order to provide technical support to NSs on cash intervention adjustment and design, along with the FSP procurement process, two more Cash experts have been deployed to assist the Africa Region, and work remotely with the African NSs that have a cash or voucher component to respond to COVID-19. The position of a long-term Cash delegate has been opened and is under recruitment.

In the past months a total of 2,097,542 people was reached with food and in-kind assistance and livelihoods support. Additionally, a total of 270,454 people were reached through cash and voucher assistance.

Acknowledging the secondary impacts of COVID-19, especially in regards to people's ability to maintain food security and their livelihoods, as well as the multiplicity of drivers affecting communities – climate change, population movement, epidemics and onset disasters, The IFRC Africa team is working with all members to develop a long-term, movement-wide and pan-african Food Security and Livelihoods strategic program. This program will endeavour to bridge the humanitarian needs with recovery and resilience, investing in the expertise and capacity of Africa National Societies to deliver against bold and concrete program outcomes.

Community engagement and accountability

The CEA team has issued 7 COVID-19 RCCE newsletters to IFRC, NS, ICRC and participating NS staff during August and September. These newsletters include the community feedback reports for Africa, factsheets, summaries of relevant research, notifications of trainings and webinars, and examples of best practices by NSs.

The new RCCE interagency coordinators are now all in place, including a coordinator for Eastern and Southern Africa, and Information Management (IM) positions for Eastern, Southern, and Central Africa, and West Coast. The team presented to the Bill and Melinda Gates Foundation (BMGF) Community of Practice, a group of senior

leadership from across the foundation. The BMGF is the main donor of the RCCE collective service and the team was able to showcase the excellent work that is being established across the Africa region.

The RCCE community feedback sub-working group led by IFRC has produced a total of 12 interagency community feedback reports for Eastern and Southern Africa, and 7 for West Coast and Central Africa. During the reporting period, 3 West Coast and Central Africa and 2 Eastern and Southern Africa interagency reports were published featuring feedback trends from an average of 10 partners.

Interagency resources and guides were also produced in collaboration with partners to help agencies respond to some of the most pressing and persistent issues raised through community feedback. These include 3 factsheets on mistrust and denial, treatments and trials, and stigma around COVID-19.

The task force on media webinars, which was created by the RCCE interagency working group, held 3 Media Dialogue sessions to address feedback from communities collected by partners from the RCCE sub-working group. The topics covered, for example, beliefs that the COVID-19 pandemic is over, which is leading people to become complacent, and beliefs that young people are immune from COVID-19.

IFRC also supported the Ready Initiative micro trainings for COVID-19 by providing a short video training on feedback mechanisms and key lessons learnt through the IFRC's experience in Ebola and COVID-19. The trainings will be available globally to agencies to help them strengthen RCCE within their COVID-19 responses.

Social care, cohesion and support to vulnerable groups

Protection, Gender and Inclusion (PGI)

The PGI team continues to provide technical support to African NSs to ensure that all COVID-19 and other emergency responses factor in the needs of different groups, such as the elderly, persons with disabilities, women, and girls, by ensuring that PGI is mainstreamed in all sectors.

Sexual and Gender-Based Violence (SGBV) information, education and communication (IEC) materials have been developed to support NSs address SGBV during the COVID-19 response where there has been a report of increased SGBV cases in different African countries due to lockdown. The IEC materials include a 7-minute video, 15 poster messages, and a job aid.

The IFRC with support from the British Red Cross and the ICRC organized English and French webinars on understanding and responding to Trafficking in Persons (TiP) during COVID-19 for African NSs. The webinar aimed at framing trafficking within the broader migration and protection umbrellas, as well as take the African NSs through the COVID-19 and trafficking factsheet and technical guidance.

The IFRC is engaged in discussions on collaboration with Sesame Street (the world's largest informal educator and a globally cherished brand) on a new project to support children and families during COVID-19 through delivering essential and engaging educational resources and messages, carefully tailored to meet the distinct needs of local communities. The project will be implemented by selected NSs through direct delivery and social media. An introductory workshop has been held with select NSs, including Gambia, Kenya, Tanzania, Nigeria, and Somalia.

Priority 3: Strengthening National Societies

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

During the reporting period, the IFRC AfRO continued knowledge sharing and technical support to NSs of the region by organizing webinars on different topics of COVID-19 response, as described below.

Health

A **Home-based Care and Isolation** webinar was organised by the regional Health team in collaboration with CEA colleagues to prepare NSs to adapt home-based care for asymptomatic and moderately symptomatic COVID-19 patients. All of the new resources and materials the team has developed on home-based care and isolation was introduced to participants, and the CEA team presented on how risk communication can be incorporated into home-based care activities to help collect community feedback and tackle stigma and misinformation. In addition, the NSs of South Africa and Gabon presented on their experiences in home-based

care. This webinar was attended by 26 participants.

WASH

The WASH COVID-19 team in Africa Region has hosted a series of webinars with the aim of establishing relationships with NSs, facilitating exchange among them, and sharing good examples of interventions. The sessions last around 30 minutes per NS and the main topics are related to WASH activities linked to COVID-19 interventions.

Afterwards, an overview of the WASH-COVID-19 intervention of a particular NS is reported by gathering information from the meeting but also from other sources (UNHCR reports, EPoA and budgets, WHO COVID-19 data, etc.). Moreover, practical guidelines, apps, and direct advice on every COVID-19 related issue (from the Movement and key agencies) are shared with the NS. During this reporting period, 13 NS have joined this activity and around 30 people have attended. The aforementioned email exchange with NSs has reached more than 50 WASH staff working for NSs, the IFRC AfRO, and the IFRC Geneva WASH unit. A few examples of the practical documents shared are as follows:

- Hands-free handwashing station compendium (a compilation gathered by UNICEF and IFRC)
- WHO guide on environmental surfaces cleaning and disinfection in the context of COVID-19
- Practical guidance on RCCE for Refugees, IDPs, Migrants, and Host Communities particularly vulnerable to the COVID-19 pandemic (a guide elaborated by main stakeholders including IFRC)
- Chlorine solution calculator (an app from ICRC)
- Mistrust and Denial Package for COVID-19 interventions (a set of documents elaborated by CEA department)

RCCE

Given the increase in community feedback indicating mistrust and denial of COVID-19, the CEA team organised a peer-learning webinar in August for NSs on **Addressing Mistrust and Denial of COVID-19** in French and English with 4 NSs (Zambia, Libya, DRC, and Benin), who presented on their experiences with tackling this issue in their communities. Both webinars were attended by over 40 participants from different NSs across the region.

FSL and Cash

FSL and Cash webinars are still being organised on a monthly basis, lastly covering **Migration**, and upcoming on **WASH and Cash**. The Livelihoods Resource Centre and the Cash Hub are still manning online helpdesks and providing technical support, as required, in French and English. Information, webinars, reports, guidance on FSL, and training (recent call for online livelihoods programming training) are regularly being shared amongst existing platforms.

National Society sustainability

National Society Strengthening

This reporting period saw the National Society Development (NSD) team focus on efforts aimed at strengthening NSs across the region. NSs that have been closely collaborating and coordinating with their local authorities continue to leverage on their auxiliary role in humanitarian diplomacy. However, other NSs have exhibited limited capacities following the onset of COVID-19, most notably when faced with demands to undertake multi-pronged approaches to humanitarian service delivery.

In recognizing these varying capacities, the need to support NSs with relevant programmes and initiatives tailored to emerging needs largely continues to inform the strategies NSD applies in bridging operational and programme gaps. Digital transformation, auxiliary role, humanitarian diplomacy, innovation, transformational leadership, financial sustainability, volunteering, research and learning, and support for regional and global themes are key to ensuring NSs remain relevant during and post COVID-19.

During this reporting period, activities were aimed at laying the groundwork for efficient, effective, accountable, and capable NSs to recover from COVID-19. These activities included strengthening youth and volunteering activities, providing effective IM systems, and enhancing policy and knowledge sharing, while mainstreaming PGI, and strengthening IM through greater support to Operations Rooms for optimization of regional data triangulation and hosting.

National Society Development

Activities related to NSD included the following:

- Jointly with Geneva, conducted an Action Learning webinar for regional NSD focal points. This was aimed at introducing the tool, soliciting ideas on applicable modules, and integrating it with the financial sustainability guidance toolkit, which is already available on FedNet
- Worked with the cluster in supporting activities on development of the Sudanese Red Crescent Plan of Action
- Worked with the cluster in finalizing the review of the Strategic Plan for Liberian Red Cross, which is on the last phase of sign off
- Worked with the cluster and the Uganda Red Cross in planning for the review of the Uganda Red Cross Strategic Plan
- Supported NSs with the audit and investigations survey, which aims to support the Office on Internal Audit and Investigations (OIAI) to improve its services to the IFRC Secretariat and NSs
- Led the process for establishing the regional Branch Organizational Capacity Assessment (BOCA) Lab Hub, a joint initiative between IFRC and Netherlands Red Cross
- Developed regional NSD themes matrix map
- Supported NS with the survey profiling IFRC support to NSs on financial sustainability across the region
- Together with the AfRO IM team, joined the global NSD team for the Americas Region IMII platform presentation. The IMII constitutes a first step that will help to better capture, store and visualise key NSD data to serve and inform both NSs in their own development efforts and the IFRC in supporting them
-
- pls include the key information regarding preparedness for effective response , PER, contingency planning, and BCP progress
-

Support to volunteers

The following activities by the NSD team supported **Youth & Volunteers** during this reporting period:

- Finalised the Volunteer Insurance Tracking Tool, which is now under review by AfRO leadership team members. The tool will enhance timely data collection for enhanced decision making and support on the duty of care to volunteers in the Africa region.
- Worked closely with the Central Africa Cluster to support the Cameroon Red Cross and its partners to conceptualise a Volunteer Development Plan for the NS.
- Worked closely with IFRC Geneva to operationalise the IFRC–Lacoste funding that has targeted 5 NSs in the region.
- Worked closely with IFRC Geneva technical colleagues, the region and clusters on volunteering, youth, and education priorities for the 2021 Plan and Budget.

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 assistance under the three priorities 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 Business Continuity Plans (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 being implemented, and updated security plans are in place across the region. IFRC support from the multilateral Emergency Appeal is being channelled through distributed networks and capacities to reinforce coordination and ensure accountability.

Coordination for quality programming

Movement Coordination

The IFRC Africa Region 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 Region COVID-19 response, IFRC Africa Region is coordinating with 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 actions to ensure that support from IFRC, ICRC and partner National Societies is harmonized and avoids duplication. This group also identifies and operationalizes Movement assets across the continent to maximize efficiencies in human 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.

The regional PGI team was involved in various movement coordination mechanisms, as follows:

- Participated in the RCRC SGBV Working Group meeting to discuss key international SGBV-related events taking place in the last quarter of 2020 and share updates on SGBV and the COVID-19 response globally and regionally
- Organized and facilitated a meeting with participating NSs including Swedish Red Cross, Icelandic Red Cross, Finnish Red Cross, and British Red Cross to discuss the development of a 5-year PGI strategy for Africa
- The Southern Africa Cluster PGI team and the British Red Cross through DFID funding are in process of recruiting a Prevention of Sexual Exploitation and Abuse (PSEA) Officer. The Officer will be based at the Southern Africa Cluster office to support Namibia RC and Baphalali Eswatini RC on PSEA for an intended period of 9 months
- The British RC, Canadian RC and IFRC with input from Movement colleagues have finalized the operational manual on prevention and response to sexual exploitation and abuse. It provides practical actions to guide leadership, headquarters, and field teams on implementation of PSEA policy. The manual can be accessed online [here](#).

External coordination

The IFRC is actively coordinating with key agencies, as summarized in the table below, and is a member of the Regional Humanitarian Partners Team (RHPT), positioning the IFRC and African NSs' in their 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 Teams (HCTs) and Inter-Cluster Coordination mechanisms held both during disasters and non-emergency situations.

Summary of Coordination Platforms for COVID-19 in Africa Region

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

Resources for National Societies

A number of useful resources have been created by the IFRC, IFRC Reference Centres and Hubs, and NSs:

- 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 and documents.
- 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 **NS Financial Sustainability** and **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 NSs in English, French, Spanish, and Arabic.
- The **Food Security and Livelihoods (FSL) HelpDesk** hosted by the [Livelihoods Resource Centre](#) provides services to NSs. [FSL infographics](#) and [IFRC resources and guidance](#) for COVID-19 are available now in English, French and Spanish (soon in Arabic).
- 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:
 - Global Disaster Preparedness Centre (GDPC; hosted by American RC) - NS Business Continuity [HelpDesk](#)
 - [PS Centre](#) (hosted by Danish RC)
 - Livelihoods Centre (hosted by Spanish RC) [resources](#) and [infographics](#)
 - [Cash Hub](#) (hosted by British RC)
 - [CEA Hub](#) (hosted by British RC).

Evidence-based insights, communications and advocacy

The regional **Planning, Monitoring, Evaluation and Reporting** (PMER) unit continues to work with cluster and country office PMER staff to support NSs throughout this operation. In the reporting period, the following tasks were undertaken:

- Worked with the regional Partnership & Resource Development (PRD) team to develop a reporting tracker to manage the reporting process. A reporting process guidance note was also developed and discussed with the PRD and Operations teams.
- Took part in the second global real-time lesson learnt on National Society needs and their prioritization during funding allocation to National Societies.
- In order to better support the NS:
 - The PMER is putting together an assessment of NS PMER strengths based on data and reports submitted. This will help direct our support to NS who are most in need.
 - PMER conducted a HR diagnostic that led to a decision to hire five PMER cluster-level COVID-19 focal points. The hiring process is ongoing and there are discussions to have the focal points based in National Societies to further localize the support provided to NS. A regional PMER focal person has been hired and will join in November.

Information Management

A master operations tracker was created in coordination with the core COVID-19 operations team to guide the process for output to the first bi-weekly COVID-19 management update. Work began on streamlining and automating data linkages and report generation. Core motivations for and improvements to the current IM system were established, as follows:

- 1) Ensure that data being used for decision making and reporting is aligned, removing the risk of having contradictory data on budgets, implementation figures, etc.
- 2) Ensure that comprehensive information is available in a way that is suitable to different audiences, from detailed country-level data for the core COVID-19 operations team to a complete overview for partners etc. Matching tools and processes to outputs and products is essential.
- 3) Reduce the amount of time that is spent on tracking indicators and report writing, whilst simultaneously increasing information accessibility and reliability. The key to this element is leveraging institutional tools, such as Apple and BO, in order to cut down shadow bookkeeping in parallel trackers. This implies that the tools and processes also work for country offices and country cluster support teams (CCSTs).

The IM team was also engaged in the following activities:

- Fixed and updated the [HR](#) and [Appeal](#) dashboards to handle current data streams.
- Reviewed the operational planning process with the core COVID-19 operations team and implemented a new project implementation metric into the operational planning and financial allocation tool, which measures % implementation based on funds transferred vs reported (with relevant refinements to the data to account for specific variance), which subsequently informs the prioritization for additional funding, alongside caseload, COVID-19 INFORM, and financial risk indicators.
- A number of positive engagements with the RCCE pillar:
 - Finalised identification and onboarding of the 2 RCCE IMs for the interagency combined service groups on RCCE in Africa, established communication channels, and set up a workplan
 - Established connections and task prioritizations with the global interagency groups, as well as clarified best practices on communication, collaboration, and sharing of results and tools
 - Gave input on efforts to implement support to African NSs to allow them to begin capturing and coding their own community data on rumours and myths surrounding COVID-19.
- Worked with Cash and Operations teams to kick off a Cash IM project, in collaboration with 510 (the Netherlands Red Cross data team) and the International Centre for Humanitarian Affairs (ICHA) Centre of the Kenya Red Cross. This project supports technical implementation of Cash programs (e.g. beneficiary identification and selection). This project will be implemented via direct support and support via the British RC Cash Hub. More details of this project can be found [here](#) (for DCPRR Africa SharePoint users only).
- Worked to provide analysis and visuals of vulnerable groups and IFRC areas of intervention support for the above-mentioned Food Insecurity & COVID-19 concept note.

- Provided additional ad hoc analysis/visualisation of several variables of interest to the operation, including NS/cluster operating budgets vs reported expenditure, Un/earmarked funding and prioritization vs reported expenditure ([Link](#) for DCPRR Africa SharePoint users only).

GO Platform, Regional Updates 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](#) including COVID-19 emergency pages map and field report dashboard available [here](#). Remember to login to the platform as most of the content is visible only to registered users.

For providing updates from your NS to the operational update, we request you to [submit COVID-19 Field Report via GO-platform](#). **During the reporting timeframe, we have received COVID-19 field reports from 26 National Societies and we would like to thank you for sharing information via GO.**

The COVID-19 field reports provide NSs a streamlined reporting process to the IFRC network while allowing a platform for NSs to present their COVID-19 response. We are using the “Actions Taken by National Society Red Cross” sections 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.

When submitting your field report, remember to:

- 1) Select “COVID-19 Related Event” as this impacts the activities selection of the field report.
- 2) Link your new field report submission to an existing emergency page by selecting “Please check and link to existing emergency” and select your country.
- 3) Use the visibility setting “public” if possible when submitting your field report as this enables us to reflect the provided information, for example, in the [field report dashboard](#) and in other information products.

The field report feeds into a NS-specific COVID-19 emergency page where, in addition to the epidemic field report, national situation reports, dashboards and other information products can be shared. Additionally, the emergency pages include COVID-19 preparedness profiles of all NSs.

If you need any GO specific guidance, you can find the GO user guide [here](#) together with other GO reference materials and instructional videos. Additionally, the global IM team (IM@ifrc.org) is available for support.

“Who does What, Where” (3W) tool on GO platform

Another recently launched feature on the GO platform is the “Who does What, Where” (3W) tool. The aim of the 3W is to enhance the understanding about which NSs are responding to a disaster, what projects are taking place, and in which locations. **We would like to encourage NSs supporting projects to submit the information on GO platform** following the instructions (including written guidance and instructional video) available [here](#). When doing 3W submissions on GO, projects can be tagged as “COVID-19” specific, which will help in capturing the



HOW TO SUBMIT COVID-19 FIELD REPORT ON GO Easy Guide

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



2. Select “COVID-19 Related Event” which will define the emergency type as an “Epidemic”



Note that if you are submitting a second field report on COVID-19 response, you can link your new update by selecting “Please check, and link to existing emergency”

3. New fields for the COVID-19 Field Report will appear



ongoing COVID-19 response in a comprehensive manner and, based on the submissions, GO auto-generates regional and country-specific visualisations such as [this](#).

International support and resourcing

Logistics, Procurement and Supply Chain Management

There have been four donor-related procurements in this period (German MoFA grant, German BMZ grant, Coca-Cola grant, and Novartis grant). Since 90% of procurements are medical items and ambulances, the sourcing of these items has been coordinated by the IFRC Geneva COVID-19 logistics team. The AfRO logistics team has been coordinating logistics between NSs, COs/CCSTs and Geneva/Dubai.

All Novartis PPE shipments have confirmed landed in countries. Coca-Cola and BMZ grant-related countries have reported their additional needs for the remaining grants, which include local procurement of PPE and WASH items. The regional logistics team offers support to the NSs and COs/CCSTs in following the procurement guidelines and procedures, but has seen **challenges in carrying out these procurements due to lack of logistics capacity in some of the NSs**. To support the BMZ grant and other COVID-19 related local logistics capacity issues, surge support has been budgeted, which COs/CCSTs can request, if needed.

Partnership & Resource Development

The IFRC and ICRC in Africa region organized a Regional International RCRC Movement External Partners Call themed 'For the health, safety, and dignity of those most at-risk from COVID-19'. The joint call focused on engagement with non-Movement donors, partners, and potential partners to:

- Engage with non-Movement donors, partners, and potential partners
- Highlight the needs and future trends of COVID-19 in Africa, including secondary impacts
- Showcase the work of RCRC actors to respond
- Encourage future engagement, support, and partnerships.

Forty-four (44) partners participated with 17 from the Movement, 13 from the Private Sector, 5 from Foreign Governments, and 9 from Development Banks.

National Society response – key highlights¹

Please include more NSs and key info from the African NSS under this section

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 a wider audience of 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

BERCS activated its volunteers across its branches countrywide to support the government in its efforts of mitigating the spread of the outbreak. **The National society has a network of 5 divisions across the country with a vibrant team of 450 volunteers and 76 staff members.** Current main activities that were carried out this month are: Risk communication and community engagement with communities on COVID-19. The NS has completed its 2nd round of gate to gate awareness campaign for COVID-19 hot spots. **This door to door COVID-19 awareness campaign was conducted in 3 Constituencies and 6 Chiefdoms all under the Manzini region. A total of 5,834 people benefitted from this intervention.** However, some hot spots were difficult to reach due to government protocols that needs be followed when accessing these areas. Production of IEC materials; the NS continued to produce posters with COVID-19 messages for information dissemination in the community and public places. Also, videos were taken with key COVID-19 messages and these will be published in the media. Collaboration with media house for risk communication and NS visibility; the NS continues to have Live radio shows (VOC & EBIS) shows to encourage positive behaviours, address rumours, fear and stigma, Red Cross services and activities and where to access care. These interactive radio interviews in Siswati are used to engage with audiences in a two-way process that allows them to ask questions. Questions asked by audiences are collected as feedback and collated together with feedback from other sources. Provision of health care services to people affected by COVID-19 through the 3 National Society health facilities in partnership with the Ministry of Health. This includes: Provision of clinical assistance to communities. The NS through the health facilities continues with the provision of PHC essential services such as the daily screening of COVID-19 and up-scaling of decentralization of drugs in communities. Procurement and distribution of PPEs and handwashing materials; the NS continues to procure and distribute Personal Protective equipment (PPE) such as masks, sanitizers and soaps to communities in need.

¹ Submissions that contain updates since last report indicated with green font.

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.



Posters being posted in the community @Red Cross of Benin

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, Immaculle 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.

Botswana Red Cross Society

The NS engaged 50 volunteers in the greater Gaborone region, and they are carrying out compliance to COVID-19 in shops, malls, clinics and ports. A total of 69 Volunteers are also engaged in a KAP survey (A UNICEF project) and they are conducting surveys in 19 villages across Botswana. Additionally, 20 more volunteers are engaged in a UNDP project training local emergency operating committees and community leaders on COVID-19 and Gender based violence across 50 villages in Botswana. All the engaged volunteers are supplied with masks, sanitizers, hats and bibs.

Burundi Red Cross Society

The Burundi Red Cross Society (BRCS) is supporting the government response to the COVID-19 pandemic. **BRCS intervenes in the following pillars: RCCE, PCI (Wash, Burial Management), Surveillance, contact tracing, Screening at PoE/PoC and Management (psychosocial support) to affected communities.** BRCS is supported by the Movement partners: ICRC, Norwegian RC, Finnish RC, Belgian RC French and Flemish communities and Spanish RC. The main challenge facing in Burundi is the geographical progression of the disease through community transmission. In this context, the BRCS sets up teams of volunteers in each branch of the country trained in Surveillance and contact tracing.



FGD on COVID-19 wareness in Gitega Branch

# of volunteers training in Surveillance / contact tracing	100
# of people reached through PCI-WASH activities	563,976

of volunteers trained in psychosocial support (PSS) 70
 # of people trained in COVID-19 RCCE 120

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.**

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.

Red Cross of Cape Verde

As part of the preparation and response to COVID-19, the NS carries out its activities at the national level through the Department of Disasters, Emergencies and First Aid, under the guidance and responsibilities of the National COVID-19 Response Coordination Team, headed by a National Coordinator. At the local level, through its 19 Local Branches, each of which has a Local Operational Coordination. A total of 527 volunteers registered in the insurance system of the IFRC and 54 employees were mobilized for the actions already carried out on the ground, in particular the spraying. **Production of disinfectants in more than 2,223 places across the 19 Local Branches; the provision of services in the field of health where more than 396,378 people have been reached to date;** provided almost daily more than 4 to 5 rotations of ambulance services having contributed to the transport to hospitals, health centers and places of isolation and quarantine of more than 1,200 patients, distributed personal protective equipment: more than 27,800 masks, more than 14,700 gloves, more than 335 liters of hydro-alcoholic gel, 2,305 bars of 50 cm soap, more than 1,000 liters of chlorine, 420 face protection visors, 420 protective suits for fragile environments, more than 5,200 hats for hair protection and, more 5,200 shoe covers. All these were done at the level of 19 Local Branches, Municipalities, Hospitals, Health Centers, isolation and quarantine sites, public and private institutions in all Islands and Municipalities.

Cameroon Red Cross Society

The actions carried out by the NS in partnership with the other actors of the movement are:

- Training of trainers in risk communication and community engagement
- Training of volunteers on risk communication.
- The endowment of the CRC in buckets with taps for washing hands.
- **Mass awareness through tricycles.**
- The supply and distribution of posters and post it notes.
- Collecting and processing feedback from populations from the field.
- Training of volunteers in management and monitoring of the 1510 telephone line.

- Training of volunteers in radio techniques and animation.
- Training of volunteers on how to conduct Focus Group Discussions.

Comorian Red Crescent

The health situation in the Union of Comoros remains stable. During August and September, there were 93 cases of Coronavirus and no deaths. Following the launch of the state of emergency, **the NS positioned itself alongside the Comorian Government, in accordance with its status as an auxiliary of the Government in the humanitarian field.** They were part of the various committees set up by the Government as well as within the various clusters.

of beneficiaries reached through community awareness 72,000
 # of beneficiaries reached through mask wearing awareness 9,821
 # of nurses/doctors trained by the NS focal points on Infection Prevention 90
 Amount of chlorine produced by NS volunteers 450 litres

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 NS has taken steps with local businesses to obtain their contribution in the response to COVID-19. **Thus, private sector companies contribute to the response by making donations and financial support to the Government and the populations.**

people reached through Risk communication, community engagement and health and hygiene promotion = 365,009

volunteers trained on Community-Based Surveillance 75

Community members asking questions to volunteers or psychologists for clarification = 638

Ongoing sensitizations

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.

Ethiopia Red Cross Society

Ethiopia has faced simultaneous multiple hazards that exacerbated the vulnerabilities of the communities in different parts of the country. Six of its ten federal state governments were affected with floods which affected over one million people and Oromia and Addis Ababa were affected by civil unrest where huge population lost livelihood assets, shelter and scores others lost their lives. The economics of the locust invasion is also affecting the pastoral and farming communities equally with more threats of new swamps reported. The social economic impact of COVID-19 is huge and unprecedented especially for the large segment of casual daily wage earners and the resources are proportionately inadequate. Prioritization to this intervention is recommendable to scale up the resources and the coverage. **The NS reached a total of 615,709 people through market support for crowd management in Adisa Ababa and Diredawa regions.**

Gabonese Red Cross Society

The NS provides regular bibs and hydroalcoholic gel to volunteers and staff. Each month 56 bibs are made available per person. **Community radio shows were hosted by 75 volunteers.** The activation of the Psychosocial unit makes it possible to provide psychological follow-up for all the staff mobilized in the COVID-19 response. Each week, volunteers collect community feedback and the CEA focal point analyzes them in order to share the information.

Gambia Red Cross Society

Currently the NS concentrates with their volunteer teams on the following activities: Ambulance Services, IPC, PSS, Contact Tracing and Community Surveillance, RCCE, Screening at Border Posts, WASH-hand-wash facilities, Fumigation, Safe and Dignified Burial/Safe Management of the Death Body. The National Society is supporting volunteers with allowances, PPEs, mobility and ensuring their safety. With the strong Volunteer base, GRCS is also responding to any call for humanitarian interventions in the country. **All these activities are currently on-going country wide reaching over 1,200,000 people using different mediums.** The GRCS is mobilising the necessary resources through generating funds, materials and equipment to sustain its operations.

Ghana Red Cross Society

The National Society (NS) had trained over 450 volunteers and deploy them to affected communities for awareness and sensitization. Volunteers are trained in emergency WASH to promote WASH activities at the community level. The National Society is also introducing sustainable WASH in markets where limited mechanize water systems are provided to provide access to market dwellers beyond COVID-19.

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

Number of Volunteer trained

# of volunteers trained in surveillance and contact tracing	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 dead	80

been provided by the MoH. The number of volunteers trained in the various areas of the response is as shown in the table above.

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.

# 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 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.**

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.

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 as a first responder to humanitarian crisis in the country supported interventions and activities that responded to the pandemic. At first it focused on hygiene education and on installation of locally available tippy taps in the villages. Through the support from the International Federation of the Red Cross (IFRC), **it expanded its focus on livelihood cash distribution to 500 vulnerable people in Semonkong, Ha-Ramabanta and Thaba-Tseka.** The NS continued dissemination of key messages surrounding COVID-19 for public awareness and sensitization about the WHO regulations as well as behavioral change in populated public spaces to prevent the spread of the virus.

Liberia National Red Cross Society

The Government of Liberia is leading the overall coordination of the COVID-19 response in Liberia. **Partners, including the Red Cross are providing support (material, funding) to the government's efforts in the fight.** IFRC has provided funding, technical support to the NS and overall capacity-building. Through the Africa Regional Office and the West Coast Cluster Support Office, the IFRC ensures follow up and technical capacity-building for the NS to be able to response to the COVID-19 in Liberia.

