# COVID-19 OUTBREAK 9-MONTH UPDATE

REPORTING TIMEFRAME: 31 January – 31 October 2020

*Volunteers of Red Cross of Moldova continue to educate population about COVID-19 preventive measures by distributing informational booklets at public sites. Source: Red Cross of Moldova*

# STRUCTURE OF THIS REPORT

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

The Federation-wide CHF 1.9 billion appeal laid out the broad support needs, and this update reports on the progress in executing this plan over the first 9 months. The structure starts with a birds-eye-view and then zooms in, looking first at what has been accomplished from the Federation-wide perspective. Next, it looks to the progress of IFRC Secretariat support, first globally, then regionally, including country-level National Society response highlights. Finally, the interim Financial Report provides information on the level of donor response, income, budgets, and registered expenditure at the end of the October 2020 reporting period, disaggregated by country, regional and thematic level.

## CONTENTS


**GLOBAL OVERVIEW** 2

Federation-wide Overview 3

Global operational update 13

**AFRICA** 31

Operational update 32

National Society response 48

**AMERICAS** 70

Operational update 71

National Society response 89

**ASIA PACIFIC** 113

Operational update 114

National Society response 128

**EUROPE** 152

Operational update 153

National Society response 172

**MIDDLE EAST AND NORTH AFRICA** 205

Operational update 206

National Society response 221

**FINANCIAL REPORT** 241

IFRC

# COVID-19
# Federation-wide Overview

**Overview:**
This 9 month report on the Federation-wide response to COVID-19 continues the harmonized and transparent approach to accountability across the global Red Cross Red Crescent network of National Societies together with the IFRC.

Through the COVID-19 Emergency Appeal the IFRC seeks **CHF 1.9 Billion** for the global work across 3 priorities:
- I: Sustaining Health and WASH
- II: Addressing Socio-economic impact
- III: Strengthening National Societies

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

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

Please note that the financial and response data in this report is as of **14 December 2020.** To see updated numbers, visit the interactive dashboards on go.ifrc.org.

**Data Limitations:**

- ***Missing data, missing disaggregation and breakdowns:*** National Societies are diverse with data collection systems and processes that may not perfectly align with the standardized indicators set by the Covid-19 operational response framework. Data may not be available for some indicators, for some National Societies. This may lead to inconsistencies across different reporting tools. Disaggregation by sex and age and further data breakdowns are particularly challenging to report on, and National Societies reporting these breakdowns might be smaller than those reporting overall totals.
- ***Reporting bias:*** The data informing this Federation-wide overview is self reported by each National Society (or its designated support entity) and may be subject to reporting bias. The Covid-19 Federation-wide financial overview is not supposed to replace formal financial reporting required by different entities. This means that there might be some differences between formal financial reporting and numbers reported through this overview. The Covid-19 Federation-wide financial overview remains an important tool for global reporting and fast operational decision-making. Some National Societies may have provided estimates for both financial and indicator values.
- ***Global Results and data quality:*** Even though a set of standard indicators is being used to collect and consolidate global results, we also acknowledge that standardization sometimes leads to combining different levels of activities/types of engagement together, despite ongoing efforts to provide definitions and technical guidance. *The guidance for CBS is under further review as a wider definition may be being used at country level by some reporting National Societies.
- ***Cumulative reporting:*** Although reporting is cumulative, there are instances when NSs have revised their initially reported figures downwards as activities or financials are re-categorized. Exchange rate fluctuations have also affected financial reporting.

**Definitions and notes**

- **Income** is defined as the fiscal value of money, material goods, and services received by the reporting National Societies to respond to the COVID-19 epidemic during the reporting timeframe, from any source, excluding internal transfers within the reporting National Society, and excluding soft pledges.
- **Expenditure** is defined as the fiscal value of money, material goods, and services which the reporting National Societies spent to respond to the COVID-19 epidemic during the reporting timeframe, excluding internal transfers within the reporting National Society.
- Expenditure not assigned to a category has been marked as 'unknown'.
- **Breakdowns:** National Societies are not required to give full income and expenditure breakdowns, so the number of reporting National Societies will be not be the same across the different sections of this summary.

# Income

***176 National Societies reporting Financial information***

TOTAL INCOME

**1.43B CHF**

This represents the total income reported by National Societies since the beginning of their COVID-19 response.

BY REGION

| Africa | Americas | Asia Pacific | Europe | MENA |
|---|---|---|---|---|
| **81M** | **263M** | **547M** | **497M** | **41M** |
| *48 NS reporting* | *35 NS reporting* | *37 NS reporting* | *44 NS reporting* | *12 NS reporting* |
| *6% of total global income* | *18% of total global income* | *38% of total global income* | *35% of total global income* | *3% of total global income* |

**DISTRIBUTION** OF INCOME ACROSS NATIONAL SOCIETIES

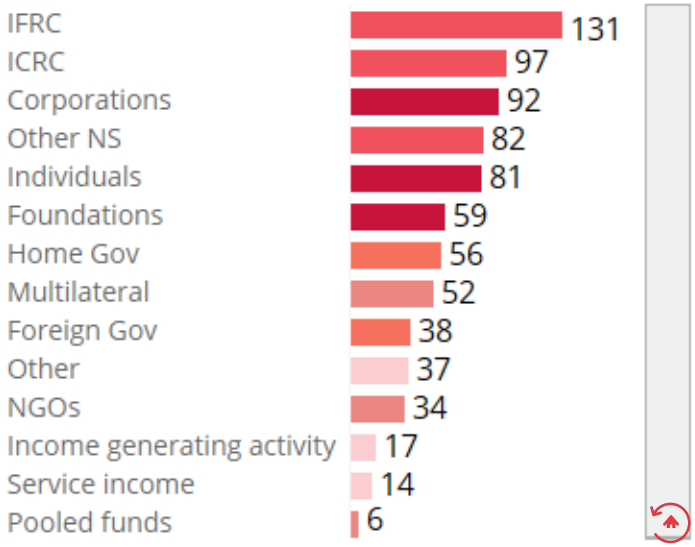
The income of the top 15 National Societies accounts for almost 80% of all income.

INCOME **SOURCE** BREAKDOWN

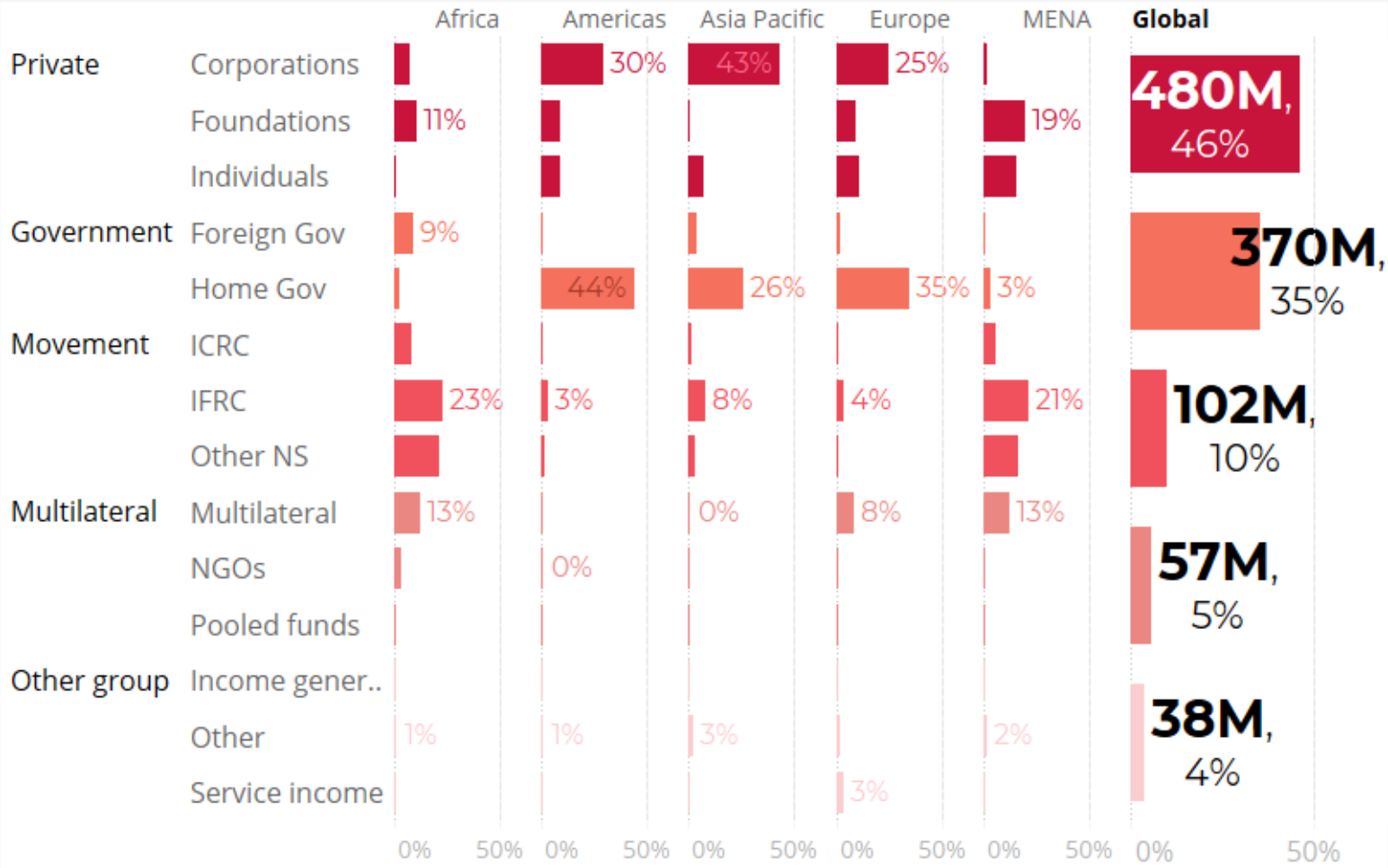
National Societies' reported major sources of income varied between and within regions, in some cases with large single-country contributions making up more than half of the regional percentage breakdowns on the following page. **Private & Government partners** continue to be a major income source for National Societies, together contributing more than 850M Swiss Francs to the collective Red Cross and Red Crescent efforts to battle COVID-19.

The **Red Cross Red Crescent Movement** still remains a key partner in many areas, with the **IFRC** remaining the most popular source of income for National Societies. **131** reporting National Societies reported income from IFRC in support of their COVID-19 response, which highlights the truly global nature of the federation's coordinated appeal.

*no. of NS indicating each income source*

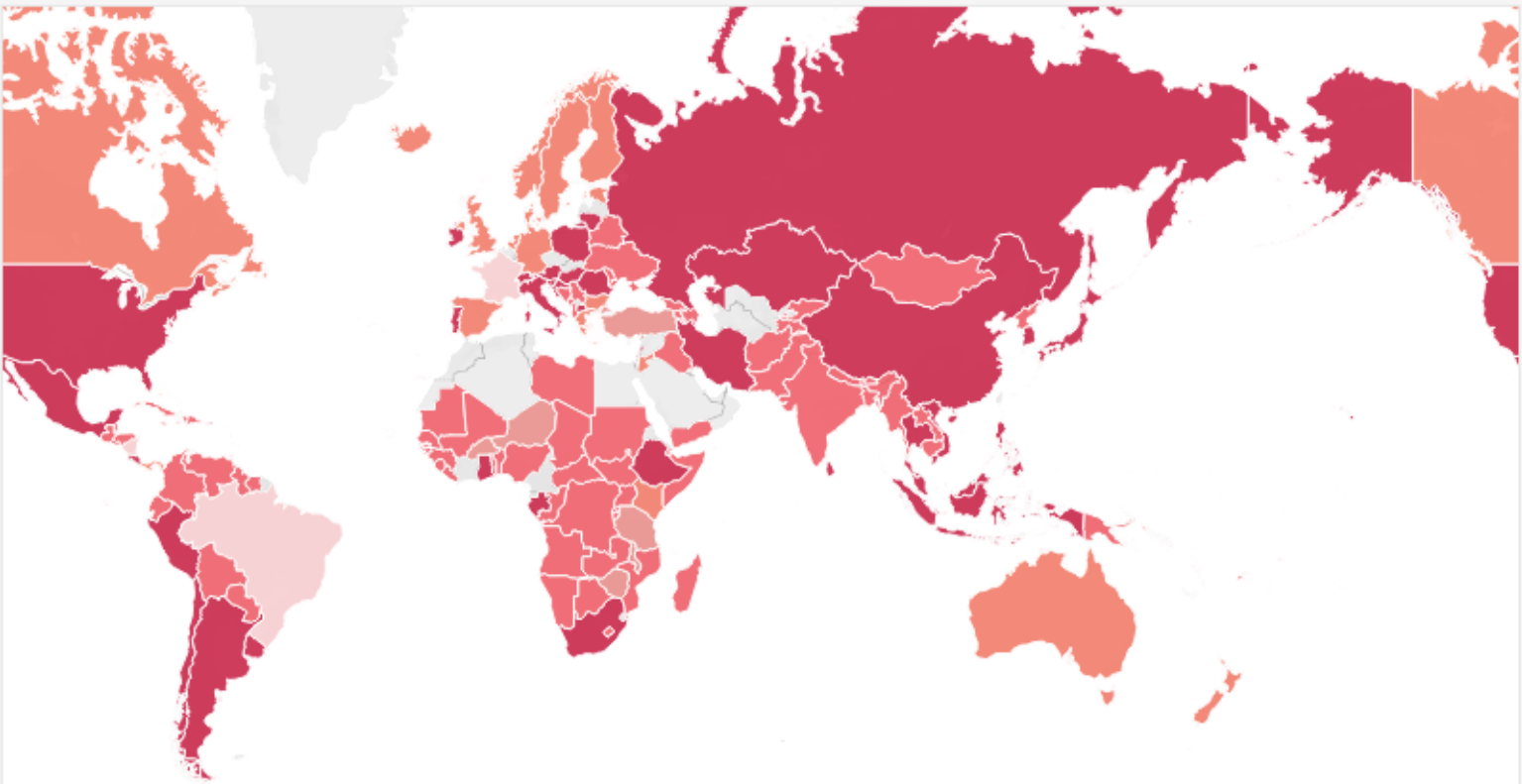


## INCOME **SOURCE** BREAKDOWN BY REGION & GROUP




## TOP **SOURCE OF INCOME** MAP

highest contributors to reported income by country



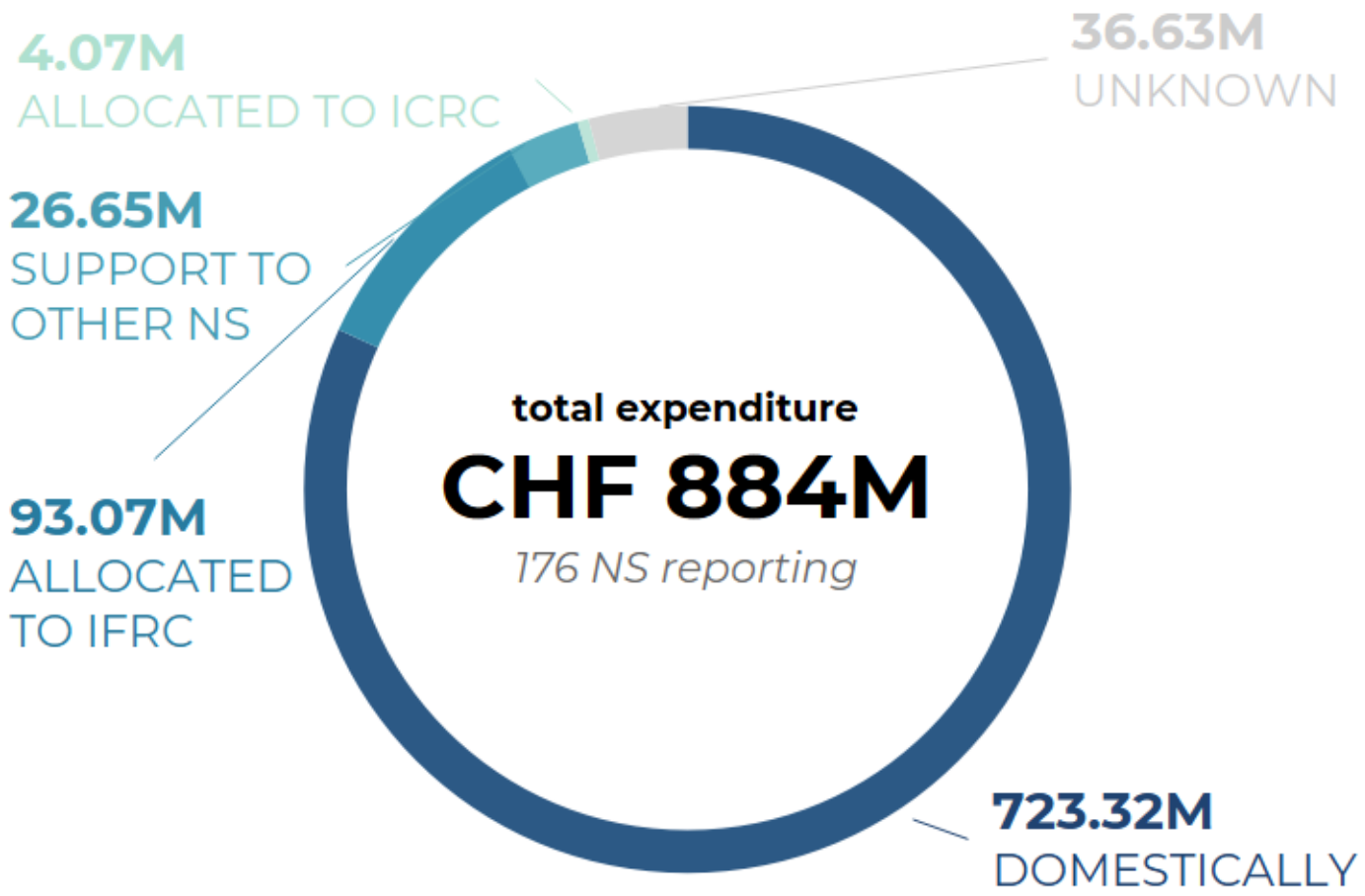
© 2020 Mapbox © OpenStreetMap

# Expenditure

***176 National Societies reporting Financial information***

## TOTAL EXPENDITURE AND SPENDING **BREAKDOWN**

National Societies reported **CHF 884 million** in expenditure from the beginning of their COVID-19 response. **Over 80%** of reported National Society expenditure was spent domestically.




## SPENDING BY **REGION**

| Africa | Americas | Asia Pacific | Europe | MENA |
|---|---|---|---|---|
| *32M CHF* | *216M CHF* | *155M CHF* | *449M CHF* | *33M CHF* |

## EXPENDITURE BY **OPERATIONAL PRIORITY**

National Societies respond to the COVID-19 pandemic in accordance with their respective mandate and context. The Federation-wide operational response framework for COVID-19 focuses on three operational priorities: **Sustaining Health and WASH**, **Addressing Socio-economic Impact**, and **Strengthening National Societies.**

Since the 6 month report there has been a significant increase in the reported amount spent globally on **Socio-economic** and **NS Strengthening** operational priorities, with a less significant change in the reported amount spent on **Health.**

Regionally, over half the reported expenditure in Europe was to address Socio-economic impacts.

BY REGION

**Africa**

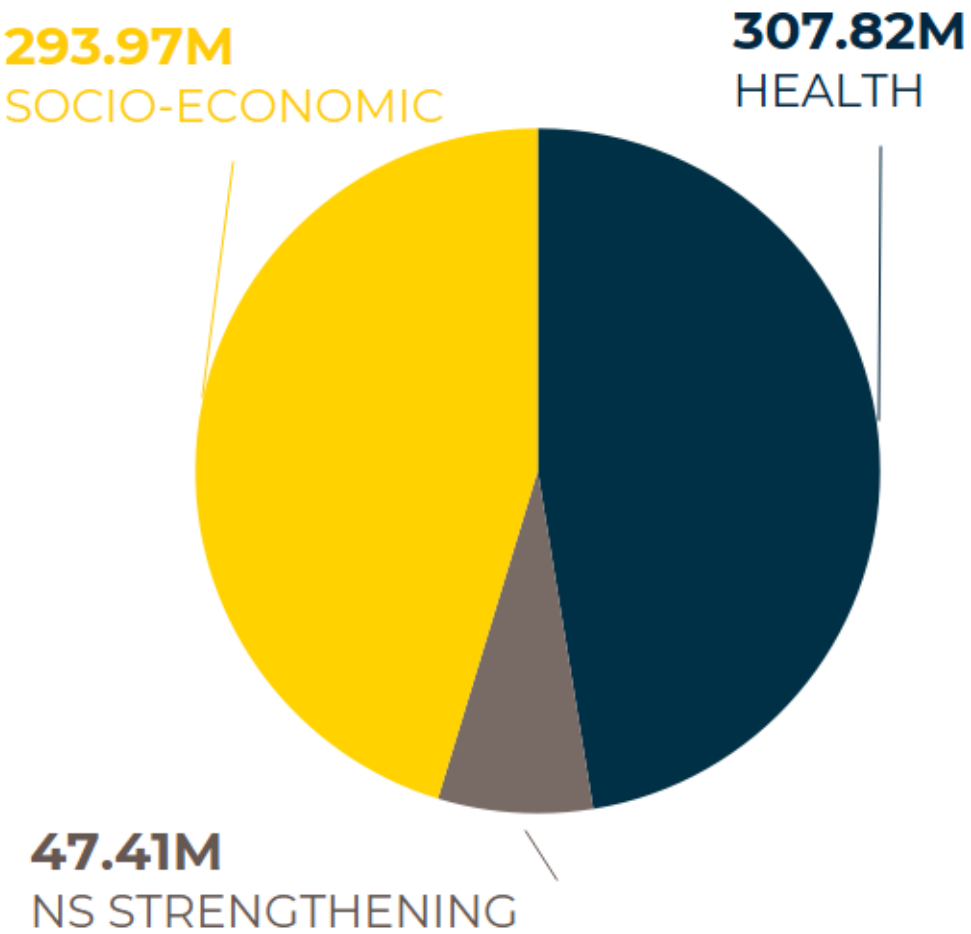
**Americas**

**Asia Pacific**

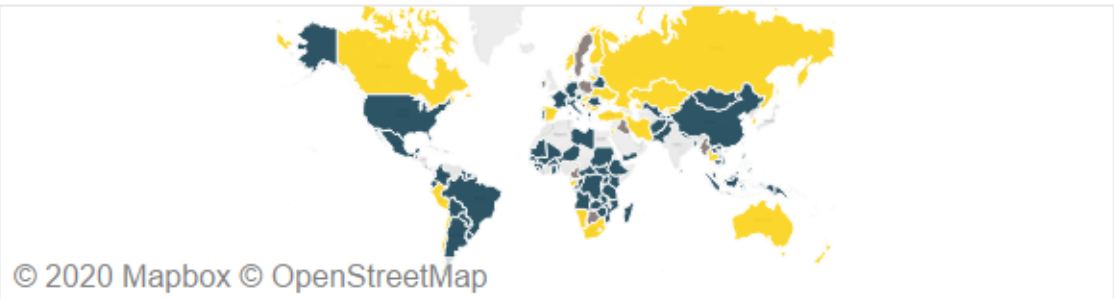
**Europe**

**MENA**

GLOBALLY




OPS PRIORITY WITH HIGHEST REPORTED EXPENDITURE **MAP**




Please note that the expenditure reported under operational priorities is not equal to the total expenditure. Please see interactive dashboards on GO Platform to explore this data further.