Malawi Red Cross Society

Supported Communal Hygiene promotion through use of megaphones, Radios, mobile Cinema, door to door visits. Information Education and Communication materials: supported Ministry of Health to undertake community surveillance, case reporting and tracking; undertook screening of people in various public places including workplaces, point of entry and some hospitals in the country. Communication (RCCE): conducted information dissemination using local communication channels like community and national radio stations, van publicities, mobile cinema, billboards, hygiene campaigns and megaphone messaging. **Supported the Ministry of Health to undertake community surveillance, case reporting and tracking.**

WASH: supported hand washing and sensitisation in strategic points set in the implementing districts (markets, big shops, banks, roadblocks & Mobile markets). The NS supported returnees and deportees returning from mainly South Africa and other parts of the world. Coordination: at the national level, MRCS staff attended coordination meetings with other partners at the national and district levels. At the national level, MRCS participates at Humanitarian Country Team (HCT), Food Security Cluster (FSC), Interagency coordination meetings, Shelter, WASH, Health, Nutrition, Agriculture, National cash working group, protection and Search & Rescue cluster. At these coordination meetings, issues upwelling from district clusters are tabled to help inform decision making at the national level and provide feedback to the specific district clusters. At the district, MRCS attended coordination meetings with stakeholders (Public Health Emergency Management Committee (PHEMC), District Council Protection Committee (DCPC), Social mobilization Committees).



Malagasy Red Cross Society

During the two months covered by this report, Madagascar experienced the peak period marked by 123 deaths and 5,135 COVID cases.

The NS, in its role as an auxiliary to the government, has continued to implement response activities in line with the evolution of the COVID-19 pandemic.

MRCS ambulance

- # of beneficiaries reached through handwashing awareness 157,173
- # of public places, public procurement, public buildings, institutions and ministries disinfected 26
- # of beneficiaries reached through the 26 hand washing devices 75,533
- # of volunteers trained on response mechanisms on COVID-19, RCCE, Hygiene and Contact tracing 541
- # of Contact tracing conducted 284
- # of families receiving psychosocial support during home visits 8,437
- # of suspected cases detected and referred to health centres by the NS volunteers 387

Mali Red Cross

Community sensitization by volunteers were done through home visits, activities in public places (places of worship, markets, health centers), talks with groups of people. Animation of the site and the Facebook page. It

is about disseminating the main achievements of the video messages of sensitization of volunteers and artists. An estimated 15,000 visitors per day. Provision of 15,000 masks for volunteers engaged in Bamako

Mauritius Red Cross Society

The Mauritius RCS continues its efforts to control the spread of the COVID 19 pandemic in the country. The reopening of the international airport scheduled on 01 September was reported on 30 September. Meanwhile, repatriation flights would be allowed. During this period of this reporting, there were 43 cases of COVID-19, 0 deaths in Mauritius.

- # of Volunteers trained in RCCE package 62
- # people reached with health messaging 100,000
- # MRCS ambulances mobilized 3
- # people reached through mass sensitization over the island (billboards and banners) 300,000
- # volunteers trained on CBHFA, First Aid in pandemic
- # households most affected by socio-economic impact of COVID 19 receiving food parcels

Mauritanian Red Crescent

As of 01 October, the total number of confirmed cases since the start of the pandemic in Mauritania was 7,505 cases including 206 active cases, 161 deaths and 7,138 recoveries. Among the active cases 201 asymptomatic cases, 5 mild cases and 0 severe cases. The case fatality rate is 1.25% and a cure rate of 95.11%. IFRC supported the NS with deployment of a resource person to **support the technical staff and contributed to the contingency plan for the response to COVID-19.**

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 Society

September started off with 7,692 cases of COVID-19. Although cases were still increasing exponentially, a slight decrease was observed during in the preceding week. On 2 September, Khomas and Erongo regions both had 3,400+ cases. During the period of 2 September to 12 September 2020, Khomas had 897 new cases, while Erongo only had 181 new cases. RCCE from Namibia Red Cross aimed at establishing networks with key informants representing key groups such as parents, care takers, Namibia Police, Frontline Health workers. NRC Volunteers continue to support the Ministry of Health and Social Services at various spots such as Regional hospitals, clinics. Social Media campaigns aimed at rolling out IEC messaging on COVID-19. **Volunteers were spread across the 10 regions intensifying hand wash campaigns to community members and safety measures of wearing a mask and frequent hand sanitizing.** The next phase of RCCE activities will focus on amplifying the distribution of hygiene packs in the regions to vulnerable groups. Regional leads will conduct community surveillance to identify hotspots to construct Tippy Taps timeline Sep- Nov 2020. This is aid in reaching communities with no immediate access to water. Regional volunteers continue to empower community members and leaders to engage in COVID-19 Health education thus ensuring community leaders takes ownership in ensuring that community members adhere so COVID-19 measure of health and safety.

Red Cross Society of Niger

The community engagement approach adopted by the NS has facilitated reach out of community's members. So, despite the security measures taken by the government through the outlawing of motorcycle in certain localities, the community's volunteers were able to reach the target population as they are members of the community themselves. In addition, **the use of communities' radios stations to circulate key messages has positively impacted the work of the NS.** However, rumors regarding to the pandemic was identified as one of the main challenges the NS has faced. To address this, the NS worked with the community and religious leaders.

people reached through risk communication and community engagement for health, hygiene promotion 2,000,000
 # reached through Infection prevention and control and WASH activities 54,224
 # Personal Protection equipment kits distributed to volunteers 1,000

Nigerian Red Cross Society (NRCS)

Following the index case in Nigeria, the Nigerian Red Cross Society (NRCS) has been responding throughout the country. NRCS has engaged in Risk Communication and Community Engagement (including through Media) 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 hand washing techniques while setting up feedback mechanisms to collate data on beliefs, practices and questions about covid-19 at community level. NRCS has also distributed PPEs (including NRCS produced branded face masks and hand sanitizers). Other interventions of NRCS (including partnership) include distribution of palliative, Psychosocial support, Contact tracing and surveillance e.t.c. NRCS with support from IFRC conducted Mass Awareness on - 19 and set-up feedback mechanisms in Lagos and Ogun State in March, 2020, and has had some external partnerships for covid-19 intervention in the country from Organizations such as IHS Towers, ECOWAS e.t.c. and a couple of individuals at Branch level.

The interventions carried out are listed below:

1. Risk Communication and Community Engagement
2. Distribution of Livelihood Palliatives (food and cash) to the most vulnerable groups
3. Distribution of Hygiene Materials
4. Contact Tracing and Community Surveillance
5. Psycho-social Support
6. Security, Logistics and Mass Care

Rwandan Red Cross

IFRC is providing technical and financial support to RRC. The Emergency fund of COVID-19 second allocation has supported the RRC in RCCE and the raising of economic capacity of the 8 women groups financially affected due to COVID-19 in Kigali City and Kayonza District. The ongoing DREF also has contributed on RCCE and provided support of food to the most vulnerable families affected by disasters including COVID-19 situation. The NS strengthened community risk communication by increasing the number of volunteers at the field. The RCCE is being done door to door within the village, the market, bus stations and other public places by using equipment such as Megaphones, tricycles with megaphones, vehicles with mobile radio and the drawing signs for social distancing. Different community radio talks were organised for the mass awareness. **The most vulnerable families were supported in hygiene facilities (tip taps), and soaps.** More than 15 RRC volunteers are supporting the IPC in the COVID-19 treatment center and others in death management.

Sao Tome and Principe Red Cross

The communication actions for behavior change were all supported by the Federation as well as the installation of the first 4 washbasins. WASH actions were also carried out in the locations where the washbasins were installed. **The NS has been working in the community with communication actions to change behavior with respect to COVID-19, mainly orienting the use of masks, hand washing and social distancing.**

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.

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) complimented 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.

Somali Red Crescent Society

The Government of Somaliland has national committee for COVID-19 preparedness and response. This committee is led by the vice president, ministry of health, ministry of information, members from the civil society and scientists. **The NS is also supporting ministry of health in line with national preparedness and response plan.**

South Africa Red Cross Society

The NS continuously collaborated with the Government through the Department of Health in responding to COVID-19 through different response interventions. There has been positive progress in implementation of activities such as, Risk Communication & Community Engagement (RCCE), contact tracing, screening and testing public awareness at hotspots, hygiene promotions, distribution of food parcels, Non-food items (hygiene packs, household essentials) and fumigating schools and community radio stations by the National Society (NS). The NS supported implementation of these activities across all the 9 provinces of South Africa whilst taking into the account the needs that are evolving especially with the country now being at level 2 of lockdown which is characterized with movements across provinces.

During this reporting period, SARCS has made positive strides through its tireless efforts in collaborating with the government to flatten the curve and curb the spread of the virus. The National society managed to provide immediate response in communities which had continued food insecurity through distribution of food parcels and provision of hot meals. **To build resilient communities SARCS has embarked on longer term food security initiatives like agriculture focusing on community gardening in some provinces.** Other provinces are in the process of securing land for farming and local economic development to reduce dependency on government and humanitarian agencies in relation to food security and local employment. Recently the country moved to level 2 lockdown and this posed a challenge to the National Society due to easing of Covid19 restrictions especially on travelling across provinces which might give rise of infections. This requires volunteers and staff to be vigilant in intensifying messaging that reinforces interventions already done.

Despite the country moving to level 2 lockdown, the adverse impact of COVID-19 on the country's economy has left some people unemployed and some small businesses to shut down due to economic shock. Unemployment remains an unmet need. This will also have a bad impact on the livelihoods and will result in communities adopting negative coping strategies so that they can have their needs met in areas like paying rent and purchasing basic needs. A lot needs to be done in Risk Communication as people in different communities across provinces have different perceptions, myths and spread some rumors on COVID-19 that can hamper efforts of minimizing infections and spread of the virus. There is a need to intensify the risk communication and public awareness using media and other local structures. Feedback mechanisms need to be improved to strengthen efforts done by National Society and its implementing partners in fostering good behavior change addressing stigma associated with COVID-19. Water scarcity in some areas negatively affects efforts on promoting good hygiene practices that minimize spread of infections in communities. This compromise efforts being made by National Society to address community needs related health and hygiene. Continuous engagements with relevant government structures especially on social accountability in relation to ensuring communities basic needs are met is necessary.

Red Cross Society of Seychelles

The NS continues its efforts to control the spread of the COVID 19 pandemic in the country.

- # of volunteers mobilized for contact tracing 10
- # volunteers trained on CBHFA to assist the MoH 20
- # volunteers & staff working with the Ministry of Health in Contact Tracing 25
- # people reached by weekly radio interviews/shows conducted 70,000
- # volunteers CBHFA as focal points COVID in the community 100

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
# of volunteers trained in RCCE	100

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 usefols"* 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

The volunteers in Chirundu conducted contact tracing and community follow up. **Distribution of facemasks and Hand-wash stations was done in the districts of Mansa, Lusaka, Kapiri-Mposhi, Kabwe, Mufulira (estimated 12,000 beneficiaries)**. Orientation of 40 Volunteers in Hygiene Promotion and Communication in Nakonde and Mpika Districts was done (20 in Mpika and 20 in Nakonde). A total of 18 Field Officers were trained in ECV and RCCE and are engaging community and are able to provide feedback and tracking rumours through sms and WhatsApp text messaging services.

Zimbabwe Red Cross Society

The NS has been handing out WASH NFI to old people's homes and food hampers to vulnerable households. These are households headed by elderly, disabled people, households with a chronically ill person and orphans. **During the reporting period 220 people benefitted from this initiative.** In terms of RCCE the NS has been airing 5-minute sessions on television and community radios. A total of 6 sessions have been held on radio and television stations. The stations include Star FM (Radio Zimbabwe, National FM and ZBC TV). The aired sessions were mostly on advice on preventive measures of COVID-19, partnerships in the response and roles and how people can reach out to ZRCS in response to COVID-19. The NS continues to provide essential health services at the clinic, disease surveillance screening activities on ZRCS establishments (clinic, offices and operations) as well as in some provinces as part of the COVID-19 response task force teams. Community feedback and rumour tracking continues being collected in communities. Finally, volunteers are being supported with PPEs (masks and sanitisers) so that they can continue to undertake their duties

The list of National Societies and activities above is based on information submitted to the IFRC Regional Office for Africa 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 in the IFRC Regional Office for Africa:

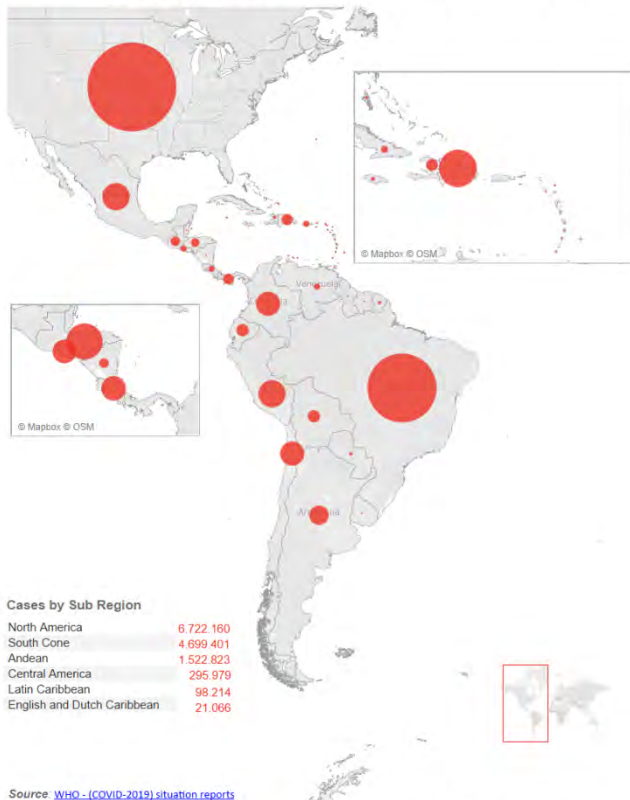
- Adeiza Ben Adinoyi, Deputy Director Africa a.i, adinoyi.adeiza@ifrc.org
- Adesh Tripathee, Head of DCPRR, adesh.tripathee@ifrc.org
- David Fogden, Operations Coordinator david.fogden@ifrc.org
- Rui Oliveira, Operations Manager Africa - COVID-19 Rui.Oliveira@ifrc.org
- Tanya Grygaski, Operations Coordinator Africa - COVID-19, RROps.africa@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

Situation Update

17,409,842 confirmed cases in the Americas
579,866 confirmed deaths in the Americas
 reported by WHO 3PM Panama Time, 8th October, 2020

+C 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](#) **National Societies** are engaged in



**Health and
WASH**

31



**Socioeconomic
Interventions**

30



**NS
Institutional
Strengthening**

30

HEALTH AND WASH

- | | | |
|---|---|--|
| 13 Ambulance services for COVID-19 cases | 17 IPC and WASH (health facilities) | 1 Management of the dead |
| 11 Community-based surveillance (CBS) | 9 Isolation and clinical case management for COVID-19 cases | 31 MHPSS |
| 23 Epidemic control measures | 15 Maintain access to essential health services (clinical and paramedical) | 30 Risk communication, community engagement, and health and hygiene promotion |
| 25 IPC and WASH (community) | 17 Maintain access to essential health services (community health) | |

Source: [WHO - \(COVID-2019\) 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

SOCIOECONOMIC INTERVENTIONS

- 26** CEA, including community feedback mechanisms
- 24** Livelihoods, cash support & food aid
- 13** Shelter and urban settlements
- 26** Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

- 28** National Society readiness
- 28** National Society sustainability
- 24** Support to volunteers

Regional overview

During the month of September, epidemiological weeks 35-40, the Americas region has experienced what appears to be a slow change in the trend in the epidemiological curve with a relative decrease, around 2%, in the number of new cases reported compared to August 2020. This places the total number of active cases as of September 30th, 2020 at 5,169,981. In relative terms, the countries with the highest number of active cases per 100k population at the end of the reported period are Panama, Chile, Peru, Brazil and the USA.

In terms of deaths, September shows a total number of deaths of 84,279, which represents a slight decrease compared to August.



*Total number of cases confirmed and deaths due to COVID-19 in the Americas Region as of September 2020.
Source : <https://covid19.who.int/>*

In terms of pressure on health systems, there are wide areas of ignorance due to the lack of reports from some countries along with a lack of centralization of information at the regional level, although, in general the situation seems stable or even slightly decreasing with respect to the hospitalization rates and need for critical care.

In those countries that have managed to control community transmission and have moved to the category of case clusters as well as those that continue having community transmission but with better control of the chain of contagion, the early identification of new cases and the effective tracking of contacts continue to be the key interventions for the control of transmission and stabilization of the downward trend of the epidemiological curve.

In addition to the primary impact of COVID-19, the longer the pandemic situation continues, the more secondary impacts increase both at the health level, due to the prolonged disruption of essential health services and psychological impact of this crisis, as well as the impacts derived from the loss of livelihoods, which in the long run also condition impacts on individual and community health.

Priority 1: Sustaining Health and WASH

Epidemic control

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

Risk communication, community engagement, and health and hygiene promotion

We are in this together: With the rapid spread of COVID-19, it was important to have new ways of reaching the public. Keeping this in mind we created the video program, We Are in This Together, to continue to build our other work. 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 and is in Spanish, and the other reaching the Caribbean and is 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:

- [We Are In This Together](#) (Aug. 28)

Interviews in English:

- [We Are In This Together - Reaching people by boat for RCCE in Guyana](#) (Aug. 28)
- [We Are In This Together - COVID-19 and the Hurricane Dorian Response](#) (Sept. 4)

Rumor campaign

A campaign was developed to combat rumors related to the use of Chlorine Dioxide and other natural medicines. The campaign will run the week of September 21st and will be shared with National Societies in the region in both languages.

Mental health and psychosocial support services (MHPSS)

During August, the efforts of the IFRC MHPSS Regional team continue focused on **strengthening the MHPSS capacities of the SNs** as a part of the goals of the MHPSS strategy for COVID-19 of the Americas and the 33rd Movement Resolution to contribute in the reduction of the impact that COVID-19 is having in the wellbeing and mental health of the whole population, affected, infected and the vulnerable groups. The main actions carried out include:

National Society Capacity Building

- Psychological First Aid (PFA) trainings in the Caribbean, from August 12th to 14th, twelve volunteers from T&T RC NS were trained on PFA in times of COVID-19 for adults, children, and people in the situation of Grief and Loss.
- On August 19th, in collaboration with PS Reference Centre and Magen David Adam was possible to set up the webinar **Challenges and possible solutions for the PSS impact of wearing PPE** where Ecuador, Mexican and Canadian Red Cross shared their experiences. A total of 242 persons participated in this event.



19 de agosto de 2020
14:00 a 15:30 Hora de Panamá



Psychosocial Centre
International Federation
of Red Cross and Red Crescent Societies

IFRC

MAGEN
DAVID
ADAM
IN ISRAEL

- On August 24th, the second phase of the pilot on PFA COVID-19 started with the five NSs invited to this process - Costa Rica, Bolivia, Chile, Dominican Republic, and Venezuela.
- On August 28th, the webinar about PFA loss and grief during COVID-19 for the Spanish speaker NSs of the Region took place. This event had an audience of 365 participants.

Technical Support to the NSs

- An online assessment of the MHPSS capacities, needs, and gaps with the participation of 11 National Societies of the Caribbean Region was performed to inform the next steps and needs for support and capacity building.
- Technical support to the Anglo Caribbean Cluster for the inclusion of MHPSS needs' analysis, activities, and budget considerations in the early recovery Plan of Action (PoA) and, sharing of information on the PSS basic package and organizing the next webinars.
- Technical support to 15 NSs of Latin America's NSs about different topics and, two specific requests about how to strengthen the MHPSS capacities from Brazil NS and, support for defusing the volunteers from Bolivia NS were attended.
- Follow-up has also been carried out with the MHPSS focal points of the Latin America's NSs to review the evolution of the MHPSS actions that NSs are developing during the last four months of response and, clarifying any doubts about Pillar 6 of COVID-19 Emergency Plan of Action (EPoA).
- On August 4th, the monthly workshop with the MHPSS FP of the Latin-American NSs took place. In this workshop, the MHPSS training pack during COVID-19 suggested to be implemented was presented. In addition, the Colombian RC shared the actions that they are developing under COVID-19 response.



Workshop – MHPSS training pack proposal. Source: MHPSS

Strengthening Peer to Peer support between the NSs

- MHPSS Delegate for the Caribbean was providing Staff care support provided for one National Society staff.
- Continue promoting and supporting the initiative MHPSS peer to peer support between NS's. A new collaboration started between Argentina and Bolivia RC.

Ambulance services for COVID-19 cases

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

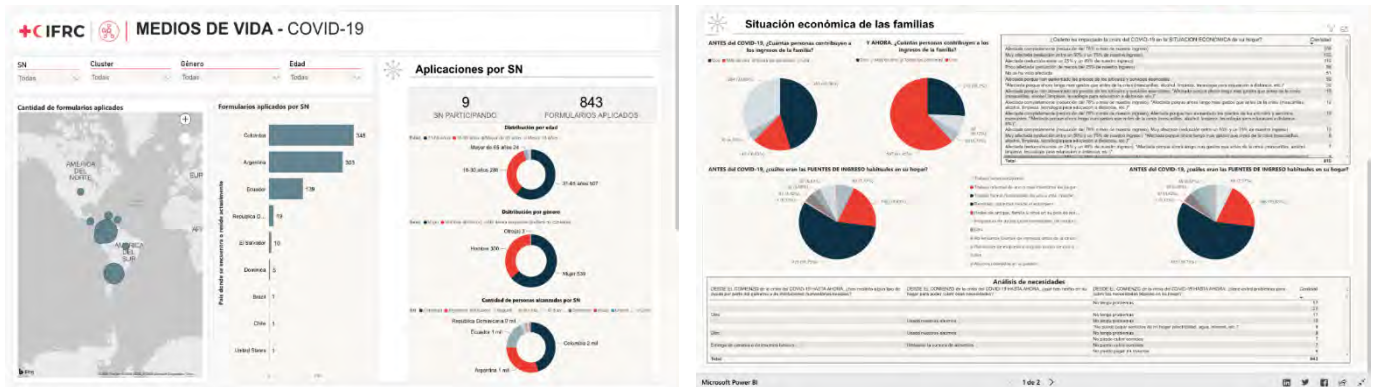
A major update for this pillar has been the procurement of ambulances by the NSs. As of September 30th, the status of ambulances in the region is as follows (for further details refer to table of mobilization of ambulances in the following page):

- 16 ambulances arrived at its country of destination (only 2 of them pending to sign the GRN to complete the process).
- 11 ambulances in transit to its final destination.
- 14 ambulances in process of conversion at UAE prior to shipment.
- 4 ambulances still in the procurement process.

Priority 2: Addressing Socio-economic impact

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

As part of the regional efforts to draw a detailed picture of the impact of the crisis in the livelihoods of families in the Latin-American countries, information is being collected by means of an online questionnaire. This has been co-designed in the framework of the regional network of livelihoods technicians and focal points of National Societies in Latin-American. Once information is collected and analysed, it becomes available in a [dashboard](#) created for this specific exercise. Up to date, more than 800 questionnaires have been filled. Information will continue to be analysed, and the

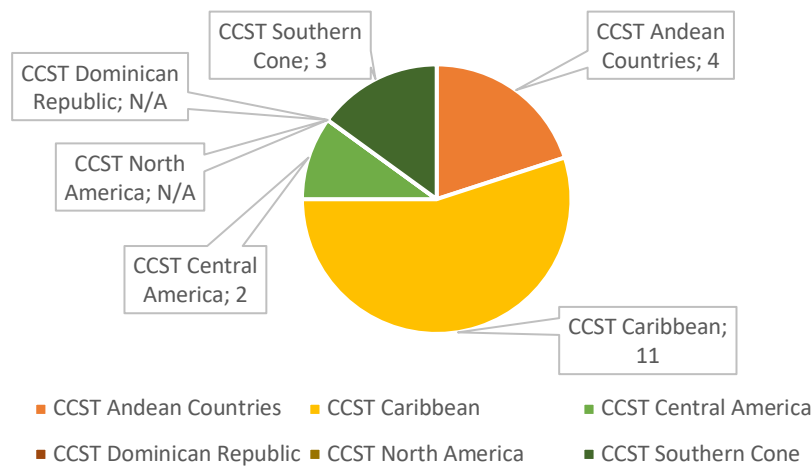


Livelihoods dashboard for COVID-19. Source: Livelihoods

results will be disseminated in the form of a key findings report, on a monthly basis, starting from beginning October.

Cash and Voucher Assistance

A CVA mapping process is ongoing. The initiative is to understand and support better the NS during the process. Up to date, we have positive information about CVA from 20 out of 35 National Societies.



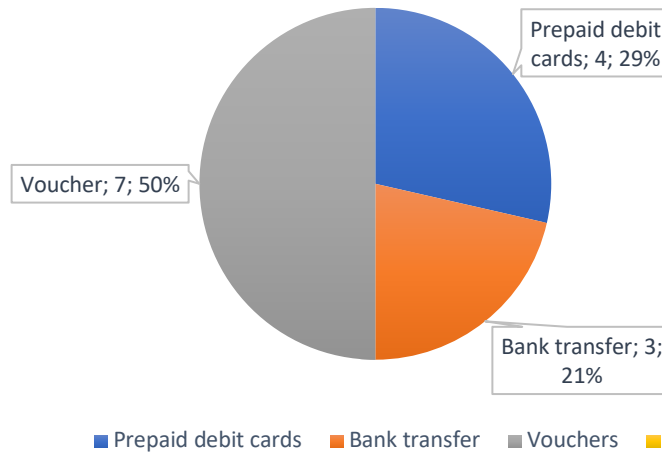
NSs that reported information for the CVA mapping process. Source: CVA

In terms of utilization, it has been observed that we have a good balance: **50%** considered that restrict was a better option for their context (most of them in Caribbean) and **50%** considered that unrestricted was a better option for their context.

About the delivery mechanism:

- 50% considered Voucher
- 29% considered Prepaid debit Cards

- 21% considered Bank Transfer



CVA utilization reported. Source: CVA

*It is important to highlight that some NS considered more than 1 delivery mechanisms and another part are analysing modalities.

Community engagement and accountability



Red Hearts Podcast: Two new episodes were launched and shared through social media:

- September 1st: [Migrant childhood stories](#)
- September 10th: [Volunteering in times of COVID-19](#)

These episodes are launched on social media when they are completed, continuing to keep people interested and aware of the updates coming to the show.

Trainings: Training was conducted for Costa Rica Red Cross staff and three more are scheduled for next week with Bolivia, Trinidad and Tobago and Jamaica.

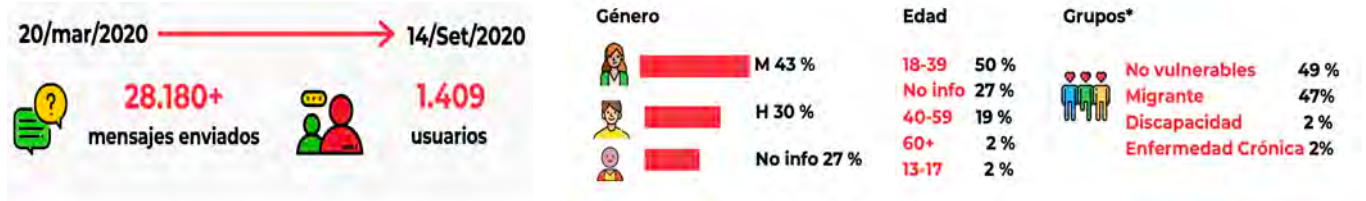
Disponible en tu plataforma de podcast favorita

Red Heart Podcast flyer.

Source: CEA

WhatsApp Line Perú

The WhatsApp line continues to operate and is evolving to address a greater number of issues. It is important to note that consultations on economic aid have risen and it is expected to increase in the coming weeks.



WhatsApp Line Peru: messages sent and breakdown of users by gender between Mar. 20th and Sept. 14th, 2020. Source: CEA



WhatsApp Line Peru: main inquiries by users

Social care, cohesion, and support to vulnerable groups

During the month of August, PGI has been focusing on activities to support the National Societies to perform specific interventions on COVID-19. The following are the activities implemented:

- Together with the Shelter Officer, technical support was provided to the Uruguayan Red Cross for the implementation of their Contingency Centre for persons in transit or arriving the country.
- The Chilean Red Cross has delegated a PGI dedicated Focal Point to work on PGI activities in the response plan of the National Society. For this matter, a briefing on tools and approaches was done and the PGI Plan for COVID is in process of development.
- Technical review of the Response and Recovery Plans send by National Societies of the English speaking Caribbean CCCST (Guyana, Jamaica, Trinidad and Tobago, Belize, Antigua and Barbuda, St. Lucia, Saint Vincent and the Grenadines, Grenada, Suriname and St. Kitts and Nevis and Dominica).
- The IFRC Colombia Office is increasing their Team for the COVID-19. For this matter, a PGI briefing for the operation leader was implemented, and more briefings are being planned.

For the upcoming months, a series of training for National Societies (upon request) and webinars on specific topics are being planned.

Support to volunteers

- **Insurance and protection of volunteers:**

As part of ongoing efforts to support NSs in obtaining private insurances and/or solidarity funds, contacts and meetings were established with private companies to analyse options that can be tailored for NSs. Also, the implementation of solidarity funds continues as part of the Lacoste project.

- **Volunteering Development in the Caribbean:**

As part of the efforts in relation to supporting NSs in the Caribbean to strengthen volunteering in times of COVID-19, a session was delivered with the national volunteer coordinators to share their experiences in relation to database management and the management of volunteer during the ongoing emergency. Also, a coordination meeting took place to organize the development of the training curricula for volunteers in all NSs. All this was done in coordination with the Cluster Office and the Volunteering & Youth Development Unit in the IFRC Americas Region.

- **Red Hearts Podcast:**

The newest podcast of the IFRC Americas region was launched. This was supported by the Volunteering & Youth Development Unit as three podcasts were developed focussing on volunteering.

Enabling Actions

Coordination for quality programming

IFRC-ICRC Movement coordination

Mechanisms to continue close collaboration and coordination with the 35 National Societies of the Region, PNS, and the ICRC continue a constant basis:

- The IFRC Partnership & Resource Development department continues to provide ongoing technical support in strengthening domestic COVID-19 appeals with a focus on corporate and institutional donors.
- The IFRC is in regular contact with National Societies to coordinate the negotiation of funding as part of the Federation-Wide Resource Mobilization Strategy
- A new internal Movement Call is being organized and will take place in the upcoming weeks.