# Response

## *163 National Societies reporting Indicators information**

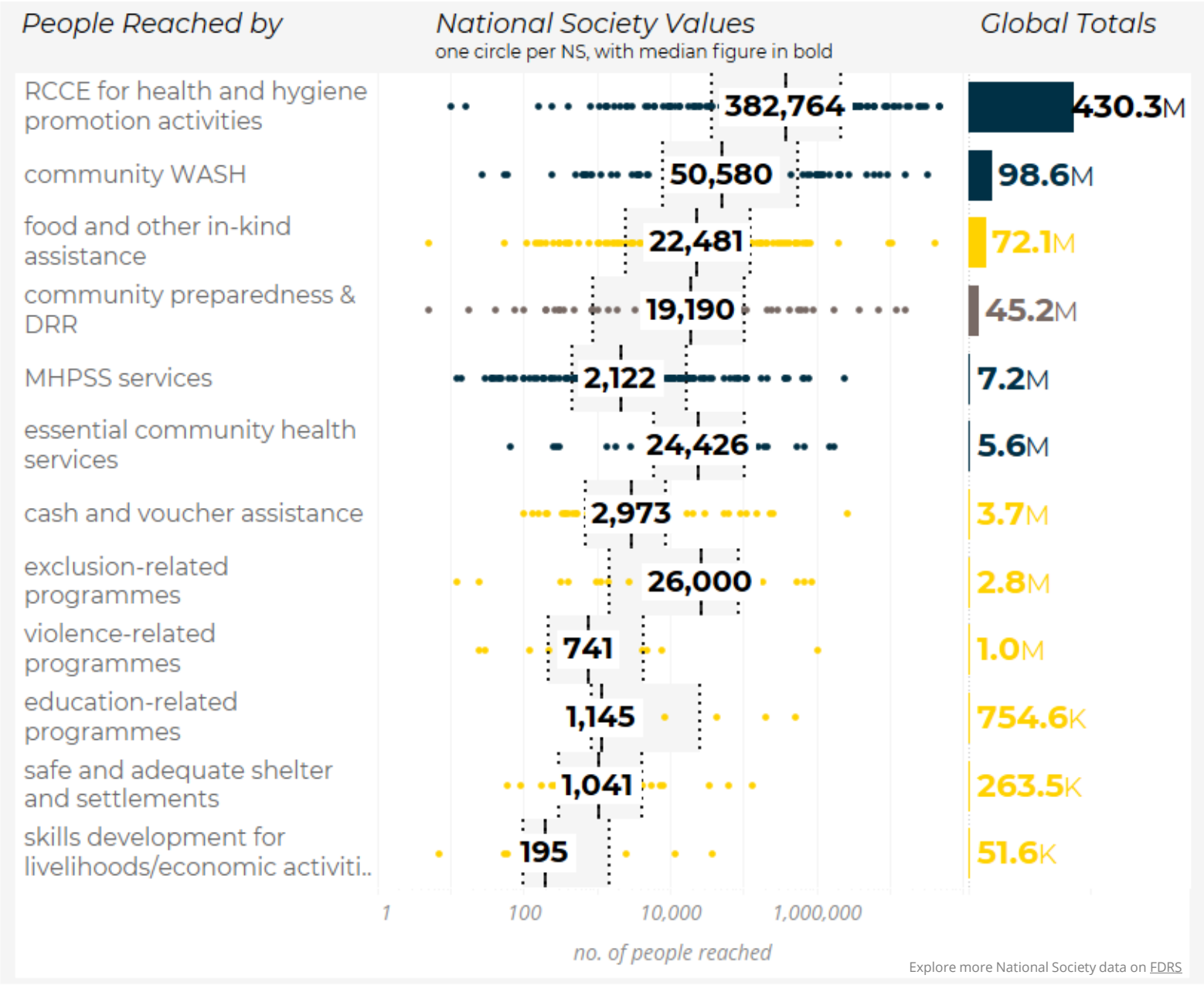
** number differs for each indicator*

The Red Cross and Red Crescent Societies continue to reach millions of people across the world with activities in response to the COVID-19 pandemic.

Risk communication, community engagement (RCCE) and health and hygiene promotion activities carried out by **156** National Societies are now reported to have directly or indirectly reached **over 400 million people** globally. Explore more on the interactive Indicator dashboard on GO.

The chart below shows the distribution of national figures for people reached, according to National Society indicator reports. As each activity or service indicator is reported independently, the same people may be reached by multiple activities. In order to avoid double-counting, it is important not to sum figures across indicators.

PEOPLE REACHED, BY **INDICATOR**



ALL ACTIVITIES BY **OPERATIONAL PRIORITY**

*As of 14 December. Explore more data here.*

The number of people reached and other indicators of National Society activities are cumulative since the beginning of the COVID-19 response, and are grouped by operational priority.

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

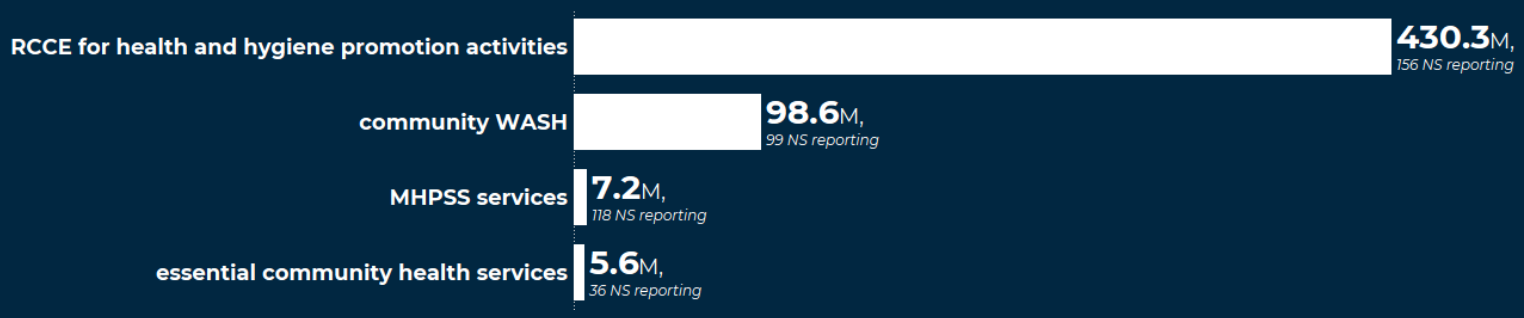
To further explore National Society activities – for example, the regional distribution of indicator values, or all indicators per specific countries – access the indicator dashboard on GO Platform: https://go.ifrc.org/emergencies/3972#actions

# I: HEALTH

CHF 307.82M

*Curb the pandemic – Prevent Transmission and Sustain Health and WASH*

## People reached by



### Health Facilities

**5,178**
*Supported*
***73** NS reporting*

**2,204**
*Treating COVID-19*
***24** NS reporting*

**1,665**
*Maintaining services*
***42** NS reporting*

**1.6m**
*COVID-19 cases in isolation receiving material support*
***73** NS reporting*

**4.4m**
*People tested*
***35** NS reporting*

**746k**
*Contacts identified*
***48** NS reporting*

**3.3k**
*Community burials by volunteers and staff*
***21** NS reporting*

**554k**
*COVID-19 cases received ambulance transport*
***51** NS reporting*

**2.5m**
*Staff and volunteers supporting screening*
***51** NS reporting*

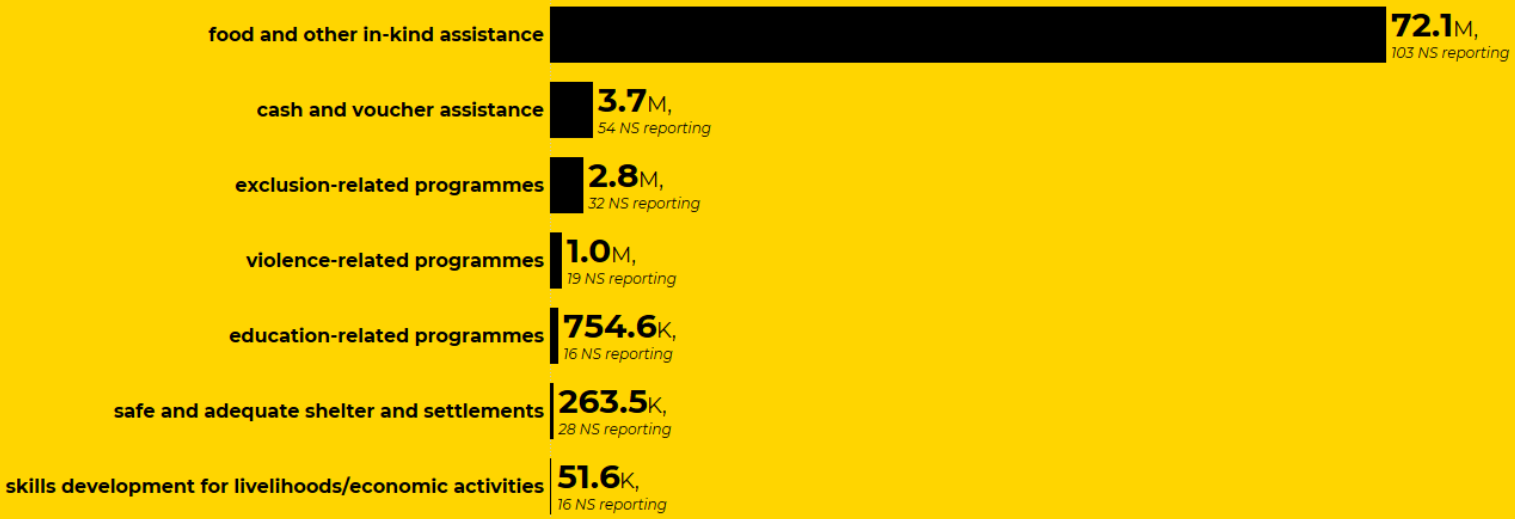
**102k**
*staff and volunteers trained on COVID-19 risks **
***58** NS reporting*

# II: SOCIO-ECONOMIC

CHF 293.97M

*Tackle poverty and exclusion – Addressing Socio-economic Impact*

## People reached by



## Community Feedback Mechanisms

**206.9k**

*Community feedback comments collected*
***67** National Societies reporting*

**1,322**

*Reports produced based on feedback*
***36** National Societies reporting*

**154k**

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

**1.2k**

*Branches with marginalised needs analysis*
***41** National Societies reporting*

# III: NATIONAL SOCIETY STRENGTHENING

CHF 47.41M

*Strengthening Red Cross and Red Crescent Societies*

## Support to Volunteers

**604k** covered by insurance

*93 National Societies reporting*

**1.4m** with access to PPE

*125 National Societies reporting*

## National Society Readiness

**45.2m** people reached by pandemic-proof DRR

*66 National Societies reporting*

**96**

*National Societies are included in government plans*

**100**

*National Societies have contingency plans*

## National Society Sustainability

**57%**

*Avg. core organisational budget funded (51 National Societies reporting)*

**70**

*New income streams (35 National Societies reporting)*

**74**

*National Societies have adapted Business Continuity Plans*

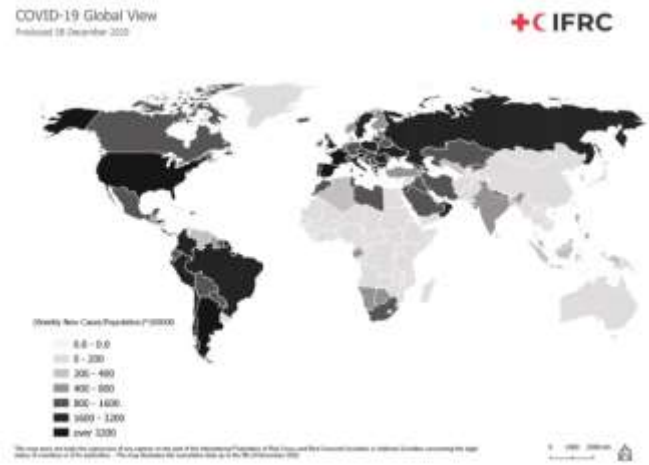
**18**

*National Societies have unrestricted financial reserves for 3 months (38 National Societies reporting)*

# Situation Update

**45.800.000** reported cases globally
reported to WHO as 31 October 2020

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

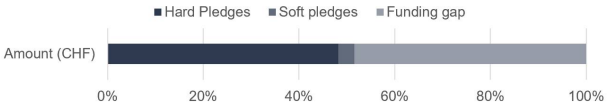



COVID-19 Global View map shows new cases per populationa as of 8 December 2020. Larger map in annex.

# Funding

**450,000,000** CHF Required

**48%** **3%** **48%**




**Data up to 02 Nov 2020. See Donor Response for latest figures.**

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

# 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**

# National Society Response

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

**157**
Sustaining Health and WASH

**150**
Addressing Socio-economic Impact

**152**
Strengthening National Societies

*Breakdown of pillars in annex and on GO 5 May – 31 October

# Useful Links

**Technical Guidance - Compendium**

The **Red Cross And Red Crescent Movement Resource Compendium** has links to resources

- Business Continuity Planning Help Desk
- Cash Help Desk
- Community Engagement Hub
- Livelihoods Help Desk
- Health 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.**

# Red Cross and Red Crescent activities globally

## Operational Priority 1: Sustaining Health and WASH

### Health and Care

The health response to the pandemic has two key goals: First, to **reduce morbidity and mortality due to COVID-19**, by supporting epidemic response measures to prevent transmission of the virus, and by providing care to COVID-19 cases; and second, to **sustain health and WASH programming to limit the secondary health impacts** of the pandemic in the most vulnerable populations. Since the beginning of the COVID-19 response, the IFRC has supported National Societies to implement technically sound public health, clinical and WASH responses that have adapted to the transmission patterns, health systems impacts, needs, and resources of each NS's specific context.

**Trends:** The **pandemic has not progressed equally across the world**; instead, there have been significant variations between and within countries and regions. Countries have broadly experienced one of five epidemic patterns, ranging from low overall reported transmission (e.g. Viet Nam, Mongolia); to a single peak with either reduced transmission (e.g. China, Afghanistan, Chile, New Zealand, Egypt) or continuous transmission thereafter (e.g. Brazil, Mexico, Libya, India, Angola, Indonesia, Poland); resurgence from reduced transmission (i.e. two distinct "waves") (e.g. Canada, western Europe, Australia, Kenya, Iran); or multiple resurgences (i.e. three or more "waves") (e.g. the United States, Japan, Serbia). These varying patterns affect both the public health and clinical responses needed, and the overall health systems impacts in individual countries. Region by (sub)region, the overall epidemic trends in *reported cases* have also been notably distinct. The Americas have experienced high and sustained transmission since early in the pandemic; Europe has seen two distinct surges in transmission, with a period of relatively low transmission between between them; Africa has seen a distinct peak with moderate sustained transmission since the peak; much of the MENA region has seen step-wise increases in new cases, with no significant decrease between peaks; within Asia Pacific, southeast Asia has seen a singe large peak, while the western Pacific has seen several surges in cases within an overall upward trend. Within affected populations, **different communities have also been affected disproportionately in many countries**, with racialized and Indigenous populations, low-income people, migrants, and others both disproportionately likely to be infected and more likely to die of COVID-19 than the general population.

**Secondary or health system impacts of the pandemic have been significant**. In a WHO survey of 105 countries, **90% of countries reported disruptions to essential health services as a result of COVID-19**. Among these, 70% reported disruptions in outreach and routine immunization; 68% in family planning and contraception; 61% in mental health treatment; and 69%, 55%, 46% and 42% in non-communicable disease, cancer, malaria, and tuberculosis diagnosis and treatment, respectively; 32% in antiviral (HIV) treatment. Emergency and life-saving care disruptions were reported by 22% of all countries, with urgent blood transfusions disrupted in 23% and emergency surgery in 19% of reporting countries. These disruptions reported by countries worldwide—and hardest felt among low- and middle-income countries— have significant impacts on population health in the short-, medium- and long-term. A June 2020 report by the Global Fund estimates deaths from HIV, TB and malaria could almost double in 12 months, meaning estimates of upwards of 4.9 million deaths in the coming year from the three diseases in part due to pressures from COVID-19 pandemic. The reduction in immunization services creates conditions for future epidemics of vaccine-preventable diseases, and may increase further as some countries have instituted new lockdowns. For example, research in June 2020 found the average number of daily immunization visits decreased by 53% during the lockdown in Karachi, Pakistan. Even after the lockdown was lfted, there was still a reduction of 27% from normal levels.

Amid COVID-19 pandemic, the Philippine Red Cross once again mobilized its volunteers and staff to support the government's effort to eradicate polio once again by mass vaccination.

Last year, the Philippines' Department of Health recorded cases of polio and found strains of the virus in some rivers and waterways in the country. With the threat of COVID-19, an estimated two million children may miss out on life-saving vaccines due to the lockdowns and quarantine being implemented. This is a key example of how National Societies help to maintain essential health services during the pandemic.

Source: France Noguera/IFRC. August 2020.

# Efforts to prepare for COVID-19 vaccination

Approvals of COVID-19 vaccines by regulatory authorities are giving hope that the most exposed and most vulnerable people can be protected from serious illness and death. This is a period of hope but also enormous challenges, as the acute phase of the pandemic will continue for many months and public health epidemic control measures will remain in place for many months as the vaccines roll out, while the impact of the pandemic may remain high for many months to come in countries with less access to vaccination. To realize the full potential of these vaccines they must be distributed in a fair and equitable manner which prioritizes health care, front line, including frontline Red Cross and Red Crescent staff and volunteers, and high-risks groups. Building trust, reaching the most vulnerable and engaging communities to ensure they have the relevant knowledge, resources and tools to protect themselves are essential elements in the Red Cross and Red Crescent effort to bring an end to the COVID-19 pandemic. As vaccines are made available, Red Cross Red Crescent volunteers and branches will be critically placed to support community-level uptake of the vaccine.

A vaccine by itself, however, is not enough. The pandemic has exposed long-standing health and social inequities and a rise of mistrust in vaccines. This lack of trust has led to the refusal of many people to follow sound public health advice which will limit the spread of COVID-19. The roll-out of a COVID-19 vaccine will only be successful if there is an immediate effort to build trust in communities, especially those isolated from or wary of governments. Addressing people's concerns will be critical to ensuring uptake of the vaccine. Trained Red Cross and Red Crescent volunteers, who are trusted members of the communities they serve, play a critical role in reaching otherwise inaccessible and disenfranchised populations, and in listening to and responding to their concerns. Once these concerns have been addressed these same volunteers support communities to access COVID-19 vaccines.

**Efforts to prepare for COVID-19 vaccination are scaling up**, and many National Societies will be central to mass vaccination plans. In a survey of National Societies preparing to support COVID-19 immunization, nearly 50% said they would support microplanning—a critical part of community-level planning for vaccine roll-out—while 60% said they would support identifying high-risk individuals for vaccination. 50% are identifying low-risk volunteers to assist with vaccine implementation and outreach; 70% will support social mobilisation through mass media promotion; and nearly 80% will be supporting vaccination through engagement with communities and community leaders. These interventions **fill critical gaps in immunization at the community level**, so that the significant investments in vaccine procurement, logistics and cold chain, and healthworker training are met with an equally effective engagement and vaccine delivery at the community level. This promotes both effectiveness and equity in vaccine distribution as vaccines start to roll out to vulnerable groups and slowly reaching the broader population. In addition, the IFRC is supporting work to **reach humanitarian populations with COVID-19 vaccination**, to protect critical populations, including health and frontline workers and people living in humanitarian contexts, who are not reached by other vaccination programmes.

Globally, Red Cross and Red Crescent Societies network of over 13.7 million volunteers are in a unique position to address the needs of the most vulnerable communities and individually through a variety of strategies that are adaptable to local contexts, capacities and needs. The **IFRC Secretariat is preparing to launch its strategy to prepare for and roll-out the COVID-19 vaccine and increase its support to National Societies across the globe**. Preparatory sessions have taken place with secretariat offices in all regions to also support National Societies in their advocacy and preparedness efforts for the work ahead.

**Response:**

- Since the beginning of the pandemic response, National Societies have been **providing clinical and paramedical care to COVID-19 cases**, including supporting more than **2,000 health facilities** in 23 countries to treat COVID-19 patients and providing **ambulance transport to 554,000 COVID-19 cases** in 52 countries.
- National Societies have been critical to scaling public health interventions to curb transmission of the virus, including by supporting **COVID-19 testing** for 4.3 million people in 36 countries; identifying and/or supporting nearly **750,000 contacts** of COVID-19 cases in 48 countries; providing material support to facilitate dignity and wellbeing of 1.6 million **COVID-19 cases in isolation** across 74 countries; dedicating 2.5 million staff and volunteers in 51 countries to **screening**; and reaching nearly 99 million people in 104 countries with **community WASH** interventions to support handwashing and hygiene measures.
- Maintaining and providing non-COVID healthcare is also critical to prevent secondary impacts of the pandemic. 42 National Societies report supporting 1,665 health facilities to ensure vulnerable populations maintain access to essential health services, reaching 5.6 million people. 120 National Societies have reached 7.2 million people with mental health and psychosocial support services (MHPSS).
- The health team is taking an active role in global lessons learning and coordination of for contact tracing.

**Gaps to be addressed:**

- **Core public health epidemic response measures**, including timely and effective contact tracing and surveillance, **continue to be undervalued in many contexts**, and some NS face challenges in advocacy and engagement with national authorities to ensure their volunteer networks and capacities are used to the fullest extent to support gaps in the national response outside of their traditional areas of work
- **Competing priorities** undermine efforts to maintain appropriate levels of routine and preventive care, including routine immunization
- **Preparing for vaccine roll-out** faces enormous challenges, including lack of funding, capacity, competing priorities, no/little involvement in existing vaccination-related emergency mechanisms (national immunization technical advisory groups, emergency operations centres, etc), and for NS that have not previously supported immunization, understanding of entry points with key partners and support to engage systematically in a large and complex vaccine roll-out for the first time
- **Knowledge management and adaptive responses** are (linked) gaps, as NS face challenges to learn from other Movement actors' experiences and to adapt large-scale response programming based on both evolving epidemiological contexts and evidence of different interventions' effectiveness

**Resources:** 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.

## Risk Communication, Community Engagement and Accountability

Community trust, engagement and empowerment of local communities have been and remain the angular stones to succeed in ending COVID-19. During the last 9 months the IFRC HQ has intensively fostered the importance of a community-centered approach and building, together with regions, National Societies and other partners from the Risk Communication and Community Engagement Collective Service, a common vision for the benefit of the communities we serve and work together to develop actions that promotes both individual and community resilience. For that, the IFRC is ensuring that priorities of the response are focused not only on the awareness and understanding of the evolution of the pandemic, but in real and meaningful engagement and participation from

all community groups including the most vulnerable. To do so, the IFRC has developed the necessary guidance technical coordination and capacity-strengthening resources to support volunteers and frontline workers in maintaining appropriate and safe risk communication and community engagement outreach.

**Trends**: The role of IFRC in collating, analysing and responding to community feedback and perceptions continues being at the centre of our actions. We have learned that we need to work with evidence-based data, listening to communities to appropriately respond in a more effective way in the health, humanitarian and socio-economic impacts of the pandemic. During the last months, data from the National Societies has shown that:

- Although COVID-19 awareness is generally widespread, findings suggest that 22% of respondents surveyed by Red Cross Red Crescent Movement and partners across Asia Pacific reveal that online information from social media is not as trusted as local and expert-based sources such WHO, radio, community health workers, UNICEF and Red Cross Red Crescent volunteers. Similar results were seen in a KAP survey among displaced population and host communities in remote areas of northern Cameroon: while the importance of washing hands with soap seems to be well-understood, yet 40% of respondents were not able to name the modes of transmission of the virus and 21% of respondents interviewed did not know COVID-19 symptoms.
- A constant trend in data received from Africa is mistrust in the response, with many comments indicating that people or institutions are intentionally harming people, or that the pandemic is used for making money or for political purposes. The tendency in the risk perception decline has also been highlighted during recent KAP assessment in Turkey: although people respondents are aware of COVID-19, they are less and less inclined to take measures as a result of fatigue and not taking the threat as seriously as they did before.

- Another common topic is around protective behaviours particularly mask coverings. While uptake and compliance are generally high, there are still concerns about wearing them. For instance, in Africa, the belief that wearing a mask can cause other respiratory illnesses has repeatedly appeared in community feedback conversations. There were also several requests for soap, wash basins, chlorine/disinfectants and face masks, which can be subject to personal factors as well as affordability.
- Stigma is a key challenge. Almost 50 per cent of survey respondents in Pakistan, Indonesia, Malaysia, and Myanmar believed that a specific group is at fault for the spread of COVID-19. In MENA, the IFRC regional office designed a specific anti-stigma campaign to address constant stigmatization against health workers and front-line workers dealing with COVID-19.

**Response:** Since the beginning of IFRC response to the pandemic, a total of **238,750,397 people in 134 National Societies** have been reached through Risk communication and community engagement and accountability activities. A large variety of culturally appropriate direct and indirect channels have been used based on regional and local needs with most of them focusing on innovation and remote channels. The IFRC has recently launched a Pandemic Fatigue toolkit that reinvigorates ways of conducting CEA amid pandemic fatigue and new waves where local innovative case studies are highlighted.

The IFRC continues to focus in establishing community feedback mechanisms to understand the beliefs, fears, rumours, questions, and suggestions circulating in communities about COVID-19 and to strengthen and coaching capacities to maintain the quality of data to better frame our actions. To date, a total **of 413 feedback reports and more than 138,596 feedback comments** have been collected at national and regional level. With a new dedicated person working to collate and interpret the global feedback data, the IFRC is gradually consolidating a system to track and respond effectively to local needs, knowledge gaps and misinformation.

On Vaccines, the IFRC has been actively involved in the creation of Community Engagement guidance for the COVAX and ACT-A Demand Creation sub stream. In strong coordination with the Immunization and the Health team, the CEA Unit has been eligible for a 2 million grant from the WHO Solidarity Fund to set up a strategy for mobilizing communities and driving uptake of COVID19 vaccines proposal together with IFRC, UNICEF and WHO. Trust, expectations management and appropriate community-led solutions will be the angular stone of the vaccine uptake.

Community engagement is also taking an active role in the coordination of the Ad-Hoc Contact Tracing subgroup where work has pulled from the experiences of NS working contact tracing, including experiences using proximity tracking applications, and contributes to country packages developed to support MOHs in their ongoing efforts in contact tracing.

**Gaps to be addressed:**

- **Community trust needs to be built and maintained if we want to end the pandemic.** More advocacy, investment and coordinated strategies are still needed as well as the buy-in of other IFRC units to align efforts in trust maintenance.
- **Increased efforts to reduce COVID-19 stigma and discrimination** will be crucial to protecting the most vulnerable, including health workers.
- A more **solid and consistent knowledge sharing and learning system** that promotes community of practice of Riks Communication and Community Engagement is currently undergoing but represents dedicated human technical and financial support to be rolled out in the long term.

**Resources:**

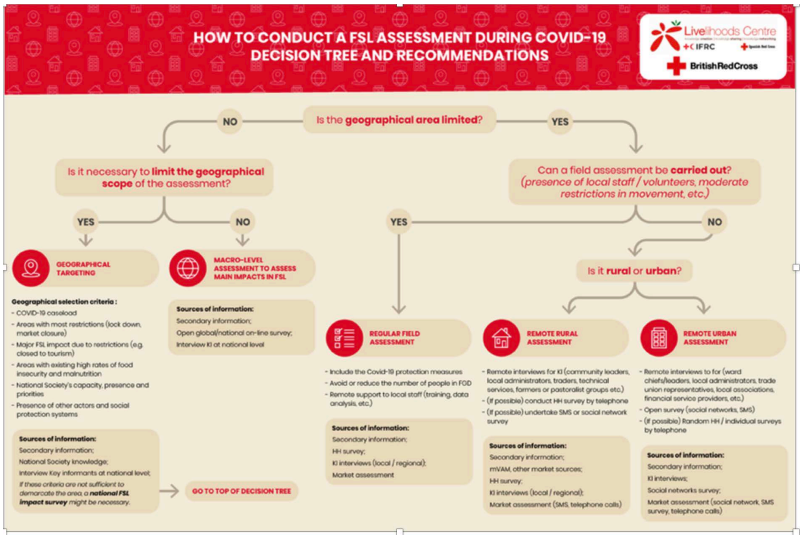
- Access to all RCCE resources on the **Community Engagement Hub COVID-19 section**.
- **Global Repository of COVID-19 IEC Materials** including infographics, posters, videos and other key IEC materials in different languages.
- **Risk Communication and Community Engagement Training Packages & Webinars** with a range of global and regional training packages as well as the latest thematic webinars held by IFRC and partners.
- A monthly CEA Newsletter is shared widely including COVID-19 related content.

# Operational Priority 2: Addressing Socio-economic Impact

## Livelihoods and Household Economic Security

**Cash and voucher assistance** continues to scale up in the COVID-19 operation, with 75 National Societies now providing some form of assistance using this modaility. The majority of this is multi-purpose cash assistance to meet the basic needs of households suffering from food insecurity or whose livelihoods have been affected by COVID-19. 694,000 households are targeted by these 75 NS, with 132,000 households already reached.

In terms of **wider livelihoods interventions**, under the BMZ funding approximately 13,000 families are being supported by eight National Societies across all five Regions, with assistance, both cash and in-kind, to protect livelihoods, avoid depletion of productive assets, and contribute to household economic security.




**Coordination:** The Food Security and Livelihoods (FSL) hosted by the Livelihoods Resource Centre (LRC) has continued supporting National Societies, and to date 71 requests have been received and processed. The main requests are for advice on assessment tools, and review of response options and plans. LRC has 12 online technical training courses underway, with a total of 354 NS staff registered. This includes 5 of the Livelihoods Programming Course, 5 of the Cash Transfer Programming Course, and 2 of the Emergency & Recovery Livelihoods Assessment Course. Webinars for more than 550 NS and IFRC staff have been held in different regions to discuss technical aspects of livelihoods programming in the COVID-19 context. The LRC has reached 31,607 people on Facebook and 30,037 people on Linkedin with the **infographics and other materials** produced for COVID-19.HelpDesk hosted by the Livelihoods Resource Centre (LRC) has continued supporting National Societies, and to date 71 requests have been received and processed. The main requests are for advice on assessment tools, and review of response options and plans. LRC has 12 online technical training courses underway, with a total of 354 NS staff registered. This includes 5 of the Livelihoods Programming Course, 5 of the Cash Transfer Programming Course, and 2 of the Emergency & Recovery Livelihoods Assessment Course. Webinars for more than 550 NS and IFRC staff have been held in different regions to discuss technical aspects of livelihoods programming in the COVID-19 context. The LRC has reached 31,607 people on Facebook and 30,037 people on Linkedin with the **infographics and other materials** produced for COVID-19.

**Technical:** A guideline and tools on targeting in urban and rural contexts have been developed, as well as a Household survey to assess impact of Covid-19 on Livelihoods and Food Security. These are translated into various languages and shared in social media and the LRC website.

**Gaps to be addressed:** The main challenge remains very limited funding for NS to implement livelihoods interventions which go beyond covering basic needs with cash assistance, including a scarcity of funds for 2021.

## Shelter and Urban Settlements

Currently there are 48 NS who self-report that they are active in providing shelter and urban settlements response in COVID-19 context. The shelter and urban settlements team globally and regionally respond to requests for support to these national societies, as well as developing and adapting guidance and providing advice to COVID-19 sensitive programming in new emergencies.

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 it is planned to be launched in Q1 of 2021. A second webinar in English, aimed at the Asia Pacific NS, as well as a learning session in French for the French-speaking NS of Africa took place in the reporting period. The self-learning shelter and settlements course of the IFRC, "More Than Just A Roof" is also being updated to include urban and pandemic responses and will be available in English and Spanish (initially) in the early months of 2021. A guidance is also being developed on working in camp and camp-like settings in COVID-19 context, at the initiative of Asia Pacific region. The shelter and urban settlements team reviewed and contributed to the work, under the coordination of the regional shelter coordinator.

Global Shelter Cluster continued to support the country clusters with their COVID-related issues. Dedicated sessions on COVID-19 and shelter took place during the annual workshop and the annual meeting of the Global Shelter Cluster in October. Furthermore, Asia Pacific Shelter Forum that took place on November 29th, allocated a special session to the COVID-19 response and shelter and urban settlements issues, with a specific lens on Asia Pacific context. The Regional Adviser on IDRL from IFRC gave a presentation at this event, focus in on the need to monitor COVID-19 related evictions, which is a gap area that needs to be monitored by IFRC and national societies in the recovery period. Many experts in the field, including the UN Special Rapporteur for Adequate Housing had called for moratoria on rent and mortage payments since the beginning of the crisis and the situation is expected to worsen with the economic impacts of the pandemic setting in on the longer run. Shelter Project, the flagship publication of the Global Shelter Cluster for learning and case studies is also planning a number of dedicated examples and opinion pieces to highlight the sector-specific responses in the COVID-10 context. IFRC is one of the founders and an active contributor to the Shelter Projects Working Group and is working to capture the relevant experiences across the Movement for the upcoming edition. The dedicated page of the Global Shelter Cluster to COVID-19 can be accessed through here.

## Protection Gender, Inclusion (PGI) and Education

### Protection, Gender and Inclusion

**Trends:** The coronavirus impacts different people differently. The direct health impacts have shown that the most at risk of severe medical consequences or death from this virus are: older people (and within that group especially men, people with underlying medical conditions and those without access to care. We know that barriers to preventive medical care, emergency medical care, or a livelihood that provides the basics of safe and healthy living and aging are disproportionately faced by the most marginalised communities, groups and people: the poverty ridden, the stateless, the isolated and excluded. Within this, women, people with disabilities, people on the move and children are in particularly vulnerable situations. There are of course clear biological factors combined with unknown elements still, that play part as to *who* gets sicker and *why*, from this virus.

Then, the Covid-19 pandemic is much more than a health crisis and has a well-documented and profound effect on increasing poverty, unemployment and physical insecurity. The **impacts of the pandemic are estimated to push between 88 and 115 million people into extreme poverty this year**, with the total rising to as many as 150 million by 2021. Inequalities have been massively exacerbated - such as women's labour insecurity in the informal job market and higher susceptibility to health risks of ethnic minorities both being thrown into stark relief by the effects of the pandemic. Inequalities related to exposure to violence have also been highlighted; the risks of sexual and gender-based violence (SGBV), in particular domestic abuse and family violence; violence or neglect towards children, and exploitation or abuse also to the extent of trafficking in persons especially of women, older people, children and minority or migrant groups, paired with the risks of exclusion from health care and livelihoods support of people with disabilities. Existing inequalities accelerated by the pandemic have also drastically affected people's access to education and new inequalities are created with many who previously had access to education being denied full and equal access due to lockdown measured and impacts on household income.

For these reasons, particular attention must be paid to considerations of who is being affected and how in relation to issues of protection, gender and inclusion. The increased poverty, its negative outcomes and as well as the stress due to lock down or other preventive measure has different effects on people based on their sex, gender and other factors, including age, disability, sexual orientation, health status, legal status, ethnicity, and other aspects of the person and the society they find themselves in.

According to the UN, COVID-19 will disrupt planned efforts to end child marriage and cause wide-reaching economic consequences. The UN estimates that Covid-19 will result in an additional 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030. With poverty comes child labour as households use every available means to survive. Prospects vary by country, but causal estimates show that one percentage point rise in poverty leads to at least a 0.7 percentage point increase in child labour. Violence against children has been consistently reported as increasing around the world through reports to helplines.

COVID-19 impacts the capacity of authorities to provide essential services to the victims, and protective measures those at risk of trafficking in persons. Most importantly, the pandemic has exacerbated and brought to the forefront the systemic and deeply entrenched economic and societal inequalities that are among the root causes of human trafficking. COVID-related measures disproportionately affect certain categories of people at higher risk of exploitation: Undocumented migrants and seasonal workers facing more precarious working and living conditions, resulting in greater vulnerability to falling prey to criminal networks; people in the sex industry and domestic work are be more vulnerable to exploitation, as health hazards and exposure to COVID-19 increase. And, the pandemic has impacted the trends we see in digital or online forced exploitation. This especially puts many more children at risk of abuse in a situation where their channel to the world is through violence, and not enough channels are provided for protection. The Committee on the Elimination of Discrimination against Women (CEDAW) reports a global rise in "trafficking in cyberspace" in recent months.

As the pandemic raged on throughout 2020, an alarming upsurge of the shadow pandemic of Sexual and Gender-Based Violence became more and more evident with a compelling body of evidence that emerged from all regions and continents showing increase in trends of all forms of domestic and family violence, including intimate partner violence, sexual violence and child marriage, as countries went into lockdown and restricted movement to contain the spread of the virus, in various settings, including in disaster and conflict contexts. The pandemic of SGBV is not new, the Covid-19 pandemic only amplified it as risks, exposure and reports have increased, support services for survivors faltered and access to help became harder, increasing the need for National Societies staff and volunteers as frontline workers to be focused on prevention and mitigation, and well prepared to respond to identifications and disclosures.

Persons with disabilities (15% of the world's population), face more discrimination in accessing information and services of education, health, social services etc. during COVID-19. The preventive measures taken by authorities can have disproportionate effect on the persons with disabilities. States have taken actions, which cause further harm to persons with disabilities such as through denying access to basic and emergency health care, imposing dangerous lockdowns on overcrowded institutions, and through heavy-handed enforcement of public security measures (link).

**Our response:** National Societies are well-placed to ensure both immediate and long-term sustainable support to people affected by increases in violence, discrimination and exclusion linked to COVID-19, thanks to their work to support excluded and marginalised people before, during and after crises of all kinds.

Collaboration with PGI regional focal points and sector focal points in IFRC was ensured to establish a coherent joint plan of support to National Societies in their programming and monitoring of PGI-related responses to COVID-19. The focus of the first 9 months of the operation was to strengthen the capacity of the network to respond to risks of violence, discrimination and exclusion by providing guidance, tools and advocacy, opportunities for peer exchange and learning webinars to support National Societies.

Number of **guidance notes** were developed; **red talks**, **webinars** and **online training sessions** were delivered for general audience as well as PGI and other professionals addressing child protection, SGBV, disability inclusion, working with older people, trafficking in persons, child friendly messaging and child participation.
**Online training modules** were developed on *case management for children during Covid-19* with International Social Services, UNHCR and several other partners; *Trafficking in Persons* with British Red Cross; and *Psychological First Aid for Children* in collaboration with the PSS centre. With **Sesame Street** IFRC has reached children in approximately 10 locations in Africa and Americas regions with child-friendly health and protection messaging. ***Child well-being activity cards*** are designed with World Vision International for children who are in lock-down or have limited access to school and recreational programming in different languages. A **mini-survey on Protection, Gender and Inclusion activities in COVID-19 by National Societies** was conducted.

**Gaps/needs**

- Better mainstreaming of PGI by working with other sectors is needed. This entails systematically ensuring full compliance with our own IFRC Minimum Standards to PGI in Emergencies in all aspects of the response

with specific attention to Child Protection, SGBV (including PSEA) and Trafficking in Persons Lack of disaggregated data for sex, age and disability has been still an issue.

- Integration of specific priority to prevention and response for SGBV, Child abuse or neglect, and Trafficking in persons in appeals and workplans is still limited despite the efforts to train national societies and secretariat staff and volunteers in risk mitigation and response.
- Remote working limitations pose particular constraints and challenges in addressing such sensitive and inter-personal challenges that PGI addresses; the digital and remote modalities do not cater to the needs for quality ensuring capacity and competency in addressing PGI related risks and impacts
- Very limited funding available for the implementation of PGI activities, commitments and plans, also as anticipated pre-pandemic such as the IFRC, SGBV Appeal in Humanitarian Crises 2019–2022 in 2021. This appeal is, with its holistic PGI approach currently proving itself even more necessary, relevant and appropriate due to the impacts of the pandemic. Without resource mobilization for the IFRC PGI support to National Societies, addressing related spikes of risk in the wake of the Covid-19 pandemic will not be possible in 2021.