Evidence-based Insights, Communications and Advocacy

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

Reporting: A new monitoring tool for COVID-19 reports has been developed and shared with the PMER extended team for feedback prior to formally presenting it to the region. This tool will help the COVID-19 core workforce team to coordinate the reporting in a better manner and also CCSTs will be able to see all upcoming Pledge Reports, Operation Updates and GO Field monthly and quarterly report so that they can organize accordingly.

National Society Response Plans and Budget (NSRPs): During the last month, the PMER team has been in contact with all CCST/CO to support the revision and completion of NSRPs. As of September, 3 National Societies have shared the final version of the plan and budget, and they have been uploaded to the GO Platform. In addition, all remaining NSs are currently revising their plans and it is expected to receive the final document by mid-October. It is important to note

that all NSs in the region have agreed to revise their plans and align their budget to the pillars, which is great news and a great exercise to ensure a proper execution of this emergency operation.

Definition of COVID-19 indicators: In an effort to support NSs with the report of COVID-19 indicators, the PMER at the ARO level has been in conversation with PMER Geneva to produce a document or guideline that provides clearer definitions of COVID-19 indicators and help NSs understand what to report in this matter. As a result, the ARO PMER team created a matrix and coordinated individual meetings with each Technical Area to go over the indicators given for each priority and clarify concepts, propose better measurements and provide feedback. This matrix is being consolidated and will be shared with PMER GVA, who is encouraging this exercise in all regions. At the end, all the information will be consolidated in a single matrix to produce a global document that will be shared with each region so that it can be socialized with their respective NSs to enhance the reporting of COVID-19 indicators.

Information Management:

GO:

The IM team developed a new layout for the GO operations page using HTML. These new approach to GO will allow us to customize the emergency pages and optimize the distribution of dashboards and documents. ([link](#))

In coordination with PMER, IM is working to make all the National Society Response Plans and Budgets available on GO. As part of this effort we have created a map that allows anyone to track the revision process and access the plans. ([link](#))

Livelihoods:

IM is providing support to implement a survey that aims to capture the impact of COVID-19 on beneficiaries' volunteers, workers, and their families. So far, there are three National Societies participating, and around one thousand surveys registered. ([link](#))

IM is also collaborating with livelihoods to collect and analyze data socioeconomic data from the region to create an index that gauges the impact of COVID-19 in the region.

Finance and PRD:

A new tool to capture the movement of funds was developed in coordination with PRD and Finance. This tool will eventually feed the Funding Dashboard on GO. ([link](#))

Communications

Communications is a key piece of the strategy to combat COVID-19 in the Americas and Caribbean region. During the month of September, IFRC Americas communications team focused on connecting with National Societies, sharing stories of the work of the Red Cross against COVID-19, and supporting the production of risk communications materials. The communications team worked in partnership with the RCCEA team ensuring one approach to the COVID-19 response.

Stories: In September, 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 IFRC work. These are all posted to the IFRC Americas website and shared through social media.

- Colombia: Red Cross accompanies communities with comprehensive services at the border - [English](#) | [Spanish](#)
- Guatemala: Tireless work on behalf of migrants - [English](#) | [Spanish](#)
- Bolivia: Crossing the country to save lives - [English](#) | [Spanish](#)
- Chile: We make the impossible, possible - [English](#) | [Spanish](#)

Content Gathering through National Societies

In September, the communications team continued to receive images and videos from national societies on their response to the COVID-19 pandemic in their countries. Some of the activities being done by Red Cross volunteers include delivery of hygiene and food kits to vulnerable families, older adults, and those without homes. In addition, we

have seen how national societies have supported migrants and people impacted by storms, while still maintaining the steps to preventing the spread of COVID-19.

Photographs:

- Guatemala: [Volunteers deliver aid/public health messaging during COVID](#)
- Ecuador: [Volunteers delivering humanitarian assistance](#)
- Jamaica: [Volunteers wear health and safety messages to the field](#)
- Guyana: [Volunteers deliver humanitarian aid and messages to the field](#)



NSs volunteers performing activities to support the most vulnerable communities.

Source: IFRC

We've also seen new, engaging ways of sharing Red Cross actions, including videos from the [Mexican](#) and [Colombian](#) Red Cross on working as a volunteer during COVID-19, and from the [Red Cross on Curacao a video on a young woman](#) helped by receiving a voucher from the Red Cross.

Social media Statistics: (Aug. 25 to Sept. 14)

- CADRIM Twitter: 25 tweets with 8,900 impressions, a 3.0 per cent engagement rate, 35 retweets and 51 likes
- CADRIM Facebook: 15 posts with 8,716 impressions, 1,177 engagements (comments, likes, shares, or link clicks), 15 new likes and 16 new followers.
- IFRC_ES Twitter: 43 tweets (in English and Spanish) with 171,500 impressions, a 1.8 per cent engagement rate, 508 retweets, and 1,400 likes
- IFRC_ES Instagram: In September, 6 posts with 448 likes, and 5,611 impressions

Key Messages, Question and Answer Documents

Key Messages help national societies around the world stay up to date with the work of Red Cross in priority countries. From the Americas, the counties include those with National Societies who work in complex emergencies around migrants and prior national disasters. We have updated the key messages from:

- COVID Panama: [English](#)
- COVID Regional (Updated): [English](#)

Media Coverage of Red Cross activities

- [De museo científico a hospital covid-19](#)
- [Tecnópolis, de casa de la ciencia a alojar pacientes de COVID-19 en Argentina](#)
- [Tecnópolis, de casa de la ciencia a alojar pacientes de COVID-19 en Argentina](#)
- [Tecnópolis, de casa de la ciencia a alojar pacientes de COVID-19 en Argentina](#)
- [Tecnópolis, de casa de la ciencia a alojar pacientes de COVID-19 en Argentina](#)
- [Tecnópolis, de casa de la ciencia a alojar pacientes de COVID-19 en Argentina](#)
- [Humanitarians facing a 'super-storm' of needs can use cartoons to create a 'simple sense of existence'](#)
- [Refugees "least protected, most affected" in COVID-19 crisis, warns IFRC President](#)
- [Hub humanitario regional movió 98 toneladas de equipos de protección de COVID](#)

International Support and Resourcing

Logistics, Procurement and Supply Chain

Americas Regional Logistics Unit (RLU) have accomplished the round of shipments to the 35 National Societies, as per the multiple requisitions received for each destination (around 99 shipments). Now, efforts are focused in supporting the National Societies with the allocation of the funds for the subsequent purchases and following up in the file revisions

for the local procurement, when possible. The logistics unit continue monitoring the supply chain management of the necessary materials for the operation, in advance of the upcoming requests.

The ambulances procurement services and quotation for additional units, is undergoing. Around 65% of the units have arrived at their destinations with success, including the additional requests received in the last month.

The RLU Continue with the support to DCPRR team to ensure the monitoring of the process during 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.

Security and Safety

- Discussion sessions were started with the National Societies of Nicaragua, Mexico, Honduras, Guatemala and Costa Rica and the IFRC Regional Security team to design an operational security toolbox, which will pragmatically help to ensure the duty of care of our staff and volunteers in the region. The aim is to generate a curriculum from operational security tools so that we can train our networks more and more on the subject. There has also been a discussion with the IFRC health team to provide tools and the vision of health in operational security for a better use of this initiative and synergy of health and operational security in the field that currently with COVID-19 has provided many challenges and lessons learned with for and from the National Societies.
- Operational security training for IFRC Security Focal Points was initiated a few weeks ago to strengthen knowledge and our network on these issues. The training consists of 6 sessions to be completed in September and has covered topics such as: explanation of the IFRC security approach, Minimum Security Requirements, How to do a security risk analysis, explanation of travel processes and approvals, briefings and debriefings, explanation of tools as checklists for houses and hotels, precepts of collaboration with the army, checkpoints, dangerous situations, among others.
- The security dashboard for COVID-19 continues to be updated, covering travel restrictions and internal government measures in the region.
- The Regional Security Unit continues to coordinate the regional Business Continuity Plans Team of the offices and missions in the Americas region, guiding offices and personnel in procedures, aligned with the global instructions of the Business Continuity Plans Team in Geneva.
- In terms of Civil Military Relations (CMR), several meetings have been held on this subject, for example, in coordination with the Tradewinds exercise organizing team, a presentation was made to the Southern Command in conjunction with the American Red Cross on the importance of CMR and, especially in these times of pandemic, a coordination meeting has been held with the American Red Cross, among others.
- A digital incident reporting user guide has been developed for the region so that personnel are instructed on how to report a security incident and have this tool at their disposal.
- We have continued to follow up on staff compliance with security requirements, providing welcome briefings to new staff on the COVID-19 situation and providing guidance to those in the field.

IFRC Business Continuity Plan

- A bi-weekly regional meeting is held with the Business Continuity Team to discuss the status of the epidemic and progress of individual offices and compliance with the criteria, among other things. In addition, a meeting has been held every two weeks with the Heads of Clusters and Offices to discuss the realities of the countries in the region, in order to determine the appropriate time to begin the gradual return to face to face work. Bilateral meetings are held with the sub-regions to coordinate the development of the documentation required for the return to the office, see the biosecurity needs, among others. In addition, bi-weekly meetings are held with the BCP Team in Geneva to ensure alignment and compliance with procedures.
- 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 including all information considered relevant in terms of context, internal challenges, government restrictions and internal measures among other issues related to the continuity

of work and the possibility of progressive reopening of the offices. Particularly, the requirement of having passed 3 weeks after the epidemiological peak is monitored. To ensure that this analysis is in line with the perception and vision on the field, a revision with the sub-regions is coordinated before sharing the document, so that they can contribute their analysis. 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.

- Based on the recommendations of the BCP team in Geneva and following others regions good practices, the Regional Security Unit has generated a bi-weekly reporting process of the sub-regions through the document “Duty Station business continuity plan implementation status report” to continue monitoring the situation in each country and ensure that, for the readjustment of the offices, the global orientation and standardized guidelines are met.
- During this month, support was provided to the offices that are preparing the documentation and 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, in order to obtain the approval of the Secretary General.
- The Human Resources, Administration and Security teams continue to keep 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 continues 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.
- Coordination with the World Food Program (WFP) continues at the regional level regarding its air service program for passengers and cargo. 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 in this COVID-19 pandemic environment. 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.

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](#).

National Society response – key highlights

North America



Government COVID-19 measures in North America. Source: IDRL

Canadian Red Cross (CRC)

Since the beginning of the COVID-19 outbreak, the Canadian Red Cross (CRC), as an auxiliary to government, has been working with local, provincial and federal agencies to provide support to individuals, families, vulnerable people, health and other facilities, community organizations and small businesses impacted by COVID-19.

Epidemic Prevention and Control (EPC)

The CRC has acknowledged a broad need across various institutional clients in Canada, beyond already-targeted groups such as Indigenous organizations, Community Partners, and long-term care facilities, for expertise to prevent or contain the spread of COVID-19. Epidemic Prevention and Control (EPC) activities include site evaluations, EPC assessments, support to protocols and compliance and technical advice onsite design. The direct clients are facilities management and staff. This service does not include direct services to COVID-19 positive or negative individuals.

Mental Health and Psychosocial Support

Mental Health and Psychosocial Support addresses the psychosocial needs of those affected by COVID-19 and contributes to individual and community capacity and resiliency building in the areas of mental health and psychosocial support (MHPSS). The CRC 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. Depending on the situation, the CRC is providing this service remotely and through in person support.

Support to Quarantined Travelers

At the request of the Public Health Agency of Canada (PHAC), the CRC is providing care and comfort services at designated sites to travellers who upon arrival are not within a 12-hour drive from their home location; do not have the

means to transport themselves via private transportation to their final destination; or who are arriving for temporary employment in Canada. Travelers remain 'quarantined' until their isolation period is completed. CRC is also providing virtual relief support to asymptomatic returning Canadians who cannot complete the self-isolation period in their home.

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 emergency response stock including cots, blankets, and personal items.

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 and advisory support on EPC.

Health Emergency Response Unit

The Emergency Health Unit (ERU) is a field hospital that has 24/7 year-round deployment capability. It is a standardized modular package of trained personnel and equipment, deployed to emergencies on short notice. It provides an essential, basic and standardized service platform, fully self-sufficient which can be deployed for up to four months. The ERU offers pre-trained groups of technical specialists, standardized pre-packed equipment. ERUs have traditionally been deployed internationally; however, since the beginning of the pandemic and at the request of Health authorities, the CRC has relied on the expertise of its international operation teams to successfully deploy ERUs within Canada.

Central America



Government COVID-19 measures in Central America. Source: IDRL

Costa Rica Red Cross (CRRC)

Health Emergency

The declaration of institutional alert level of response 4 (NR4) is maintained for the entire national territory: A total of 34,624 incidents have been attended to, of which 5,581 have been transferred to the different medical centers. The NS has participated in the meetings of the national COE, and in the meetings of the Health Sector Board in addition to ordinary and extraordinary meetings of the different Technical Advisory Committees (CAT), coordinated by the National Emergency Commission (CNE), such as: the Technical Advisory Committee on Psychosocial Support (CATAPS) and the Technical Advisory Committee is maintained. in Animal Protection for Risk Management (CATPAD), and the National Forest Fire Commission (CONIFOR). In the last week in the Temporary Attention Centers for Migrants (CATEM), a total of 294 people were attended, 286 in North CATEM and 8 in South CATEM, of the total 56 people correspond to minors and 238 to adults. 3 migrants are in preventive isolation on suspicion of COVID-19 in the South CATEM. Regarding cases of Reestablishment of Contact with Family Members (RCF), the data of 14 cases attended and resolved to date is maintained. Support is maintained for auxiliary committees and regional structures in determining the degree of exposure and isolation needs, in coordination with the Ministry of Health, information, and epidemiological scans to determine preventive isolation needs. In all regions, the fulfillment of the necessary actions for the care of patients under the context of the emergency continues to be coordinated in an inter-institutional manner, and peripheral control for the prevention of dengue contagion continues to a lesser extent. Likewise, the monitoring of personnel screening is maintained in all regions. Regarding the actions of the lifeguard team, surveillance is maintained on the 4 beaches of the Pacific: Ballena, Tamarindo, Manuel Antonio and Ventanas, and on the 2 beaches of the Caribbean: Cocles and Manzanillo. In this operational period, an accumulated 20,706 hours of work were achieved in support of actions to prevent the pandemic and aquatic rescue, with an accumulated 9,716 preventions to bathers during the opening of beaches. The coordination line with the National Emergency Commission (CNE) is maintained for humanitarian assistance transfers. In support requested by the CNE, about 5 tons of humanitarian assistance directed to the North CATEM have been mobilized through our trucks and in the move from the collection center in Hatillo to the new CNE collection center in Santa Ana, in addition to the use of their own transportation resources. The processes for purchasing equipment, mainly capsules for the care of



CRRC providing humanitarian assistance to vulnerable communities. Source: CRRC

patients with a positive diagnosis of COVID-19, are maintained for the auxiliary committees throughout the country and the management of donations is maintained.

Guatemalan Red Cross (GRC)

Health Emergency

The Guatemalan Red Cross continues to provide information to the general population on the containment measures of COVID-19 through information that is disseminated in community networks and through volunteers. Blood donation campaigns continue, and units have been recruited to supply the Villa Nueva Hospital. The Delegations maintain constant communication in the local Emergency Operations Centers, both municipal and departmental, to update information related to the health emergency and others that may arise at the local level. In coordination with the Ministry of Public Health and Social Assistance, the Guatemalan Red Cross has provided the following services: 618



Blood donation campaign.

Source: GRC

people transferred in CRG ambulances - 25 tents installed in assistance centers - 13 assistance centers benefited - 843 trained volunteers - 2,869 hygiene kits delivered - 2867 migrants informed with prevention measures - 1215 blood units collected - 390 trained health personnel - 483 communication materials developed - 195 psychosocial support - 2263 educational sessions for the general population - 800 people benefited with humanitarian aid - 312 trained people from virtual way - 1864 people benefited with pre-hospital care - 91 free calls provided to migrants - 1955 snacks provided to migrants - 2052 drinking water provided to migrants - 2112 people with medical care. In addition, the Guatemalan Red Cross has selected beneficiaries for the distribution of 150 food kits and 75 (productive) livelihood kits. Our volunteers continue to train in various topics to provide quality services, such as pre-hospital care with a COVID-19 approach. Since the partial opening of the country, the closure of borders continues, however, there has been an increase in the passage

of migrants, mostly of Honduran origin, at the points of La Técnica and Santa Elena Petén, the Corinto border crossing to km 243, Izabal. Returnees, from Mexico City, continue to enter, from the Tecún Umán border, San Marcos, arriving at Casa de Retornados, and then continue on to Guatemala City, for their respective quarantine. The return of unaccompanied children continues, via Frontera Tecún Umán, San Marcos, under the tutelage of the Attorney General's Office, to be transferred to Guatemala City, for their respective quarantine, to later be delivered with their relatives in each department of origin. The pandemic has potentially increased the vulnerability of the migrant population and the danger, making it difficult to provide care and guidance, especially if they suffer violence or need protection and asylum. The Guatemalan Red Cross, in coordination with the authorities of the Ministry of Public Health and Social Assistance, continues to meet the basic needs of this population group by delivering APH and hygiene kit, safe water, snack, antibacterial gel and providing relevant information on COVID -19.

Honduran Red Cross (HRC)

Health Emergency

In these moments of pandemic, population movements have not stopped; Honduras continues to receive Hondurans by voluntary or forced return, and migrants from other regions of the Americas or transcontinental transit irregularly. The Honduran Red Cross continues to provide humanitarian assistance to this population as well as to the population internally displaced by violence, in the same way assistance to the population in general continue to be provided. Negotiations and links between the community and health centers are carried out to improve access in both directions; likewise, attention is given to the emotional health of the health providers of the establishments linked to CRH. The development and dissemination of campaigns focused on the protection of health services, virtual campaigns (social networks) on this issue and prevention of contagion by COVID, self-care messages, campaigns that have been extended to communities continue. Technical support is being provided for the construction of the safe return to school plan, among others. It accompanies the Education Committees and supports alternative education tutors and students,



Communication campaign for prevention. Source: HRC

including connectivity and APS. The medical monitoring of the staff of the Headquarters, medical accompaniment and permanent monitoring of CRH personnel, at least 70 people in control and solidarity aid to 50 people of CRH continues. The SN continues to send key messages through social networks to the beneficiary population 20 men and 10 women: SPAC Volunteers, Community Health Agents, AIN-C Monitors, Groups of Local Emergency Committees (CODEL).



Photo 1 Delivery of colouring books to kids from vulnerable communities. HRC

Nicaraguan Red Cross (NRC)

Health Emergency

Nicaraguan Red Cross continues to provide personal protection equipment to its subsidiaries in order to strengthen the actions they develop in the face of the effects of the pandemic, taking into account the necessary measures for the care and protection of the personnel who are in the front line and the population that makes use of their services. So far, 32 subsidiaries nationwide have received this equipment, which consists of gloves, masks, protective glasses, boots, hats, hygiene, and disinfection products, among others.



Volunteers of Nicaraguan Red Cross promote proper hand washing among boys and girls in Rio Blanco. Source: NRC

A total of 30 families from the city of Camoapa were benefited with food packages containing rice, beans, oats, oil, sugar and all those grains that are part of the basic diet in Nicaraguan households. More than 545 boys and girls from the study centers: Rubén Darío, Marvin Palacios, Ricardo Morales Avilés School Center and Luis Alfonso Velázquez Flores preschool from the Nagarote municipality received talks and practices from the volunteers of the Red Cross Youth and Lifeguard Program of good hand washing. The purpose of this activity was to promote this hygiene habit in the students. Likewise, gloves were delivered to the entire student community and teachers at each school. 430 students and teachers from the Brenda Cano Torrez School also received a visit from Volunteers from the Nicaraguan Red Cross Youth Program in order to transmit knowledge about hand washing and correct use of the mask, to prevent the spread of COVID- 19.

Nicaraguan Red Cross through the National Center for Psychosocial Support continues to provide Psychosocial Support, Mental Health and Livelihoods. Medical conferences have been held for citizens of the Matagalpa, Masaya, and Managua departments, with 1,930 consultations with vulnerable people, of which 530 were given laboratory medical tests and 1,400 drug vouchers were distributed. Another of the humanitarian actions provided was the delivery of 98 aids (wheelchairs, crutches, lifts, canes, etc.) to people with disabilities and limited financial resources.

The transfer of patients with signs of suspicion of COVID-19 and a positive case continues, nationwide a total of 62 transfers were made, of which 47 were made in Managua and 15 by the subsidiaries of Chinandega, Matagalpa, Estelí and Camoapa. Out of the total transfers, five were positive cases, while 57 were suspected cases.

Salvadorean Red Cross Society (SRCS)

Health Emergency

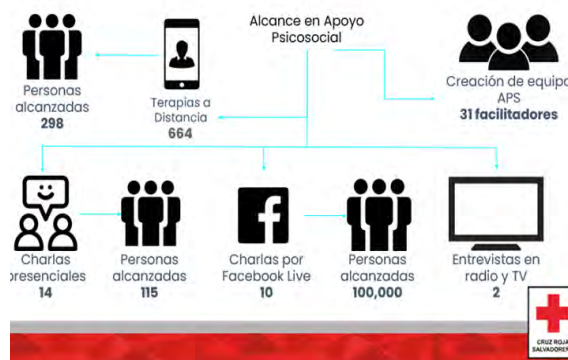
Operations are maintained in the eight components outlined in the Action Plan against COVID-19, Water and Sanitation, Health, Accommodation, Continuity of Education, Reestablishment of Contact between Family Members, Volunteering, Institutional Strengthening and Livelihoods.

The Salvadoran Red Cross has contributed to ensuring the minimum necessary conditions to promote dignity, comfort and emotional stability to people in quarantine conditions through the delivery of 771 mats, 2,263 sheets, and 4,129 hygiene kits. Similarly, it has contributed to protection of the personnel who attend the containment centres through the acquisition of 60 hospitalization kits and the acquisition of personal hygiene kits for the personnel who attend the front line. The ambulances for the transfer of COVID-19 patients have been adequate and the facilities have been conditioned and the emergency team prepared. Up to date, a total of 1,270 ambulances have been provided, including 608 medical emergencies and 42 transfers of positive people. Work has also been done to adapt the space for patient care, with which 11,676 people have been treated at the emergency clinic.



SRCS flyer – Our efforts are voluntary. Source: SRCS

Risk communication, community participation, for the promotion of health and hygiene, and the dissemination of the RCF services and CRS psychosocial support have been established. The campaigns have been developed on radio, social networks, and the information network, reaching 1,598,288 people to date. Similarly, during this emergency, 228,000 gallons of water have been distributed benefiting 20,595 people.



MHPSS reached by Salvadorean Red Cross Society. Source: SRCS

Red Cross Society of Panama (PRC)

Health Emergency

In Panama, and according to statistics, there is a decrease in cases of contagion and the country is gradually opening shops per weekly block. The Panamanian Red Cross, in compliance with its auxiliary role of the public authorities, continues to support the transfers of positive patients, in the same way, it continues to support the national traceability centers, the delivery of medicines, and epidemiological fences. PHC services continue to be provided, and spokesperson for hygiene promotion continues. With the support of IFRC, CRP is training staff and securing PPE for volunteers and has purchased 5



Panamanian Red Cross supports the delivery of food and hygiene kits, clothes, and provision of medical aid to 117 people. Source: PRC

vehicles to help further support COVID-19 actions at the national level. With the support of UNDP, 5,000 bags of food were delivered in the district of San Miguelito to strengthen the Panama Solidario program.



Volunteers from Chorrera, Arraijan and San Martin, delivered food items to volunteer's families to help mitigate the socioeconomic situation. Source: PRCS

English and Dutch Caribbean

	Antigua & Barbuda	Bahamas	Barbados	Belize	Dominica	Grenada	Guyana
Mandatory curfew/ isolation declared							
Restriction to public events and meetings							
Flight Restrictions							
Face-to-face work							

■ No Restrictions
 ■ Partial Lift
 ■ Partial Blocking
 ■ Total Restriction
 ■ Measurement to be ended

	Jamaica	St Kitts & Nevis	Saint Lucia	Saint Vincent & the Grenadines	Suriname	Trinidad & Tobago
Mandatory curfew/ isolation declared						
Restriction to public events and meetings						
Flight Restrictions						
Face-to-face work						

■ No Restrictions
 ■ Partial Lift
 ■ Partial Blocking
 ■ Total Restriction
 ■ Measurement to be ended

Antigua and Barbuda Red Cross Society (ABRCS)

Actions taken thus far by the Antigua & Barbuda Red Cross (ABRC) were focused mainly on response. Through distributions of care packages such as food, hygiene, and PPE's and risk communication through ads via national television (digital), newspapers, and social media, which continue to be aired daily. The NS for this reporting period continued to support the government's existing risk communication initiatives on COVID-19 precautionary measures and protocols to be observed. Antigua & Barbuda has had two tropical storm watches, which shifted the focus from just COVID-19 to managing shelters and circumstances surrounding potential overcrowding. The NS as an actor in disaster management also has to consider support the local healthcare facilities and collaborations with the National Office of Disaster Services (NODS) to ensure hurricane shelters are prepared for COVID-19 in a storm during the hurricane season. This month's primary task was to dedicate time to updating the NS's response to COVID-19 and the activities that will govern each pillar. This activity took an enormous amount of human capacity effort, given limitations in staffing.



Practice Hurricane Preparedness Flyer. Source: ABRCS

Bahamas Red Cross Society (BRCS)



BRCS volunteers works closely with local officials to prepare for the Hurricane Season 2020. Source: BRCS

Currently, the Bahamas Red Cross continues their work throughout the islands to help in the COVID-19 response by providing food assistance to those affected by their job loss. As many deals with the reality of not being able to work and provide for their families, approximately 110,000 individuals have benefited from the [Rapid Bahamas National Food Distribution Task Force](#), where once a week, a dry food parcel or a voucher is given to beneficiaries so they can shop for themselves. This 13-week program, which began back on June 1st, 2020, has gone well beyond its time. However, this program will wrap up over the course of a month or longer. The BRCS has been responsible for the Southeast region on New Providence and the islands of Andros, Berry Islands, Bimini, Cat Island, and The Exumas. The relationship with other government entities to assist with food security was established by the Government to help those who have met hard times because of COVID-19. In total, for August, the Bahamas Red Cross distributed some 4,800 parcels shipped to the Family Islands, a total of 96 pallettes of food.

The Welfare Department saw that food distribution levels remain the same, unlike in previous months where many sought assistances before the National Food Distribution Task Force was set up. A total of 214 persons received service with a breakdown of 153 females, 61 males, and 4 males and 2 females with incapacities. For the Monthly food parcels, there were 55 boxes distributed with 41 females, 14 males and 4 females and 5 males with incapacities.

The BRCS partnered with the Public Hospital Authority (PHA) and its ambulance services, where they are being used to transport COVID-19 patients. During this month, three patients used the BRCS ambulances' services. Projects that have been implemented to provide further COVID-19 response in the community are the Irish Aid distributing food parcels, PPE's, and gloves. A joint team effort between Irish Aid and the department of PSS (Psycho-Social Support) proved successful. The work done in these communities provides those who are most vulnerable with the right equipment to protect them. US AID The US Aid Project is progressing along in the planning phase. This project is to provide support to organizations that require support to respond to the COVID-19 outbreak. For example, heavy-duty washing equipment to the Princess Margaret Hospital (PMH) was donated. The new equipment



BRCS volunteers support vulnerable families Recovering from Hurricane Dorian, while assisting Those impacted by the COVID-19 pandemic. Source: BRCS

will help in providing clean linens in the hospital. Another focus will be on selecting 3 schools where Wash stations will be set up. To prevent the spread of COVID-19 on school campuses. Training on Wash (Water, Sanitation, and Hygiene) for all administrators, teachers, support staff, and students continues the proper procedure for washing their hands. Focus has also been made on the age-facilities where sanitizing stations in strategic locations will also be set up.

The EMT volunteers with the Ambulance Department continue to assist with the COVID-19 patients' movement and non-COVID-19 patients. Community Engagement and Accountability (CEA) teams utilize the hotlines to ensure that the BRCS is practicing social distancing during this time. As more people reach out for assistance, the number of people reached increases tremendously. During the reporting period, a total of 524 entries were documented through the following two (2) feedback channels: BRC Hotline (83.78%), and Financial Assistance Hotline (16.22%). The Financial Assistance Hotline mobile phone is now being used by the CEA Officer, who relocated to Abaco in June. The Type of Feedback received comprised of Questions (50.57%), Requests (35.88%), Compliments (11.64%), and Complaints (1.91%).

During the month, the BRC Hotline fielded calls predominantly related to the national food distribution program PSS (Psycho-Social Support). With the continuing pandemic of COVID-19, the PSS continued their work by operating the PSS Hotline, where individuals called in seeking help. In August, a total of 65 calls were made into the hotline from people seeking assistance. These calls' breakdown was 14 males, and 49 females, the ages of the callers ranged from under the age of 29 - over the age of 80 (two people with incapacities). The number of patrons increased by 10 people from the previous month of July in Grand Bahama.

The effects of COVID-19 are far reaching in the Bahamas, and islands like Cat Island have also been impacted. Food parcels are shipped weekly to help those families who are most vulnerable because of COVID-19. Some 205 parcels were issued to residents on the island for August. Fresh Creek, Central Andros. The same can be seen for the community of Central Andros where COVID-19 has affected, and a total of 346 persons with a breakdown of 136 males and 210 females received parcels (five males and 6 males with incapacities).

The island of Abaco is still going through a rebuilding process after being affected by Hurricane Dorian in 2019. The country organized events remembering the first year-anniversary of its impact on that community. Now the focus has shifted with eyes on COVID-19 and helping those in the process of getting their lives back on track. In August, the Abaco branch gave out 38 food parcels in the North and Central Abaco to individuals who found work after Hurricane Dorian but lost it due to COVID-19.