**Resources:**

- Access to PGI guidance notes on Covid from Protection Gender and Inclusion – section of the Covid-19 Compendium on the PrepareCenter website.
- Covid-19: working with young people (link)
- New manual on enhancing child participation and leadership during COVID-*19* from (link)
- Guidance on working with older people during Covid-19 from (link)
- PGI in Emergencies Toolkit (link)
- Online Briefing on SGBV Core Concepts and Safe Referrals is available on Sokoni platform in French and English
- Addressing SGBV is everyone's responsibility video: link

**Education:**

**Trends:** As it exacerbates pre-existing education disparities and threatens to cause multigenerational learning losses, Covid-19 seriously risks reversing decades of progress and investment in the education sector, especially in support of the most vulnerable. The unprecedented disruption of education due to Covid-19 increases girls and young women vulnerability to child marriage, early pregnancy, and gender-based violence - all of which decrease their likelihood of continuing their education (link). Save the Children's report shows that children with disabilities have been given significantly less education than non-disabled children. The UN estimates that some 23.8 million additional children and youth (from pre-primary to tertiary) may drop out or not have access to school next year due to the pandemic's economic impact alone (link). According to the World Bank, 25 per cent more students may not achieve the minimum level of proficiency needed to participate effectively and productively in society and in future learning, as a result of the school closures only (link). As per UNDP's simulations and for the first time in history, the Human Development Index -of which the education dimension accounts for a third- will show a striking decline (link).

**Response:** The operational focus of these nine months was to support the network in strengthening its capacity to address education-related needs, including through the integration of education-related considerations across sectors. For this purpose, technical guidance, tools and advocacy, as well as opportunities for peer exchange, collaboration and learning were provided.

The IFRC co-developed with WHO and UNICEF the IASC-endorsed "Key messages and actions for Covid-19 prevention and control in schools" and substantively contributed to WHO, UNICEF and UNESCO's "Considerations for school-related public health measures in the context of Covid-19" as well as to the policy paper "Weighing up the risks: School closure and reopening under COVID-19" of the Inter-Agency Network for Education in Emergencies (INEE) and the Alliance for Child Protection in Humanitarian Action (ACPHA).

**A series of 7 bi-weekly webinars on the RCRC Education Response to Covid-19 as well as a Virtual Summer Learning Series** of **35 live online sessions** on diverse topics (e.g., first aid, international humanitarian law,

empathy and migration, respect for diversity and power relationships, shelter and settlement, psychological first aid, human trafficking, SGBV, diverse SOGIESC, disability inclusion, safe housing, DRR, conflict management and positive communication) were organised and reached out a total of c.2,000 individuals from c.100 countries. The IFRC's flagship initiative "Youth as Agents of Behavioural Change" (YABC) is adapted for its online delivery; 4 **online workshops** were facilitated, reaching out to c.270 children and youth in the Mediterranean, Europe, North Africa and Middle East regions. The team co-developed with the Climate Centre, Save the Children, Plan International, UK Met Office, the British RC and GDPC activity cards for children on climate change (as an adaptation of the "Y-Adapt" program). An **Online Education Resources Library**, including a **technical guidance note**, an FAQ and takeaways from the webinar series were made available and disseminated through multiple channels and platforms.

**Gaps and Needs:** With the projected increase in the number of people in extreme poverty due to Covid-19 (from 88 to 115 million- link), particular attention should be paid to girls' enrolment rates, dropouts and opportunity costs that are likely to affect parents' decisions to support their children's education. Further support and innovative approaches are required to ensure an inclusive education response to Covid-19, mindful in particular of those facing multiple challenges to continue learning at home, as well as of those who were already out-of-school or marginalised such as children and youth living with disabilities, on the move, in poor or rural areas, informal (urban) settlements, etc. There is also a need to keep disseminating and supporting the application of Covid-19 prevention and control measures in educational facilities while strengthening the resilience of the education systems through increased efforts and innovation for further equity and inclusion as well as better preparedness, risk reduction and risk management capacities among the education community.

# 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 operates as well the COVID 19 Compendium which serves as an **information hub for COVID19-related guidance in different languages**, including resources on NS preparedness.

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 accompaniement 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.

A **Business Continuity infographic** was developed by the CREPD in Americas as part of the COVID-19 appeal and distributed to NS during technical support.

Preparedness check through ongoing Operations was carried out in Armenia and Panamá as part of the IFRC response. To enhance the implementation of NS preparedness a PER Rapid Response staff was deployed to Armenia.

Consultation on going for the development of global guidelines for National Societies Emergency Operation Centre management, specially the identification of good practices and case studies in close collaboration with CREPD reference centre, CADRIM Cell of excellence, IFRC teams and interested partners as part of the BMZ support.

NS have continued preparedeness measures to various seasonal risks such as hurricanes, monsoon, La Nina, 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. Multi-hazard **Contingency Plans** were updated and revised 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, strenghen information management** for disaster preparedness and response and further support contingency planning a cosultatio process its been carry out by a consultancy team to update and develop a global approach for the Emergency operation center this conversation involve key stakeholders such as UNOCHA; World Bank, USAID- OFDA, among others.

**Preparedness Leasosn learned and Communication:** Over the next few months, a consultancy has been launched to collect evidence and lessons learned on National Society preparedness issues during the COVID-19 response, while identifying areas that need to be adjusted in order to improve the approach to National Society capacity building,
The NS prepedness for Effective Response technical working group had an online session in September with Participants from NS, IFRC and ICRC. Topics included discussion around a multi-hazard preparedness case study developed by the Netherlands Red Cross. Findings indicate that due to work on NS preparedness, response was not only faster, it was also of much higher quality due to improved COVID-19 response plans, reinforced collaboration with their government and use of data that 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.
A new study document captures how Response Preparedness work has contributed to a more efficient COVID-19 response.

**Preparedness Virtual Materials and Session**: All the Preparedness material have been adapted to be use in a remote context more than 3 session have been organized among the thecnical teams introducing the remote support as well as the translation of all the materials and virtual guidlines into the official language.The new harmonized National Intervention Curricula have been pilot in several couuntries so far: Mali, Kenia and some other are plan for 2021.

**National Society Preparedness into Operations:**
The preparedness approach has been used during emergencies and operations to improve their response capacity. For example, in the floods in Sudan, the conflict in Nagorno-Karabakh, the remote deployment to support the Mena region promoting the approach and the same time using the forecast base information to improve the preparednss of NS in the region, as well as a preparedness check in the response to hurricane ETA and IOTA in Panama.

These deployments and support have served to demonstrate the importance and versatility of the tools developed for use during and after emergencies in the case of the Panamenian Red Cross all the adjustment during the first week of the emergency help the NS to ajust some aspect while the were responding and the same time all this adjustment were in line with their PER -Self Assement done in March of 2020. Virtual session was carry out on **Environmental Consideration of the Preparedness for Effective response / Greening our operation** with practical were carry out as per request of NS in Americas region specially those affected by ETA & IOTA Hurricane, with the participation of more than 200 participants, this session also include the sphere humanitarian standards to protect both people and the environment.

## National Society Development

**Financial sustainability:** The impact of COVID-19 on National Societies have been beyond health crisis, and posing risks for its Financial Sustainability. On the on-set of the COVID crisis, the IFRC NSDV unit conducted an initial analysis based on 21 attributes related to Financial Sustainability for 131 National Societies, including 126 National Societies that have undertaken an Organizational Capacity Assessment and Certification (OCAC) self-assessment, corrected and updated with information collected from the field, which indicated that 21 National Societies were at very high risk, 38 National Societies at high risk and 24 National Societies at medium risk, for a total of 83 National Societies in need of support. These National Societies have been prioritized within this pillar 3 of the IFRC appeal.

The IFRC NSDV unit has been further collecting a series of basic indicators to monitor the financial sustainability situation of National Societies with the second round of data collection currently underway. Among the more than 30 NSs reported on the indicates in the first collection round, half of the answering National Societies reported challenges in covering at least 3 months of their core budget. In addition, a number of National Societies traditionally sustainable from a financial point of view have also indicated that they have been facing challenges such as the adaptation of their income generating services such as blood services, essential clinic services, training services, rehabilitation services, commercial first aid service provision to private companies. The IFRC NSDV unit has established a global partnership with the World Institute of Action Learning (WIAL) to make available their certified coaches for National Society leadership groups to address complex issues related to their Financial Sustainability and accelerate action: 6 National Societies have enrolled in the programme, while another 30 are in the waiting list.

There will be continuous work to supporting National Societies to strengthen their Financial Sustainability through developing a NS Financial Sustainability Dashboard to be used by NSs to early detect financial risks and take early action; as well provide the IFRC with further analysis of emerging trends and better tailor support to individual National Societies, and launching a global study to forecast the impact of the pandemic on National Societies' Financial Sustainability, to build on available projections of country and regional impacts of the recession on specific sectors of relevance to our National Societies.

**Duty of care for volunteers:** Many National Societies, in the midst of new increase of COVID-19 cases in many parts of the world, are continuing to ensure proper protection, psycho-social support and insurance mechanism for their volunteers and staff. IFRC has identified 22 NS in need of volunteer insurance support (5 in Asia Pacific, 7 in Americas, 5 in Europe and 5 in Africa). 17 have been supported on options to insure volunteers and staff against Covid-19, based on the guidance for volunteer insurance. 10 NSs have been supported in setting up a solidarity mechanism for their volunteers, including financial projections. 4 NS are being supported on negotiations with private insurance companies and others are being supported on a mixed model. MENA regional

office is finalizing a regional solidarity mechanism to support all MENA NSs needing funds to insure their volunteers. Financial support has been secured from the Spanish Red Cross to support NS in resourcing their preferred option and from the Lacoste SA to support NS for volunteer safety nets. A campaign to fundraise for volunteer insurance was launched on International Volunteer Day with TikTok. 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

The **COVID-19 Recovery Approach** has been translated into other key languages and is being used at regional level to influence the next round of revisions to NS response plans. For example, in the Africa Region, a webinar on the topic of COVID Recovery will be held in early November. The Recovery Approach document 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.

A major constraint for NS to be able to move ahead with recovery interventions is the lack of funding, as noted under Operational Priority Two.

## 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**

- **President Rocca's press briefing on building trust in communities** generated strong media and social media interest with over **1,000** mentions in **different languages.**
- 28 journalists attended the press briefing. Among them were present: Reuters, AFP, DPA, NHK News, Le Monde, Al Jazeera, AP, ANSA and many more.
- Worldwide coverage, following the press conference, from AP, AFP, AFP (French), AFP (Spanish), New York Times, CNN International, Washington Post, Xinhua News, DW, The Independent, TRT Español, Belfast telegraph, RT, Business Insider, and more.
- The article from AP has been relayed by a considerable number of media outlets such as Japan Today, Belfast Telegraph or the Washington Times.A whole media package including press release, photos and b-roll has been **made available on newsroom.**
- **Coverage from RT international with** Emanuele Capobianco's live interview **.** Emanuele's interview was broadcasted **on RFI, RTS (Swiss) and RTBF (Belgium) in the morning news bulletins.**
- Emanuele Capobianco **did an interview on the Times Radio breakfast show** (recently launched radio arm of national UK newspaper The Times) speaking about IFRC learnings from Ebola and the importance of tackling mistrust in roll-out of COVID-19 vaccines.

Social Media Highlights

- **Tweets from non-Red Cross accounts include: tweet from @nytimes and tweet from @karenzraick** (Breaking news reporter and editor at The New York Times)
- Week of 04 December, we earned **the highest engagement rate on social media** with 4.78%, among humanitarian organizations before ICRC and UN Volunteers.
- **Our best performing post this week in terms of likes features this post from** Slovakia Red Cross (over 4.7k likes)

## Surge Capacity

| DEPLOYED | 124 |
|---|---|
| *MENA* | *21* |
| *AFRICA* | *23* |
| *ASIA PACIFIC* | *26* |
| *EUROPE* | *31* |
| *AMERICAS* | *23* |

As of 4 December, 2020, 124 Rapid Response personnel (female 61/male 63) from 32 deploying National Societies were deployed to support the COVID-19 outbreak operation in 30 countries. Only 8 deployed personnel are still active out of 4 are in-country.

The Rapid Response personnel requests have decreased significately since the past three months. If this trend is confirmed, by the end of January 2021 there will not be any active Rapid Response deployments.

| 124 | 8 | 4 | 4 | 32 |
|---|---|---|---|---|
| Total Rapid Response deployments | Active deployments | On-site deployments | Remote deployments | Deploying National Societies |

The Remote Missions lesson learned study report was completed and shared. The key findings from the study include:

- At least 80% of rapid response personnel remotely deployed felt they had been able to meet the objectives of their deployments.
- Relationship building skills is essential for a successful mission.
- Not all role profiles are appropriate for remote deployments – process roles are more suited for remote deployment.
- Knowledge of IFRC systems and procedures was key to success of missions.

The challenges and recommendations from the report will be used to inform decisions for future deployments, trainings and other capacity development activities for rapid response personnel.

## Logistics

As early as the beginning of March of 2020, it was clear that the sourcing of personal protective equipment (PPE) would be challenging, after the factories manufacturing most of the global demand were first stopped in China due to the pandemic, then after reopening the demand was largely exceeding the production capacity. Consequently, in order to secure the sourcing of PPE for the RCRC staff, health workers and volunteers, it was decided to raise four global requisitions that were signed in March and April with a budget of 11.9 million CHF.

Thanks to global efforts, the IFRC has mobilized through procurement and in-kind donations **over 13 million pieces of PPE** representing 175 metric tons of material.

These PPE were sourced through our team in Beijing and Kuala Lumpur with suppliers in China and Malaysia, while we have signed a global framework agreement with a freight forwarding company to transport the material. The IFRC also used the free service that WFP offered to humanitarian actors, amounting to a total savings of over a million USD.

| AMERICAS | QTY | TOT WGHT |
|---|---|---|
| Coverall with hood | 30.000 | 8.400,00 |
| Goggles | 4.500 | 427,50 |
| Gown, isolation | 30.000 | 3.600,00 |
| IR Thermometer | 404 | 61,56 |
| Masks, Surgical | 150.000 | 735,00 |
| N95/FFP2 respirators | 180.000 | 1.692,00 |
| **Grand Total** | **394.904** | **14.916,06** |

| EUROPE | QTY | TOT WGHT |
|---|---|---|
| Goggles | 50.000 | 4.750,00 |
| Gown, isolation | 50.000 | 6.000,00 |
| Masks, Surgical | 993.400 | 2.865,50 |
| N95/FFP2 respirators | 647.680 | 5.972,30 |
| **Grand Total** | **1.741.080** | **19.587,80** |

| MENA | QTY | TOT WGHT |
|---|---|---|
| Cap, Surgical | 64.400 | 167,44 |
| Coverall with hood | 49.290 | 15.635,36 |
| Face Shield | 15.500 | 1.038,50 |
| Gloves, Examination | 2.838.400 | 12.683,84 |
| Gloves, surgical | 10.950 | 298,94 |
| Goggles | 14.000 | 1.330,00 |
| Gown, isolation | 101.350 | 12.162,00 |
| IR Thermometer | 940 | 188,95 |
| Masks, Surgical | 3.309.400 | 16.293,29 |
| N95/FFP2 respirators | 464.000 | 5.629,51 |
| **Grand Total** | **6.868.230** | **65.427,84** |

| ASIA-PACIFIC | QTY | TOT WGHT |
|---|---|---|
| Cap, Surgical | 138.500 | 360,10 |
| Coverall with hood | 87.250 | 25.670,00 |
| Face Shield | 19.160 | 946,25 |
| Gloves, Examination | 476.000 | 1.993,11 |
| Gloves, surgical | 59.900 | 1.635,22 |
| Goggles | 32.765 | 3.048,04 |
| Gown, Surgical | 23.800 | 3.366,50 |
| Gown, surgical, reusabl | 500 | 285,00 |
| Hand Sanitizer | 5.000 | 364,58 |
| IR Thermometer | 1.769 | 311,43 |
| Masks, Patient | 30.000 | 220,00 |
| Masks, Surgical | 1.282.000 | 6.478,13 |
| N95/FFP2 respirators | 220.925 | 2.252,41 |
| Shoe cover | 20.000 | 228,00 |
| **Grand Total** | **2.397.569** | **47.158,77** |

| AFRICA | QTY | TOT WGHT |
|---|---|---|
| Coverall with hood | 1.360 | 413,44 |
| Gloves, Examination | 799.900 | 3.741,03 |
| Goggles | 5.500 | 522,50 |
| Gown, isolation | 159.450 | 19.140,00 |
| IR Thermometer | 535 | 141,78 |
| Masks, Surgical | 626.500 | 3.160,52 |
| N95/FFP2 respirators | 29.800 | 361,55 |
| **Grand Total** | **1.623.045** | **27.480,81** |

In addition to these deliveries, we have remaining stocks of PPE in Dubai and Kuala Lumpur as shown below, available to all NSs and PNSs provided they have budget to cover the cost of goods and transport:

| STOCK AVAILABLE | | |
|---|---|---|
| **Item** | **Dubai** | **K-L** |
| Cap, Surgical | 40.600 | - |
| Gloves, surgical | 1.500 | 500 |
| N95/FFP2 respirators | 558.980 | 4.375 |
| Masks, Surgical | - | 88.000 |
| Goggles | - | 2.220 |

The IFRC Secretariat has been able secure additional PPE to be procured for few countries in Africa, MENA and Europe. So far, **the IFRC has procured nearly 3 million PPE representing almost 40 metric tons of material**. The transport was made directly to country offices and NSs, and deliveries were also organized using WFP services or the contracted agent, and the status is shown here:
Furthermore, the Regional Offices in Africa and MENA have secured contingency stock of PPE that could be used throughout 2021 for needs of country offices and NSs in their respective regions. This stock includes for the Africa region: 290,000 gloves, 18,000 googles, 69,000 isolation gowns, 4,600 thermometers, surgical masks 628,100 and 133,00 N95/FFP 2 respirators; and for the MENA region 10,000 isolation gowns, and 80,000 N95/FFP 2 respirators.

For additional request, GVA LPSCM and all OLPSCM will continue to provide support for local or global procurement, as well as organizing transport using WFP services or commercial airlines. The team has been reinforced with the hiring of a Medical Logistician based in China and a Pharmacist based in Geneva, who will be supporting COs and RLUs to control the quality of PPE and other material under procurement, their respect of IFRC/WHO specifications and their adherence of local and international standards. The team in Geneva has also started following the evolution of the roll out of vaccines, implying the need of cold chain capacities, and possibly ultra-cold chain (-20°C to -80°C), for the COs and NSs that wish to be part of vaccination campaigns. As part of the COVAX initiative we are in a position to follow the efforts of WHO, UNICEF and other agencies, as well as be up to date with the new capacities that the transport and logistics industry will put in place to support the deployment of vaccines. It will not only concern the cold chain facilities but also the transport of syringes, needles, PPE and other material that health workers will need worldwide.

## Information Management

The information management in the COVID-19 operation has represented a challenge since the beginning. The evolution and adaptation of field reports in the GO platform have allowed the free flow of information on planned activities from the National Societies. There is a new revision currently on going to the COVID-19 field report to ensure the IFRC secretariat is collecting and providing the information needed by the different programs. The IM team has developed diverse information products to support the management and monitoring needs of the operation across technical units. Products can be seen on the GO Platform.

Being an unusual response, the monitoring of the operational progress has been done by each region individually, there is a need to have a global overview, this will be addressed by IM and PMER together.

Support to the different areas is key, helping them get reliable up to date information to make informed decisions.

## Planning, Monitoring, Evaluation & Reporting - PMER

The increased workload of National Societies to respond to COVID-19 has represented the need to increase PMER capacities across National Societies and secretariat offices. The data collection efforts for planning, monitoring and reporting have been ramped up to support implementation at country, regional and global levels.

To help improve the efficiency and effectiveness of the IFRC Secretariat response to COVID-19, PMER has been piloting an "active learning" approach to carry out real-time learning (RTL) on targeted areas of the response. A 2nd RTL was launched in August 2020 which reached out to a wider range of stakeholders from Recipient National Societies, Donor National Societies and the IFRC Secretariat, with questions identified by Operational Management focusing on "How are National Society needs being addressed through the prioritization and allocation of funding to allow it to better rebound from the effects of COVID-19?" This learning aimed to complement the exercise Mobilize, Execute and Transform with Agility to Respond to COVID-19. The final report can be accessed **here** and the RTL Reflection and Action Plan is forthcoming. The next RTL 3rd round is now being planned for the 2nd quarter of 2021 with Operational Management.

The IFRC Secretariat is also preparing a formal evaluation exercise for early 2021 to assess the effectiveness and relevance of the Federation-wide response.

The Federation-wide reporting for the COVID-19 response, led by the Federation-Databank and Reporting System (FDRS) at the secretariat, has enabled to collect and analyse information the overall reach of the membership. For more details visit the **dashboard which reflects data collected on the GO Platform.**

## Human Resources

In response to the global COVID-19 pandemic, the International Federation of Red Cross and Red Crescent approved a Workforce plan of a total of 285.4 positions to provide the necessary COVID-19 support to National Societies. Out of the 285.4 positions, 91% were field based positions and 60% of which were National staff roles. 68% of the positions in the global workforce plan have been hired. As of today, the breakdown of hired roles are, 60% in Asia, 59% in Europe, 76% in Africa, 76% in Americas, 62% in MENA and 81% in Geneva

## Regional Overview

| | |
|---|---|
| **Africa** | **31** |
| **Americas** | **70** |
| **Asia Pacific** | **113** |
| **Europe** | **152** |
| **Middle East and North Africa** | **205** |

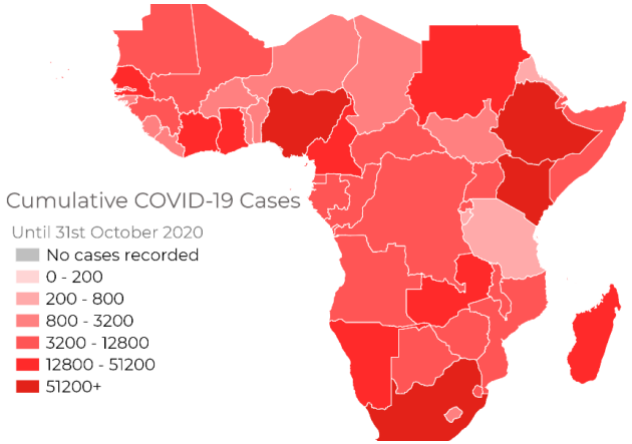
December 2020. Egyptian Red Crescent volunteers conducted an awareness session in a school in the city of Samannud. The session included fun activities to make sure everyone knows how to stay safe from COVID-19 but also how to keep your fellow students, loved ones and family safe too. Source: Egiptian Red Crescent Society.

## Situation Update

**1,542,788** confirmed cases in Africa

**34,570** confirmed deaths in Africa

reported by WHO as at 10:00am CEST, 7 December 2020




## National Society Response

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

Health and WASH

**42**



Socioeconomic Interventions

**41**

NS Institutional Strengthening

**40**

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

### HEALTH AND WASH

| | |
|---|---|
| 10 | Ambulance services for COVID-19 cases |
| 34 | Community-based surveillance (CBS) |
| 37 | Epidemic control measures |
| 38 | IPC and WASH (community) |
| 37 | IPC and WASH (health facilities) |
| 17 | Isolation and clinical case management for COVID-19 cases |
| 19 | Maintain access to essential health services (clinical and paramedical) |
| 27 | Maintain access to essential health services (community health) |
| 27 | Management of the dead |
| 30 | MHPSS |
| 42 | Risk communication, community engagement, and health and hygiene promotion |

### SOCIOECONOMIC INTERVENTIONS

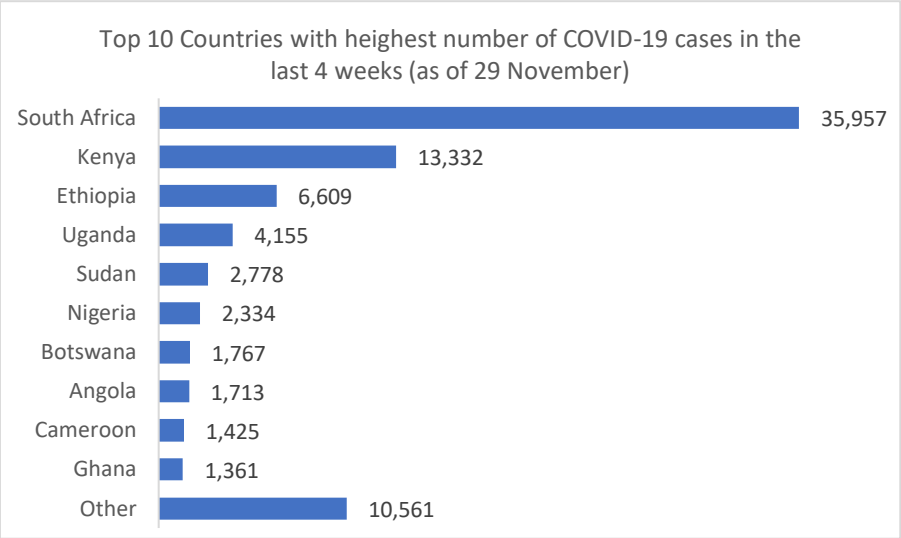
| | |
|---|---|
| 39 | CEA, including community feedback mechanisms |
| 32 | Livelihoods, cash support & food aid |
| 13 | Shelter and urban settlements |
| 29 | Social care and cohesion, and support to vulnerable groups |

### NS INSTITUTIONAL STRENGTHENING

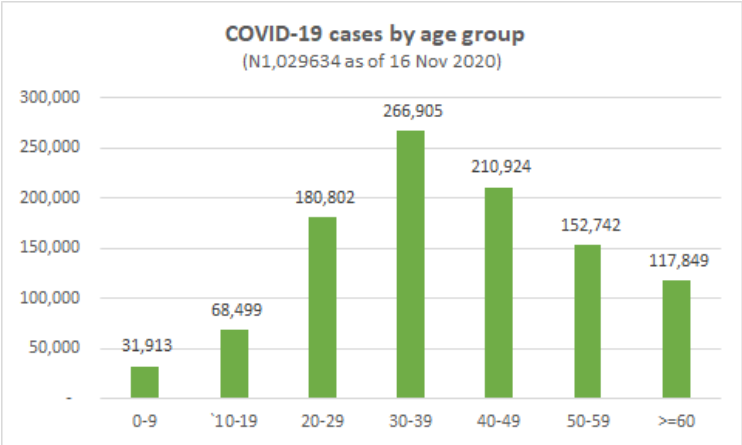
| | |
|---|---|
| 38 | National Society readiness |
| 31 | National Society sustainability |
| 40 | Support to volunteers |

# Regional overview

As of 8 December 2020, the number of COVID-19 cases in Africa region is over 1.5 million, with over 34,000 deaths (WHO Africa Region dashboard, 08 December 2020). South Africa accounted for more than half (55%) of all reported cases [1]. Other countries with high numbers of cases include Ethiopia (113,735), Kenya (88,579), Nigeria (69,645), Ghana (52,274), Cameroon (24,752), Côte d'Ivoire (21,507), Madagascar (17,473), and Zambia (17,931), ). Five countries have reported fewer than 1,000 cases: Burundi (716), Comoros (616), Eritrea (649), Mauritius (505), and Seychelles (182). Eritrea and Seychelles, have not registered any COVID-19 related deaths so far.[2] Health worker infections continue to increase gradually with 44,055 (3.5%) infections reported in 43 countries since the beginning of the outbreak. Community transmission is observed in 39 countries, 5 countries have clusters of cases, and 3 have sporadic cases.




The available data might not show the true extent of transmission in the region since the number of tests continues to reduce. A recent study in Kenya among blood donors indicated that positivity rates may be higher than the reported positivity rate based on COVID-19 tests. High positivity rates are also observed in Cape Verde, Togo and Cameroon, with 11% and 17% respectively. Furthermore, the high mortality rates in Niger, Chad, Liberia[3], Somalia, Sudan and Tanzania suggest that the "invisible" epidemic is higher than the numbers reported. Compounded with the lower testing capacity, school re-opening is another risk factor in the epidemiological situation, where, for example, 34 schools have reported COVID-19 positive cases among students and teachers in Kenya. There is a resurgence of COVID-19 cases in the African Region, primarily driven by countries in Eastern Africa (Kenya, Ethiopia, Somalia, Uganda and Sudan) and Southern Africa (South Africa, Zimbabwe, Mozambique and Botswana). Among the ten countries that accounted for 84% of reported cases in Africa are, South Africa, Ethiopia, Kenya, Nigeria, Ghana, Cameroon, Côte D'Ivoire, Uganda and Zambia (Ref: WHO AFRO, 29 November 2020).




The age-wise data of confirmed COIVD-19 cases in Africa shows that the infection is higher among the productive age of 30-39 years, followed by 40-49 years, and 20-29 years. The young age of the African population could be one reason for seeing higher infection among the younger population.

The IFRC Africa Regional Office (AfRO) is supporting 48 National Societies (NSs) on COVID-19 responses, with over CHF 35.8 million obligated to 47 NSs, and over CHF 11.4 million (32%) transferred to 47 NSs to date (31 October 2020), from the funds available in the COVID-19 Emergency Appeal, as well as CHF 6.9 million provided in goods and services to NSs. With the support of over 31,000 volunteers, 121 million people have been reached through the NSs' COVID-19 responses. The AfRO continues to provide technical support to National Societies (NSs), specifically those requesting multilateral support for implementation of activities for the COVID-

[1] WHO COVID-19 Outbreak Sitrep 34, 21 October 2020

[3] Niger, chad and Liberia count any community death with a cough as COVID-19 death which could bias mortality rates

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 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 issued on 6 September 2020.

## Implementation Highlights

**Responding to compounding emergencies in the midst of a pandemic**

- 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 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. For example, following flooding in Tanzania, the Tanzania Red Cross National Society (TRCS) 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, especially at distribution sites when managing the concentration of people. To address these issues, the TRCS ensured that handwashing points were set up at the entrances to distribution sites, they enforced strict social distancing protocols and advocated on the wearing of face masks. The IFRC AfRO has developed and disseminated guidelines on crowd management.

**Addressing socio-economic impacts through cash**

- Under the Africa Region COVID-19 Emergency Appeal, the IFRC has been supporting NSs to build capacity in the distribution of cash and voucher assistance (CVA) to address socio-economic impacts of the virus. At the time of this report, 10 NSs have finalized their financial service provider (FSP) procurement, and have either begun or finalized cash distributions to families whose lives and livelihoods have been disrupted by COVID-19. For example, the Ethiopian Red Cross Society has completed the distribution of cash assistance to 1,900 households. A total of CHF 285,000 was distributed through the Commercial Bank of Ethiopia, with each household receiving the equivalent in local currency of CHF 150. This is a considerable accomplishment by the NS – being the largest distribution of cash assistance ever led by the NS.

**Improving National Society surveillance and response capacity**

- In Senegal, the NS has mobilized more than 3,000 volunteers to support the detection of COVID-19 in their communities. As part of a pilot initiative, approximately 10% of these volunteers report suspected cases by SMS/mobile phone to a community-based surveillance (CBS) platform, which is linked into the Ministry of Health's regional information systems. Meanwhile in Tanzania, the NS has established an Emergency Operations Centre (EOC), with funding from the IFRC Africa Region COVID-19 Emergency Appeal in order to position themselves to respond more effectively and efficiently to all disaster situations as they occur. The support included the procurement and installation of information and communication technology (ICT) equipment at the NS's Headquarters, combined with training of staff and volunteers on its use. This work was done in advance of the Tanzania General Elections, which occurred in October 2020, and allowed the NS to monitor the situation, assist with communication with respective branches, and inform decisions on the need to respond with staff, volunteers and other resources to specific areas. A similar intervention is also being implemented with Red Crescent Society of Djibouti (RCSD).

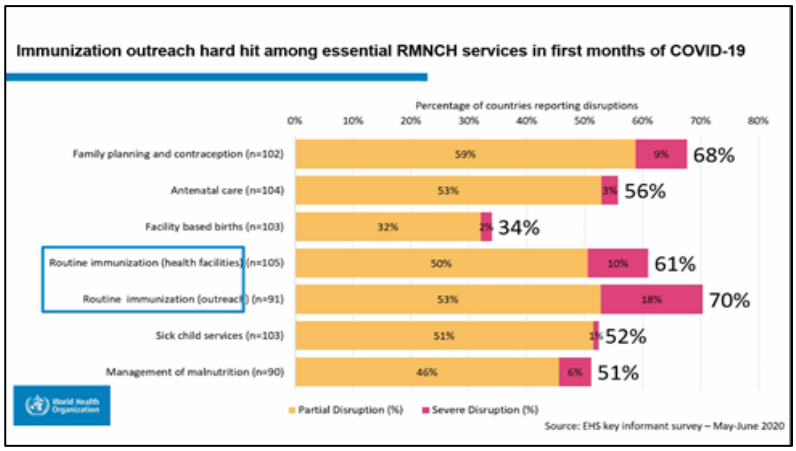
**Adapting plans to the evolving situation and addressing secondary impacts**

- The IFRC AfRO Operations Team has been working in collaboration with Geneva on the development of the global COVID-19 Recovery Approach. A consultation process was conducted in August 2020 with staff from AfRO and Country Cluster Support Teams/Country Offices (CCSTs/COs). The inputs were shared with Geneva and incorporated into the final revision that was then shared. A webinar was conducted (in English) to disseminate the COVID-19 Recovery Approach and initiate its contextualisation for NSs based on their respective COVID-19 operational plans and budgets. This webinar was facilitated by the Geneva Recovery Team and the AfRO Operations Team, with inputs received from AfRO sector leads for Food Security and Livelihoods (FSL), Health, Water, Sanitation and Hygiene (WASH), and Urban Settings. Approximately 40 participants attended the webinar, which involved sub-group working sessions looking at the following key questions: 1) what are the most relevant and appropriate recovery interventions to focus on with NSs; 2) what are constraints faced by CCSTs/COs and NSs that are stopping them from implementing recovery interventions, and 3) what is missing. The

IFRC AfRO and Geneva are now working on translating the paper to French and Portuguese to ensure that it can be used by all NSs in the region. A subsequent webinar (in French) will then be conducted before the end of 2020.

## Priority 1: Sustaining Health and WASH

The African NSs developed their COVID-19 country response plans in early March-April 2020, 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 of 2020/early 2021. Since the plans were approved, countries in Africa have been faced with certain realities and challenges, 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 behavioural change and resilience.




**Immunization programmes have been disrupted, thereby making children vulnerable to many vaccine-preventable diseases.** WHO has reported that immunization campaigns for vaccine-preventable diseases have either stopped or been postponed in the Democratic Republic of Congo (DRC), Eswatini, Lesotho, Seychelles, South Sudan, Uganda and Zimbabwe during the initial period of the epidemic. In response the NS have tried to counter this challenge by advocating with the Ministries of Health (MoH) to have minimal disruption of vaccination programmes, through social mobilization and creating awareness on the importance of vaccinations, provision of funding to continue with immunization campaigns, support by promoting COVID-19 prevention during vaccination campaigns, providing WASH kits.

**Governments are opening schools.** This has provided an opportunity to inculcate social distancing, respiratory etiquette, and handwashing behavioural change among students and pupils. NSs have been supporting these schools by setting handwashing points, changing seating arrangements in classrooms, conducting health promotion sessions, establishing/supporting student-led health clubs in schools and 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.** NS 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 as well as 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 mobilization and equitable access by addressing questions from the community about clinical trials and COVID-19 vaccines, identifying vaccine hesitancy among the population and positioning NSs as a credible agency for social mobilization during COVID-19 vaccine delivery.

**Mental health and psychosocial support to COVID-19 affected populations has included** stress management and recreational activities for in- and out-of-school children, community awareness (psychosocial education) on stigmatization of people with mental health illnesses, and detection and referral for treatment as well as advocating for support to families and individuals negatively affected by the effects of COVID-19 (child mothers, victims of gender based violence (GBV) etc.

Capacity building of NSs to sustain essential health services during the period of COVID-19 has included immunization services, MHPSS, ambulance services, blood collection services, and management of health facilities.

### Epidemic control

Eighteen (18) NSs are involved in putting in place epidemic control measures through different interventions, including direct community mobilization and promotion of preventive and protective behavioural practices, supporting their respective Ministries of Health (MoH) in contact tracing, home-based care as well as isolation at institutional and household level.

As the continent continues to face more health and non-health emergencies, NSs with support from the regional office are refining their response mechanisms by integrating (mainstreaming) COVID-19 response and prevention activities into other emergency response programmes. Response activities are designed and reviewed to mitigate the impact of COVID-19 and include preventive measures such as social distancing, and self and community protection and awareness measures on hand hygiene and respiratory etiquette. The regional health team follows trends and transmission patterns in the region and provides detailed epidemiological analysis and information to COs/CCSTs and NSs through the available coordination mechanisms within the Red Cross and Red Crescent (RCRC) Movement .

As we move to an elongated transmission with a possible second wave following the current situation in the northern hemisphere, NSs are continuously advised to adopt a recovery approach to COVID-19 response through webinars as well as health team meetings. Key health service programmes are identified and discussions continue to ensure mitigation mechanism are in place for the continuation of essential services through the RCRC Movement thereby preventing further COVID-19 transmission and preventing other outbreaks.

With the growing number of cases in Eastern and Southern Africa, there has been a shift in the strategy of managing asymptomatic people and people with mild symptoms to 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.

With some countries having schools open, and transmission in schools already becoming obvious, health promotion and epidemic prevention and control mechanisms are the main priorities in the region. A training (webinar) on approaches to prevent and control COVID-19 in schools among students and teachers is planned as interest was shown by participants of the webinar on "Home-Based Care and Isolation" as a result of a survey conducted during the webinar.

## Risk communication, community engagement (RCCE), and health and hygiene promotion

NSs have scaled up their RCCE interventions, with almost all NSs across Africa Region (44) implementing activities. Different channels of communication are being used in their RCCE approaches to allow for interactive discussions and two-way information sharing with communities.

Thirty-four (34) NSs have implemented interactive radio shows and fourteen (14) broadcasted television shows. During these shows, health experts, opinion leaders, and community members have discussed topics and answered questions from listeners. The topics have included the importance of public health measures and how to keep safe in public areas, how children can protect themselves as schools re-open, stigma around COVID-19, perceptions of the disease, and management of rumours.

Social media and WhatsApp have also been used for social mobilization and to engage with communities on COVID-19 information. More NSs are using these platforms than before, with thirty-six (36) using social media (i.e., Facebook, Twitter, and Instagram) and twenty-five (25) using WhatsApp and SMS. Twenty-nine (29) NSs have produced and aired radio jingles and eleven (11) NSs have broadcasted television spots to share key health information on the virus.
In addition to mass communication and social mobilization activities, several NSs have been working in partnership with communities on community-led solutions. Since the beginning of the operations, eighteen (18) NSs have been building partnerships with key stakeholders in the communities, including, but not limited to, key community groups (e.g., religious leaders, men, women and youth groups, and people living with disabilities), local authorities, and other implementing partners.

A range of resources and guidance notes have been developed since February 2020 to support NSs to set up and implement social mobilization activities, find locally-led solutions, and address rumours and stigma. These guides were developed in English and French, with some translated to Portuguese and Arabic. These include safe and remote social mobilization, advice and materials for use on social media, addressing mistrust and denial of COVID-19 in communities, and a 2-pager lessons learned from the Ebola response on five reasons why communities are key in the fight against COVID-19.

The CEA team launched a satisfaction survey to understand how useful these IFRC RCCE resources have been to NSs' work and how these can be improved to better support NSs to respond to their challenges and needs. The results showed that 84% of respondents found the resources very useful to their work, with the most useful resources being the IFRC community feedback

reports (74%), the RCCE webinars (71%), and the RCCE training packages (67%). This result will help to determine where to focus IFRC support efforts and inform the revision of the RCCE Africa strategy.

**Community Feedback Mechanisms**

Since the beginning of the operations, 15 NS have conducted rapid RCCE assessments, or Knowledge, Attitudes and Practices (KAP) surveys, to better understand community member's knowledge of the virus, and their attitudes and perceptions of COVID-19. These assessments also helped in the understanding of the most trusted and most used channels of information.

Additionally, 37 NSs have been systematically collecting and analysing community feedback related to COVID-19 more than ever before. The community feedback shared by NSs is collated and analysed at regional level, documenting key trends in feedback across an average of 10 African countries per report. This information is used to produce a variety of information products for internal and external use. Twenty-two (22) community feedback reports providing the main trends across the countries of the IFRC Africa Region have been published and shared in the bi-weekly RCCE newsletter and with the broader response and humanitarian partners.

The CEA team has been continuously building the capacity of cluster colleagues and NSs on how to manage, code and analyse feedback. A series of webinars and workshops have been organized on community feedback management and analysis. In September and October 2020, the CEA team held two capacity building workshops on community feedback management and analysis. These were 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.

**Responding to Community Feedback**

The CEA team is supporting NSs and all sectors of the response to adapt interventions based on community feedback. Since March 2020, 22 Ask Dr Ben (Anglophone) and Demandez au Dr Aissa (Francophone) factsheets have been produced to help NSs respond to key questions and concerns raised in the community about COVID-19 and the broader response.

To complement these factsheets, 28 short videos were produced in English featuring Dr Ben, Head of Health and Care, and 18 in French featuring Dr Aissa, Health Coordinator for West and Central Africa, and Dr Joelle, Epidemic Pandemic Preparedness Manager for Central Africa. These factsheets and videos have been shared on WhatsApp groups, IFRC Africa Twitter and in the RCCE COVID-19 Newsletter.

NSs have also been supported to work with media in their countries. Since the beginning of the operations, 33 NSs have reported collaborating with media, either by sharing community insights with journalists and how they can help to address these, organizing webinars or workshops with journalists or conducting interviews on TV, radio or for newspapers where questions and rumours on COVID-19 were addressed.

## Community-based surveillance (CBS)

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

## Infection prevention and control and WASH in health facilities

Since disinfection with chlorine solution through spraying is a sensitive activity and potentially hazardous, the IFRC AfRO has provided technical support on disinfection of spaces to ensure this activity is done in the safest and most professional way possible. Other useful resources, such as a *chlorine solution calculator app* from the ICRC, have been shared with NSs, and NSs have been supported through webinars (as detailed below – see National Society readiness).

## Infection prevention and control (IPC) and WASH at the community level

Risk communication and trust issues remain significant impediments to addressing IPC and WASH within communities. Rumours circulate that the disease does not exist, which coupled with the fact that those who attend health centres are liable to catch the COVID-19, are major challenges in continuing to help address community transmission. Similarly, with decreased rates of transmission and reduced mortality, people are now attempting to abandon safety measures and this is counteracting a number of the significant achievements accomplished by the respective African NSs.

However, 33 NSs have reported being 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, a resource package on 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.

As mentioned in the previous report, a *Hands-free Handwashing Compendium* is regularly 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 two deposits (one for water and one for wastewater) placed at different heights, which is one of the preferred models. Some of the NSs are already starting to replicate it. Version 5.0 will be issued in November for further dissemination amongst multilateral partners in addition to all NS's. This will include sections with classifications as to the best areas of use.