Barbados Red Cross (BRC)

During this month, the BRC has provided cash-based support and supermarket vouchers to 87 households in total. The BRC has partnered with the Household Mitigation Unit, Prime Minister's Office, to provide cash-based support to 52 affected households. It has also partnered with the Barbados Psychologists Association to provide PSS for severely affected individuals. PSS support was given to 35 individuals within the cash-based program. A feedback mechanism was successfully in operation during the distribution of cash-based support.

Belize Red Cross Society (BRC)

In August and September, the main focus was hygiene kits distribution and School Bag distribution. A total of 570 hygiene kits were distributed to schools, front line workers, and volunteers. Each kit contained a concentrated hand sanitizer bottle, adult masks, gloves, tissue paper, and disinfectant wipes. These items were procured, and all items distributed were signed by individuals or representatives of the organization receiving the goods. A total of 1,800 school bags with supplies were distributed in 45 schools countrywide. The principal of the different schools submitted a list of names. This list captured the most vulnerable children attending the school from low-income families or families directly affected by unemployment related to COVID-19. Each bag contained school supplies, which varied based on class levels. The parent/guardian of the child/ren was invited to the school on a specific date to sign for the goods received. Items for lower-division: 1 Small backpack, 1 Ream of typing sheets, 1 Bottle glue, 3 Pocket folders, 1 Coloring book, 1 Box of crayons, 6 Exercise books, 6 Pencils, 6 Sharpeners, 2 Erasers, and 1 Drinking Cup/Bottle. Items for upper-division: 1 Medium backpack, 2 Reams of typing sheets, 1 Pack of folder sheets, 12 Hardcover exercise books, 1 Oxford dictionary, 12 Pencils, 12 Pens, 3 Erasers, 3 Sharpeners, 1 Ruler, 1 Box of markers, and 1 Bottle Glue. Items for High School: 1 Large backpack, 1 Pack of pens, 1 Pack of pencils, 2 Sharpener, 2 Erasers (large), 2 Packs folder sheet, 2 Packs graph sheet, 1 Ream of typing sheet, 6 large spirals bounded exercise books, 1 Geometry set, 1 Ruler, 1 Bottle of liquid paper, 1 Bottle paper glue, 1 Small stapler, 1 Box of staples, 1 Oxford dictionary and 1 Pack of markers.



St. Martins Government School students receiving school bags with school supplies. Source: BRC, 11 August 2020.

Dominica Red Cross Society (DRC)

The NS has been liaising with the Ministry of Blue and Green Economy, Agriculture and National Food Security, regarding training for fisherfolks and farmers, two of the most impacted sectors due to COVID-19, to be trained in First Aid and Hygiene Promotion. The Ministry provided a list of participants from vulnerable communities around the island to be trained. A briefing was held with COVID-19 Psychosocial hotline handlers regarding a way forward for the service being provided. A decision was made to reduce numbers assigned to that services line due to the lack of traffic. At that briefing, it was noted that more advertising of the service should be done. Individual MHPSS was conducted for staff members who were going through the emotions of COVID-19.

Grenada Red Cross Society (GRC)

The GRC continues to receive support from the IFRC global appeal to ensure it operates in this COVID-19 outbreak, by ensuring that structures are put in place to deal with the current situation and for future intervention, by strengthening the volunteer base of the Red Cross, having specially trained volunteers and strengthening the capacities of staff to work effectively in times like these. The warehouse is being organized and upgraded with items in an outbreak the NS can respond before international assistance is given. The NS continues to be visible with the communities and is featured on the various social media platforms (radio, television, Facebook, WhatsApp, Instagram). NS Facebook Outreach Analysis - 25 posts in 28 days reached 3,450 views, 1,235 Engagements, and 20 new likes. Plans and strategies are being put in place to operate and function with the new protocols that are in place for business continuity and provision of the National Society's services effectively to the public.

Food and hygiene parcels distribution were coordinated to assist 50 women within Grenada, Carriacou, and Petite Martinique who are pregnant or lactating food items. The distributions were made possible due to Nestle supplies' donation in the form of in-kind contribution of Nestle Products. Each food parcel included: Nestle products –milk, cereal, juice, milo, and soup. The distributions were conducted in the following order: 1st - St. George, St. David and St. Andrew 2nd - St. John, St. Mark and St. Andrew 3rd - St. George (Grand Anse) 4th - St. Andrew (Birchgrove Medical Station) official hand over to mothers & Carriacou 7th -Carriacou 9th - Petite Martinique-. The distributions were conducted in

collaboration with the Ministry of Health, who provided the GRC with the names of the most vulnerable women who satisfied the criteria. The beneficiaries selected experienced socioeconomic difficulties due to being unemployed. Some live-in dilapidated structures with an average of more than five children.

As the organization collaborated with the Ministry of Health to provide social protection and educational awareness, a session was conducted at the handing over ceremony at the Birchgrove and Grand Anse Valley medical stations to raise awareness on hygiene prevention measures COVID-19, disaster preparedness, and overall self-care. The beneficiaries reached range in age from 15-37 years.

To complement the distributions conducted during the period, the organization increased its reach to provide supplies to the Dorothy Hopkins Home, one of Grenada's elderly homes. The home was the recipient of Nestle supplies handed over to them on Thursday, 3rd September 2020.

The Grenada Red Cross is continuing dialogue with the National Authorities to ensure consultation is obtained, and inter-agency support is acquired to install handwashing stations. The organization has received permission for the establishment of three stations thus far. The intent is to have the stations fully installed and operational by the end of September 2020.

Guyana Red Cross Society (GRCS)

GRCS conducted one on one and house to house sensitization, specifically targeting persons in high-risk communities. The focus was placed on sanitizing and safety precautions. The NS also, the reporting month, conducted hand-washing demonstrations.

The NS has continued distribution of face masks to vulnerable groups, such as migrants, older adults, and people with incapacities. The Meals on Wheels program continues to cater to persons affected. The NS continues to support the Ministry of Public Health National COVID-19 Hotline with volunteers and continued presence on the HEOC and NEOC National Platform by attending regular meetings.

The NS continues providing PSS and PFA support to staff and volunteers and supports the Ministry of Public Health Blood Bank with Blood Drive. The NS advocates and raise awareness for persons to stay home and only come out when essential and take the necessary precautions.

Jamaica Red Cross (JRC)

JRC partnered with the Girls to Women Foundation and the Ministry of Labor and Social Security to distribute food packages in the communities of Braeton and March Pen Road in St. Catherine. Volunteers participated in distributing food packages in the Spanish Town area in partnership with the Church of the Latter-Day Saints. Through the partnership with Rainforest Seafoods, tickets were distributed to vulnerable persons using the Jamaica Red Cross vulnerability database. The beneficiaries collected their fish packages at one of the Rainforest Seafoods outlets in their respective parishes. The Westmoreland branch distributed the sanitation packages to the vulnerable in their parish. Branches have commenced the distribution of the second set of food packages in their respective parish. Volunteers participated in distributing food packages in the quarantined communities in the parishes of Clarendon and St. Thomas. This was done in partnership with the Ministry of Labor and Social Security. The Clarendon branch assisted with supplying the emergency shelters in the parish with sanitizer, bleach, and disinfectant to be used in an emergency. The National Society has donated food items to St. Monica's Home for the Aged, St. Catherine Infirmary, Golden Eve Home for the Aged, St. Mary Infirmary, and Mustard Seed. Food items were also donated to Hot 102 FM to top up their food packages. The volunteers at the branch level and those involved in the packaging activities in partnership with the PSOJ and MLSS were given Red Cross branded shirts with COVID-19 public education and anti-stigma messages. The branches were also given public education and anti-stigma posters to distribute to businesses in the parish.

The second staging of the Psychological First Aid Training was held virtually with two members from each branch on August 24- 25, 2020. 55 food packages were distributed to vulnerable people in Kingston & St. Andrew. Over 20 staff

and volunteers participated in the virtual Risk Communication and CEA ToT facilitated by the IFRC. Jamaica Red Cross branded masks continue to be distributed among the vulnerable assisted by the NS.

The NS continues to post messages on its social networking platforms (Facebook, Instagram, Twitter), encouraging people to stay at home and end the stigma against COVID-19. Photos of Jamaica Red Cross activities are also being posted on social media and important messages or updates from the Government. The Jamaica Red Cross, in partnership with Bay-C and the IFRC, collaborated to develop an anti-stigma video that was shared on the Jamaica Red Cross social media platforms. This video was also shared regionally. The National Society continues to be represented at the National Emergency Operations Centre (NEOC) in the Office of Disaster Preparedness and Emergency Management (ODPEM). The Youth Officer continues to compile a consolidated list of vulnerable persons across the island. 12 of the 13 branches have submitted their list of vulnerable persons to be addressed. Also, church groups and other community groups have been submitting their list of vulnerable persons to be served.

The Jamaica Red Cross continues to participate in the Ministry of Labor and Social Security's packaging activity by assembling food packages to serve those directly and indirectly affected by the coronavirus. The volunteers also participated in the distribution of these packages. The Jamaica Red Cross continues to partner with the Private Sector Organization of Jamaica (PSOJ) and the Jamaica Defense Force (JDF) on their COVID-19 relief program. The Jamaica Red Cross Society is actively involved in this activity by providing volunteers to assemble and distribute food packages. The Youth Officer compiled a list of raft captains affected by the COVID-19 pandemic to benefit from the Cash Transfer Livelihood Program.

The Chairman for the Emergency Services and Red Cross volunteers continue to distribute food packages to vulnerable persons in partnership with MLSS. The Beneficiary Form developed continues to be used in the field to report on the packages delivered to the vulnerable.

Saint Kitts and Nevis Red Cross Society (SKNRCS)

The NS is actively developing business continuity plans, contingency plans, response, and recovery plans for COVID-19. At the same time, the NS is actively improving the financial guidelines to procure goods and services, especially from donors' funding. The NS is also actively training our volunteers in disaster management with the context of COVID-19 in mind as we are presently in the peak of a hurricane season, which was forecast to be extremely active. These training exercises will effectively position the NS to respond to natural disasters and disasters while adhering to the health officials' safety guidelines to mitigate any virus's potential spread. Additional training in developing assessments to capture primary data from potential beneficiaries is planned for volunteers. A refresher in ODK application and usage would be welcomed and with a focus on COVID-19 impacts.

Suriname Red Cross (SRC)

Cases have been dropping slowly in Suriname. During the month of August, there were lockdowns through the whole weekend. The health system could barely cope with the situation and senior students have been called to support.

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 send to people living in the interior

Trinidad and Tobago Red Cross Society (TTRCS)

Contact tracing continues with the Ministry of Health. TTRCS recently trained volunteers to support a contact tracing call hub, which will be located at the TTRCS Headquarters. CEA activities continue with risk communication messages being shared on social media platforms. The PSS Hotline and WhatsApp number remain active, and persons still reach out. TTRCS expects the demand for the service to increase, as more persons are on home quarantine, especially those who live alone. TTRCS's focus has continued to be cash and voucher support for basic needs. To date, the NS has distributed 1,473 food vouchers and 97 food parcels. Also, the NS has given 201 vouchers specifically to migrants.



TTRCS Garden to Kitchen Project to support families and communities to develop sustainable food sources. Source: TTRCS, 7 September 2020.

Latin Caribbean



Government COVID-19 measures in Latin Caribbean. Source: IDRL

Cuban Red Cross (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.



Cuban Red Cross supports prevention measures in control points/Source: CRC July 2020

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 centers established for this purpose had a biosafety protocol to be completed, where volunteers rotated through a cycle established every 7 days and by protocol went to 14 days of preventive isolation.

The Cuban Red Cross volunteers have provided trainings, health awareness and hygiene promotion activities; delivered informational brochures, posters and others, conducted educational talks, neighborhood 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)

Measures to prevent and control the epidemic

The NS continues to reinforce biosecurity measures for employees of the headquarters in the delivery of masks. At the same time, 42 confirmed cases are monitored by providing them with personal protective equipment (gloves, masks, soap, protection screen and the basic orientation guide for the home and the community for the prevention of COVID-19 and other respiratory viruses.).

Risk communication, community participation and promotion of health and hygiene

The communication channels that have been used as a strategy to reach the communities due to the confinement and curfew issued by the government are the communication platforms through social networks of the Dominican Red Cross with a total of people reached by social networks:

- Facebook: 4,587,996
- Instagram: 3,257
- YouTube: 2,906
- Twitter: 132,400

Community Based Surveillance

The CRD has been developing basic first aid and CPR zoom training and proper use of PPP (Personal Protective Equipment). 54 volunteers from the branches have been trained. Also, a 25-volunteer brigade has been formed to conduct community-based surveillance and intervene in various urban areas of the national district.

Prevention and control of infections and water, activities related to water, sanitation and hygiene at the community level

The disinfection days have continued at 4 health establishments in the province of Bahoruco. The installed sinks have been monitored, counting that around 518,033 people (413,300 men and 104,733 women) wash their hands at the entrance of assisted establishments (COE, Banco de Sangre CRD, National Emergency Centre, among others). Handwashing protocol instructions are being installed in several primary care centres and second and third level hospitals.

Mental Health and Psychosocial Support Service

The Dominican Red Cross has maintained training via Zoom to 37 volunteers from branches to carry out psychological first aid actions. Work is being done to create a support network for 124 volunteers and SN staff. Support continues through the Aurora platform for psychological telecare of the Ministry of Public Health with the psychological first aid service to 3,106 people (53% men and 47% women).

Livelihood and Food assistance

Volunteers from the Dajabón branch support the delivery of 380 food kits in the Cerro Gordo batey to the migrant population, benefiting 1,900 people, including girls, boys, adolescents, the elderly and pregnant women. This delivery was carried out with the financing of the IOM and the collaboration of Plantaciones del Norte, CESAL, ASCALA.

Care and social cohesion and support for vulnerable groups.

Three 3 audio capsules, 3 videos (1 adapted to sign language) about the service and key messages of RCF have been disseminated on the different social networks. Also, the promotion of the Reestablishment of Family Contact (RCF) program is continued through the different vehicle units of the National Society, including the 4 tankers of the water and sanitation team (EDAS) that are taking part in the disinfection activities. in different localities of the country (San Francisco de Macorís, María Trinidad Sánchez, Barahona and San Juan).

Dissemination of RCF messages

With the support of the network of volunteers and communication teams through the different social networks (Facebook 2,283, Twitter 2,623), messages dedicated to RCF have been disseminated. Also, 4,906 impressions in the period from September 07 to 13.

Strengthening the National Society

Virtual workshops continue to be carried out to train 12 health brigades with 32 trained volunteers.

Volunteer support

The SN continues to carry out virtual training on Biosafety Measures and the formation of support networks through WhatsApp.



*Diagnostic Center in Santa Clara, Barahona being disinfected.
Source: CRD. Sept. 2020*

Haiti Red Cross (HRC)

The HRC continues to collaborate in the coordination meetings of the MSPP's with key stakeholders. The National Society also participates in the working sessions of the National System for Risk and Disaster Management (SNGRD) and partners of the United Nations System through OCHA.

Risk communication, community engagement, and health and hygiene promotion

The Haitian Red Cross is stepping up its awareness-raising activities. During the month of August 2020, the SN carried out a training for 20 volunteers (880 nationwide thus far) from the regional committee of the North and the Civil Protection of Cap Haitien. It also launched awareness and hand washing activities in collaboration with the town hall of the commune. Also, the HRC held training sessions in the West Metropolitan Region on Arcahaie and Cabaret for the benefit of 40 volunteers to carry out activities against COVID-19. The communication team of the National Society and the Crisis Preparedness and Response Coordination maintains outreach activities on online platforms and social networks, including WhatsApp, and Facebook to promote access to as many beneficiaries as possible. Throughout the month of August, 1,016 volunteers and 56 community leaders are deployed to sensitize the population to the rules of hygiene and attitudes to avoid being infected with the coronavirus. During the month of August, the HRC Health team conducted 9 intensive sensitization sessions, during which approximately 5,000 people were sensitized, while 3,100 masks and 4,140 posters containing key messages on COVID -19 were distributed. Since the activation of the National Society's action plan in March 2020 1,053,086 people have been sensitized.



Volunteer training in protection measures/Source: HRC August 2020

Infection prevention and control and WASH (community)

- 300,168 people have used the hand washing points
- 91 handwashing stations set up
- 303,011 posters with key messages have been distributed.

Handwashing stations are installed in the regions

West, North, Upper and Lower Artibonite, Bas-Plateau, North 'West, South and South' East. The WASH team is always available for spray decontamination activities upon request from interested institutions.

South America



Argentine Red Cross (ARC)

42.6% of the activities were carried out in the field by volunteers, following strict safety and prevention protocols. The following activities were developed:

Crisis Cell

A crisis cell continues to operate, providing support to the branches and authorizing the activities that are being carried out, coordinating the operation. In addition, in collaboration and coordination with the National Ministry of Health and within the framework of the Unidos por Argentina Program, Argentina Nos Necesita (Argentina Needs Us), the distribution of Humanitarian Aid, personal protection equipment (PPE), and hospital equipment for the hospitals in the most affected provinces continues.

National COE

Information management and data visualization, a weekly status report for internal use by the National Society is carried out based on the monitoring of official information and the media. Publicly available infographics are also created with updates on the emergency. Information on the actions of the branches and the evolution of the cases is collected in a dashboard for internal use that facilitates the monitoring of the activities.

Tele-assistance

4160 calls were made to accompany older adults, reaching 1,040 people. The service of Teleassistance in Emergency was provided to a total of 351 people from San Juan, Córdoba and volunteers of the Argentine Red Cross who develop activities in the Tecnópolis Sanitary Park through 3,286 calls.

Humanitarian Observatory

A project is being coordinated for neighborhoods located in the municipalities of 3 de Febrero, Florencio Varela, Tigre, Lomas de Zamora, and General Rodríguez with the objective of providing safe water in a sustainable manner to neighborhoods in a situation of vulnerability. The plan is to lay pipes approved by "Aysa" for the installation of community taps and to provide water flow. For neighborhoods where there is no water network, the installation of subway boreholes or joint boreholes with Aysa to provide water in tanker trucks is being considered.



First Aid Week Campaign, training at "Parque Sanitario Tecnópolis", August 2020. Source: Argentine Red Cross.

Human Mobility

Food kits (one ton) were distributed to migrant and refugee populations in the Buenos Aires Metropolitan Area, reaching 1000 people.

Protection, Gender and Social Inclusion

15 hygiene kits were delivered to trans people.

Parque Sanitario Tecnópolis (PASATE)

The NS collaborates with the planning, evaluation and management of the health park that has a capacity for 2,000 people and oversees the Government of the Province of Buenos Aires. It is being directly articulated with 11 institutions (7 national and provincial government agencies, 2 civil society organizations and 2 private companies). Twenty-four people from Headquarters and eight affiliates are participating in its coordination. At present, 12 training sessions have been held for 65 people on the use of personal protection equipment and first aid. 224 volunteers were trained in biosecurity, psychosocial support and first aid.

Risk Communication

Through the Communication Department, it articulates with the territorial network of branches to carry out the dissemination of materials and identification of rumors, campaigns and accountability from the press, networks, and emails. Images and videos were published about actions such as:

- Food deliveries in support of 72 community kitchens throughout the country as part of the livelihoods project.
- Delivery of 20 non-body thermometers, 200 family cleaning kits, 500 alcohol gel, 500 chinstraps and 200 face shields to all sports clubs in the Villa Fiorito neighborhood.
- Thanks to Diego Maradona for joining the Argentine Red Cross.
- The volunteers who continue working 24 hours a day in the Parque Sanitario Tecnópolis Argentina, performing support tasks in the admission of people with mild symptoms of COVID-19, psychosocial support, assistance in First Aid and training in biosecurity to all staff of the site.
- Flyers on plasma donation, prevention measures before COVID-19.
- Delivery of 15 ventilators to the High Complexity Hospital "Cuenca Alta", located in the city of Cañuelas and ventilators to the René Favaloro Hospital, located in La Matanza, acquired through the solidarity initiative #ArgentinaNosNecesita
- Actions carried out on food security in the communities most affected by the pandemic and providing nutritional advice.

- The visit of Marisa Fassi, mayor of Cañuelas, to the humanitarian observatory with the aim of coordinating joint projects that improve the quality of life of the people who live in that city.
- The delivery of 1035 hydro-repellent shirts at the San Isidro Central Hospital, acquired through the proceeds of the Argentina Needs Us initiative.
- JetSmart repatriation flights.
- Delivery of intensive care beds to the National Directorate of Health Emergencies.
- Advice to migrants.

Bolivian Red Cross (BRC)

In August, the Bolivian Red Cross (BRC) accompanied the convoy of 66 tons of medical oxygen from the department of Santa Cruz to the departments of Cochabamba, Oruro and La Paz. This oxygen was distributed for use of patients in intensive care, intermediate care and others in need of this vital element. This highly publicized action was conducted by volunteers from the BRC branches in Santa Cruz, Cochabamba, Chuquisaca, Oruro and La Paz.



BRC accompanied a convoy of medical oxygen from Santa Cruz to Cochabamba, Oruro and La Paz departments. Source: BRC

The BRC continues to provide different services such as Health (including WASH and PSP), livelihoods support and specific attention to migrants. From 1 April to 11 September 2020, the BRC has reached 5,527 people in three border points (Pisiga, Yacuiba and Puerto Suarez) where collective centres were established to allow the safe repatriation of Bolivian citizens. A total of 931 RFL services (phone calls, transfer of documents, search requests, among others) were provided. This past month, the BRC, with IFRC support, provided EPP, family and multi-family tents for the implementation of collective centres. Furthermore, 1,157 medical services were provided to migrants in collective shelters.

The BRC provided a total of 470 health services, 1,183 PSP services and 260 EPP were distributed. Additionally, 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.

The BRC has conducted 5,040 fumigations in health centres, police stations and other facilities throughout the country. Additionally, it has provided 1,965 hygiene kits (of which 429 were provided to migrants). Additionally, 190 first aid kits were provided to the migrant population.

With a strong focus on livelihoods and basic needs, the BRC has distributed 15,162 family food kits and 3,385 individual food kits.

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.

During this operation, the BRC has trained 20 volunteers in vulnerability and capacity analysis (VCA) and 16 in PSP. Through online platforms, 359 volunteers have been trained in preparation and COVID-19 information and remote PSP. These humanitarian actions would not be possible without the 135 volunteers and 13 local staff of the Bolivian Red Cross and the generous donations of the general public (Bolivian Civil Volunteers, among others), private sector (Nestlé Bolivia, CONMEBOL, among others) and foreign donors (ECHO and USAID/OFDA).

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.

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 São 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, Distrito 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, through the action of 86 branches throughout the country, with the mobilization of 485 volunteers, has provided services in polyclinic care activities, support for vaccination campaigns, delivery of emergency kits to migrants and vulnerable communities, delivery of PPE and education on its proper use, information and prevention measures to the population, collection of food for the most affected people and elderly people living alone, home visits to people with mobility difficulties and elderly people, support in shelters, support to migrant communities stranded in the country and delivery of aid to this group of the population, sanitization of public places in conjunction with local government, support to local health services with transportation of recovered patients by ambulance, health routes to people in street situations and delivery of food to this sector of the community, support to blood donation campaign, delivery of food to vulnerable people, support in national humanitarian flights through education on board, remote psychosocial support, teleassistance, support in return of migrants to their countries in the far north of the country and collection of information for



Distribution of Food Kits to people affected by the pandemic, Iquique, June 2020. Source: CRC.

reports and newsletters.

Colombian Red Cross Society (CRCS)

Priority Number 1: Maintain Health and WASH

Epidemic control and community surveillance

The Colombian Red Cross Society (SNCR) has supported community-led epidemic control measures in complex and fragile Colombian settings. SNCR has led community-level cohort isolation of COVID-19 cases with mild symptoms, that have not required inpatient clinical care. Additionally, SNCR has well known experience and installed capacity in the management of deaths. Thus, SNCR has been in charge of providing training, equipment and PPE for burials, in accordance with the Ministry of Health mandate regarding the burial of people diagnosed with COVID-19. It is important to note, that to perform all these activities, the use of PPE is mandatory. As of August 2020, a total of 319,039 PPE has been provided in 18 hospitals and 2 health secretaries within the Colombian National territory to protect both, the employed, as well as the voluntary personnel.

Isolation and management of clinical cases for COVID-19 cases

In order to support the mandatory quarantine, SNCRC has been in direct contact and has given isolation instructions to stay at home to people diagnosed with COVID-19, as well as travellers and other high-risk individuals. To support this population and following the Colombian Ministry of Health guidelines, SNCRC has made available care services such as: mental health and psychosocial support, health check-ups, the provision of essential food and supplies. So far, SNCRC has distributed a total of 93,681 food and hygiene kits in 29 districts of the country.



Health assistance to migrants transiting the country by foot. Source: CRCS

Maintain access to essential health services (community health)

In response to the reduced availability of health services as a result of COVID-19 pandemic, the SNCRC has maintained access to its usual health services, that focus on the promotion, prevention and treatment of communicable and non-communicable diseases (not caused by COVID-19) including: inpatient hospital services, reproductive, maternal, neonatal and child health services, mental health services, systematic vaccination and the promotion of voluntary blood donation.

Furthermore, SNCRC has an established first aid programs, which have continued through the pandemic and are being carried out online. SNCRC has ensured the provision of first aid supplies, as well as PPEs to all the volunteers involved in this program.

Priority Number 2: To address the socioeconomic impact of COVID-19 pandemic

SNCRC through its branch network and national headquarters, has a strong focus on food security during this pandemic with the distribution of 93,681 food kits, which were distributed by volunteers. Additionally, visa cards issued as part of the Cash Transfer program to people in vulnerable situations due to COVID-19. As of August 2020, 2,396 families have been supported through the use of money transfers, for a total of 374,724 beneficiaries.

As a response to the effects of the pandemic on the reduction of its sources of income, the CRCS, is implementing emergency plan that seeks to face the serious economic constrains, providing support to its staff and volunteers. In this regards the National Lottery of the Colombian Red Cross, is allocating its sales surplus to constitute a "rescue fund", so far raising the equivalent of CFH 600 to financially support 29 prioritized branches.

Following the evolution of the pandemic in the country, the CRCS began rolling out the second phase of the national response plan, focused on the implementation of prevention and mitigation actions through remote or tele-assistance, reaching 174 cases of people in need of psychosocial and mental health support, due to grieve by family losses or relatives of ICU patients.

The ongoing "I donate at home" (#YoDonoEnCasa) fundraising campaign, continues procuring funds that so far amount CFH 360,000 in cash and CFH 317,000 in-kind donations. These resources directly finance the current COVID-19 response plan of the CRCS, complemented with CFH 130,000 already implemented from the IFRC's COVID Appeal Colombia budget. Current partnerships with private sector continue allowing the consecution of in-kind donations that have reached 317,072 people, with the distribution of 93.681 food and hygiene kit at 29 departments.

Priority 1: Curbing the Pandemic - Maintaining Health, Water and Sanitation

Pandemic's control

The Ecuadorian Red Cross (ERC) is providing the SARS-Cov-2 rapid test service to the community and exposed humanitarian personnel. From March to August a total of 2828 rapid tests have been performed (Men: 1249 Women: 1579) of which almost 50.0% (1312 tests) were performed in August. This service reached 10 of Ecuador's 24 provinces.



*Distribution of hygiene kits to people affected by the pandemic, Villingota.
Source: ERC*

March to August. During the month of August, chlorine was periodically delivered to health centres, foundations, shelters, public and private institutions and provincial boards so that this product could be used in cleaning and disinfection actions, as a preventive measure against the spread of the virus. More than 20,000 people were reached with the sanitation services. These services were present in 13 provinces including Pichincha, Azuay and Manabí, the 3 provinces most affected by the virus (in terms of total cases).

Priority 2: Addressing Socioeconomic Impacts

Household livelihoods and economic security: More than 43,000 vulnerable people in the wake of COVID-19 have received assistance in the form of cash transfers, food or other in-kind assistance. Support has been provided in 21 provinces out of the 24 totals. In August 1,572 people (71.0% of the total) received conditional support in the form of cash through the Cash Transfer Program (PTM). This program was present in 4 provinces: Manabí, Santa Elena, Pichincha and Guayas (three of these provinces were the most affected by the virus in terms of the total number of cases in August).

Priority 3: Strengthening National Societies

The ERC participated in the plenary of the Emergency Operations Committee led by the National Government of Ecuador, and technical working groups related to Health and Pre-Hospital Care and Management of Temporary Accommodation and Humanitarian Assistance at the national and provincial levels. In addition, there is a contingency plan to deal with COVID 19. Actions are being carried out in conjunction with COVID-19 to prepare and reduce risks.

Sustainability of the National Society

There is a continuity plan that seeks to ensure the sustainability of the operation in the communities and thus ensure their recovery and development.

Paraguayan Red Cross (PRC)

Health Epidemic control measures

80 places in the Call Centre have been covered with a total of 10,800 hours of assistance in the 154 system. 5,920 calls were received in August.

Maintain access to essential health services (community health)

Given the health emergency, the ERC, in compliance with its humanitarian mandate, coordinated actions with the government and private institutions in order to increase the installed capacity of hospital centres. To this end, triage centres were installed, and telemedicine services were started. These actions reached 12,294 people from March to August. the Telemedicine services reached 5 provinces and the triage modules are located in the provinces of Guayas, Manabí, Napo and Pichincha.

Prevention and control of infections and WASH at the community level

The ERC provided support with sanitation services (fumigation and disinfection) and distribution of safe water to a total of 404,809 people from



*Volunteers and humanitarian personnel providing medical assistance and delivering free drugs, Junta Cantonal de Milagro.
Source: ERC*

Reception, welcome or classification or Triage

Support assistance was provided in health controls at the Regional Hospital of Fernando de la Mora, mobilizing 16 volunteers. Temperature control, verification of symptoms and classification of patients for referral were carried out. A total of 5,699 people has been assisted.