Following the reopening of schools, the NS have been providing support through distribution of hygiene kits, disinfection of classrooms, hygiene promotion, ensuring water access, among other interventions. Some NSs are also working with relevant authorities by supporting in screening and disinfection at border entry points for truck drivers, goods, or public transport such as buses. Volunteers fully equipped with PPE performed these activities. Distribution of NFIs (soap, sanitizers, and reusable masks) is also an ongoing activity being implemented by some NSs

## Mental health and psychosocial support services (MHPSS)

Despite relaxations of COVID-19 restrictions in most countries, MHPSS needs and concerns continue to be experienced in the region, especially among risk groups (the elderly, adolescents, people in prison, refugees, returnees, students, and frontline workers). Breakdown of businesses and other income sources has increased tensions and pressures in families causing misunderstandings, violence and desperation. A few cases of self-harm and suicide acts and attempts have been reported in some countries. In order to increase the support to NSs to provide quality and timely MHPSS services, a regional MHPSS delegate was recruited in September 2020 and has started working at the Africa Regional Office in Nairobi to provide technical support to COs/CCSTs and NSs 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.

Forty-one (41) NS PSS focal points from the six IFRC clusters have been identified and organized into cluster-based PSS technical teams as a strategy to provide MHPSS technical support. Six technical meetings have been held with the 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. Online Psychological First Aid (PFA) trainings integrated with Protection, Gender and Inclusion (PGI) and CEA are being conducted in the region with participation of NS.

MHPSS approaches and activities have been integrated into the home-based care (HBC) package, as well as the epidemic preparedness training curriculum to be rolled out to 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. As part of the strategy to strengthen the capacity of PSS focal points in NS, a knowledge and skills assessment tool was developed and shared with NSs. Data is being collected and analysed to help develop a capacity building plan for NSs.

A concept note to ensure increased attention and roll-out of MHPSS in the African Region was developed and shared with the Danish RC for possible joint action to promote a more sustainable MHPSS portfolio in the region. Similarly, collaboration has been sought with the Regional Psychosocial Support Initiative (REPSSI) working in Eastern and Southern Africa to identify and implement joint projects focusing on MHPSS support to adolescents and children. Another collaboration has been discussed between the World Health Organization (WHO) and the IFRC PSS Centre to roll out the new MHPSS Community Tool recently developed by WHO. Roll-out to 3 NS will start in January 2021.

## 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 and clinical case management is through deployment of volunteers in support of institutional or facility-based isolations and case management in fulfilling their auxiliary role to their respective governments.

A platform has been created for peer exchange between English-speaking NSs and French-speaking NSs to share experiences in HBC and isolation to ensure NSs are prepared with the necessary tools and skills to respond to the growing demand for home isolation and care.

### Ambulance services for COVID-19 cases

There are a number of NSs in Africa who run ambulance services as an important part of their flagship services, being trusted partners of their MoHs. The increased demand for such services in the context of the pandemic means that the IFRC must provide additional support to NSs. As such, through the global IFRC appeal, the IFRC regional logistics unit has supplied ambulances to several NSs to augment or create ambulance services in several countries, including Cameroon, Gambia, Kenya, Madagascar and Mauritius with more support in progress for the NSs in Cote d'Ivoire, DRC, South Sudan and Uganda. In addition, IPC of COVID-19 in ambulance services for other health emergencies has been intensified through COVID-19 prevention and response efforts. Volunteers and medics working in ambulance services are provided with IPC training and PPE to ensure that they and the people being served are protected. PNSs have also mobilized resources of in-kind support through the global IFRC appeal. In Ethiopia, the NS has received ambulances from the Austrian RC to scale up its ambulance services.

The IFRC health team continues to assess the needs for additional support for ambulance services to effectively coordinate such efforts. As African NSs enhance their service delivery in their auxiliary roles, demand for involvement in specialized services such as clinical services, first aid, and paramedic and ambulance services, are expected to increase.

### 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 healthcare delivery systems of countries in the region, which is evidenced in a WHO survey indicating a significant disruption in essential services, the regional health team is continuing to engage with NSs to support adjusted responses and other health programmes in a way that facilitates continuation of services.

### Maintain access to essential health services (clinical and paramedical)

Nine (9) NSs are involved in clinical, paramedical and home-based health services. As the number of cases continue to increase in the region, more NSs are expected to be pulled into this line of service. The regional health team continues to monitor the situation, support NSs to adjust their plans and source technical support.

### Management of the dead

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

## Priority 2: Addressing Socio-economic impact

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

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

The PGI team continues to offer technical support to NSs to ensure that all emergency responses, including COVID-19, factor in the needs of different groups, such as the elderly, persons with disabilities, women, girls, and children, by including them in all levels of implementation and mainstreaming PGI across all sectors. Support is also provided to NSs to ensure that there are

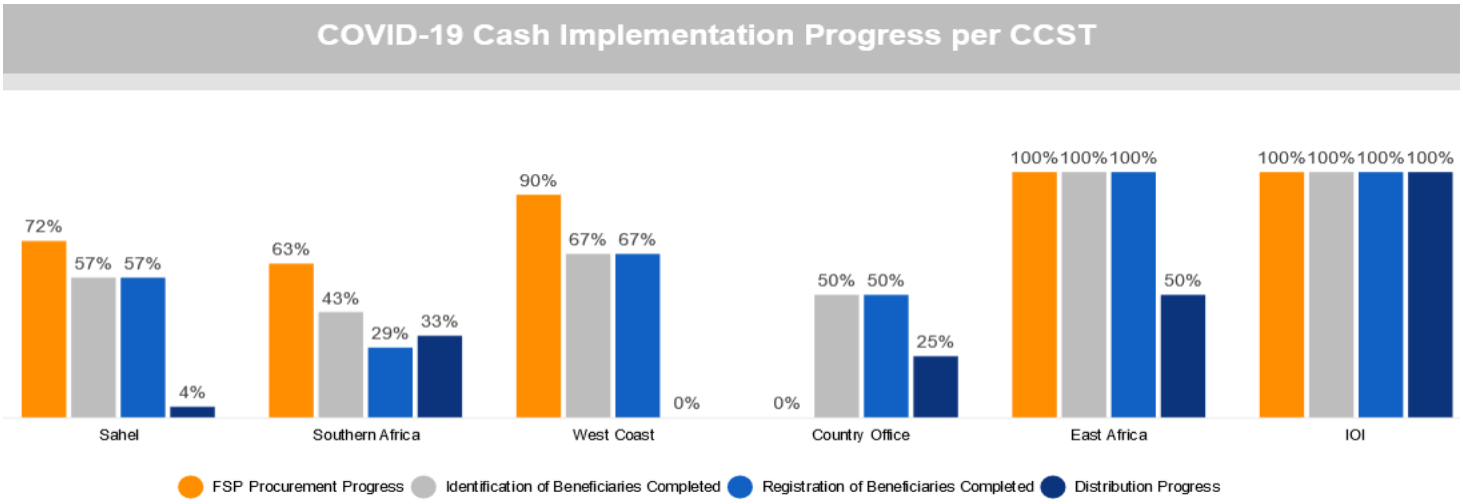
collaborations with other actors at regional and country levels to ensure PGI work is strengthened, including ensuring PGI focal points are part of SGBV sub-clusters or SGBV working groups.

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

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

A survey on Food Security and Livelihoods (FSL) capacities and experiences has been running over the last two months. Seventy-five percent (75%) of African NSs have completed the questionnaire. This mapping and analysis are 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 basic needs. FSP procurement remains a priority, along with the parallel steps, such as identification and selection of people to be assisted in order to deliver assistance on time.

A dashboard about Cash and Voucher Assistance (CVA) in Africa was developed by the Cash team and can be consulted **here**. It contains a section on implementation progress of the Cash interventions in response to COVID-19. This dashboard is updated on weekly basis every Friday.




From the Surge team of three that has been supporting FSP procurement, two are completing their missions in November 2020, and the third has been extended until January 2021 to support the continuation of FSP procurement. Additionally, in order to provide technical support to NSs on cash intervention adjustment and design, along with the FSP procurement process, one Cash expert has been seconded from the British Red Cross (BRC) to assist the Africa Region and work remotely with the African NSs that have a cash or voucher component for COVID-19. The staff on loan contribution from the BRC (6 months starting in November 2020) is to support the implementation of the cash and voucher programming under the COVID-19 operation. A position for longer-term regional Cash support to COVID-19 has also been opened and is under recruitment.

A total of 2,097,542 people have been reached with food and in-kind assistance and livelihoods support. Additionally, a total of CHF 699,552 have been distributed to 23,216 households through cash assistance.

Acknowledging the secondary impacts of COVID-19, especially in regard 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 sudden-onset disasters – the IFRC Africa team is working with all members to develop a long-term, Movement-wide and pan-African FSL strategic framework. This framework will endeavour to bridge the humanitarian needs with recovery and resilience, investing in the expertise and capacity of Africa NSs to deliver against bold and concrete programme outcomes.

## Shelter and urban settlements

The shelter unit is putting in place support to NSs to implement programmes linked to decongestion and mitigation of COVID-19 in fragile sheltering settings through rental assistance programmes, the construction of temporary shelters to support quarantine or self-isolation, and distribution of household items in a way that avoids spreading the disease and maintains the dignity of the targeted population. Twenty-two percent (22%) of NSs are conducting shelter-specific activities, mainly distribution of shelter and household items to vulnerable households and population groups (12%) and construction, supplying of materials, or facilitating access to cohort isolation or quarantine areas or facilities (10%).

Technical support and liaison is taking place with NSs to adapt ongoing programming to fulfil new shelter-related mandates as part of their auxiliary roles, including those related to urban environments. A Regional guidance note on Shelter and Settlements and COVID-19 was developed, and further guidance on urban settlements and camp and camp-like settings has been developed in French and English and shared with African NSs. A webinar organized by the Cash Helpdesk on Shelter and Settlements through CVA took place in July 2020, and an IFRC Rental Assistance Step-by-Step Guide is currently being put into the IFRC Handbook.

## Community engagement and accountability

A COVID-19 Question and Answer Tool has been shared with NSs to help them access information on COVID-19 for use in preparing content for trainings, creating communication materials, or addressing common questions in communities. The tool brings together in one place all of the answers shared in the Ask Dr Ben factsheets.

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

The RCCE community feedback sub-working group led by IFRC has produced a total of 13 interagency community feedback reports for Eastern and Southern Africa, and 8 for West Coast and Central Africa, featuring feedback trends from an average of 10 partners. Interagency resources and guides have also been produced in collaboration with partners to help agencies respond to some of the most pressing and persistent issues raised through community feedback. These include guidance notes on how to address social stigma associated with COVID-19, finding community-led solutions to managing and preventing the spread of COVID-19, and three 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, has held five Media Dialogue sessions to address feedback from communities collected by partners from the RCCE sub-working group. Some of the topics covered included beliefs that the COVID-19 pandemic is over, which is leading people to become complacent, beliefs that young people are immune from COVID-19, and using traditional medicines to treat COVID-19.

The IFRC has 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 to agencies globally 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 NSs to ensure that COVID-19 and other emergency responses factor in the needs of different groups, such as the elderly, persons with disabilities, women and girls, and children by ensuring that PGI minimum standards in emergencies are adhered to, to the best extent possible, through mainstreaming PGI in all sectors. The team continues to strengthen the capacity of PGI focal points on PGI in COVID 19 response through various webinars and one-on-one support. Various resources on PGI and COVID-19 have been developed in French and English and shared with NSs to ensure PGI is integrated into the COVID-19 responses. These resources include:

- Technical guidance note on PGI and COVID 19 – How to consider PGI in COVID-19 response
- Basic guidance note on PGI and COVID-19 for staff and volunteers
- Technical guidance on prevention and response to SGBV
- Technical guidance note and fact sheet on COVID-19 and impact on trafficking

- Recordings in English and French on the Sokoni platform on How to support a survivor of SGBV and ensure safe referrals
- Child-friendly messages and child safeguarding for NSs on child protection in COVID-19 response.

An SGBV IEC package has been developed to support NSs address SGBV during COVID-19 in response to NSs' requests for resources to engage NS staff and volunteers and communities on SGBV. The IEC materials include a 7-minute video, 17 poster messages, 11 stickers, a job aid booklet for frontline staff and volunteers, and an SGBV pocket guide.

IFRC is collaborating with **Sesame Street** (the world's largest informal educator and a globally cherished brand) on a 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 IFRC and UNICEF are collaborating on a regional learning series for several NSs in the region. The collaboration seeks to ensure that national emergency preparedness and response plans are designed and implemented to reduce risks and improve safety for women, girls, and other at-risk groups in line with the Inter-Agency Standing Committee (IASC) GBV Guidelines and PGI in Emergencies minimum standards. It also seeks to strengthen NS and UNICEF collaborations at country level on SGBV.

The IFRC has developed a PGI newsletter for Africa Region showcasing how NSs and the IFRC are implementing various PGI interventions to strengthen COVID-19 response and work towards ensuring no one is left behind, left out or left unsafe in the COVID-19 response.

**Migration and Displacement**

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

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

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

## Priority 3: Strengthening National Societies

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

The National society Development (NSD) team, through the CCSTs and COs, continues to work closely with NSs to deliver on several activities and initiatives aimed at strengthening localized leadership, governance support, and financial sustainability of NSs. There have been several joint webinars conducted by the regional and global NSD units on a range of global and regional themes, including corporate governance, financial sustainability and branch development. Efforts have also been made to ensure that NSs continue prioritizing financial oversight activities with a focus on measures to mitigate fraud and corruption through auditing and production of financial statements while encouraging NSs to undertake regular General Assemblies.

Other recurring webinars are being conducted jointly with the Netherlands Red Cross finance development unit. This initiative aims to deliver on financial sustainability best practices and create a platform for comparative analysis on what works well where. It also aims to encourage practitioners' adaptability to various emerging contexts while enhancing the learning platform with best practices in peer support and counterpart efforts.

The Action Learning Initiative through an external partnership with the World Institute for Action Learning was piloted with the regional NSD focal points. The initiative aims to strengthen the localization agenda of financial sustainability by developing NSs leadership to be creative, pragmatic, and successful strategist in problems solving. The Action Learning toolkit has been integrated with the financial sustainability guide toolkit and is available for NSs on FedNet. Other NSs have also joined financial sustainability initiatives on Action Learning and online fundraising platforms.

Digital transformation initiatives have included online membership recruitment and volunteer recruitment and management using the Volunteer Management System. The Africa Region Information Management (IM) unit continued to work with NSs to establish and strengthen information management networks that support emergency coordination and processes to collect, analyse and share information about the situation among the various organizations involved, and to ensure the coordination system runs efficiently. The IM team was able to conduct an Information Management assessment with 22 NSs to determine areas of further development. The assessment will be used to create digital transformation solutions and actions that address the needs of each NS and cluster in relation to Information and Knowledge Management.

**Other ongoing NS preparedness initiatives include**

*WASH***:** Webinars hosted intending to establish relationships with NSs, facilitating exchange and sharing good examples of interventions as well as useful documents

*RCCE*: 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. Since the rollout of the training in June 2020, thirty-five (35) RCCE trainings or briefings have been delivered by fourteen (14) different NSs, ensuring volunteers have the skills they need to deliver a quality response. Given the increase in community feedback indicating mistrust and denial of COVID-19, the CEA team organized a peer-learning webinar for NSs on **Addressing Mistrust and Denial of COVID-19**

*FSL and Cash:* FSL and Cash webinars are still being organized monthly, 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. Information, webinars, reports, guidance on FSL, and training (with a recent call for online livelihoods programming training) are regularly being shared amongst existing platforms.

## National Society sustainability

**National Society Strengthening**

The NSD team has focused 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.

Activities have been 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.

## Support to volunteers

As a membership organization, Youth and Volunteers remain critical to the sustainability of NSs in service delivery. A webinar was conducted to support the African Youth Network Executive with the design and development of their 2020-2021 work plan. Priorities of the work plan included: strengthening of youth structures and partnerships at all levels of youth networks of NSs in Africa Region; enhancing the leadership capacity of youth leaders within Africa Region; promoting competency-based youth engagement in all humanitarian services of the Movement; and strengthening volunteer development programmes in Africa Region.

The East Africa Sub Regional Youth Leadership Network was able to conduct a webinar session with Europe and Asia Youth Networks to share challenges and opportunities of young people in responding to the COVID-19 Pandemic. Further

conversations are ongoing to explore how youth and volunteers can actively be involved in the youth volunteers' platforms like SOKONI.

## 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 ensure that assistance under the three priorities is provided effectively, is communicated to the relevant partners, and has the impact that is needed. The IFRC AfRO 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. The IFRC AfRO is currently engaged in the review and update of all regional and sub-regional Security Rules and Regulations and Contingency Plans. 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

An Operations Monitoring Tracker has been developed by the COVID-19 core management team of the AfRO, which draws from other institutional systems (Apple, Business Object, etc.) and has been identified as a best practice globally, with the potential for replication in other Regional Offices. It is the result of cross-departmental collaboration in AfRO, with the intention of ensuring consistency of information, streamlining reporting processes through automation, and supporting operational decision making, including the identification of performance challenges and solutions to address them. This tool attempts to:

1) Ensure that data being used for decision-making and reporting is aligned.
2) Ensure that comprehensive information is available in a way that is suitable to different audiences
3) Reduce the amount of time that is spent on tracking indicators and report writing (see Evidence-based insights, Information Management, below, for further details).

**Movement Coordination**

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 regional level is through the Movement Operations Group, which coordinates actions to ensure that support from IFRC, ICRC and PNSs 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. Most recently, the COVID-19 Movement Operations Group meeting was held on 21 October 2020 with representatives from PNSs including the American, Belgian Flanders, British, Canadian, Danish, Finnish, German, Norwegian, Swedish, and Swiss Red Cross Societies, as well as the ICRC.

At country level, Movement partners are working together under the leadership and coordination of the IFRC to augment the response capacities of NSs. Given its unique added value in providing leadership in coordination to its membership, the IFRC has placed considerable emphasis on bringing Movement elements together under a common operational strategy and providing the necessary tools and data—information management—to plan jointly and execute operations.

**External Coordination**

The IFRC is actively coordinating with key agencies, as summarized in the table below, 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 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 |

| Name of Platform | IFRC Role | Host Agency |
|---|---|---|
| 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 |
| 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 |
| Regional Immunisation Technical Advisory Group | Member | WHO |
| East and Southern Africa Sub-Region COVID-19 Vaccine Readiness and Delivery Working Group | Member | WHO |

The IFRC is a key member of the RCCE technical working group (TWG), which seeks to improve RCCE coordination and collaboration between agencies responding to COVID-19. The RCCE TWG is now chaired by the Inter-Agency Coordinator from the RCCE Collective Service who has been recruited by IFRC under Bill and Melinda Gates Foundation funds. This position, along with two IM positions that have also been recruited by IFRC, will support with strengthening the quality and accountability of the COVID-19 response and provide more concrete support to country-level RCCE groups and other technical groups.

In August 2020, a satisfaction survey was conducted with members of the RCCE TWG and the Feedback sub-WG. The results were used to reshape both of the working groups, with a new standing agenda that allows for more focus on specific topics to better meet members' needs.

## 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 at 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 **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 are available now in EN, FR and SP, and 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:
  - Global Disaster Preparedness Centre (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) – Cash and COVID-19 dedicated page
  - The Community Engagement Hub (hosted by British RC) – offers a range of learning materials, tools and guidance to support NSs to mainstream CEA in their work. A French version of the Hub was also launched in August.
  - Manual on Prevention and Response to Sexual Exploitation and Abuse can be accessed at https://media.ifrc.org/ifrc/document/manual-prevention-response-sexual-exploitation-abuse/
  - On the Sokoni platform, the PGI section has relevant resources on child-friendly messaging and child safeguarding, and resources on how to support an SGBV survivor (recordings in English and French).

## 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. To better support NSs, PMER developed an assessment of NS PMER strengths based on data and reports submitted. The results will guide specific support to NSs especially those struggling in reporting. In collaboration with the Operation and PRD, PMER has developed trackers to monitor progress of key grant such as World Bank PEF and Coca-Cola grants. These will be replicated to other similar pledges such as German BMZ grant.

In addition, PMER conducted an 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 NSs to further localize the support provided to NSs. A regional PMER focal person has been hired and joined in November 2020.

**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 biweekly COVID-19 Management Update. Work began on streamlining and automating data linkages and report generation. The IM system will ensure that data is being used for decision making and reporting is aligned, comprehensive information is available in a way that is suitable to different audiences as well as reduce the amount of time spent on tracking indicators and report writing. 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 COs and CCSTs. This tool has now been mainstreamed and is used for operational decision making, as well as the creation of biweekly management updates and other information products. This tool has been presented to Geneva, as well as directly to Europe and MENA regions, who are looking at adopting it.

The IM team has also created and maintained HR and Appeal dashboards to integrate and synthesize different data sets relating to the appeal and workforce planning. The team also supported the creation and updating of an operational planning process . This tool measures percentage implementation based on funds transferred vs reported which subsequently informs the prioritization for additional funding. IM worked with Cash and Operations teams on the Cash IM Project, which supports technical implementation of Cash programmes (e.g., beneficiary identification and selection). This project is being implemented with direct support and support via the British Red Cross Cash Hub. More details on this project can be found here (for DCPRR Africa SharePoint users only). This project has already engaged and is providing support to, a number of African NSs

**Communications**

The Communications team of the IFRC Africa Region has continued to maintain a steady flow of timely and public information and audio-visual (AV) content, with a focus on humanitarian needs and the RCRC's response to COVID-19. Below is a list of some of the communications tools produced and shared:

Updated key messages: EN

**Photos:**

- Seychelles: #AfricaMaskWeek campaign at Red Cross school club, voxpop
- Djibouti: COVID-19 prevention activities
- Lesotho: Distribution of hygiene kits to communities
- Comoros: 660 hand washing devices distributed in the three islands to raise awareness on hygiene measures.
- Lesotho: Rapid assessment activity on youth knowledge gap on COVID-19
- Botswana: Volunteer training on risk communication and community engagement (RCCE), protection, gender and inclusion (PGI) and psychosocial support (PSS)
- Burkina Faso: Handwashing facilities set up for displaced persons during cash transfer programming
- Cameroun: Distribution of 2,000 hand washing kits to primary and secondary schools
- Djibouti:
- Migrants going to Ethiopia from Djibouti test for COVID-19 at Aouraoussa camp
- Handwashing and disinfection at Guelile border point in Djibouti
- Madagascar: Volunteers from Malagasy Red Cross adapt to a COVID-19 context when helping communities
- Namibia: COVID-19 preventive measures by Namibia Red Cross Society
- Mauritius: The National Society received a plaque of recognition from the National Disaster Risk Reduction and Management Centre
- Malawi: Patuma's story: Cash distributions help support her family during COVID-19
- Malawi: Christabel uses her stall at the local market in Karonga to promote good hygiene in response to COVID19

**Videos:**

- Seychelles: #AfricaMaskWeek Campaign at Red Cross school club, voxpop
- South Africa: Handwashing demo by dancing the 'Jerusalema' song

**Social Media Content:**

- How can I cough or sneeze safely in public?
- How can we support and protect people who have recovered from COVID-19?
- Pourquoi vous ne devez pas se serrer la main ?
- Comment faire comprendre à nos amis et à nos familles que le COVID-19 est réel ?
- #AfricaMaskWeek Campaign, November 23 - 30: Social media toolkit, Tweet 1, Tweet 2
- Can people with COVID-19 be cared for at home?
- Comment faire comprendre à nos amis et à nos familles que le COVID-19 est réel ?
- Quand est-ce qu'un patient atteint de la COVID-19 pourrait-il être soigné à domicile ?
- Can people with COVID-19 be cared for at home?
- How can we protect our children from COVID-19 when going back to school?
- Comment faire comprendre à nos amis et à nos familles que le COVID-19 est réel?
- Comment pouvons-nous protéger nos enfants contre le COVID-19 lors de la rentrée scolaire?
- How can we protect our children from COVID-19 when going back to school?
- How can we make our friends and families understand that COVID-19 is real?
- La pandémie de COVID-19 se trouve-t-elle uniquement dans les villes?

## International support and resourcing

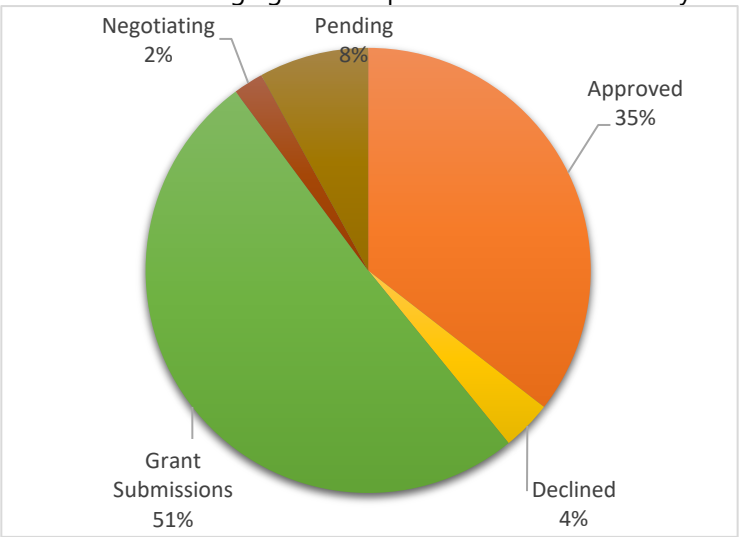
**Logistics, Procurement and Supply Chain Management**

There have been five donor-related procurements (ECHO, German MoFA grant, German BMZ grant, Coca-Cola grant, and Novartis grant). Ninety percent (90%) of procurements have been medical items and ambulances, the sourcing of which has been coordinated by the IFRC AfRO Logistics team using four sourcing streams. **Medical items** were sourced via IFRC Geneva COVID-19 Logistics and AfRO Logistics in Nairobi; **Ambulances** via Dubai Fleet Hub; and **low-grade medical items** such as rubber boots, hand sanitizers, etc. were sourced locally in coordination with IFRC cluster and country offices.

The regional logistics team offers support to 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 German BMZ grant and other COVID-19 related local logistics capacity issues, surge support has been budgeted, which COs/CCSTs can request, if needed.

**Partnerships and Resource Development (PRD)**

The regional PRD unit continues to generate resources, and coordinate and manage grant compliance and accountability with partners supporting the COVID-19 response in Africa Region. Total funding raised is valued at CHF 45.3M against a total funding requirement of CHF 80M, equivalent to 57% coverage and corresponding to a CHF 34.7M (43%) funding gap. So far, the Appeal has a total funding of CHF 45.3M against the total funding requirement of CHF 80M. This is equivalent to 57% coverage and corresponding to a CHF 34.7M (43%) funding gap. Out of 70 grant submissions valued at CHF 116,994,937, a total of 49 valued at CHF 44,546,784 have so far been approved.




Regarding compliance management, monitoring and reporting, 81% of the total funding requirement has been allocated to NSs and 19% to IFRC coordination structures at regional and sub-regional levels for technical support in implementation of country plans. In addition, 81% of total income is earmarked and 19% as unearmarked

The IFRC and the 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 call attracted 44 partners with 17 from the Movement, 13 from the Private Sector, 5 from Foreign Governments, and 9 from Development Banks. The joint call focused on engagement with non-Movement donors, partners, and potential partners to highlight the needs and future trends of COVID-19 in Africa, including secondary impacts, showcase the work of RCRC actors to respond and, encourage future engagement, support, and partnerships.

**Surge**

The regional surge team has deployed 30 rapid response personnel for the COVID-19 response so far. This includes the global pool and different African NSs who have provided support to various sectors, including, but not limited to, operations management, Public Health in Emergencies (PHiE), Logistics, and CVA, among others. There has been a slowdown in requests as the COVID-19 operational HR plan has been taking shape. For the last three months, most requests have been for CVA and Logistics. Travel restrictions have been lifted from most African countries, except in the Indian Ocean Islands; therefore, rapid response personnel have been able to travel to the field, as well as support remotely.

**Human Resources**

The COVID-19 Operation Human Resources Plan has been approved. A total headcount of 44 positions have been reviewed and approved by the Secretary General; however, 4 more positions have been added to the initial workforce, mainly in PMER, to strengthen the capacity of NSs in terms of reporting. This headcount is for National Staff distributed among the AfRO and CCST offices (Eastern Africa, West Coast, Central Africa, Southern Africa, Indian Ocean and Islands, and Sahel), as well as COs (DRC, Sierra Leone and Somalia). Twenty-one (21) international delegate positions have been recruited as well.

The HR team has supported the hiring process of NSs in this operation for a number of positions within CCST Central Africa (7), Ethiopia (1), CCST West Coast (7), CCST Eastern Africa (5), CCST Sahel (3) and the AfRO (21).

## Financial Analysis

- *Total approved PEAR for Africa Region amounts to CHF 44,223,90.*
- *As of end of October 2020, cumulative expenditure stood at CHF 18,420,517, which represents 42% implementation against the approved PEAR and 23% of the total funding requirement*
- *NSs implementation stood at 46% of the total amount transferred through various working modalities*
- *CHF 8,027,234 is a deferred income and needs to be closely monitored to avoid any Forex loss and deficit*
- *Close monitoring is also required for pledges ending by 31 December 2020*
- *There is no budget variance that needs action*
- *The overall financial situation is attached to this update for reference*

# National Society response – key highlights[4]

*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 to the next update.*

## Angola Red Cross

In close collaboration with the MoH, The Angola Red Cross has implemented COVID-19 response activities that include training and mobilizing 3,673 NS volunteers and health professionals. The volunteers are active in the communities with awareness sessions in markets, stores, taxi ranks, warehouses, ATMs, and through house-to-house visits. They have also produced and aired COVID-19 related radio and TV programmes at national and local level national and public TV programmes related to COVID-19 in several languages. In addition, the NS in restoring family links by way of phone calls to connect families.

## Red Cross of Benin

The Red Cross of Benin earlier on positioned itself alongside the Ministry of Health through its regular daily participation in crisis meetings chaired by the Minister of Health. Thus following the Official Declaration of the Minister on 27 January 2020, the President of the Red Cross of Benin in a message addressed to the volunteers in front of the press urged all the volunteers in the communities to contribute to the reduction of the epidemic through awareness-raising for strict compliance with the preventive measures adopted by the Government. The Presidents of 11 local committees bordering the identified border areas were contacted to identify 10 volunteers per local committee to sensitize communities on the virus and put preventive hygiene rules into practice.

The Red Cross of Benin has deployed 1,200 volunteers in the 77 municipalities. The volunteers are involved in awareness-raising, PSS, management of the dead, screening at national laboratory level and contact tracing activities. Through these activities, the NS has achieved the following:

- A total of 34 ToTs were trained (33 male, 1 female) who cascaded the training to 200 volunteers (131 male, 69 female).
- Volunteers have been deployed to work with MoH in contact tracing as well as monitoring and follow-up of suspected cases in self-isolation hotels identified by the government. During this process, over 1,000 people have been reached by sensitization and over 150 people followed up in isolation centres.
- A total of 60 handwashing stations have been installed in local communities and 22 in general education colleges following the reopening of schools. This activity has reached 47,880 people.
- The NS has also been supporting in management of dead bodies from COVID-19 and has so far managed 38 burials.
- Mobile outreaches are being conducted to sensitize communities on COVID-19. Community outreach teams have been deployed, interactive radio programmes have been aired in four community radio stations, posters have been placed in strategic high-visibility locations to raise awareness and COVID-10 messages have been broadcast through mobile phone companies reaching millions of people. These awareness activities have reached more than 4.5 million people.
- The NS has incorporated journalists in its response where they trained 115 journalists on COVID-19.

## Botswana Red Cross Society (BRCS)

The NS has engaged more than 4,272 volunteers to support in COVID-19 response activities. The volunteers have been trained in various response areas such as ECV/RCCE, PSS and PGI. Through the Ministry of Health and Wellness, 154 volunteers were also trained in contact tracing. The volunteers were deployed to conduct RCCE, ensure compliance with COVID-19 return to work regulations in stores, informal trading areas and other public areas, health promotion including awareness and demonstration of prevention measures (handwashing, coughing etiquette and social distancing).

| **Number of Volunteer trained** | |
|---|---|
| # of volunteers trained contact tracing | 154 |
| # of volunteers trained in COVID-19 ECV/RCCE | 288 |
| # of volunteers trained in COVID-19 PSS | 108 |
| # of volunteers and staffs trained in PGI | 113 |

[4] Submissions that contain updates since the last report are indicated with green font.

In partnership with IFRC, the European Union (EU) and two of its Member States – France and Germany, BRCS donated PPE worth over 1.4 million Botswana pula (CHF 111,856) to the Ministry of Health and Wellness. The donated equipment included 40,000 surgical masks and 1,500 gowns, 40,000 examination gloves, 1,500 face protective glasses, 6,250 respiratory N95 masks, infrared thermometers, disinfectants and sanitisers.

In terms of community outreach activities, the NS trained 695 (320 male, 375 female) community leaders and provided them with IEC materials. The NS reached 40,000 community members with awareness messages. A rapid rural assessment of COVID-19 and child well-being was conducted during which 24,945 people were reached and provided with 61,467 bars of soap.

A total of 271 students and 50 people living with disability were provided with educational support (stationary, bars of soap, PSEA brochures, COVID-19 flyers and radios for households) in rural areas. Eight institutions were provided with WASH facilities while five-10,000 litres water tanks were installed in communities to serve 4,001 people. Currently, the government is bowsing water in these tanks to increase water accessibility. The NS also provided livelihoods, cash support and food to migrants and households through vouchers for food.

Efforts have been made to decongest crowded places by issuing 42 family tents to 56 families. Tarpaulin shelter and family tents were also issued to two health facilities for temperature checks and registering population accessing the facilities.

Key successes during this period have **been reaching out to more people and hard to reach communities and community leaders with key messages**, development of booklets, brochures, and flyers on PSEA and GBV. However, the NS experienced challenges with supplier and turnaround time for stock and supplies. As the operation continues, the NS has identified the need to support migrant on food and hygiene, special groups including children in especially PSS, and training more volunteers on PGI and PSS

## Burkinabe Red Cross Society

Burkinabe RCS has trained staff, volunteers and health workers to facilitate their work in COVID-19 response. The trainings include ECV, RCCE, hygiene and sanitation, community-based surveillance. Health workers were also trained on early detection and management of COVID-19 cases.

| | |
|---|---|
| # people reached through awareness sessions | 3,426,277 |
| # volunteers trained in psychological first aid | 250 |

**NS volunteers are assisting in the management of the hotline of the Ministry of Health. The calls received have made it possible to trace suspected cases, assist people (travellers, information seekers, infected people) and collect complaints and feedback from the population.** In addition to this collaborative initiative, the NS volunteers are supporting in disinfection of homes, and public places, conducting awareness sessions, PSS and food distribution. Community feedback collected by the volunteers has made it possible for the NS to adapt COVID-19 awareness messages. The National Society has also maintained access to essential health services for populations through the continuous operation of its three health centres.

The NS provided the government with 50 thermos-flashes, 3 PPE, 100 body bags, 30 medical tents and 1 vehicle with driver

## Burundi Red Cross

The NS response include RCCE, health and hygiene promotion, IPC, WASH, PSS and CEA and community feedback mechanisms. Over 5.7 million people have been reached with COVID-19 response activities implemented by a network of 42 staff and 700 volunteers. Below are a few highlights of these activities:

- Volunteers were trained in COVID-19 (basic knowledge and prevention measures). In addition, contact tracing teams, and volunteers involved in RCCE, IPC and other community activities, received PPE and specific usage recommendations to limit the risk of contamination. Also, activities requiring adaptation were carried out either by reducing the number of participants or conducting activities remotely to limit volunteer exposure.
- The NS has reached over 5.7 million people through IPC-WASH activities against COVID-19. Through RCCE activities, the NS has conducted focus group discussions with community leaders to raise their awareness of COVID-19 and reached 1,631 community leaders. Besides, a total of 77,354 students were reached through awareness sessions on COVID-19 prevention. The NS carried out 313 roadshows to sensitize communities.
- The NS supported livelihoods where 3,750 people (750 people per province in five provinces) were assisted with food and non-food items in quarantined sites.

## Cameroon Red Cross Society

In partnership with NGOs and international organizations, the NS has conducted training of trainers in RCCE and training of 1,536 volunteers on risk communication. Mass awareness was carried out through tricycles, supply and distribution of posters and reached around 12 million people. Volunteers were also trained on WASH. The NS sprayed more than 370 schools and universities and certain large markets in the city of Yaoundé. The NS is involved in providing social mobilization, crowd management and supporting the immunization teams during special campaigns on Meningitis.

| | |
|---|---|
| # volunteers briefed on contact tracing, CBS and mass screening | 300 |
| # staff trained on first aid | 200 |
| # volunteers deployed for CBS | 150 |
| # contact tracing cases reported | 54 |

*Distribution of sanitation kits and personal protection kits*

In addition, the NS provided food security and livelihood support for internally displaced populations via cash transfers. Distribution of 950 livelihood/subsistence kits and 3,100 hygiene and sanitation kits to vulnerable populations at reception centres and orphanages was also done.

Technical and material support for health structures was also part of the response against COVID-19. Fifty-eight (58) departmental committees of the NS were also provided with disinfection equipment and inputs made up of 25 kg of chlorine, 1 spray, chlorine handling kit, Bleach and Soap. Forty (40) maritime health facilities and 18 other health facilities were provided with rapid intervention and investigation kits. This ensured COVID-19 and other health support continued in the facilities Two drill camps were also established.

The National Society has established a strong and efficient system to collect, analyse and respond to community feedback, rumours and misinformation that saw it highlighted in Regional JTF meeting.

## Red Cross of Cape Verde

As part of the preparation and response to COVID-19, the Red Cross of Cape Verde carries out its activities at national level through the Department of Disasters, Emergencies and First Aid, under the guidance and responsibilities of the National Coordination Team for the Response to COVID-19, led by a National Coordinator. On the other hand, at local level, the NS works through its 19 local branches, each of which has a local operation Coordinator. A total of 527 volunteers and 54 staff were mobilized to conduct response activities including disinfection spraying of more than 2,223 places, provision of health services to more than 396,378 people, provision of ambulance services to transport more than 1,200 people to hospitals, health centres and isolation/quarantine centres. The NS also distributed PPE (27,800 masks, 14,700 gloves, 360lt of 70º alcohol, 335lt of hydro-alcoholic gel, 2,305 bars soap, 1,000 lt of chlorine, 420 face shields, 420 protective suits, 5,200 hats for hair protection and 5,200 shoe covers) to headquarters and 19 NS branches, communities, municipalities, hospitals, health centres, isolation/quarantine centres as well as in public and private institutions. Additionally, 25 devices for dispensing hand sanitizers were installed at the entrances of all National Society offices.

## Central African Red Cross Society

The NS continues with its response activities including providing support to isolation centres, awareness-raising activities through mobile caravans, distribution of handwashing kits, etc.

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

In collaboration with Movement partners and the Government of Chad, the Red Cross of Chad implements all activities according to their contingency plan. Some of these activities include production and dissemination of radio/TV spots and posters, mass awareness, distribution of hot meals and food baskets, food support for the sick and their accompanying persons at the hospital, distribution of food rations to students in quarantine at the southern border, community-based surveillance, establishment and management of quarantine sites

## The Comoros Red Crescent

The NS has been working closely with the Comorian Government in implementing COVID-19 response activities that include community awareness, training of health professionals on IPC and support with disinfection materials and products

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

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

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

**Comoros Red Crescent has started the production of PPE,** including face masks, face shields and gowns using local materials. These items, which are being produced in accordance to MoH standards, are being distributed free of charge to people who are especially at risk from the virus, including the elderly or those that may be more likely to be exposed, such as front line staff and volunteers.

## Red Cross of the Democratic Republic of the 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. Other achievements by the NS include:

- Training of 60 volunteers from the DRC RC, members of the COVID-19 rapid intervention team - 19 in Kongo – central
- 781,144 people were reached with awareness-raising activities carried out by volunteers on RCCE and 125,641 households were reached through CBS activities
- Volunteers were provided with motorbikes, boots, megaphones and bibs to facilitate their COVID-19 response activities

The IFRC supported the NS in the development of the COVID 19 response plan and encouraged the NS to integrate the various COVID 19 coordination mechanisms set up by MOH. The NS was also provided with some materials for management of dead bodies as well as updated and translated into French some tools to be used by volunteers such as the Epidemic Control for Volunteers. The NS has since adapted their ongoing immunization programme and ensured undisrupted services. The ICRC and the Swedish RC contributed financially and participated in coordination meetings organized by the NS.

## Congolese Red Cross

*NS volunteer conducting awareness using a megaphone*

*NS volunteers disinfecting quarantine centers*

With financial and technical support from Movement partners (PNS, ICRC, IFRC), the Government as well as the Coca-Cola Foundation and WHO, the Congolese Red Cross has made good progress in its COVID-19 response. With this support, the National Society has been able to reach a total of 5,292,751 people (both direct and indirect)

The Congolese Red Cross (CRC) has trained a total of 400 volunteers in ECV/RCCE, IPC, CBS and dead body management. One hundred (100) volunteers were also trained in contact tracing and surveillance and were integrated into Districts' health teams. All 400 volunteers have been insured. Twenty-five (25) volunteers were mobilized to provide hygiene and disinfection services.

For RCCE activities, the NS has contracted two television/radio stations in priority department for interactive programmes. Radio spots have been produced to provide key information and counter common misconception and rumours. This has been done in two local languages (Lingala and Kituba) and through five popular radio station to maximize on population reached. Volunteers have also used WhatsApp platform to disseminate accurate information about the virus and to collect community perception as well as address their concerns. **The NS has been collecting community feedback and analysing this information. This has ensured that the needs of the community are considered and interventions adjusted to meet their needs.**

The NS also supported in disinfecting quarantine sites as well as providing PSS to the people under quarantine. In addition, WASH activities are being conducted in health centres reaching 53 health facilities and 306,862 people in market places. In close coordination with relevant government authorities, the NS conducts CBS where 1,942 people have so far been reached with contact tracing and screening. CRC has so far ensured the dignified and safe burials for 92 people who died or suspected to have died from COVID-19 complications

Key success has been the integration of volunteers into Districts' health teams and volunteers acceptance in communities. However, some communities are still resistant due to belief and rumours. There is also low pandemic-related items which mean increased vulnerability to communities. Loss of employment is also adding to vulnerability as well as lack of support for bereaved families. To mitigate these, the NS proposes providing support to vulnerable groups and bereaved families (recovery kits) through well-targeted income-generating activities. Holistic management of anti-exclusion programmes need also to be integrated into the fight against gender-based violence in a pandemic situation. Strengthen skills for livelihood support through economic activities for people weakened by COVID-19 or living with disabilities need also to be considered in the response.