Risk communication, community participation, and health and hygiene promotion

In total, the national publications by COVID-19 during the month of August were 145 graphics, videos, and gifs, reaching a total of 124,041 followers. These publications are replicated on Instagram with a total of 8,078 followers. 26 informative posters on preventive practices and 6,000 posters were produced to be given to the affiliates. The design of materials for Sexual and Reproductive Health, HIV/STI, Prevention and Control of Infections (CPI) was initiated.

WASH

2,850 hygiene kits have been distributed, reaching 14,250 people in the communities: San Pedro, Mariano Roque Alonso, Guaira, Ñemby, Alto Paraná, Ñeembucú, Itapúa, Concepción, Nueva Italia, Capiatá and Ita.

Mental Health and Psychosocial Support Services (MHPSS)

A training cycle of 5 workshops was developed virtually, with the participation of 39 volunteers from different branches.

Ambulance services for COVID-19 cases

Operational guards with ambulance assistance were performed, according to the demand of traffic accidents or clinical cases and positive COVID-19 cases: 443 transfers performed.

Maintain access to essential health services (community health)

The Reina Sofia Hospital, which is not a hospital for COVID-19 cases, has become a referral centre for deliveries and pre- and post-natal care. It attended 165 births and 1,907 consultations during the month of August.

Livelihoods, cash support and food aid

It is in the process of being implemented.

Preparation of the National Society

The National Society is involved in the preparation and strengthening of volunteers through training, in order to train facilitators for the workshops requested by the National Service for Adolescent Offenders (SENNAI) for prison officials and adolescents. A total of 15 volunteers were trained.

Sustainability of the National Society

For the development of the actions of the SN's response plan, we have a contribution through the International Federation of the Red Cross of 67% of the budget for the support of the operation that includes the hiring of personnel: field technicians, logistics, administration.

Support for volunteers

1,044 volunteers nationwide have accident insurance, these volunteers are carrying out the activities set out in the SN's COVID action plan. To date, 3,882 personal protection equipment have been delivered to volunteers.



Delivery of humanitarian assistance, Ñeembucú, Sept. 2020. Source: PRC

The Peruvian Red Cross (PRC), through its branch network and national headquarters, continues to provide services in health (including psychosocial support and WASH). PRC disseminates information on hand washing, the practice of the correct use of facials masks and other RCCE. 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. Psychosocial support provided via remote services, with IFRC support, remains an important component of the PRC's actions.



Peruvian Red Cross provided food and non-food items to community kitchens. August 2020. Source: PRC

To alleviate the socio-economic impacts of the pandemic, PRC started providing cooking and food supplies for community kitchens and hygiene kits to families in situations of vulnerability. Called the “Happy Kitchen” programme, the PRC provided food and non-food items thanks to private sector partners (Colgate, Palmolive, Clorox Peru and Grenergy Peru). The PRC continues to distribute food packs and hot food through its branch network. A total of 100 visa cards, part of the Cash Transfer programme, were issues to people in situations of vulnerability due to COVID-19.

With IFRC support, the information line (via WhatsApp) for queries and doubts regarding COVID-19 has had 1,364 users since starting on 20 March through 30 August 2020. This service has responded to questions regarding COVID-19 symptoms (30.8%), economic aid (16%), general information on COVID-19 (11.1%) and COVID-19 prevention (7.2%). Based on the registry of users, 47% have been migrants.

Uruguayan Red Cross (URC)

Since the declaration of the emergency, the Uruguayan Red Cross has been working based on plausible scenarios of the evolution of COVID-19 to articulate its response in a timely manner in the communities. Each action is based on needs assessment and is channeled through the territorial network of branches at the national level. Within the framework of the response to the emergency and based on the reality of the environment, each branch works to reach people in the community to cover previously identified needs. This is possible thanks to the articulation with different national and international actors, some private, non-governmental and the State itself. Based on the national response capacities, the following actions were taken in an integral manner at the first level of attention: Promotion, Prevention and Protection. Some of the actions developed include:



Delivery of hygiene kits to migrants. August 2020. Source: URC

Health

Mental health and psychosocial support services (MHPSS)
 Infection prevention and control (IPC) and WASH (community)
 Community-based surveillance (CBS)
 Risk communication, community engagement, and health and hygiene promotion
 Epidemic control measures
 NS Institutional Strengthening

Support to volunteers

National Society sustainability
 National Society readiness
 Socioeconomic Interventions

Other socioeconomic

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

Venezuelan Red Cross (VRC)

Currently, the country is in the transition phase between community transmission and sustained transmission of COVID-19 cases in the framework of the pandemic. To date, the affectation is widespread in the entire territory with COVID-19 cases in 23 states and the Capital district, the latter and the states bordering Colombia and Brazil being the most affected areas. As of August 31st, there were 46,728 accumulated confirmed cases, of which 28,154 were diagnosed in August and 38,112 had already recovered. The most affected population has been those between the ages of 20 to 49 years, with men presenting the highest number of cases. To date, there is a cumulative 386 deaths, of which 222 occurred during the month of August, yielding a fatality rate of 0.82%.

One of the government's health policies during the pandemic has been to limit care to emergencies, causing patients with elective surgical pathologies or with Non Communicable Diseases (NCD) to seek alternative care, which they have had through the NS's health network with its 4,476 volunteers. Derived from this fact, it is imperative to strengthen capacities with Infection Prevention and Control (IPC) protocols, which guarantee safe environments with personnel equipped with protection equipment and risk communication to patients. Challenges are the quarantine scheme, fuel shortages, power cuts and poor connectivity.

Through government actions, 1,569,120 people have been assisted, a figure estimated from the number of rapid tests carried out provided by official sources. The Ministry of People's Power for Health (MPPS), in compliance with its National Plan for the Prevention and Containment of Coronavirus, is carrying out the following activities:

- Instructs to take extreme measures to protect healthcare personnel after the loss of doctors due to COVID-19
- Guarantees 100% medical care to patients with COVID-19 with 10,000 Medical Brigades at the Forefront
- Contemplates its participation in phase 3 of production of the Russian Vaccine Sputnik V.

For its part, the NS has been working, in the COVID-19 framework, through its IPC / WASH areas with support from the Red Cross and Red Crescent Movement in the following activities:

- Risk communication actions (educational sessions) for 4,711 patients and their companions. 4,437 people have been served through consultations not related to COVID-19.
- Through the CRV Psychosocial Support team, evaluation on the subject of PSS for the biosafety strategies that the volunteers must follow during assistance in the comprehensive care center (PASI), which had mental health and PSS referrals from the Zulia Section and the Falcón-Coro Section. In addition, 28 members of the NS have been remotely trained in "Dueling to teach volunteers". The assistance and hotlines regarding PSS and medical orientation are active in branches such as: Aragua, Falcón, Lara, Zulia, Táchira, and Caroni.

- The Hospitals and Outpatient clinics of the NS have continued to carry out passive surveillance activities, issuing epidemiological reports, through which they identified 4 positive patients for COVID-19 in the VRC Volunteers (In the Capital City and El Tigre).
- Due to the restrictions imposed by social quarantine, the mobility of people has been limited. In this context, the NS has been supporting with the transfer of pediatric kidney patients. 16 children and 16 mothers in 4 shifts, for the realization of dialysis at the Hospital JM de los Ríos, were transported.
- In terms of CEA, educational sessions are held in the open spaces of outpatient clinics and hospitals for people who go to consultations, in accordance with the programming of each healthcare center. In coordination with the Directorate of Communications, through the official social networks of the NS, a publication was made about rumors about COVID-19, having a reach of more than 6,000 accounts. 90% of the comments received were messages of gratitude for the timeliness of the information. To date, a distance CEA training workshop is being prepared for volunteers.
- Carrying out a Forum-Chat for members of the Razetti Lions Club (40 medical students from the Central University of Venezuela) with the aim of training in basic knowledge on the pillars of intervention and updating of COVID-19 of the Venezuelan Red Cross.
- The VRC continues to support the #JuntosPorSudamerica campaign together with Conmebol and the National Societies of the continent.

In terms of coordinated actions with the Movement:

- VRC formulated the project to be financed by the Qatar Crescent, which will be implemented bilaterally. The purpose of this project is to provide 600 volunteers from the Venezuelan Red Cross with Personal Protective Equipment (PPE).
- Level 1 PPE was delivered to different sections of the CRV, with the support of the ICRC (13,250 masks and 133 gallons of antibacterial gel).

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](mailto: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

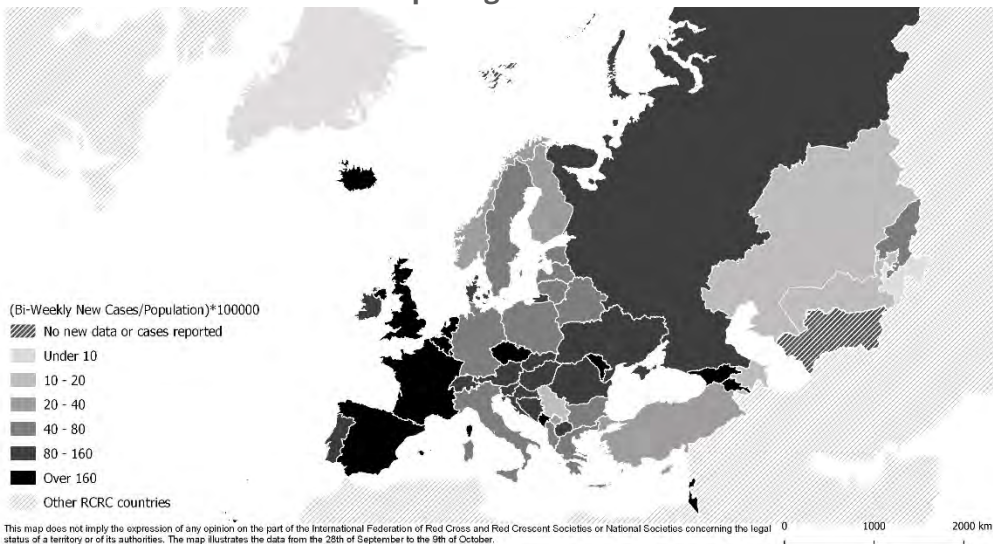
For Performance and Accountability (planning, monitoring, evaluation, and reporting enquiries):

- María Larios, Planning, Monitoring, Reporting and Evaluation (PMER) Manager; phone: +507 317-3050; email: maria.larios@ifrc.org

Situation Update

7,247,224 confirmed cases in Europe and Central Asia
249,914 confirmed deaths in Europe and Central Asia
 reported by WHO as at 3.00pm CEST, 14 October 2020

COVID-19 situation in the Europe Region



40 National Societies engagement in three operational priorities

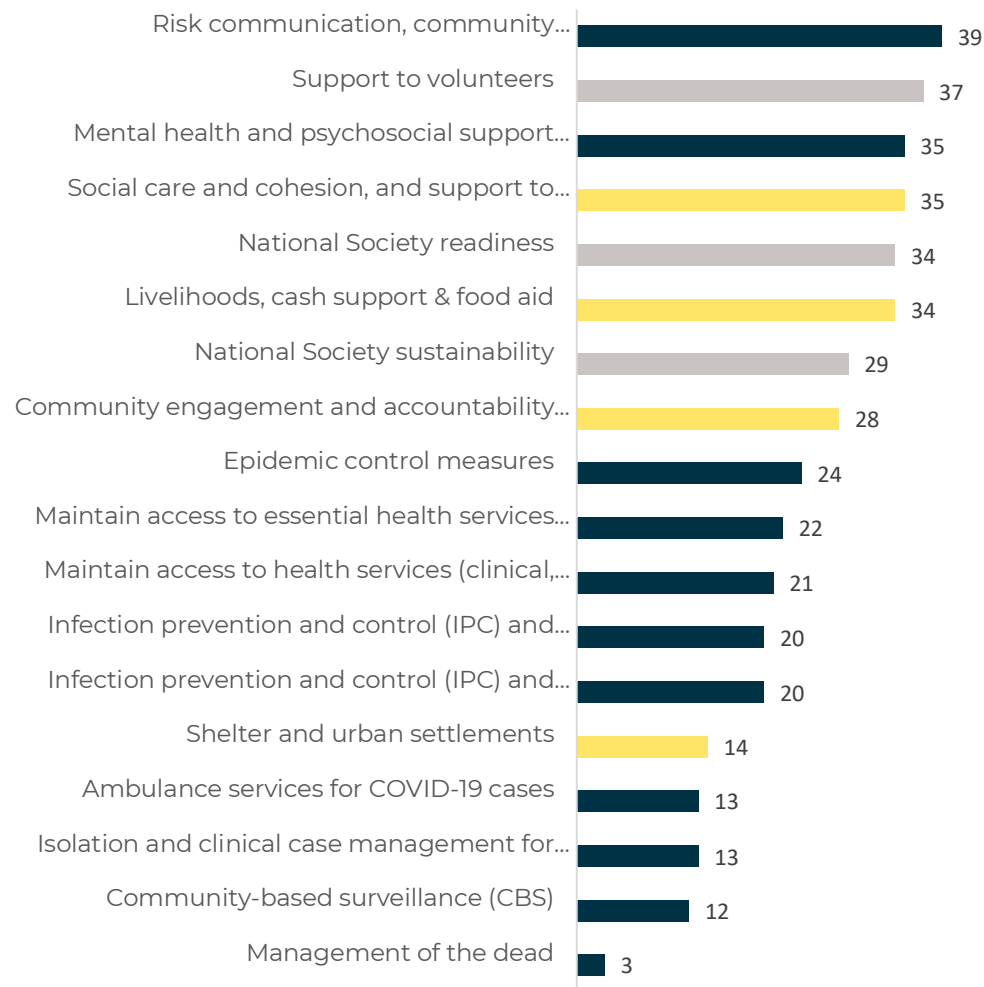
40
Sustaining
Health and WASH

38
Addressing
Socioeconomic
Impact

38
Strengthening
National Societies

National Society Response

According to public COVID-19 field reports submitted to [GO platform](#) **40 National Societies** are engaged in...



You can find up-to-date activity overviews by national society, activities by indicators as well as additional information on financial reporting from GO COVID-19 page [here](#)

Regional overview

Information in this report focuses on September 2020, for detailed information on the previous month, please refer to the [Regional Situation Update for August](#).

In the reporting period, the epidemiological situation in Europe region has not shown signs of improvement, but quite on the contrary. The number of new cases has continuously increased in the region for several weeks and several countries in the region are reporting severe trends of second waves.

So far, Europe has reported more than 7 million cases and nearly 250 thousand deaths. On 10 October alone, nearly 119,000 new cases within 24 hours were confirmed in Europe Region - the highest figures for 24-hour period since the outbreak began. Weekly cases continue to rise. Overall, the Americas remain the most affected, although proportionately, the contribution of Europe and Asia to daily new cases continues to increase.

The number of cases reported in the Region increased 11% to 520,035 in week 40/2020 compared to the previous week (470,062 cases in week 39/2020) and have now exceeded (96% increase) those reported when the pandemic first peaked in Europe in week 14/2020 (30 Mar - 5 Apr; 265,083)

63% (326,358) of the cases reported in week 40/2020 were reported from six countries: France (15%; 79,179), Spain (13%; 65,800), Russian Federation (12%; 63,563), United Kingdom (10%; 50,740), Israel (8%; 39,248) and Ukraine (5%; 27,828). The remaining cases (37%; 193,677) were reported by 52 countries and territories; each accounted for <5% of the total cases reported in week 40/2020.

The 14-day cumulative incidence increased by $\geq 10\%$ in week 40/2020 in 41 countries and territories in the Region; an increase of $\geq 50\%$ was observed in 23 of these countries and territories: Andorra, Armenia, Belarus, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, Georgia, Gibraltar, Iceland, Ireland, Jersey, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Netherlands, Poland, Slovakia, Slovenia and the United Kingdom.

The number of deaths in the Region in week 40/2020 increased 11% to 5,325 compared to the previous week (4,813 deaths in week 39/2020). The proportion of reported cases that died remains 1.0% in week 40/2020.

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

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

A total of 34 NSs in Europe Region have requested funding support from the COVID-19 Emergency Appeal.

There is ongoing operational engagement with these NSs with total allocations of CHF 44.6 million, including global and regional procurement done by IFRC (CHF 6.2 million) mainly composed of PPE procurement. Discussions are still ongoing with the NSs and Country/Country Cluster Offices on the allocation of the funding and so far, CHF 36.7 million are committed.

The latest (revised) regional Emergency Plan of Action (EPoA) published on 13 July 2020, reflects the COVID-19 operation for Europe region in the three operational priorities outlined below. Fundraising efforts continue to support NSs until the end of the operation (December 2021).

COVID-19 impact on other emergency operations in the region: Greece Moria fires¹

During the night on 8 September 2020, a devastating fire ripped through the Reception and Identification Centre in Moria, on the island of Lesbos, as residents remained in COVID-19 lockdown. Initially the authorities arranged to accommodate some one thousand of the most vulnerable migrants immediately on a passenger ferry, and also quickly established a new temporary camp at Kara Tepe to host all other migrants. As of 14 October 2020, the camp is fully operational, tents have been erected, basic medical facilities have been set up, and water and electricity have been secured. ¹ Corrected from previously reported 13,000 based on UNHCR estimate. People are queuing up to receive medical assistance at the first aid station of the Hellenic Red Cross in Lesbos. The authorities have announced that all migrants must register at the new camp. As of 14 October, almost 10,000 migrants had already moved into their new tented accommodation. All migrants are tested for COVID-19 upon arrival, and according to the authorities, 243 migrants have tested positive so far. They are isolated at a separate quarantine structure at the camp. As the camp will stay open until the spring of 2021, all basic services will need to be consolidated and further streamlined in the weeks ahead. Health and hygiene promotion, and the observation of common measures such as physical distancing, regular handwashing and use of masks will remain particularly relevant in view of the overall COVID-19 trends. The immediate crisis has further affected community relations between migrant and host communities. As the socio-economic situation may worsen further due to COVID-19 and individual households were already struggling because of the global downturn, poverty levels are likely to increase. Where possible, support measures for local communities should be considered as part of the overall response. HRC is therefore planning to implement CVA programme for the most vulnerable local communities in Lesbos and currently working on the assessments and targeting criteria.

Priority 1: Sustaining Health and WASH

The IFRC ROE COVID-19 Response Team continues to provide advisory support to South Caucasus NSs in the survey *“Secondary impact of COVID-19 on older people and caregivers”*. The survey report is being finalized, expected to be ready by the end of October 2020. The survey was conducted in close collaboration with Austrian Red Cross, Swiss Red Cross and UNFPA country offices in Armenia and Georgia.

IFRC Health and Care Team organised a webinar: *“Impact of COVID-19 on older people: Pandemics: Do they change how we address age & ageing?”*. Representatives of Armenia RC, Azerbaijan Red Crescent, Georgia Red Cross, Serbia Red Cross and UNFPA representatives made a presentations on the surveys on different aspects of negative impact of COVID-19 to older people. More than 60 representatives of the NSs of the region participated in the webinar.

IFRC Regional Health and Care Team supported to organised the Board Meeting of the European NSs Networks on TB, HIV/AIDS, Hepatitis (ERNA), IFRC Regional Health and Care Coordinator provided overview of COVID-19 situation in Europe region with specific focus on negative impact to people with Tuberculosis, HIV and hepatitis. ERNA actions towards to better support to people with TB, HIV, Hepatitis was discussed.

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

To address the continuous increase in new COVID-19 cases and changed age distribution of people getting infected (majority of infected now adults aged 25-49), COVID-19 Health Team prepared a minimum requirement document for Health and RCCE activities. This document contains recommendation on minimum requirements for National Societies that are revising and preparing their Plans of Actions. The document will be shared through Health Managers, COs, CCSTs and project managers.

¹ For more details, please refer to the [IB2](#) on the situation as well as the [REA2](#) for the Greece-Turkey and other countries: Population movement.

IFRC ROE Health Team prepared and conducted a survey regarding a new round of webinars planned to take place following autumn. The purpose of the survey was to collect information of NSs needs and requests regarding training and knowledge sharing. The process of analysing data received from this survey is ongoing.

The IFRC ROE Health Team supported IFRC Global First Aid Reference Centre to disseminate the concept note and related information materials for the World First Aid Day to Health managers in order NSs to be well prepared and organize different activities to mark World First Aid Day in their countries with the theme “2020: Adapting first aid practices to the pandemic”. More than 30 NSs of the region conducted cycle of country -wide events devoted to First Aid.

National Societies of the region, IFRC Regional Health and Care Team and Health Managers of country cluster offices took part in the online meeting of the Global Health Advisory Group, facilitated by Global Health Team. Best experience, knowledge and advance practices of the national societies in COVID-19 response was presented and discussed.

The IFRC ROE health team continued its collaboration within Europe Regional WHO-UN-Red Cross Movement COVID-19 coordination platform meetings. These meetings focused specifically on knowledge and information sharing regarding COVID-19 activities in Bosnia and Herzegovina (BiH), Greece and Kyrgyzstan, which enabled a positive exchange of experiences with these national societies on community-based COVID-19 response actions for general population and migrants communities, as well as inter-sectoral cooperation and coordination with public health authorities, WHO, UN agencies, international and local actors.

Epidemic control measures

IFRC Regional Office for Europe continued working with DG SANTE on mobile testing initiative. A revised proposal was submitted to DG SANTE 9 October with 7 EU Member Stated National Societies participating (Austria, Germany, Greece, Italy, Malta, Portugal and Spain).

Risk communication, community engagement, and health and hygiene promotion

Two complementary webinars entitled COVID-19: Engaging with Migrant Communities were held in June and July attracting more than 80 participants. Following a hiatus over the summer, further webinars are now planned starting in October and throughout the rest of the year. As well as integrating CEA more into Health and other webinars, CEA-specific webinars are being planned based on feedback from across the region, and will address issues such as approaches to physically distanced community engagement, feedback mechanisms and perception surveys.

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

The Ukraine Red Cross pilot of “Do Better, Do More” RC/CEA funding under the COVID-19 appeal is progressing with the development of a feedback mechanism to support the COVID-19 response and provide a model for a national mechanism in future. Kazakhstan, Georgian and Armenian National Societies in Central Asia and South Caucasus have also identified opportunities for “Do Bette, Do More”, with plans to consolidate telephone line systems and social media engagement and build capacity to more effectively collect, manage and respond to feedback. .

Thanks to continued efforts from the IFRC and National Society RC/CEA teams in Turkey, the South Caucasus, and Central Asia, results of perception/behavioural insight/KAP surveys are now arriving with findings already in from Turkey, Armenia, and Kazakhstan. Georgia is progressing with a combined WASH/KAP survey and several other National Societies have now expressed interest in replicating the KAP survey model. Unfortunately the public release of results from Armenia and Turkey has been delayed, however we are seeking to ensure the results are used internally, and will disseminate and promote them more widely, through online dissemination and webinars once a greenlight is received. Support from the Central Asia RC/CEA and South Caucasus IM Surge

Delegates, as well as from IFRC CEA colleagues based in Turkey, and regional IM based in the Budapest office, has been critical for developing surveys, ensuring a harmonised approach – integrating well with WHO surveys across the region - and helping facilitate and technically enable NS participation.

The consultant recruited to support National Societies in the Central Asia Country Cluster with digital outreach and communication in relation to COVID-19 has been extremely busy. Working alongside the NS, the consultant has been reviewing current capacities, developing activity plans, and supporting NS staff to produce and promote impactful and effective online and social media content, ensuring that skills and capacities are passed on to NS for longer term sustainable development.

Mental health and psychosocial support services (MHPSS)

In the reporting period, IFRC Regional Health and Care Team worked with NSs to strongly encourage to include and further develop MHPSS activities in their Operational Plans on the COVID-19 outbreak, as well as keeping on caring for staff and volunteers' well-being and refreshment on the PSS trainings provided, knowing PSS needs to general population and effects of the pandemic will be felt for a longer time.

A total of 34 National Societies are actively evolved in the provision of MHPSS to the at-risk and affected communities, as well as first responders, including RCRC staff and volunteers.

Upon the requested technical advice and guidance, Albania Red Cross is working on offsetting up a hotline specifically oriented to providing psychological support to the population living in remote areas and also for staff and volunteers involved in the COVID-19 response. Meetings with the Red Crescent Society of Kyrgyzstan were held, as MHPSS component is a massive part of their response plan.

MHPSS global meetings were organized on 5 and 26 August, with the participation of the IFRC PS Centre and MHPSS focal points from the IFRC different regional offices. Experiences and concerns were shared, focused on finding solutions on how to better communicate and get more engagement from NSs in evolving PSS activities in their COVID-19 response.

PFA for all, anywhere, at any time was the topic of the webinar held by the IFRC PS Centre on 12 August, with active and enthusiastic contribution of 87 participants.

With the continuous increase of positive cases and consequent impact on the mental health of the general population and responders involved in the response to the pandemic, the provision of mental health and psychosocial activities is increasingly a concern of National Societies across the region. The majority continue to report on this need and relying on the continued support from the Regional Office Health and Care Team, who continue supporting with the implementation of MHPSS in their plan response.

ROE Health and Care Team start preparing a series of webinars to better support the work of National Societies on the COVID-19 response, where experience and knowledge from our NSs can be shared. To better understand their preferences and experiences, and to better organize the webinars accordingly and meeting their needs, a survey was sent to the NSs where their preferences on the topics could be expressed. Among others, MHPSS topics revealed to be of huge need for a big number of our NSs. The first webinar of this second series, on the topic "Impact of COVID-19 on older people", was held on 7 October, with the participation of representatives of South Caucasus National Societies, Serbia RC and representative member of UNFPA regional office.

The Global MHPSS meetings, with the participation of the IFRC Reference Center and MHPSS coordinators from the different regions took place on 10 and 24 September, where important topics as the development of guidance and tools for the mental health recovery in the pandemic response and also activities for the World Mental Health Day were discussed.

The 10th of October, the World Mental Health Day, was stage for a number of online activities as a celebration of this day and as a way to raise awareness of the urgent need to scale up investment in mental health for everyone.

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

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

The livelihoods and basic needs rapid response staff assignment has been extended for an additional month until 31 October to allow the recruitment of the longer-term delegate.

The mapping of National Societies Livelihoods and Basic Needs plans and activities indicates that most of ROE National Societies are delivering in-kind or CVA to meet the basic need of the most vulnerable. Out of the 32 National Societies that are receiving funding from IFRC global appeal, 8 NS are planning to carry out livelihoods activities and are receiving guidance and support in their livelihoods programming design. In terms of implementation, Belarus has started providing counselling sessions and referrals activities to homeless people and ex-prisoners to increase their employability, and necessary tools and guidance have been provided in that end. Turkish and Kyrgyzstan Red Crescent Societies are also expected to start implementing their livelihoods plans in the coming months.

The ROE Cash and Voucher Assistance Team has grown – Kyrgyzstan RC seconded a CVA expert who will now focus on supporting Russian speaking NSs (as of October 2020 until the end of the year). The team now counts 3.5 staff (1xcash coordinator, 1.5xcash COVID19 delegates, 1xcash COVID19 South Caucasus delegate).

Furthermore, Tajikistan and Kyrgyzstan Red Crescent Societies have been selected to benefit from the BMZ funding to support vulnerable families strengthen their household economic resilience through in-kind and/or Cash and Voucher Assistance (CVA). Both, the livelihoods and CVA teams are working closely with Tajikistan and Kyrgyzstan RCS focal points to meet donor reporting requirements and implementation timeframe by 31 December 2020.

12 NS have included CVA in their plans of action to cover basic needs. For CVA transfer mechanism, 8 NS considered unconditional multipurpose cash grants and 3 NS vouchers.

The IFRC ROE Cash and Voucher Assistance (CVA) team started to support 5 NSs (Armenia, Belarus, North Macedonia, Tajikistan and Uzbekistan) in the Fast Track Cash Preparedness process with a duration of 3-4 months (until the end of the year). This supports NSs relatively new to CVA, to safeguard RCM minimum standards on CVA within their COVID-19 response. Also, the NS of Azerbaijan showed interest in a rapid preparedness process responding to the COVID19 situation and is closely supported by the CVA delegate for the South Caucasus.

The NSs of Belarus, Armenia and North Macedonia did already nominate cash focal points and form technical cash working groups. Belarus and North Macedonia also completed the CVA needs and gaps survey and are currently preparing combined working plans (CVA implementation and preparedness). Financial Service Provider negotiations, setting transfer values, enhancing feedback mechanisms and targeting are being performed in parallel. Armenia is currently pausing its preparedness process due to other priorities in responding to the conflict affected population.

An online questionnaire to analyse gaps and needs in CVA planning and implementation of NSs was developed and will be sent to all NS-CVA focal points in October. Based on the results, tailored online trainings will be offered in certain intervals in cooperation with the CEA team.

Shelter and urban settlements

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

Community engagement and accountability

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

Social care, cohesion and support to vulnerable groups

Meetings were held with different NSs to provide technical support and guidance on how to better address vulnerabilities related to COVID-19 and its secondary socio-economic impact. It is expected that COVID-19 will have a long-lasting socio-economic impact that can deteriorate already fragile systems and expose people to more vulnerabilities. In this regard, a cross-cutting approach was enhanced to create coherence between different technical areas, in collaboration and coordination with other departments and to guarantee that activities are fully aligned with the *do no harm* principle. Due to the worsening of the 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.

Coordination with the Italian Red Cross was established to organize regular check-in meetings on migration under COVID-19 to monitor the situation of new arrivals in the country and related protection issues, with a focus on reception centres and the newly quarantine boats organized by the Italian Government to prevent the spread of the virus in the hotspots. The Italian Red Cross is providing support, in terms of personnel, on the quarantine boats and in the hot-spots located in the South of Italy and it is also guaranteeing the relocation of migrants who tested positive in a bio-containment environment.

The dialogue continues with several National Societies supporting migrants, including refugees and asylum-seekers as part of their COVID-19 response and related crisis. Due to the circumstances of the Pandemic, the PERCO Network will hold its upcoming annual meeting online in October 2020 and further series of Webinars may be planned with National Societies' migration experts based on the example over the spring period.

Migrants, including refugees and asylum-seekers are still one of the groups hardest hit by the COVID-19 Pandemic and related crisis. Their situation has been challenging already across the region, but in face of different new measures introduced in some contexts and with additional health risks, it has become ever more concerning. The conditions are the most concerning in contexts where still several new asylum-seekers arrive. Overcrowded reception conditions have already posed considerable protection concerns for those staying in different collective accommodation sites, but these have become unsustainable in the face of the Pandemic and related crises, which also creates various tensions in local communities.

Different quarantine measures and changing border measures puts the health and the lives at risk of many, and National Societies across the region are in a difficult situation to address these concerns from a humanitarian perspective (operationally or in dialogue with the authorities). Although in many contexts innovative solutions have been found to step up solidarity with those most at risks, in critical contexts unfortunately local tension has been growing in the face of risks related to possible new infections. In the next period it will be critical to find ways for the National Societies to not only provide appropriate humanitarian services and for the IFRC to support this but also to address stigma and exclusion towards migrants and foreigners and find ways to strengthen social cohesion and solidarity at the local level.

The situation of those staying not only in overcrowded camps and other collective sites, but those who are homeless, those who live in informal settlements and camps also remains an area of concern. Additionally, people without legal status are most at risk of inadequate access to appropriate health, social services and other protection measures.

Priority 3: Strengthening National Societies

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

In the reporting period, the IFRC ROE COVID-19 Response Team continued knowledge sharing and technical support to the NSs of the region (see above and below sections for more details).

National Society Sustainability

IFRC ROE continues to support National Societies in domestic income generation capacity building with a focus on launching systemic unrestricted income generation campaigns (prioritizing regular giving via direct dialogue and digital campaigns) and major donor development via corporate partnership building. As part of the ongoing COVID-19 fundraising development efforts, National Societies of Kyrgyzstan, Georgia, Ukraine, Serbia and Bosnia and Herzegovina have been receiving ongoing comprehensive support in Resource Mobilization Capacity Building.

As part of the regional efforts IFRC ROE continue supported the Russian Red Cross in CRM implementation, enabling the National Society to carry out HQ and Branch-level mass marketing campaigns, mitigating against the impact of COVID-19 related restrictions. Similar support is planned for National Societies of Georgia, Ukraine and Romania later this year.

Additionally, National Societies of Lithuania, Russia, Kazakhstan and Georgia are being supported on digital fundraising capacity implementation, including emergency fundraising. National Societies of Belarus and Ukraine have already progressed in this area, and additional support is considered for National Societies of Serbia and Bosnia and Herzegovina

IFRC ROE RMCB team with the support of the PMER unit and the HCCST office for Central and South Eastern Europe has finalized the desk research related to partnership mapping and domestic fundraising capacities across the markets of 16 National Societies of the cluster. This research designed and carried out in collaboration with the Central European University (Vienna) is expected to inform the RM development strategy in late 2020 and beyond.

EOC planned work commenced with support to several NSs to develop EOC concept and operation, and thanks to BMZ funding additional NSs, Ukraine and Georgia started with EOC development. ERO will also procure 6 mobile data collection sets with aim to empower needs assessment component of NSs disaster preparedness mechanism. In addition, Bulgarian RC will also start EOC implementation through USAID funded plan. 6 NSs in Western Balkans are in the final phase of the EOC implementation and for them the IM workshop will be organized on 14 October with aim to discuss tools and processes to improve data sharing and interoperability.

Enabling Actions

Coordination for quality programming

Inter-sectoral coordination with WHO Europe

In the framework of cooperation and inter-agency coordination with WHO Europe, IFRC Health and Care Team facilitated participation of the NSs a country-focused meeting for Bosnia and Hercegovina, Greece and Kyrgyzstan. These meetings allowed to share positive experience and advanced practice of IFRC and Red Cross of Bosnia and Hercegovina, Hellenic Red Cross and Kyrgyzstan Red Crescent on community -based COVID-19 response actions for general population and migrants communities, as well as inter-sectoral cooperation and coordination with public health authorities, WHO, UN agencies, international and local actors. In total, 42 representatives of international organizations took part in these meetings. Upon result of this meeting agreed that IFRC and RC BiH will be engaged in the WHO led Behavioral Changes Study for BiH.

On 14 September Acting IFRC Regional Director for Europe and Head of Health and Care Unit participated in the 70th Annual online WHO Europe Regional Committee meeting – high level forum of the ministries of health of the member states, international agencies and civil society organizations.

Acting Regional Director made a statement on Discussion on the addresses by the WHO Director-General and the Regional Director on the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic and addressed to the member states and international partners, underlined valuable contribution and support of Red Cross Red Crescent volunteers on reduction of morbidity, mortality and social impact of COVID-19 outbreak and reflected close IFRC and National Societies partnership with WHO at Europe regional and country level to support national public health systems in COVID-19 response.

IFRC-ICRC Movement coordination

IFRC ROE COVID-19 Response Team further developed its close collaboration with ICRC. IFRC ROE Health and Care Coordinator conducts regular 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. ICRC continue to support several NSs by adapting existing Health/MHPSS programs to the COVID-19 context: *Armenia, Azerbaijan, Belarus, Bosnia and Hercegovina, Georgia, Greece, Kyrgyzstan, Russia, Tajikistan, Ukraine.*

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

Resources for National Societies

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

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

Evidence-based insights, communications and advocacy

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](#) including COVID-19 emergency pages map and field report dashboard available [here](#) where public field report information is updated in real time. COVID-19 global emergency page includes also dashboards reflecting the information from the COVID-19 indicator tracking tool as well as financial reporting both of which are updated on a quarterly basis. As well, a [Europe Region COVID-19 outbreak page](#) has been set up on IFRC GO. Remember to login to the platform as most of the content is visible only for registered users.

The situation reports are issued monthly. **Therefore, we would request your updates by 11 November to be included in the next regional situation report expected to be published on 13 November 2020.**

The schedule of the upcoming reports is as follows:

Regional updates	Updates expected by
Monthly report (on October)	11 November 2020
Monthly report (on November)	15 December 2020

For providing updates from your National Society to the operational update, we request you to [submit COVID-19 Field Report via GO-platform](#). We are using the “Actions Taken by National Society Red Cross” sections 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.

When submitting your field report, **please remember to:**

- 1) Select “COVID-19 Related Event” as this impacts the activities selection of the field report.
- 2) Link your new field report submission to an existing emergency page by selecting “Please check and link to existing emergency” and select your country.
- 3) Use the visibility setting “public” if possible when submitting your field report as enables us to reflect the provided information for example in the [field report dashboard](#) and in other information products.

“Who does What, Where” (3W) tool on GO platform

Another feature on the GO platform is the **“Who does What, Where” (3W) tool**. The aim of the 3W is to enhance the understanding about which national societies are responding to a disaster, what projects are taking place, and in which locations. **We would like to encourage National Societies supporting projects to submit the information on GO platform** following the instructions (including written guidance and instructional video) available [here](#). When doing 3Ws submission on GO, projects can be tagged as “COVID-19” specific, which will help us in capturing the ongoing COVID-19 response in a comprehensive manner and based on the submissions GO auto-generates regional and country-specific visualisations such as [this](#).

If you need any GO specific guidance, you can find GO-user guide from [here](#) together with other GO reference materials and instructional videos. Additionally, regional IM-coordinator (anssi.anonen@ifrc.org) as well as global IM-team (IM@ifrc.org) are available for support.

HOW TO SUBMIT COVID-19 FIELD REPORT ON GO PLATFORM Easy Guide

1. Login to GO and click on “Create a Report” and select “New Field Report”



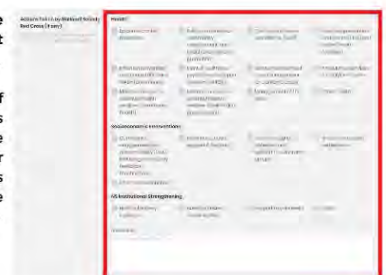
2. Select “COVID-19 Related Event” which will define the emergency type as an “Epidemic”

Note: Remember to link your update to your country's existing emergency page by selecting “Please check, and link to existing emergency” and search your country.



3. New fields for the COVID-19 Field Report will appear.

The selection of activities as well as “description” field are used to update your national society's information in the regional update.



National Society response – key highlights²

Albanian Red Cross

Albanian Red Cross (ARC) distributed standard food packages for people in need - while maintaining distance as well as using protective equipment. Blood donations continue in some branches. Additionally, awareness raising activities are performed through social media about COVID-19 for prevention and sharing facts-based information on the disease. The three IFRC delegates in the country support the ARC in their efforts to enhance the ARC support to the COVID-19 affected families and communities.

Andorran Red Cross

During the month of August, the NS has implemented the following activities: it has provided 25 volunteers to assist the Ministry of Health to trace contacts, and 12 more to man stop labs that are testing for the virus. The NS has mobilized 152 volunteers for a mass testing of the education system for the first 2 weeks of September, they have 15 volunteers at the food bank which is helping over 80 families. Two other volunteers have been activated to assist COVID-19 sufferers who have pets to look after. As day care centres are closed, six volunteers are providing care for older people at home.



RC staff and volunteers supporting item collection to the food bank. Photo: Andorran Red Cross

Armenian Red Cross Society

From the very first days of the State of Emergency, the Armenian Red Cross Society (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. 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



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

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

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 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 COVID-19, 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 sanitizer liquid.

Austrian Red Cross

Since the start of the outbreak in the country, an estimated total of 32,849 transports of infectious cases and 260,600 COVID-19 helpline calls were handled. 539,3590 regular COVID-19 tests were performed by RC staff and 107 mobile teams are still actively conducting tests on daily basis. 41 drive-in and 10 fixed testing stations, as well as 11 quarantine accommodations remain open and operational. The AutRC 'Stop Corona' App has so far been downloaded 1 Mio+ to mobile phones. Besides other COVID-19 bilateral and multilateral deployments, the AutRC supports the IFRC Europe Regional Office with 3 delegates (1 x IM, 2 x CVA) in response to the viral disease.



COVID-19 drive-in station of the Austrian RC. Photo: Austrian RC

Red Crescent Society of Azerbaijan

All humanitarian activities that Azerbaijan Red Crescent Society undertakes in support of the efforts of public authorities against COVID-19 are done under the slogan "We are stronger together". Since March up to present, the AzRC provided 20,300 vulnerable households, including lonely older people, people with disabilities and migrant families with relief 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 the 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 approx. EUR 150,000, financial support from IFRC and donor organizations like USAID. 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



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

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 located in its HQ. 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 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.

Belarus Red Cross

The Belarus Red Cross Society continues to work in the following areas: Ensures the steady work of the medical and social service “Dapamoga”. 147 nurses and 17 assistant nurses provide home care for about 1,500 vulnerable people. All of them have been trained on prevention measures and are provided with personal protective equipment, disinfectants and printed materials to inform the population about the prevention of coronavirus infection. Social support is provided to lonely older people who previously did not need the help of social workers. All over the country, 1,812 volunteers are providing social support to vulnerable people. Over the past month, 473 volunteers have provided 1,700 services to more than 1,100 vulnerable citizens, including level 1 and 2 contacts. This includes delivery of prescriptions and medicines, delivery of food and essential goods, payment for utilities, etc. All volunteers are equipped with PPE (masks, gloves, antiseptics). In total, volunteers have already provided 50,295 services all over the country. Support has been provided to more than 35,000 lonely older people, disabled people, 1st and 2nd levels contacts. Also, more than 12,000 social workers provide social support to vulnerable groups of Belarusian citizens at home. Volunteers and social workers of the 147 territorial centres of social services have been provided with PPE to help the older and people with disabilities at home. Social workers of 92 inpatient social service institutions have been also provided with PPE. The project (“Hotline 201”) was created as a way of psychosocial support for lonely older people who were not



Emergency teams of Belarus Red Cross are out on the streets of Minsk and other cities across the country providing first aid and psycho-social support to everyone in need.
Photo: Belarus Red Cross

recommended to leave the house. Now the BRCS also helps 1st and 2nd levels contacts of all ages and people who have found themselves in forced self-isolation. 30 volunteers provide informational and psychosocial support. People also have the opportunity to receive individual psychological counselling. In addition, a new volunteer initiative has been launched in regional organizations of the BRCS: volunteers call lonely older people who are on self-isolation, providing information and psychosocial support. In total, support has already been provided to 7,343 people. Also, work on informing the population by distributing information leaflets continues. 276,500 COVID-19 prevention leaflets have already been distributed. More than 3,000,000 people have been reached with awareness raising activities.

The Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) continues to provide support to older people and is working on supporting vulnerable groups through socio-economic programs. Mobile Teams of the National Society are providing support to migrants on the move and outside of official reception centres by providing first aid services, hygiene parcels, and surgical masks so that migrants can enter public places and public transportation. IFRC Delegate is on the ground and supporting NS with procurement activities for PPE and other items related to COVID-19 response. It is planned to provide livelihood and hygiene support for the Roma population via CVA activities (distribution of commodity vouchers for food and hygiene) as well as to distribute protective masks and disinfectants to the most vulnerable and most exposed Roma settlements.

British Red Cross

BRC continues to support vulnerable groups and people self-isolating with food, medicines, accommodation and cash and provide support to those needing to access hospital care or returning from home following a stay in hospital, and delivering business as usual services. BRC is working in partnership with FareShare to provide meals and distribute these to households in need. Psychosocial support continues to be provided, including through the support line. Support is being provided to local authorities in local lock down measures, including information dissemination to households. As of 13 October, through its 2,300 staff and more than 9,400 volunteers, BRCS has reached an estimated 176,000 people through its COVID-19 response.

Bulgarian Red Cross

Since the start of the outbreak, in response to COVID-19, the Bulgarian RC has reached 97,246 vulnerable people with food products and 363,155 people with prevention materials and updates related to COVID-19. The NS ensured PSS services to 3,024 people. Over 3 million of pieces of protective equipment (masks, gloves, shields, etc.) have been distributed primarily to more than 30 hospitals and specific vulnerable groups. Specialized medical equipment, sanitizers and other hygiene items have been provided by the Bulgarian RC via its participation in the National Logistics Coordination Centre to medical institutions. As of 1 October 2020, the Bulgarian RC started an operation supported by the USAID as part of the global effort of the IFRC to combat COVID-19 pandemic. The key areas include: distribution of hygiene kits to vulnerable people, risk communication, PSS, e-learning for vulnerable groups and volunteers, CEA, NS preparedness and capacity building.



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

Croatian Red Cross

The Croatian Red Cross continues to monitor the epidemiological situation and ensures humanitarian assistance according to its national capacities, promoting and respecting risk reduction and hygiene measures. As the economic situation in the Republic of Croatia becomes more difficult with the COVID-19 caused crisis, the interventions of the Croatian Red Cross fill the gaps in 21 counties and 131 local Red Cross branches with focus on vulnerable people, supporting their needs. As the main "caregivers" in the country, the Croatian Red Cross continuously provides home care services for 20,000 vulnerable persons with the assistance of 5,100 personnel (3,500 volunteers and 1,600 staff). The Call Center (0800 11 88) operates on daily basis and psychosocial support is providing with the aim to alleviate people anxiety due to COVID-19 situation. Volunteer and staff services at the two Reception Centres for migrants maintain risk reduction measures. The mass promotion campaign with handwashing guide poster is advertising in 80 business buildings in the capital of Zagreb city, in October 2020.



Posters of the Croatian Red Cross are promoting proper handwashing techniques on public transport and at the Adriatic coast frequented by holidaymakers. *Photo: Croatian Red Cross*

Cyprus Red Cross Society

From the first days of the outbreak, the CRCS created information leaflets on COVID-19 in four languages, English, Greek, Turkish, and Arabic, which were distributed to all units nationwide for dissemination, as well as to all the facilities that the CRCS staff and volunteers visit e.g. Migrants Centres (Kofinou Centre for the Reception and Accommodation of Asylum Seekers, Kokkinotrimithia First Reception Centre for Asylum Seekers) and to various stakeholders. Since 19 March 2020, to cater for the needs of the most vulnerable, the CRCS has been operating the "Emergency Service for the Support of Older People and Vulnerable Groups". The Service is available on a pan-Cyprian basis and is offered on a one-to-one scheme. The Service provides food supplies and other necessities, of pharmaceuticals or other kinds of assistance (such as provision of oxygen/respirators, or gadgets for persons with disabilities, transport to medical/paramedical institutions for emergency treatment or therapy, payments of utility bills, transport to the bank, etc). Applicants may call the dedicated hotline (22504419) located in the Headquarters. From 19 March until 1 May 2020, out of more than 3,600 requests, more than 2,500 related to free provision of food and medical supplies. The Emergency Service hotline has been operating daily, including public holidays. The CRCS, through the "Emergency Service for the Support of Older People and Vulnerable Groups" and through its Units has provided free food supplies and other necessities, to more than 12,000 persons. Additionally, after constantly evaluating the emergency needs of the most vulnerable of our society, the CRCS has established the new psychosocial support (PSS) service "Let's Talk". This emergency service is currently available for the older people in self-isolation. The CRCS will soon extent the service in order to reach the general population. Through this dedicated telephone line, the staff and volunteers of CRCS trained in PSS and Psychological First Aid (PFA) offer their services daily, to help people who suffer stress, loneliness and feelings of depression, or simply, general concerns on the pandemic. Furthermore, the CRCS continues its activity at the Kokkinotrimithia First Reception Centre, to cater for the needs of the migrants staying in the Centre. Together with the kits, the migrants receive our leaflets on COVID-19, on our Services, on Health and on Hygiene. The latter three brochures are available in English, French, Turkish, Arabic, Urdu, Farsi and Kurdish. Finally, CRCS activities in the Centre of Kofinou (psychosocial support and recreational activities) have been postponed due to the new security measures of the Government. However, humanitarian needs continue to be catered upon request (i.e. medicines and kits for pregnant women and newborn children).

Czech Red Cross

At headquarters level, the Czech Red Cross has produced educative texts on COVID-19 for use on websites and social networks and has created TV and online educative campaigns. It works in cooperation with Integrated Rescue System of the Czech Republic. It provides counselling services and has prepared humanitarian packages for people detained on the borders for COVID-19 testing. It cooperates with the private sector and with celebrities, including to put on performances for vulnerable people: "Concerts under Windows" (e.g. clients of the Czech RC senior houses.) The Czech media inform the public on available services including those provided by the Czech RC. The local branches coordinate and recruit volunteers, provide humanitarian aid including obtaining basic food and medical items for vulnerable people and provide transport services for older people, distribute information leaflets, provide or support hotline services, provide psychosocial support, distribute masks and other protective items, blood services, assisting families with home education, and cooperate with hospitals and other social/medical facilities (asylum shelters, seniors' houses etc.).

Danish Red Cross

DRC HQ has set up two call centres, where the NS on behalf of the Danish authorities hosts a COVID-19 call centre for three weeks. In the second call centre DRC has established a network linking those in need of support services (shopping/walking the dog) with volunteers to support them. More than 10,000 persons have volunteered. DRC is also supporting in running a shelter for the homeless and undocumented migrants, who have symptoms of COVID-19. A phone service platform has been set up so that volunteers can chat with people who are alone.

Estonian Red Cross

Due to the COVID-19 pandemic outbreak, the state of emergency was declared on 12 March 2020. Estonian Red Cross (ERC) continued with all the activities on branch level in close cooperation with local authorities including food deliveries for older people, supporting people in quarantine, operating soup kitchen, sharing information, explaining emergency restrictions to people and helping to ensure all the precautions are followed in public places like streets, queues, shops, ATMs etc. Four regional coordinators have been involved in the work of regional crisis management centres in close cooperation with the Ministry of Interior.

Finnish Red Cross

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

French Red Cross

In France, the French Red Cross (FRC) has been involved in screening since July and continues its activities of transporting patients, providing material assistance to vulnerable people, etc. The FRC did a debriefing of its activities of the past few months at the national level in order to adapt its missions and develop its practices. A practical guide on the conduct of operations in emergency and crisis situations has been published. The FRC is now preparing for a worsening of the situation and a rise in operational power. Measures are taken so that volunteers over 65 are not on missions in contact with COVID-19 patients.



French Red Cross volunteers are distributing protective masks at the entrance of the busiest public transportation hubs. *Photo: French RC*

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.



Georgia Red Cross Society and the UNFPA jointly respond to socio-economic challenges related to COVID-19. As part of the joint project volunteers are delivering food and hygiene parcels, as well as provide information on COVID-19 prevention, to lonely older people. *Photo: Georgia Red Cross*

During this activity, 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 volunteer 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. Information about existing MHPSS services across the country is already gathered by the GRCS MHPSS staff and the online coordination meetings are being conducted. 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 older 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 3,000 beneficiaries and increase the scope of coverage.

German Red Cross

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

Hellenic Red Cross

Greece has implemented measures to slow the spread of the coronavirus, from quarantines to school closures and finally to the lockdown. After the lift of the restrictions and the lockdown measures, most of the businesses have reopened with strict hygiene measures. Hopefully, we have not encountered any increase in the infection rate. As early as 18 May, Greece took the first step to open the airports and travel to domestic destinations. Gradually until the end of May, the interconnection with some

major European destinations will be resumed. The Hellenic Red Cross in order to support the migrants at the Centre of Malakasa organized a humanitarian aid distribution of 1,200 individual hygiene item kits, which was successfully conducted on 20 May. A total of 1,189 migrants received the hygiene packages, containing liquid soap for hands, shampoo, body soap, body sponge, face towel, toothpaste, toothbrush, baby wipes, baby diapers, sanitary pads for women and razors for men. HRC's employees and volunteers participated in the distribution, and executives of the IFRC and ICRC assisted voluntarily. Regarding the Region, the HRC Local Branch of Thessaloniki, following all the measures for the protection of the volunteer's health and safety, restarted the educational programs for volunteers, on 18 May. With the reopening of the courts and at the request of the Bar Association of Kalamata, staff and volunteers of the Local Branch conduct body temperature measurements of people entering court premises, while the Local Branch of Loutraki provided the Corinth Bar Association with medical supplies, such as masks, gloves and antiseptics. At the request of the Federation of Judicial Officers of Greece to the Central Governance of the HRC and following a relevant request of the Magistrates' Court of Argos, the HRC Local Branch of the city began performing temperature measurements of citizens at the entrance of the Court. Furthermore, people are provided with guidance on how to wear and remove personal protective equipment against COVID-19. HRC volunteers from the Nursing and Social Welfare Services of the Local Branch of Thessaloniki continue to operate a Temperature Measuring Station against the pandemic at the premises of the Ministry of Justice in Thessaloniki and Chalkidiki.

Hungarian Red Cross

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

Icelandic Red Cross

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

Irish Red Cross Society

During the reporting period from March until the end of August, Irish Red Cross (IRC) carried out more than 600 patient transports nationwide, using its vehicles and its volunteer personnel. As previously reported, IRC volunteers continue to provide community support for vulnerable and high-risk groups with a variety of services including delivery of essential household items, medicines and well-being check-ups. This includes the ongoing delivery of up to 1,519 care packages to key vulnerable households and groups.

In response to the COVID-19 pandemic and in partnership with Family Carers Ireland, IRC have set up an Emergency Care Scheme. The scheme provides family carers with access to a 24/7 emergency helpline in the event they are in an accident or suddenly become ill. When called on, Red Cross volunteers will sit with, and support the person requiring care until a home care package can be organised. The NS has also recently produced and distributed 5,000 leaflets on volunteers and public guides to stress awareness, highlighting the understanding of stress, dealing with stress, maintaining well-being, when to seek help and where to seek help.



Irish Red Cross volunteers Clíodhna and Laoise delivering food to their local food bank. Photo: Irish Red Cross

Italian Red Cross

Health: Epidemic control measures: Since the rise in the number of new cases registered in August, and during the month of September in particular, the Italian Red Cross has reinforced its testing activities. Testing drive-throughs, for example, were conducted on a large scale. During the first month of activity of the testing drive-through in Fiumicino airport -opened by Lazio Region-, ItRC volunteers conducted about 11,700 tests (with an average of 300 people per day). Infection prevention and control (IPC) and WASH (community): The ItRC is still engaged in public awareness activities to prevent infection spreading, including through campaigns on digital and traditional media. In September, the ItRC conducted awareness-raising activities in preparation of the reopening of schools, with the aim of preparing and protecting students and school personnel; Maintaining access to essential health services (community health): The ItRC National Response Center has continued to provide a toll-free number service to support the referral to the services that people need. Risk communication, community engagement and health and hygiene promotion: ItRC has remained strongly engaged in risk communication, community engagement and health and hygiene promotion since the onset of the Covid-19 emergency. Through its activities, the ItRC has helped fighting the widespread “infodemic” and continued to spread the Ministry of Health’s recommendation and guidelines for a correct behaviour aimed at containing the virus spread. During the months of August and September, the ItRC continued to raise awareness on the impact that PPEs have, if not correctly disposed of, on the environment; Mental health and psychosocial services: The toll-free number of the ItRC, enabling people in need to access mental health and psychosocial services (either directly by phone or by referral to health services), has remained active during the month of September; Community based surveillance: Also in consideration of an increased air traffic during the summer, the ItRC conducted large scale testing and temperature scanning activities in ports and airports. Moreover, as stadiums also reopened their doors to fans and supporters, some local committees carried out temperature scanning activities. In addition, the ItRC launched a campaign targeting soccer supporters and inviting them to not “let their guard down”, by using PPEs and maintaining social distancing in stadiums, as the virus

is still circulating. *Isolation and clinical case management for COVID-19 cases:* The ItRC also supports migrants and asylum seekers who are quarantined on vessels -provided by the Ministry of Interiors- upon their rescue at sea or arrival on Italian shores. ItRC operators provide medical assistance and psychological support; *Infection prevention and control (IPC) and WASH (health facilities):* The ItRC continues to implement pretriage activities to ensure the access of population to health premises in a safe manner.

Socioeconomic interventions: *Community engagement and accountability, including community feedback mechanism:* The ItRC continues to monitor its digital channels to promptly and properly respond to people's questions and doubts. A toll-free number for people to seek advice and receive information is also available. *Livelihood, cash support and food aid:* Since the onset of the emergency, the ItRC has been providing vouchers, food aid and livelihood to people in need. The toll-free number is still active in order for people in need to request the most suitable service for their specific situation. *Social care and cohesion and support to vulnerable groups:* While the end of the lockdown partially eased the situation of many people living alone and isolated people, particularly older adults, the ItRC continued to provide home care and over-the-phone company to people who are still vulnerable under the current conditions.

National Society institutional strengthening: *NS readiness:* In September, the ItRC terminated its temporary volunteering programme, which allowed every interested citizen to become a volunteer and help responding to the Covid-19 emergency after a short online training. Temporary volunteers are now given the opportunity to become regular volunteers, and to continue supporting the ItRC activities in a more stable manner. *NS sustainability:* The ItRC continues to raise funds to respond to the Covid-19 emergency, especially through partnerships with institutions and companies. Also thanks to its communication activities, the ItRC is raising funds from individual supporters as well; *Support to volunteers:* Since the onset of the epidemic, the ItRC has ensured psychological support to its volunteers, involved in the Covid-19 response.

Other types of support: As Italy was one of the first countries to be hit by the Covid-19 emergency on a large scale, the ItRC was forced to develop its response very early on, with a limited knowledge of the extent and gravity of the situation. Thanks to its efforts and work during the emergency, such as its contribution to sustaining the national health system and supporting the population, the experience of the ItRC can serve as example for other National Societies. Moreover, in order to spread relevant guidance and best practices, the ItRC is organising a series of international webinars that, so far, have been attended by over 600 colleagues from Nepal, Gambia, Ethiopia, Egypt, Peru, Benin and the Dominican Republic. New webinars are scheduled with Nigeria, Austria, Bulgaria, Croatia, Slovenia and Czechia. Through these webinars, the ItRC is sharing information on some critical aspects of its emergency response, including the management of home deliveries of basic necessities, voluntary emergency activities, the relationship with the authorities, psycho-social support activities, communication and data management, among others. The Italian Red Cross is also supporting the IFRC with four Staff on Loan positions on the following topics: Migration (50%, remote), Volunteer Safety (50%, remote), Movement Coordination in Asia Pacific (50%, remote), Disaster Management in the Caribbean (100% in person).

Kazakhstan Red Crescent Society has been implementing preparedness and response activities since the first days of the COVID-19 outbreak in the country (March 2020). The key activities of the National Society included communication activities on disease prevention through the social media and dissemination of printed information in the supermarkets and residential areas. The fundraising department mobilized resources for purchase and in-kind donations of personal protection items (masks, sanitizers and protective suits), which were handed over to the health facilities, police, department of the emergency situation and the National Guard that serve on the front-line in



Solidarity initiative of the Italian Red Cross in shops and supermarkets to support families affected by COVID-19. Photo: Italian Red Cross

prevention and treatment of the disease. The quarantine and quarantine affected the vulnerable population whose needs have been addressed by the National Society through distribution of the food and hygiene items. Since the beginning of the COVID-19 pandemic, the RCSK has coordinated all its' efforts with the Ministry of Health, Ministry of Foreign Affairs, local authorities - Akimats, Emergency Committee and Emergency Departments, WHO, USAID, UNHCR, NGOs and civil society organizations. Currently, there is no National COVID-19 Response Plan in the country; all the measures are regulated through the government decrees. Kazakhstan Red Crescent has been implementing activities through 16 branches, mobilizing more than 76 staff and 2,724 volunteers. The following response was provided: Food support: To date, 10,737 vulnerable families received parcels consisting of essential food and hygiene items. Support to medical personnel with monitoring people in self-isolation: RCSK volunteers provided assistance to the medical institutions in Almaty city with monitoring of people in quarantine, those people who came in close contact with COVID-19 patients and should stay at home for self-isolation. Volunteers make calls to people in quarantine and monitoring that they follow the regime. Moreover, volunteers deliver medicines from clinics to people with chronic diseases and older people; reaching 3,226 people so far. Provision of PPE to Health workers: 10 regional branches of RCSK distributed more than 3,613 masks of own production to the vulnerable population, and 228,880 masks and 50,000 gloves were distributed among those who are in front line of fight against COVID-19 (public health departments, medical facilities, internal affairs bodies, emergency departments, the National Guard, akimats); Staff and volunteers of RCSK at HQ and 16 branches received the necessary PPEs including masks, sanitizers and gloves. Provision of Health facilities with medical items for COVID-19 testing: 1,620 reusable protective kits were purchased and distributed among 13 medical institutions of Almaty city. Risk communication and community engagement Kazakhstan Red Crescent also continues its efforts in risk communication and in managing community feedback through the social media, through electronic mailings and putting up leaflets in various organizations. While Kazakhstan Red Crescent has ramped up its institutional preparedness with the establishment of the emergency logistics warehouse, plans are underway for health education and promotion via social media like Instagram, Facebook, Twitter and YouTube. 574,797 IEC material for COVID-19 information, tutorials for the proper wearing of masks, handwashing, and etiquettes of coughing and sneezing have also been disseminated. To date, 3,711,226 people have been informed about protective measures of COVID-19.

Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan keeps on supporting the government in its response to the pandemic and helping vulnerable groups with a view to forestalling and mitigating the adverse effects caused by COVID-19. All activities have been coordinated with health activities, government agencies and partners. The RCSK teams in Bishkek, Chui, Osh and Jalal-Abad provinces distributed 10,000 dairy products for 7 hospitals and for social care facilities over 4 locations, where older people, people with disabilities, orphans etc. are accommodated. Bishkek Sut Company provided these products. RCSK is continuing with its information campaign for COVID-19 via social media platforms and information material. Since the period of RCSK response on COVID-19, RCSK teams distributed 925,123 brochures to urban and rural communities as well as government organizations across the country.



Volunteers of Red Crescent of Kyrgyzstan are supporting vulnerable groups of population by providing them with disinfectants, personal protection equipment, food parcels, hygiene kits, informational materials and hot lunches. Photo: Red Crescent Society of Kyrgyzstan

Latvian Red Cross

Latvian Red Cross (LRC) has worked without a stop, especially in providing services that cannot be done remotely, such as providing home care; running social centres, shelters for homeless people, crisis centre, accommodation centre for people in crisis (24/7) and day centres (also remotely). The National Society is also distributing food packages

(through the 'FEAD' program), as well as buying and delivering food and medicine to isolated people by volunteers and providing meals in night shelters and social apartments with a support of donations (catering companies) and volunteers. Latvian Red Cross continuously works with refugees and asylum seekers. The Secretariat of the NS has continued work non-stop. First Aid trainings had to be stopped for the whole period of state of emergency but started again since 23 May with certain restrictions. First aid provision at public events has stopped at least until Autumn. LRC maintains regular communication with governmental institutions and municipalities to work together with local branches to provide support to people in need.

Lithuanian Red Cross Society

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

Luxembourg Red Cross

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

Malta Red Cross Society

The Malta Red Cross is working in coordination with the government in responding to COVID-19 amongst the migrant community. Activities include the following. Migrant Isolation Unit: Part of the Hal Far Tent Village (HTV) has been isolated to segregate those migrants who had been in direct contact with others who have tested positive for COVID-19. The Red Cross provides the medical assistance to those residing at the centre, including the daily monitoring of parameters, whilst taking all precautions recommended. The National Society is also managing a clinic at another reception centre to care for migrants who have tested positive for the virus, with 44 migrants receiving care up to 27 April.

In direct contact with the Public Health Department, Malta Red Cross is also in charge of the swabbing procedure for the migrant community. Up until 27 April the Malta Red Cross have done 513 swabs in HTV. This is by far the largest sample of random swabbing that has been conducted on the Maltese islands since the beginning of the spread of COVID-19. These tests have yielded results as they managed to identify a cluster of positive cases. In the coming days more swabbing will be carried out in other migrant centres.

Magen David Adom in Israel

MDA was requested by the Israeli Ministry of Health to continue the activity in the COVID-19 testing project. MDA continues to focus on long-term care facilities. In addition to that, in multiple cities mobile drive-through complexes are active on the demand of the MoH, mainly in the most vulnerable communities. MDA increases the

number of samplers and samples taken and refreshes training to the staff and volunteers. So far, more than 1,776,794 samples for COVID-19 were taken by MDA. Since 3 May, the responsibility for home sampling is of the primary health care providers. Over the last week, MDA has taken a daily average of 23,530 samples and a record of 34,027 samples on 29 September. MDA teams are treating and transporting patients who are under home quarantine and suffer a situation that requires medical assistance, or exacerbation of their condition, or become symptomatic and are tested positive for COVID-19. MDA is also transporting the patients who tested positive to the hospitals, and those who are discharged from the hospital to the quarantine hotel. MDA has several members (staff and volunteers) under home quarantine. MDA is in constant contact with them to support their needs. MDA's blood services collect plasma from patients who recovered from COVID-19 and have antibodies, and provide it to hospitals to treat severe patients. More than 8,259 plasma units have been collected up to date, and 1,186 patients were treated this way so far, as a new treatment protocol with promising results so far. MDA's volunteers transport the donors from their houses to the blood center for the donation if needed. Several of the donors had donated more than once. MDA, as the entire health system in Israel, is planning and preparing for the winter season (planning for vaccination of personnel, considering using SOPHIA tests for patients with cough and fever, planning the response for a possible outbreak in schools, etc.). [MDA's website has a dedicated section](#), with all the relevant information and instructions in several languages: .



MDA launched the "corona guardians" project, raising public awareness about the virus and prevention measures. Photo: MDA

Red Cross Society of the Republic of Moldova

Moldova RC engages people and communities, online and offline, in promoting behaviours that reduce the risk of contracting or transmitting the virus, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. The activities of Moldova RC are focused on development, printing and dissemination of informational materials, dissemination of antiseptic supplies (in public transport, but also for older people, families with many children, families of returned migrants), strengthening capacity of staff and volunteers. Through the IFRC-funded project "Moldova: Measures to respond COVID-19 outbreak", Moldova RC developed, printed and distributed informational materials on COVID-19 and its prevention. The materials were distributed in partnership with health authorities (through health institutions), post offices (within the post deliveries) and by RC staff and volunteers. In total, 799,540 informative flyers were distributed in 23 regions of Moldova. 70 staff and volunteers were equipped with PPE. Two training sessions were conducted, and more than 75 staff and volunteers were trained. Moldova RC purchased and disseminated antiseptic supplies jointly with health and local authorities. The antiseptic supplies were placed at the local transport vehicles to allow those people, who have to move through the city within the quarantine regime. In addition, Moldova RC has the focus on hygiene promotion among the most vulnerable categories of people (institutions for older people, orphanages, etc.). A total of 3,790 litres of disinfectant were distributed in 48 regions of Moldova. At least 100,000 people received access to protection measures, including antiseptics supplies. On 2 June, volunteers of the Basarabysk branch of the Red Cross organized an informational campaign as part of the "Live Now!" Charity event. The volunteers handed out to city informational booklets "Protect Yourself Against COVID-19 Infection" provided by the National Red Cross Society Program of Moldova. In addition, the Recunoștința multifunctional centre for older people in Basarabăsk and the Speranța nursing home for people with disabilities in Sadakliya received disinfectants from Moldova Red Cross. Information booklets were also received in all mayoralities and all medical institutions of the region.

Red Cross of Monaco

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

Red Cross of Montenegro

The Red Cross of Montenegro continuously provides assistance to socially vulnerable people in the country – older people, people without any or with extremely low income, persons with disabilities, Roma population, migrants as well as new categories of vulnerable people - people who lost their job due to restrictive preventive measures. There is an increased the need for basic items such as food and hygiene items, but also the need for psychosocial support. For this reason, one of the main activities related to addressing the socio-economic consequences of the crisis, was the distribution of humanitarian assistance – food parcels, hygiene kits and baby parcels. In the period from March to 1 October 2020, the Red Cross of Montenegro distributed 66,014 humanitarian parcels (food, hygiene, and baby), reaching 48,057 households. In addition, there were 4,386 procurement provided (groceries shopping, paying bills...). Furthermore, PSS was provided to 4,314 persons, and the volunteers spent 19,568 hours on the field. 130 professional home helpers provide continuous assistance for some 1,500 older people. This was possible thanks to support from many national and international donors and partners, but also thanks to the Red Cross/Red Crescent Movement. In the previous period, the Red Cross of Montenegro was in the process of preparing additional project proposal that would secure funding for the continuation of its response activities. As the so called second wave, or even the third of the pandemic is heavily affecting the country, the local Red Cross branches continue to distribute relief items to those in need. The Red Cross continues to monitor the situation and will act accordingly. When the situation allows, there will be some capacity building activities, such as additional training for staff and volunteers.

The Netherlands Red Cross

Red Cross volunteers in the worst hit areas support clinics with non-medical tasks and provide transport to hospitals. Most vulnerable are assisted with food parcels and vouchers. Volunteers are increasingly mobilised to support the ministry of health with contact tracing and testing. The situation is closely monitored to ensure NLRC is prepared for upscaling these activities whenever necessary, by means of scenario planning. To date, NLRC has reached an estimated 150,733 people through its COVID-19 response activities.

Norwegian Red Cross

The Norwegian Red Cross response has consisted of a combination of activities that have been implemented as a direct response to COVID-19, and previously existing activities that have been adjusted to the situation. The Norwegian Red Cross has attempted to ease the consequences of the lockdown for vulnerable groups, for example by offering 12,000 children activities during summer. With the easing up and rolling back of most of the restrictions that were put in place in mid-March, the NS is focusing on assisting local branches with adjusting activities back to a new “normal” and particularly with advice on how to run activities while ensuring sufficient infection control. RC volunteers have assisted on several Covid-19 test centres during the last weeks, in local municipalities, airports, harbours and borders. Further, volunteers have transported COVID-19 test from test centres to laboratories, as well as assisted people in quarantine.

Polish Red Cross

The Polish Red Cross has launched "Be safe!" campaign. It is a part of an educational program run with Aviva. The aim of the program is to teach Polish society how to prepare for crisis situations, accidents and disasters. Along with natural disasters, the topic of epidemics and pandemics has been raised. Brief instructions on how to protect yourself against infection and how to prepare for quarantine are available on a dedicated website <https://www.badzbezpieczny.pck.pl> - 8 thousand page views were recorded.

Portuguese Red Cross

Portuguese Red Cross has continued to respond to COVID19 needs as the pandemic evolves. It has tested 19,592 people for COVID19 and has traced contacts for 370 persons. It has transported 597 COVID19 patients and has provided psychosocial support to 2122 people. 1,262 homeless people have received shelter, and 57,845 people have received food and in-kind goods. 89,421 people have been reached regarding risk communication. Portuguese RC has trained 900 staff and volunteers in disease surveillance, and 1,081 staff have also received training in community engagement.

Red Cross of The Republic of North Macedonia

The Red Cross of the Republic of North Macedonia has been active since the beginning of the pandemic with the following activities: mobile teams provide procurement and distribution of food, hygiene, medicines, etc.; distribution of humanitarian food and hygiene parcels from donations and own stocks for vulnerable groups; preparation and conducting blood donation actions; distribution of protective masks and other protective materials; distribution of clothing and footwear from donations and own stocks; psychosocial support SOS line; older people support team; distribution of parcels with disinfection materials; distribution of meals for the homeless and other vulnerable groups, ensuring chronic therapy in cooperation with the Ministry of Health; delivery of oncology therapy through the Oncology Clinic; distribution of flyers for protection against COVID19; resource mobilization and donor contact; online meetings between the volunteers from the Youth Club; 24/7 active EOC for planning, analysis and coordination

To date, a total of 5,406 people from vulnerable groups have been supported with PSS activities, and 6,880 people were reached through in-home delivery of food, hygiene items and medicines. Additionally, 23,899 food parcels, 24,135 hygiene parcels and 2,953 baby parcels were distributed. The National Society distributed 10,762 disinfection kits, 123,713 protective masks, and 155,485 gloves. The NS provided 6,524 medical check-ups, distributed 15,560 hot meals for vulnerable groups and was engaged in the provision of chronic therapy to 2,611 persons.

Romanian Red Cross

Romanian Red Cross is working closely with the state authorities in charge of managing the COVID-19 Crisis (State Dept. of Emergency Situations, Ministry of Health, Secretariat of Government,) on one hand to better contain the spreading of the virus and to prevent new infections and on the other hand, to provide the front line personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results. The NS together with the authorities launched a public campaign to keep the population informed with updated and verified information and instructions on prevention. The Romanian Red Cross started an operation supported by the USAID as part of the global effort of the IFRC to combat COVID-19 pandemic. One of the key aims of the project is to conduct RCCE campaigns with three types of information materials, for three different age groups (children, teens and adults). The IEC will be drafted and printed on the topic of COVID-19 prevention measures; mental health and stigma.



Romanian Red Cross continues to support medical professionals in hospitals with masks and disinfectants. Photo: Romanian Red Cross

The Russian Red Cross Society

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

Red Cross of San Marino

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

The Red Cross of Serbia

From the beginning of the COVID-19 crises and declaration of the state of emergency in Serbia until 31 August, the Red Cross of Serbia engaged 176 local Red Cross branches and implemented a needs assessment in 168 municipalities, 185,597 people reached through the NS help line, 130 branches organized PSS activities for those in need, and also sent out SMS messages related to psychosocial first aid. Additionally, 174 branches are implementing RCCE/CEA activities, 16 local branches are providing support to the health system and institutions in the country, 159 branches have been engaged in food distributions, reaching an estimated 706,784 people.

During the state of emergency, 76 local RC branches were running public/soup kitchen program (134,000 meals were delivered to beneficiaries' address). Regarding National Society Strengthening, at the beginning of the COVID-19 response operation, the Red Cross of Serbia established the Disaster management Coordination-Operations Centre



The Red Cross of Serbia with the support of the Ministry of Labour, Employment, Veteran and Social Affairs republic of Serbia, organized distribution of the humanitarian aid during the COVID pandemic. Photo: Red Cross of Serbia

(DMCOC) for disaster preparation and response, to improve the coordination of disaster response activities, 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 IFRC and USAID.

A "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. The NS has distributed the following PPEs in the country: Protective masks – 283,280 pcs; o Protective gloves – 347,100 pairs; o Disinfectant liquid – 16,346 litres; In total, by implementing previously mentioned activities during this period (15 March - 31 August) the Red Cross of Serbia reached and helped more than 1,000,000 people in its COVID-19 response.

Slovak Red Cross

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

Slovenian Red Cross

The Slovenian Red Cross remains on stand-by for possible deployment by the Administration of Republic of Slovenia for civil protection and disaster relief in case of new COVID-19 border crossing restrictions and formulation of long queues, to provide necessary support and assistance to persons waiting (water distribution, first aid, etc.). The National Society continues to provide support to persons in quarantine (providing PSS; assistance in delivery of medicine, food and hygienic items for those with no social network/support mechanism in Slovenia; assistance in procuring these items for those with low financial means). The NS is continuously providing home delivery of food parcels, medicine, hygiene kits and/or hot meals to vulnerable persons (older persons, persons with chronic illness, etc.). The NS provides open phone lines for offering PSS, COVID-19 information and support requests from the public and also COVID-19 trainings for staff/volunteers. The NS is assisting public and private institutions by taking body temperature and scanning for signs of infection of the visitors. The NS provides support to the residents of residential homes for older persons. □ Continuing to provide clothing and footwear for Asylum Home Ljubljana and Government Office for Support and Integration of Migrants due to conditions caused by obligatory 14-day quarantine for all newly arrived. The NS informs and raises awareness on COVID-19 prevention and response measures. The National Society distributes (under COVID-19 precaution/prevention regime) of food parcels and hot meals at humanitarian centres of local branches. The NS also distributes protective face masks and continues to organize blood-drives under COVID-19 precaution/prevention regime. Possible donors are invited individually by SMS upon which a blood donation appointment is made. The Slovenian Red Cross is exploring options and finding solutions for digitalisation and online provision of services and support where possible.

Spanish Red Cross

The Red Cross supports health, social and emergency services in all regions, mobilizing 59,204 volunteers, reaching 2,615,344 people of which 1,484,865 are women and 1,130,479 are men. Since the beginning of the COVID-19 outbreak, the Spanish Red Cross has provided RELIEF services to a total of 589,586 people, through different services such as shelter and provision of essential supplies and articles to people quarantined in special circumstances. Regarding HEALTH we have reached 1,007,195 people, mainly through risk communication and promotion of preventive measures. Lately messages have been more focused to prevention measures at school and at family and social gatherings, being the later one of the causes of transmission. In the coming weeks special attention will be paid as well to the flu campaign. With the increase in cases, Spanish Red Cross is increasingly collaborating in several regions in testing. Spanish Red Cross action is also very focused in the socioeconomic impact of the pandemic. Through its support to SOCIAL INCLUSION, The Spanish Red Cross has reached 764,416 people, of which 239,116 have received food and non-food essentials, with 649,116 responses as the prolonged nature of the crisis requires support over time. It has also provided cash assistance to vulnerable and at-risk populations (101,563 people) and accompaniment and aid on essential procedures. The Spanish Red Cross has assisted over 77,263 people through EMPLOYMENT guidance, helping unemployed people and those who've recently lost their jobs survive this unprecedented economic crisis. The Spanish Red Cross EDUCATION program has focused its effort on support, follow-up and providing goods, reaching more than 482,839 people. An updated overview of SpRC COVID-19 operations is available here (in Spanish): <https://www2.cruzroja.es/cruz-roja-responde-open-data>



Therapy dog Leny is comforting an older lady who has been affected by the recent wildfires. Raging wildfires in Huelva, southwestern Spain have forced 3,100 people out of their homes. Spanish Red Cross has provided beds and blankets, hygiene kits and masks for 700 people staying in sports facilities and emergency shelters. *Photo: Spanish RC*

Swedish Red Cross

The domestic response includes nationwide operations targeting all municipalities, based on needs and requests. Major activities include hotline for psychosocial support on COVID19, food and medication distribution to isolated vulnerable groups, psychosocial support at emergency hospitals, health clinic for undocumented migrants and asylum seekers, chat hot line for young people, distribution of PPEs. Additionally, there is a web-based psychosocial support and information platform that contains information on safe meeting places and information activities targeting areas with socioeconomic weaknesses. This information is available in different languages to reach as many as possible. Local branches have adapted regular services to reach out to the local population and other regular services such as advisory service for asylum seekers and refugees. Also, detention and prison activities were adapted to sustain volunteer groups and reach out to beneficiaries. The following data was collected by mid-August: Statistics on local activities are based on branch reports and may be delayed. Local branches had corona-related activities in 197 municipalities. 382 branches reported new or adapted activities. 6100 people offered to become new volunteers. 48 branches reported coordination of volunteer services. 16 branches made protection equipment (face masks). Branches reported in total 68,000 occasions of assistance to beneficiaries. Local language training, older people support, and youth activities are examples of activities that are adapted during this crisis.

The Swedish Red Cross continues to coordinate with municipalities and other NGOs across the country to reach isolated and vulnerable groups with information, food and medication. A total of 18,546 deliveries were made in 100 municipalities under an agreement with the Swedish Contingencies agency. The hotline received 1,600 calls so far. The major concern in the calls has shifted from anxiety related to the corona outbreak to the growing isolation and consequences of loneliness. The corona crisis clearly has exacerbated the existing challenge with loneliness in the society. Hospital

volunteers, offering information and psychosocial support at 6 emergency hospitals had reached 3,605 people as of mid-June, and reach approx. 100-200 visitors each day. During the pandemic only essential treatments are booked at hospitals and only patients are permitted to be in the hospitals, so the number of people seeking support from hospital volunteers has been greatly reduced. With summer leave for staff we have seen a further large reduction. Many hospitals have asked hospital volunteers to suspend the ordinary services during the pandemic however we are prepared for future developments and have plans to restart with pandemic adjusted services when requested. Most of our 1400 regular hospital volunteers are over 70 years old and have been advised to quarantine. The majority of the 80-100 volunteers were newly recruited. The feedback on this special service, which was offered outdoors and in specially designed shelters during the outbreak, has been very positive not only from patients and visitors but also from medical staff. The service is now returning to regular but adapted services. 38 transfers of protection equipment were delivered to emergency hospitals and companies/authorities as part of an agreement with the National Board of Health and Welfare. (Data from mid-June, pending update). Swedish Red Cross reached more than 8,540 people in 10-15 lower socioeconomic areas. Lunches were served to families in need, approx. 200 deliveries each week. The health clinic for undocumented migrants and asylum seekers received 70% more visitors from March to July compared to the same period last year. Volunteer services at migration detention centres and custodies have developed digital alternatives to maintain psychosocial support. The advisory service for asylum seekers and migrants as well as the travel support service for family reunification register an increased demand due to changing legislation and entry regulations. As the outbreak evolves, the Swedish Red Cross will adapt and adjust its strategy accordingly.

Swiss Red Cross

Domestically, the SwissRC provides the following services: 1) Financial assistance: Families or individuals running into financial difficulties due to the C19 crisis, can apply with the SwissRC for financial support up to ¼ of the Swiss minimum wage per month. This support was made possible thanks to individual donations of the Swiss population to the Glückskette / chaîne de bonheur as relief for those immediately affected by poverty. The individually adjusted financial support will be prolonged until the end of 2020. 2) Contact tracing: In some cantons the SwissRC is supporting the local health authorities. 3) Drive-thru test center: After three months of successfully delivering testing in the first pandemic wave, the C19-drive-thru test center Bern was closed on 26 June 2020 to be re-opened on 6 October 2020. The test center was established and is run on demand of the national and cantonal health authorities and testing is performed in collaboration with public and private partners. Swiss RC volunteers make it possible that needs-based testing is performed professionally, quickly and safely. The test center was re-opened on 6 October 2020 following the demand associated with the increasing numbers of C19 incidents since mid of September. Concepts for mobile test centres are ready to be discussed with the cantonal health authorities. A validation process for C19 quick tests is in preparation in collaboration with a Swiss university and the national authorities. 4) New and existing services: Most of the Swiss Red Cross services now are well adapted to the COVID-19 situation. New teaching materials for future auxiliary nurses including blended learning are in preparation. 5) Internationally, the Swiss RC committed CHF 5.5 Mio through diverse funding modalities to the C19 response of sister RCs: CHF 2 Mio were committed to national EoPA via grant modalities, CHF 200,000 for seconding experts, CHF 1.5 Mio through bilateral C19-relief project, CHF 1.5 Mio are earmarked and partly committed for C19-response activities including livelihood interventions needed to buffer economic crises triggered by nation-wide lockdowns and loss of economic opportunities for local populations over-proportionally affecting the most vulnerable. CHF 500,000 were contributed directly to the IFRC appeal. Approximately CHF 2 Mio were additionally re-directed towards C19-activities in already running programs globally (information, rumour prevention, encouragement of behavioural change, COVID-19-adapted WASH). Enhanced monitoring will demonstrate how much of the re-directed funds will be necessary to adequately adapt existing programming to the persistent pandemic situation.

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. The priority has been risk communication and community engagement activities.



Tajikistan Red Crescent team of volunteers and staff are working continuously on prevention activities for COVID-19 in Tajikistan. Photo: Red Crescent Society of Tajikistan

During the project implementation period, information sessions on COVID-19 were conducted among 810,493 people in urban and rural populations and for 511,959 schoolchildren. The total coverage of six months activities is 1,322,452 people. Within the framework of the project, 270,000 information leaflets and posters were printed and distributed, and articles were published in local newspapers (a total of eight), which reflected the activities of the project volunteers. RCST organized several meetings with local authorities, TB, HIV and Migration Centers in 15 project target districts, related to new planned COVID-19 response activities related to livelihoods.

Turkish Red Crescent Society

TRC continues to provide protective equipment support to its staff working in the field at hospitals, observation points and food banks. Up to 5 October, TRC distributed a total of 6,553,989 PPEs. As of 5 October, Public Health and Psychosocial Services Directorate distributed 5,604,929 PPEs to the public through the branches. In the Community Centres, masks and visors by 3D printer have been produced in accordance with the standards of MoH. During the reporting month, TRC produced 465,402 masks and totally, TRC teams produced 1,876,518 masks and 3,934 visors. Between 1-30 September 2020, in cooperation with Public Health and UNICEF, TRC Child Program distributed 27,054 hygiene kits and reached to 27.345 individuals and child program reached to 491 children by visiting 191 homes through 21 staff in 7 activity area in 6 cities. Additionally, Community Centres reached to 174.113 individuals including people with COVID-9, orphans, migrants and other vulnerable through 90,763 hygiene kits. Thanks to the cooperation between Public Health and PSH Directorate and UNICEF, totally 14,150 hygiene kits have distributed to the local people and migrants. Kızılaykart program distributed 353 hygiene kits to individuals. During the reporting month (1-30 September), TRC collected 7,062 units of blood donation at its 24 regional blood centres and 11,010 units benefited from immune plasma provided by TRC. Thanks to these donations, during the reporting month (1-30 September), TRC produced 15,380 units immune plasma components and sent them to 365 hospitals. Between 1-30 September, TRC child programs paid visits to 194 homes to confirm the children at home. In this scope, TRC teams delivered 186 training sets for 353 children in 4 activity area in 4 cities through 12 youth staff through 145 home visits including the activities composed of UNICEF training resources. Between 1-30 September 2020, the activities including hygiene, cognitive and individual development games against COVID-19 have been shared via social media tools (twitter, Instagram). In this regard, TRC teams reached to 5,514 individuals through 13 activities/ games by mobilizing 3 staff. During



Red Crescent volunteers across the country help to provide three meals a day to vulnerable people during the COVID-19 pandemic. Photo: TRC

Red Crescent Society of Turkmenistan

the reporting month, 1,447 and 280 radio public service announcements including plasma donation and COVID 19 awareness have been released. The total number is 10,524 during the pandemic. Additionally, 15,522 news have been released about TRC on TV, printed media and social media and the total number is 156,239 during the pandemic. A total of 303,480 individuals visited our website in the reporting month. The total number of visitors is 4,530,119 during the pandemic. Finally, a total of 427,654 posters have been distributed regarding the health and psychosocial activities.

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. Awareness-raising activities were carried out in accordance with the work plan; 230 volunteers are conducting conversations and distributing information materials in communities about the continuity of the mask regime, social distancing and regular hand washing. Due to restrictions on holding mass events, during the current period, volunteers conducted household rounds to notify about compliance with security measures, thus, 3,750 people received information through one-to-one interactions, and provision of information materials. In Ashgabat, 153 schools were given 600 flash discs with video clips. 91,800 students viewed video clips. In five velayats, in 50 schools 300 flash discs were viewed by 75,000 students. In 8 universities of Ashgabat, 22,000 students viewed video clips. To date, a total of 188,800 people received risk information.

NRCST has provided support for training on COVID-19 prevention and response for medical personnel (family doctors and family nurses). Training of medical personnel (family doctors and family nurses) has been continued, using modules prepared with WHO and Ministry of Health, adapted and translated into Turkmen. In September, a total of 50 people were trained. Training sessions were held in polyclinics, with all precautions taken. A total of 510 family medical personnel were trained so far.

Ukrainian Red Cross Society

Ukrainian Red Cross Society continues to adapt the evolving situation with COVID-19 in Ukraine and continues to provide humanitarian assistance. The key activities of the National Society included communication activities on disease prevention through social media and dissemination of printed material among the local population, as well as health education and promotion of related information via social media such as YouTube and Facebook. Since June 2020, up to 68,299 pcs of printed material have been disseminated and up to 25,786 people were directly involved in the COVID-19 information campaign. The Ukrainian Red Cross Society Information Center has received 7,200 calls in the last period, approx. 100 of them were related to PSS assistance. Since the beginning of the COVID-19 pandemic, the URCS has coordinated all its efforts with the Ministry of Health, Ministry of Social Infrastructure, local authorities and other bodies around the country. A recent example is in an ongoing blood donation campaign initiated by URCS and running jointly with the Ministry of Youth and Sport. Up to 7,500 people already supported the campaign and became donors in the last few months. URCS is mobilizing its resources for obtaining personal protection items (masks, sanitizers, gloves and protective suits), which are handed over to the health facilities and other Government institutions. In July, 21 hospitals across the country received personal protection kits, and up to 1,000 kits were handed over to medical personnel with support of corporate partners. Volunteers of URCS continue to carry out information and education activities on COVID-19 and physically support the most vulnerable population. As for today, about 21,281 food parcels and hygiene kits have been distributed with the support of volunteers.

Red Crescent Society of Uzbekistan

The Red Crescent Society of Uzbekistan (RCSU) is actively involved in COVID-19 preparedness and response coordination with the relevant ministries, authorities and WHO.

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.). In total, RCSU has distributed 121,568 masks (900 in September) and 45,518 hygiene items to staff and volunteers, and also to at risk groups; and purchased 64 pyrometers, 13,000 antiseptics and gloves for RCSU staff and volunteers. Throughout Uzbekistan, in local communities, in marketplaces, on public transport etc., from March to July, RCSU distributed a total of 41,447 information materials, in Russian and Uzbek. RCSU has organized 4,806 different events (37 in September): awareness raising information sessions, reaching a total of 121,668 people (1,150 in September). 700 bed sets and bedding sets were delivered to MoH regional infectious diseases hospitals, as well as hygiene items for medical personnel in the MoH Research Institute of Virology. RCSU has also provided health, social and home visit services to 14,866 people, including financial and food assistance to 14,655 people.



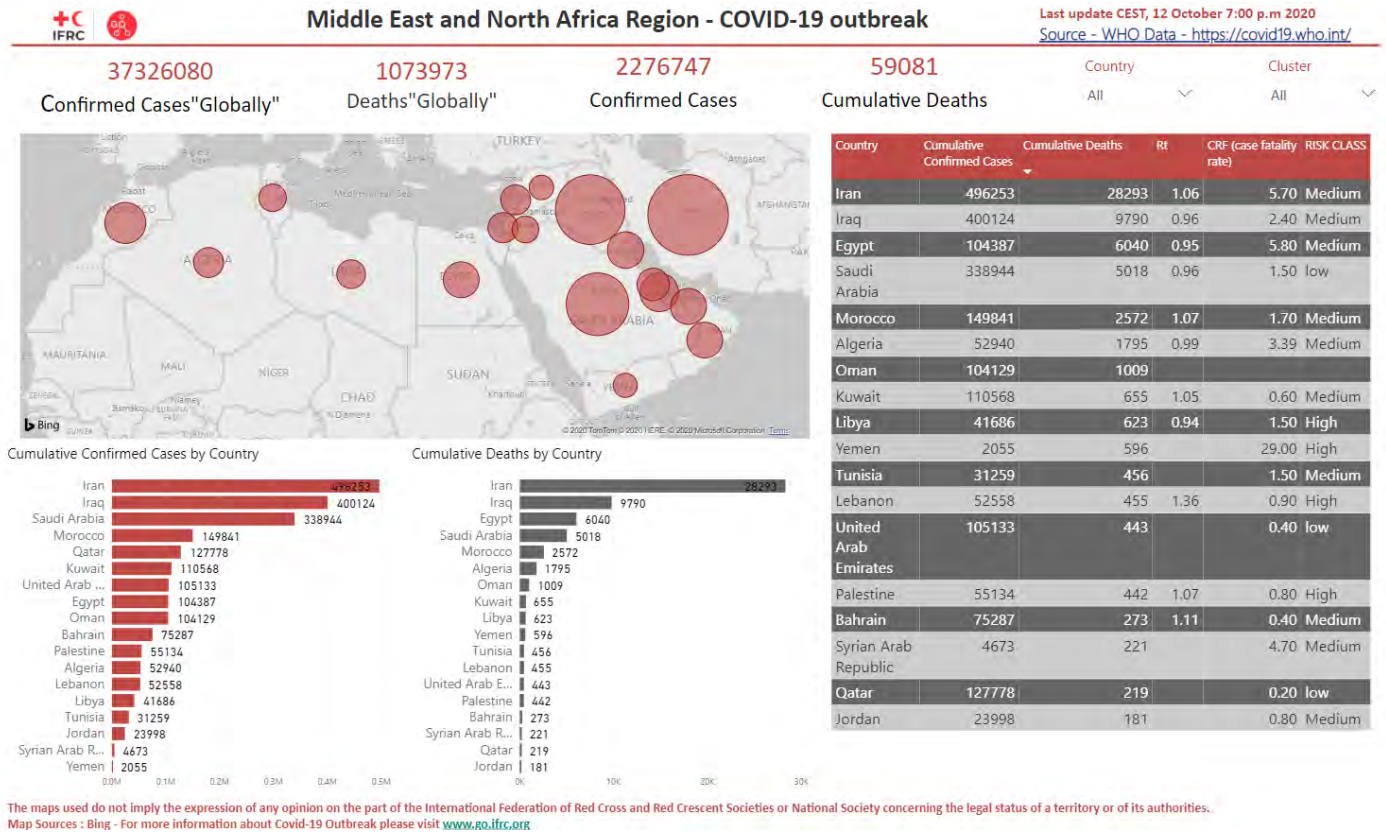
Volunteers and staff of Uzbekistan Red Crescent educate people on the importance of personal hygiene, distribute medical masks and information materials in crowded places.
Photo: Red Crescent Society of Uzbekistan

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

Contact information in the IFRC Regional Office for Europe

- Seval Guzelkilinc, Head of DCPRR, seval.guzelkilinc@ifrc.org
- Frido Herinckx, Operations Manager Europe - COVID-19, Frido.HERINCKX@ifrc.org
- Davron Mukhamadiev, Regional Health and Care Coordinator, davron.mukhamadiev@ifrc.org
- Katja Kotkavaara, Regional Pandemic Preparedness Delegate, katja.kotkavaara@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
- Mark South, Regional Community Engagement and Accountability Delegate, mark.south@ifrc.org

Regional Update



The link for the dashboard: [press here](#)

Health and WASH

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

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

community health interventions e-learning package on the IFRC platform, while developing the M&E plan for the package.

WASH team that has developed two guidance, one on handwashing hardware considerations amid COVID-19 and one regarding water quality testing parameters for MENA national societies. Furthermore, on-going coordination and discussion have taken place with MENA national societies regarding current and potential WASH activities following the IFRC COVID-19 appeal revision, especially with Lebanese Red Cross and Iraqi Red Crescent. As part of the Health and WASH forum, the health and care unit have been as well holding the MENA WASH sub-working group that is connecting the WASH technical capacity at the regional level and supporting information sharing for instance on Menstrual Hygiene Management (MHM), Handwashing and Disinfection amid COVID19 and up-scale of WASH activities in MENA between the WASH focal points in MENA region National societies and partners. Furthermore, the WASH team attended the Global WASH Cluster meeting on UNICEF's response to COVID-19.

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

Risk Communication and Community Engagement

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

To abide by the CEA guidance commitments as well as the CEA actions listed within the Emergency Plan of Action, online sessions on risk communication and community engagement approaches including setting-up feedback mechanisms, rumour management, and rapid assessment have been provided by the regional CEA unit either as stand-alone or as a part of the community health training package provided by the CBHFA teams to different national societies within the MENA region including Algeria, Iraq, Yemen, and Syria. In addition, couple of case studies from Libyan Red Crescent, and the Lebanese Red Cross were conducted to highlight the important role of community engagement in such a challenging situation, as well as sharing them as a best practice with other National societies.

Livelihoods and Basic Needs

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

Technical: Participation in developing a Technical guidance on conducting remote rapid assessment of socio-economic impacts of COVID19 in urban settings.

Capacity Building:

- Online session on CVA to interested National Societies. Feasibility studies for Cash and Voucher Assistance planned in several countries.

- Online session on Livelihoods is planned for the next period, and being prepared during this period.
- Online session on Social Protection is being prepared in collaboration with Cash Hub to be implemented before the end of the year.

Implementation: Emergency cash assistance for basic needs is being implemented in several countries.

PMER Updates

MENA PMER Unit organized weekly meeting with the National societies to discuss the updates and challenges and recently regarding COVID-19 response. Egypt Red Crescent joined MENA PMER group. During the weekly meetings the PMER support the NSs with the following activities:

- Support the National Societies with promoting the data collection tools.
- Promote GO platform within the NS by train and provide guidance for the Indicator tracking table and the Financial Tracker for COVID-19 response.

The World Mental Health Day was the biggest individual theme. Other themes included COVID-19 precautions, #WorldSmileDay, #WorldAnimalDay as well as our work in Tunisia, Syria, Lebanon, Iran and Iraq. We also commemorated the passing of Iranian Red Crescent volunteer Zeinab Pakzad.

One of the big successes was a retweet by the [Lebanese singer Yara](#) who has 4+ million followers. She retweeted a [Lebanon Red Cross tagged tweet about COVID-19 precautions](#). Other posts got a nice amount of retweets from the MENA National Societies and Movement Partners, including ICRC Arabic (594k followers), Jordan Red Crescent, Yemen Red Crescent, Algerian Red Crescent and Syrian Red Crescent. Also, the partners outside the region, e.g. IFRC Asia Pacific, German Red Cross, Taiwan Red Cross and Finnish Red Cross as well as many RCRC colleagues reshared our tweets. IFRC global Twitter account (196K followers) retweeted our content multiple times.

National Society updates

Lebanese Red Cross

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

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

COVID-19 Pandemic in the aftermath of the explosions

As previously anticipated, Displacement of affected people combined with challenges with maintaining physical distancing and other preventative measures during the aftermath of the explosions has increased the risk of the spread of the COVID-19. The spread of the pandemic has dramatically increased after the explosion over the past two months whereby the number of reported cases reached a minimum of 1,000 cases daily since September 20- The government has announced lock down at zonal level in 169 villages (as per the latest memorandum published on October 11 by the Ministry of Interior) to control the spread of the virus. Displacement of affected people combined with challenges with maintaining physical distancing and other preventative measures during the aftermath of the explosions can increase the risk of the spread of the COVID-19. The spread of the pandemic has dramatically increased over the past two weeks - approximately two-thirds of all confirmed cases in Lebanon occurred during the past 30 days - see below chart (source: Lebanon MoPH): Since the onset of the COVID-19 pandemic in Lebanon, LRC has been mandated to take the lead in transporting suspected and confirmed COVID-19 cases, as well as to transport test samples from multiple locations across the country to the laboratories where they are analysed.



Donate online or through the LRC Mobile App:

<https://supportlrc.app>

As of 3 August, LRC has transported a total of 3,265 patients to medical facilities and 38,687 PCR tests to designated laboratories.

Following this new disaster, the national authorities have put on hold the lockdown measures planned to be in force until 11 August. The response strategy envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the LRC as part of the national COVID-19 response and covered outside of this Emergency Appeal is available on the IFRC GO Platform. After the blast IFRC launched an emergency appeal and an emergency plan of action is now published including COVID-19 requirements specifically under the WASH section. In fact, LRC has distributed 14,800 hygiene items (sanitizer and masks) to individuals affected by the blast. Relief activities like shelter assessments and cash distributions continue to take place taking into consideration COVID prevention measures and government decisions. Up to date information on the activities of the LRC as part of the national COVID-19 response and covered outside of this Emergency Appeal is available on the IFRC GO Platform.

Syrian Arab Red Crescent

Please note that all the updates from SARC represent August 2020*

Health

Risk communication and community engagement: SARC carried out awareness campaigns that included group awareness sessions and awareness sessions via the Internet and phone, while the largest part of these campaigns were home visits with **13,593** Visits, Followed by Individual awareness sessions that numbered in August **10,578** session, **6,132** Group awareness sessions were conducted by different SARC programs.

Most awareness activities were concentrated in Homs and Aleppo, with a **80%** out of the total activities, followed by Rural Damascus and Hama with **17%**. The majority of these activities were implemented by the Health Department As the number of beneficiaries of awareness-raising activities carried out by the Health Department in its various programmes reached **126,276** out of the full beneficiaries for the month of August, It was followed by Relief Department, whose reached **102,447** beneficiaries among the awareness activates that numbered **1,118**. While the WASH department carried out **372** activities benefited **35,592**.

Some of these awareness activities were child-oriented activities aiming to raise awareness among children, as the CBHFA team conducted **24** children activities for **597** child.

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

SARC has performed a large number of sterilization activities carried out by the WASH department, Health department, including **2,488** sterilization campaigns for SARC centers that numbered 150 facilities. Besides **834** sterilization campaigns for streets and public facilities, **53** sterilization campaigns for shelters, **254** sterilization campaign in hospitals, **27** within a school, along with **7,520** Personal sterilizations.

Mental health and psychosocial support services (MHPSS): The mental health of the society especially of The most vulnerable groups, and psychological support, always been a priority for SARC especially during the difficult period like COVID-19 Situation, thus the psychological support and community services teams worked to provide counseling sessions, on-phone support, and continue their mental health services without interruption, taking into account the procedures followed to limit the spread of the virus.

Medical Referrals: The medical points and first aid team in the health department, in addition to the maternal and child health department transferred cases amounting to **462**.

Maintain access to essential health services (clinical and paramedical): SARC is ontinuing to provide assistance to people in need of the Syrian Crisis while maintaining protection procedures.

Health department with 150 Facilities and relief distributions ensure that they services doesn't stop during this situation cause its importance to beneficiary's wellbeing and to ensure food security. Therefore SARC has reached **153,400** beneficiaries in 150 health facilities, and Distributed **472,645** food items, alongside **34,108** Hygiene kits covering regular distributions, house distributions, quarantine centers, and Convoys.

Socioeconomic Interventions: The disaster management team did not stop working in the light of the virus crisis, but rather was keen to provide its usual services from distributions to maintain food security for the beneficiaries, taking into account the virus prevention procedures and ensuring safety in the distribution processes.

The department volunteer also contributed help to the rest of the departments when needed and emphasized their support in their activities to fight the virus. The department was keen on delivering aid and continuing distribution operations in the areas that have been isolated, in addition to the quarantine centers and shelters. As the number of materials distributed entirely in August was: 3,725,446.

Support to volunteers: SARC has conducted **62** Training about COVID-19 In August.

1,114 Staff and volunteers benefited from these training with a disaggregation percent of 52% females and 48 % males. Also, Clinics' Medical teams performed an estimated 70% of all training followed by the CBHFA training that takes 19% out of overall training.

Iraqi Red Crescent Society

The cumulative number of Covid 19 cases in Iraq stands at 379,141, recovery is 307,482 while deaths are 9399 compared to Cumulative cases from February 24, 2020, when the first case was reported to June 1, was 6868, while the ones who recovered were 3275 and deaths 215.

Risk awareness and Hygiene Promotion. IRCS continues to conduct awareness session through direct community engagement, social, electronic and print media Community and house. From January 26th 2020 to September 30 2020. A total of 2,033,031 people were reached through Household and Community Campaigns through the 18 Branches of the IRCS, while through Social media the IRCS reported reaching 12,198,013 people. The IRCS design communication material using video clips, posters through their facebook, Twitter, Instagram and Website. The messages are also transmitted through public address systems, TV and Radio stations. A total of 495,107 pamphlets and posters were distributed in the same period. This is the biggest Risk awareness and Hygiene Promotion campaign that has ever been done in the history of Iraq. During the session **146,817 vulnerable families were provide with Hygiene Kits**

Call a Doctor: The IRCS medical doctors provide free medical consultation, advise and referral by phone. The inquiries include, how to prevent COVID-19, guidelines to follow incase a member of family is suspected of having COVID 19, how to behave during isolation or Quarantine. The Inquiries are both COVID 19 related as well as information of other diseases. During the period under review the IRCS responded to a total of 2434 call.

Psychosocial Support: Considering the fear, stigma and pain of losing loved ones, families with loved ones infected and undergoing treatment, COVID 19 has raised the need to scale up PSS, support like no time in recent history. The IFRC, and Danish Red Cross, have in the past invested heavily in training and integrating PSS, in all IRCS interventions. In the current COVID 19 Response the IRCS provided PSS support to 151,930

Disinfection of Public places: As part of the preventive measure IRCS through its 18 branches have disinfected a total of 43,007, medical facilities, food markets, religious and other public places. This exercise is conducted together with the local authorities in the various Governorates

Distribution of PPE: in order to minimise risk to vounteers and frontline health workers, IRCS have distributed 137,003 sets of Personal Protective Equipment(PPE).

The IFRC support to IRCS, Includes PPE that has already arrived in the Country from May 2020. While the food and medical equipments are expected to arrive in in October and November 2020. The support also includes Technical support from the MENA regional team of experts, ranging from HR, PSS, WATSAN, Health, CBHFA, Disaster Risk management, Cash and voucher Assistance, media Communication, Risk Communication and Community Engagement, Logistics, PMER, Resources Mobilization (PRD), as well as Internal movement coordination through Regular Regional and Country meetings as well as through the Interagency health Cluster for Iraq that is co chaired by WHO and MoH.

Movement Partners supporting IRCS include Danish Red Cross, French Red Cross, German Red Cross,Japanese Red Cross, Netherlands Red Cross, Norwegian Red Cross, Swedish red cross, and ICRC.

An On-line Handover Ceremony of PPE took place on 16 September 2020 between the IRCS. IFRC and Embassy of Japan in Iraq. Mr. Shu Nakagawa, Charge d'affaires, reaffirm the Government of Japan continued support to the people of Iraq and payed tribute to the Work of IRCS in the fight against COVID, Dr Tara Rashi, represting the IRCS Presdiente, provided a snap shot and gratitude for the support provided by the Government of Japan to IRCS through the IFRC and bilateral. The MENA Regional Director Hossam El Sharkawi praised "Unique partnership with Japanese Government and Japanese Red Cross, allows IFRC to accompany the National Societies, like the Iraq

Red Crescent, for many years, as reliable partners in provision of Humanitarian services"

The Ceremony was also attended by Mr. Ryuno Shoji and Ms. Saba Zainel from Embassy of Japan in Iraq, the IRCS SG Mr. Mohamed Abdulsattar, Maki Igarasha, Regional Rep, JRCS and Farid Abdulkadir the IFRC Head of Country in Iraq

See link to the video here:

<https://www.facebook.com/iraqircs/videos/376419476692204/?sfnsn=mo&extid=AFbGPgzmorKtsIFC>

See IRCS Website for more stories <https://www.ircs.org.iq/>

Jordan Red Crescent Society

After a preparation phase in July 2020, during the past month the JRCS has implemented activities under three main sectors: Health and WASH, Livelihoods and NS Strengthening. As to the first sector of intervention, JRCS trainers have engaged in the delivery of 10 RCCE trainings on COVID-19 to a total of 144 Community Health Volunteers (CHVs) across all 10 JRCS branches.

The trainings aimed to disseminate information on COVID-19, mobilize CHVs and build their capacity to develop and conduct RCCE activities countrywide. The training also covered protection issues related to the potential stigma that communities affected by COVID-19 could experience. Under the same sector of intervention, funds were allocated for PS support activities. JRCS's efforts during the past month have also revolved around planning for urgent cash transfers under the Livelihoods sector, activities that will be implemented in the near future. Lastly, as to NS strengthening and with the support of the IFRC, the JRCS has initiated a PMER capacity-building process, and the PER process was resumed.

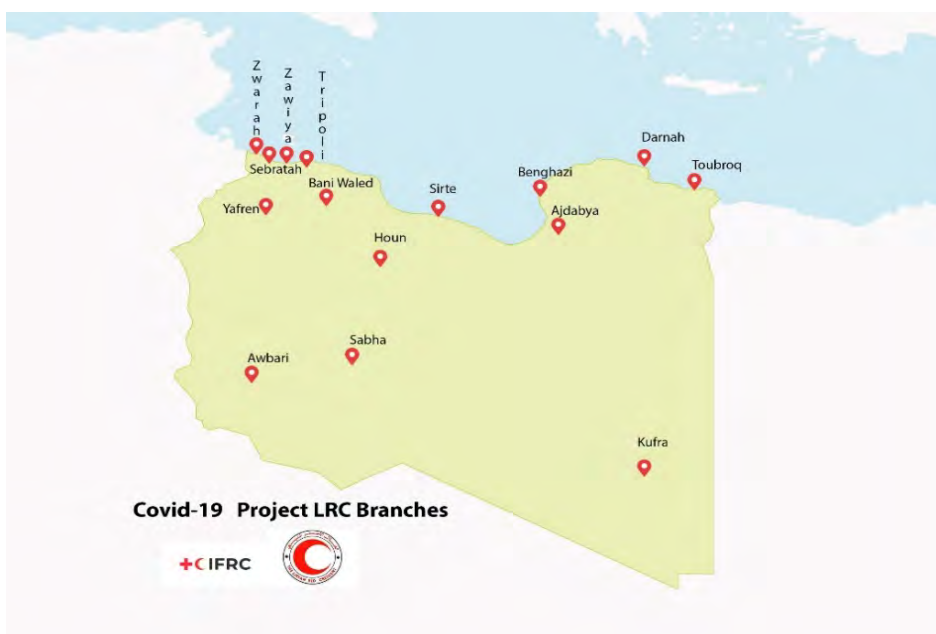
In continuity with the efforts undertaken during the previous months, in September 2020 the JNRCS has implemented activities under two main sectors: Health and WASH and Institutional Strengthening. As to the first sector of intervention, the JRCS implemented RCCE activities on COVID-19 throughout the kingdom. In total, 966 home visits, 77 schools visits and 132 group discussions were organized and delivered in 10 governorates, reaching a total of 5,499 individuals, of which 1,979 males and 3,520 females.

In addition, JRCS' efforts in this sector has involved carrying out 2 out of 7 maintenance interventions (WASH facilities) at the Jordan University in Amman, which will continue during the following month. As of Institutional Strengthening, materials and furniture for the Operation Room is expected to arrive to the HQ by Thursday 1st 2020 and the PMER capacity-building process, initiated recently with the support of the IFRC, is still ongoing.

Libyan Red Crescent Society

Supply Chain: Following an intense web-based training campaign during the first months of the pandemic, LRCS believed having enhanced local populations knowledge on COVID-19 sufficiently and decided to intensify focus on relief support to severely hit branches with high vulnerabilities. Planning and procurement of Food, Hygiene Kits and IT reporting equipment was prioritized:

- Immediate procurement through the Regional IFRC office and delivery of



Personal Protective Equipment started in August in the 16 branches.

- Procurement of food, hygiene and relief items, with a view to support local communities under curfew/quarantine and migrant populations in distress without access to temporary work income is ongoing targeting:
 - 1.200 families including migrants in detention centres
 - 1.100 hygiene kits for vulnerable and quarantined families in local communities
 - 800 hygiene kits for male migrants
 - 400 hygiene kits for female migrants
 - 300 hygiene kits for migrating children

Hygiene kits composition was developed in consultation with IFRC Regional WASH unit and the food parcels in consultation with the ICRC Libya office and the Libyan Red Crescent.

Assessments, which could also server longer term programming in especially health and psychological support are being developed and equipment procured:

- 50 IT tablets for Kobo tool data collection procedures
- 16 screens and projectors
- 9 telephones and 2 laptops for design

Trainings and Monitoring: Trainings started again in September, where psychosocial support (PSS) trainings were delivered in Sirte and Huna to 50 volunteers. Protection and stay safe trainings are being planned in consultation with Movement partners. PMER tools and data collection tools are in place and agreed in consultation with all partners and weekly technical and management meetings take place including Movement Operational Committee meetings every month and overall Movement Cooperation Agreement meetings every quarter. The humanitarian community in Libya is undertaking an overall behaviour change evaluation, which will be presented at the end of October, following which further training alignments will take place.

Yemen Red Crescent Society

YRCS provided to volunteers and health workers with PPE as follows:

6,600 N95 masks, 41,800 surgical masks, 4,400 surgical gloves, 17,950 examination gloves, 24,200 surgical aprons, 110 face shields, 110 goggles, 660 (5L) sterilizers, 103 (45L) disinfectants, 22 infrared temperature gun, 310 overalls, 44 boot. The support covered th governorates of Sanaa, Sadaa, Dhamar, Amran, Taiz, Raymah, Shabwa, Hodediah, Ibb, Mahweet, Aden, Hadramaut, Dhale, Mareb, Hajjah, and Sanaa city.

During the period YRCS also achieved the following:

- Training 760 volunteers and 340 health workers in 19 governorates (all above governorate in addition to Al Mahara and Abyan)
- Shielding activity: 40 volunteers in Sanaa city have been trained on shielding and conducted shielding registration process for 1,250 high-risk HH in three districts.
- Two online sessions on self-care for health care providers were conducted for 140 people from NGOs staff in order to develop and adapt key messages of mental health and PS targeting affected people.
- Communication and community engagement: conducted awareness campaign broadcasting messages on C-19 using loudspeakers on YRCS ambulances in 12 governorates. Also, distribution of health awareness messages on C-19 in governorates. Electronic awareness campaign was conducted through YRCS official page on Facebook reaching to 133,000 people.
- Preventive measures for schools' students during final years exams: 60 schools principals in Sanaa city have been trained on preventive measures. Examinations took place safely in 14 governorates for 480,000 students in 4000 exams centers. YRCS worked closely with the Ministry of Education to ensure all precautionary measures were taken. Measures included taking temperature of students and teachers, distribution of PPE, awareness on physical distancing, sterilizing schools before and after each exam, 100,000 masks were handed over to the Ministry

Palestine Red Crescent Society

Although the Palestinian Authority took strict measures in the early stages of the pandemic and was able to some extent to contain the situation and prevent rapid spread of it in the oPT; the real challenge started when the Palestinians workers in Israel started coming back to oPT. As of 18th October, there has a rapid increase in the number of cases and there is now a total of 58,150 Palestinians have been confirmed to have COVID-19, 53,624 in the West Bank (including East Jerusalem Palestinians), and 4,526 in the Gaza Strip. Four Hundred, Seventy-Two (472) have now died from COVID-19.

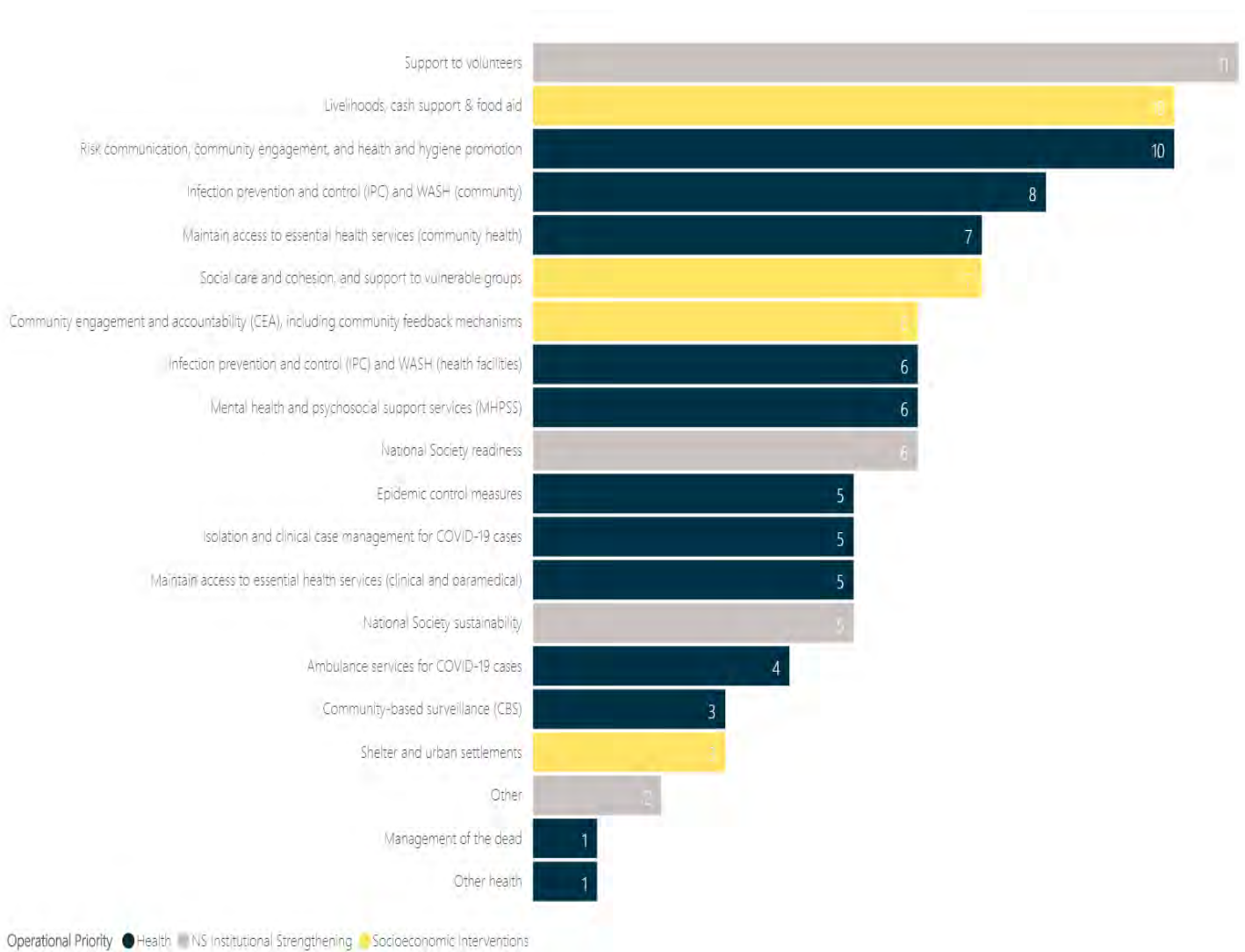
Since February 2020, PRCS commenced activities in preparation for an outbreak of COVID-19 and then subsequently responded to the outbreak in Palestine. PRCS launched its COVID-19, 2020 Response plan for \$6,544,765 and has subsequently revised the plan to \$15,739,058, in part due to address the current economic situation that Palestine now faces as a consequence of COVID-19 and the cessation of coordination with the Israeli authorities. Additionally, during the reporting period Gaza authorities have reported the first COVID-19 cases outside designated quarantine centres, including refugee camps and hospitals settings raising fears of community spread. Consequently, this has increased the economic and psychological stress on families as they are unable to work or easily access markets. PRCS has also experienced an increase in the number of calls for its EMS services as well as direct requests for financial and food assistance. PRCS EMS has been requested to assist with the transfer of suspected COVID-19 cases to government hospitals, and from government hospitals to the European Gaza Hospital in the south of Gaza Strip "Rafah Governorate", which has been designated to manage COVID-19 cases.

PRCS has continued with its communication messages focused on precautionary measures to reduce the; spread of COVID-19; including the importance and necessity; of physical distancing, lockdown, personal hygiene, etc. Social media campaigns: included daily posts on PRCS Facebook, Instagram and Twitter profiles. In addition, more than 500,000 SMS have been sent to the most affected communities and target groups such as the Bethlehem governorate, Gaza Strip local communities, laborers in Hebron governorate and Tawjihi students in various locations in the WB.

NATIONAL SOCIETY ACTIVITIES

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

12 National Societies of the MENA region reported on the COVID-19 activities:



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