## Red Cross Society of Côte d'Ivoire

*NS volunteer conducting awareness to children and youth*

*NS volunteer showing school children how to wash hands properly*

The Red Cross Society of Côte d'Ivoire staff and volunteers are in the frontline of COVID-19 response. They have established and trained a national pool of 2,210 trainers on COVID-19 RCCE in 85 localities. The trainers have in turn trained volunteers who are actively disseminating COVID-19 prevention measures in communities and schools through digital communication, dialogue with communities, information kiosks, home visits, mobile caravans among other means. So far, 2,004,680 people including 982,293 female have been reached through various RCCE and health and hygiene promotion activities.

The NS is using their feedback mechanism to understand and analyse the concerns and views of communities regarding socio-economic impacts of COVID-19. This information in turn helps them to develop key messages to use during awareness sessions. Other activities implemented include distribution of WASH kits to 29 households, distribution of food and non-food items to 6,926 people, distribution of food kits to 350 persons with disability, disinfection of public spaces, supporting with quarantine activities as well as contact tracing in close coordination with MoH and other partners. **People with disabilities are also being reached with awareness on COVID-19, PSS and food distribution.**

The NS has distributed WASH kits to 4,520 households as well as hygiene kits to 500 schools. It has also provided PSS support and psychological first aid to 1,154 communities and volunteers. To ensure that essential health services are maintained, the NS has been conducting community-based health promotion that has reached over 1.48 million people. In addition, it has supported vitamin A supplement programmes at the Ministry of Health and promoted voluntary blood donation in response to the reduction in health services as a result of COVID-19

## Red Crescent Society of Djibouti

Red Crescent Society of Djibouti (RCSD) continues its response to COVID-19 in Djibouti City and across the country. This involves delivering key messages on COVID-19 and providing accurate and reliable information to the community. The National Society follows very closely the evolution of the situation and exchanges communication with the MoH who is managing the preparedness and response mechanisms of the government at national level.

IFRC deployed a delegate in Djibouti to support the NS in the COVID-19 response, including training of volunteers and monitoring COVID-19 activities. The NS has trained 167 (102 male, 65 female) volunteers and conduct mass awareness-raising activities as well as expand its response to five (5) regions in Djibouti. a total of 110,528 people (44,212 male, 66,316 female) were reached through awareness campaigns. In total, 5,177 IEC materials were distributed during the awareness campaigns.

The ICRC has a mission in Djibouti and works closely with the NS in Restoring Family Links (RFL) services in refugee settlements and IOM Migration Response Centres. RFL volunteers working in the various refugee and migrant camps have received COVID-19 training. In addition, the NS is being supported in the implementation of communication activities and strengthening the

capacity of its staff and volunteers to carry out safer awareness-raising activities. The ICRC has provided financial support for the purchase of PPE kits, purchase of megaphones, creation of radio and TV advertisements, IEC materials, establishment of the community feedback system and development of a communications plan for local branches. The ICRC and British RC have Organizational Development (OD) representatives supporting the NS organizational development Unit. Since the first COVID-19 case was reported in Djibouti, both OD representatives and the IFRC have fully supported in the preparation and response to COVID-19. They actively participate in response team's COVID-19 interventions, attending internal and external coordination meetings, supporting the drafting of budgets and business continuity plans, helping to raise awareness of COVID-19 among staff and volunteers, providing procurement and logistics support, and developing the NS COVID-19 response and contingency plan.

In the refugee and migrant camps, the NS in collaboration with ONARS (Office National d'Assistance aux Réfugiés et Sinistrés), WHO together with International Organization for Migration (IOM) oversee the management of the camps. The NS in collaboration with the government has been conducting disinfection spraying and handwashing demonstrations in high-risk areas reaching a total of 3,500 people (2,300 male, 1,200 female). The NS has also been conducting awareness campaigns on COVID-19 prevention measures to be adhered to. This activity is supplemented with the distribution of IEC materials for constant reference by community members. The NS is also conducting screening and disinfection at border entry points for truck drivers, goods, or public transport such as buses. Volunteers fully equipped with PPE performed these activities.

## Red Cross of Equatorial Guinea

The National Society has around 500 volunteers to support the Ministry of Health in RCCE (prevention and communication for behaviour change) to reduce the risk of exposure to COVID-19. The Red Cross of Equatorial Guinea participates in coordination meetings at central level for the response to COVID19. So far, the NS has reached a total of 1,403,000 people with awareness on epidemic control measures, IPC activities in health facilities and communities.

## Baphalali Eswatini Red Cross Society (BERCS)

The National Society has a network of 5 divisions across the country with a team of 690 volunteers and 76 staff members. The NS has successfully conducted "gate to gate" awareness campaigns in 26 Constituencies and 130 Chiefdoms of the four regions of the country. A total of 482 volunteers were deployed for information dissemination, COVID-19 sensitization and encouraging IPC measures in the communities reaching 234,293 people. The "gate to gate" awareness campaign was also conducted in COVID-19 hot spots. This was done in 38 constituencies and 8 Chiefdoms of Manzini and Hhohho regions. A total of 21,623 people were reached by this activity.

PPE that included cloth masks, bar soaps, liquid soaps and sanitizers were distributed to the people who needed them. The NS procured and installed handwashing facilities in clinics and divisions they are supporting. The NS continues to provide essential services in NS-supported health facilities and this includes daily COVID-19 screening and consultations, weekly outreach activities and daily health education sessions that have integrated COVID-19 messages. Fumigation of the health facilities is also being conducted with the help of the Environmental Health Personnel under MoH. BERCS also supported security forces (stationed in roadblocks) in monitoring compliance to COVID-19 measures such as the wearing of masks, availability of sanitizers and distributing IEC materials

**The NS successfully conducted interactive radio and TV shows to encourage positive behaviours, address rumours, fear and stigma, information about Red Cross services and where to access care.** BERCS did interactive radio interviews in Siswati to engage with audiences in a two-way process that will allow them to ask questions. Radio jingles and adverts were also used to share key health messages. Coverage of each media house ranges from 400,000 to 900,000 listenership. The NS continues to share COVID-19 activities and messages via the media (Facebook and WhatsApp) and such messages include the importance of wearing a mask and proper mask management, handwashing and social distancing and other COVID-19 preventive measures.

To support the livelihoods of those affected, the NS undertook a participatory mechanism to engage communities in planning, selection and distribution process in two target communities (Sigwe and Hosea). A total of 2,300 beneficiaries were registered for cash transfers and verification of contacts numbers done to prepare for the transfers.
All volunteers have been trained on PGI and the NS has engaged the St Joseph's School of disability in all the NS trainings to ensure that COVID-19 information is accessible to vulnerable groups including elderly, children, women and girls, people with disabilities.

## Ethiopia Red Cross Society

Over 25,000 volunteers and ERCS staff have been trained, provided with PPE and deployed to support the COVID-19 preparedness and response activities including screening, house to house detection, awareness creation, sanitization and demonstration of hand washing.

| | |
|---|---|
| # people reached through RCCE activities | 45,944,317 |
| # people supported through food and other in-kind assistance | 27,538 |
| # volunteers that have access to PPE | 27,000 |

The regional and zonal branches built their capacity to fight against the pandemic. The National Society has been working to stop the spread and impact of COVID-19 pandemic with the help of Movement and other partners since it was announced by the government. The NS has been undertaking community sensitization and campaigns, hygiene promotion and NFI distribution by deploying volunteers and health workers across the country.

RCCE and health and hygiene promotion activities have been conducted through mass sensitization, house to house detection and education, use of megaphones, distribution of posters. In addition, COVID-19 messages have been disseminated via four TV and 6 Radio Station in four different local languages. These activities have reached over 45 million people.

In terms of epidemic control measures, the NS has screed 3,135,460 people in various places using infrared thermometer and provided surgical masks, hand sanitizer, Surgical gloves and soap. The NS has provided NFIs (blankets, sleeping mats, sheets, dignity pads, sandals, soaps, tissue culture, sleeping beds) for 4,124 people in quarantine and isolation centres. Over 9,138 returnees from the Middle East have also been provided with dignity kits comprising of laundry and body soap, toothpaste and brush, hand towel, toilet roll and dignity pad. Through its ambulance service, 4,000 people suspected of COVID-19 have been provided with ambulance referral service.

IPC in health facilities has been supported by providing Mobile sanitation latrines, dust bins, water tankers, hand washing facilities, jerry cans, washing basins, jugs and detergents and disinfectants to over 50 facilities, while IPC in communities has reached over 5 million people by supporting WASH activities that reduce risk.

To support livelihoods and households economic security, the NS has supported food and in-kind assistance (Edible Oil, Wheat flour, Macaroni, Rice, sugar, spaghetti) to 27,538 people. Support has also been provided to 1,000 disabled people and their families through the provision of sanitizer, face mask, liquid soap and alcohol. Eight hundred and seventy (870) people have been supported by RFL through free call services at Addis Ababa airport and quarantine centres.

## Gabonese Red Cross Society

As part of the preparation of awareness-raising activities in support of the government, a total of 117 volunteers were briefed in Libreville and 50 at Woleu-Ntem on COVID-19 with financial support from IFRC. Door-to-door awareness activities were conducted in Libreville and various provinces. In addition to raising awareness in the communities, the NS sensitized a total of 122 agents (108 men and 14 women) of the Gabonese Red Cross Society for the storage of petroleum products on preventive measures against COVID-19. Community radio programmes are also hosted by volunteers in every province across the country through 407 radio broadcasts to discuss and get community feedback about the COVID-19 situation and measures. The different awareness-raising activities have reached 84,870 people in the communities.

Twenty-three (23) volunteers actively participate in surveillance activities in collaboration with the teams of the Military Health Service and the Directorate General of Health. For this activity, volunteers use the Go-data tool for contact tracing and case management developed by WHO and approved by

*COVID-19 awareness through Radio programmes by NS volunteers*

national authorities. So far, 1,700 have been reached through surveillance activities. In addition, three volunteers have been supporting the screening of passengers in train stations by taking their temperature and checking their COVID-19 test certificate. Close to 10,000 passengers have been screened to date.

Twenty (20) trainers have been trained on CEA including 5 women. In addition, PSS has been provided to 241 people through online platforms and group counselling. In partnership with the Sylvia Bongo Ondimba Foundation (FSBO) for the family, a series of distributions of vouchers and food kits were organized by the NS in markets (only to shopkeepers in Libreville) and to vulnerable families throughout the country reaching 6,401 people including 5,092 women.

Key successes include the integration of volunteers through the COPIL into the Epidemiological Surveillance Committee. Additionally, working in synergy with the operational components of Military Health Service and the Ministry of Health in monitoring suspect cases and training sessions inevitably made it possible to position the NS as a preferred partner in the development of response strategies at community level.

## The Gambia Red Cross Society

The NS has a strong base of volunteers providing various response services including ambulance, IPC, PSS, contact tracing and community surveillance, RCCE, screening at border posts, fumigation, WASH, management of the dead and various other activities in communities.
Through its company, GPlus, the NS started operating an outpatient clinic and all the staff of the clinic and ambulance section are trained on COVID-19 case management, and additional training is underway. In close coordination with the MoH and other partners, the NS staff and volunteer teams have been engaging in COVID-19 response activities reaching over 1,200,000 people as highlighted below:

- 1,160,735 people were reached through health and hygiene risk communication and community engagement activities
- 450 of volunteers were trained in COVID-19 ECV RCCE package
- 168 COVID-19 related burials were facilitated or directly carried out by NS volunteers
- 2,267 handwashing stations were set up for 2,226 households
- 187 COVID-19 patients (confirmed or suspected) were transported to COVID-19 treatment centres by the NS ambulance services
- 171 health facilities are being supported in IPC and WASH
- 336 households were reached through cash assistance to meet their basic needs
- 172 people in the most affected communities were reached with food assistance or cash to meet their basic needs
- **17,905 of people were reached through educational and advocacy programmes addressing issues of discrimination, violence and exclusion**
- **Community EWS has been established to reduce, mitigate and respond to identified risks in the COVID-19 pandemic context**

GRCS is involved in **home-based care** and isolation in response to the growing number of cases required to isolate due to asymptomatic and mild cases. The NSs is also strengthening contact tracing with home-based care and supporting vulnerable groups in isolation with essential daily care and distribution of food parcels, services which contribute to the proper care for the sick, limit further spread of the disease, and contain the infection. PPE has also been provided to caregivers.

## Ghana Red Cross Society

COVID-19 response activities implementation has been progressing successfully, with capacity building of 20 NS staff and 493 volunteers to support response activities: Within the period, the NS has achieved the following:

- Over 9,800,000 people were reached with COVID-19 awareness conducted by trained volunteers
- 63,600 PPE kits were donated to the Ghana Health Service (GHS) to support frontline health personnel at COVID-19 treatment centres.
- 700 handwashing stations were set up in markets, lorry stations and other public places. Additional 200 handwashing Units were procured to support ongoing activities. To ensure the handwashing stations are in good condition and regularly providing water, identified people such as market leaders, and lorry stations head are placed in charge to ensure sustainability. On occasions, the regional branches carry out handwashing demonstrations at vantage points to encourage the culture of frequent handwashing.

- **900 people were reached with water systems that use a cashless payment arrangement to dispense water**
- Establishment of feedback mechanism at community level to analyse, act on and respond to community beliefs, rumours, questions and suggestions (hotlines, FGDs, social media, WhatsApp groups, social mobilizers) and to tackle stigmatization.
- Distribution of food items to vulnerable households including mothers.

*NS distributing food items to a Muslim community at Ashiaman to support mothers*

To further support WASH activities, the NS has provided a water system (mechanized boreholes with elevated tanks at a height of 2m above the ground) to targeted communities to give access to safe potable drinking water and to serve other domestic purposes and enhance handwashing. The water systems use a cashless payment system to dispense water. Users are given a token loaded with credit. This is geared towards promoting the sustainability of such systems in a long run. The water system currently serves 900 people. Plans are underway to supply an additional 30 water systems across the country.

Due to the COVID-19 pandemic, there has been limited face-to-face contact with the community as a precautionary measure to prevent the spread of the virus. GRCS has implemented several initiatives to communicate with the population. WhatsApp groups were set up and being used by the volunteers to receive information/feedback from the community and to disseminate key messages related to risks and preventive measures to observe during this COVID-19 pandemic situation. **Radio talk shows are being aired with time allocated for phone-in sessions to collect feedback or address some questions that callers might have. On other occasions, specialists from institutions are invited to the show to address the main issues of concern based on feedback from the community**

The challenge for the NS has been delays in procurement processes and inadequate supply of PPE for volunteers. However, systems have been put in place to address these challenges.

## Red Cross Society of Guinea

The National society continues to work with the government in the fight against the COVID-19 pandemic by supporting in various activities including management of the dead, COVID-19 sampling/testing, communication on risks and prevention measures, contact tracing, epidemic control by volunteers, promotion of PGI as well as providing PSS. So far, a total of 2,387,077 people have been reached with the various activities with the help of 22 NS staff and 338 volunteers. Below is a snapshot:

- 25 managers and staff of the NS were trained on RCCE activities with support from the MoH and the ICRC.
- 1,478 volunteers were trained in RCCE and ECV.
- Through RCCE activities, the NS has so far reached over 1.5 million people with awareness messages on measures to mitigate transmission of COVID-19.
- The NS screened over 3,000 people and reached over 2,200 people through contact tracing
- The NS has managed over 130 burials of people who passed away due to COVID-19
- The NS has installed over 180 handwashing devices as well as distributed over 7,000 bars of soap and 500 face masks.
- 433 COVID-19 test samples were collected by the NS and sent to the laboratory

## Red Cross Society of Guinea-Bissau

The health situation in Guinea-Bissau is extremely vulnerable, taking into account the lack of sanitary infrastructures, few qualified health professionals, job losses, difficulty in accessing health facilities. The NS has been supporting in COVID-19 response through IPC-WASH in communities, CBS, RCCE as well as health and hygiene promotion. These activities are being conducted with the support of 10 NS staff and 120 volunteers.

## Kenya Red Cross Society

The operation focuses on COVID-19 RCCE through sharing timely, accurate information to influence behaviour among the community at risk. Provision of handwashing facilities, soap and hand sanitizers, livelihood support through food distribution and cash transfer where feasible integrating PGI and effective CEA approaches as well as supporting other prevention and control initiatives by the Government and coordination for the response. The NS has reached its Kenyan population with support from IFRC, PNS and other partners as detailed below:

*KRCS donating PPEs, on-pharmaceuticals and handwashing facilities to County Government*

- KRCS has trained its staff (over 590) and volunteers (over 67,700) involved in the response on ECV and RCCE packages to ensure they are well-equipped with the correct information and knowledge.
- 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 such as market centres and in the villages reaching over 11 million people who included the elderly and persons living with disabilities. Focus group discussions were also used to reach people.
- The NS adapted their ongoing immunization programme and ensured undisrupted services
- Over 110 complaints and feedback have been received monthly through the toll-free line and addressed by the KRCS.
- Over 1,200,000 people have been screened and suspected cases have been referred for further test and management. In addition, the NS has supported in contact tracing, where over 5,300 confirmed cases have been traced.
- Over 1,140,000 people have been reached with WASH activities.
- Cash transfers were sent to 31,945 households with the support of Netherlands and British RC as well as the EU (through a consortium) and Nestle East Africa
- Provision of early livelihoods recovery to 1,500 households with support from Danish Red Cross.

KRCS engaged counsellors to 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.

## Lesotho Red Cross Society (LRCS)

As the number of positive cases increases in the country, LRCS continues to strengthen its RCCE strategies. The office of CEA conducted training of trainers for LRCS staff and volunteers in addressing risky messages and habits on COVID-19 where 406 trainers were trained including 172 women. Other activities conducted include screening, social distancing promotion, promotion of handwashing techniques, construction of tippy-taps and general education on the virus. **Since the commencement of classes for students in schools, volunteers and staff are supporting Ministry of Education and Health with screening of teachers and students as well as conducting RCCE in schools.** The NS has produced a COVID-19 video that is used for disseminating information and educating communities about the virus. In addition, the LRCS communication department has developed an audio that was broadcasted on community radio stations to enhance awareness.

*The Prime Minister of Lesotho Dr Moeketsi Majoro washes his hands using Lesotho Red Cross Society tippy tap*

LRCS, through the support of IFRC and TEBA distributed cash to 850 households in Thaba-Tseka, Ramabanta, Semonkong, Mohale's Hoek and Maseru districts. In addition, NS volunteers screened about 4,510 people upon arrival in Quthing on the South Africa border. As part of hygiene and handwashing promotion and COVID-19 education and awareness, LRCS volunteers and staff constructed tippy-taps in homesteads, markets and other community public areas such as clinics, government offices and churches. **Demonstrations on the construction of**

**tippy-taps were done and communities were encouraged to construct them at their homes.** Close to 87,000 people are benefitting from these tippy-taps through hand washing.

## Liberian Red Cross Society

The LRCS has intensified its activities in COVID-19 response. This includes provision of handwashing facilities in public places where many people congregate as well as provision of IPC support to the NS headquarters clinic where regular health services are being provided to the public. The IPC support includes training of health clinic staff and volunteers, provision of PPEs, quality assurance of clinical services and implementation of IPC controls

The NS has trained 150 PSS volunteers who are providing services to persons directly and indirectly affected by COVID-19. The volunteers are mainstreamed in their communities to identify and support the people in need of PSS. **Staff and volunteers' burnout remains a key concern during response operations. Stress management sessions are being held to manage this situation at NS headquarters and chapter levels. In addition, 300 children from Monrovia (Peace Island) have been reached with psycho-education sessions to help them cope during this pandemic period.**

Seventy (70) staff and volunteers trained in RCCE have been conducting CEA activities to address misconceptions, myths and doubts about COVID-19. LRCS has set up four 4 WhatsApp groups for collecting feedback from the community as well as for volunteers to share key messages related to COVID-19. In addition, the NS has reached 1,550,783 people with messages and awareness through house-to-house, mass media awareness, community engagement and social media. **Interactive radio and TV shows are aired to encourage positive behaviours, address rumours, fear and stigma. The NS has also trained and supported media journalists to share health information.**

The NS established 35 handwashing facilities in public places (such as markets, public offices, and street corners) that were managed by volunteers. About 262,810 (149,755 male and 113,055 female) were reached by handwashing demonstration facilities. The NS also donated IPC materials including 450 buckets, nose masks, 5 thermo-flash, 14 pieces of heavy-duty gloves, and 200 pieces of soap to the National WASH Commission, the General Services Agency and the Monrovia Central Prison

Inclusions and gender diversity are highly considered in LRCS COVID-19 response. The NS has to-date included 7 volunteers with disability in COVID-19 response. These volunteers are actively involved and engaged in awareness-raising activities in their communities. Additionally, vulnerable people including the blind, physically challenged, orphanages received assorted food and non-food items as a stimulus to empower them to cope with the impacts of the stay home order.

## Malagasy Red Cross Society

The Malagasy Red Cross Society has trained its volunteers on COVID-19 response to protect themselves and support the population by creating awareness of the risks posed by this virus. The volunteers are implementing activities which include RCCE, in particular, mass awareness-raising in public places and schools, awareness-raising through household visits, collection of feedback. The volunteers are also conducting disinfection of public places and conducting hygiene promotion.

The NS has installed seven tents to support the health services and the government in its health interventions as well as providing an ambulance to support in COVID 19 response. The volunteers have been supporting the health authorities in ensuring safe movement in health facilities as well as case detection and follow up of contact cases in the community. Malagasy RCS has distributed PPE to health facilities and masks in schools. Finally, cash support is being provided to vulnerable households and has reached over 2,000 households.

## Malawi Red Cross Society (MRCS)

MRCS has been actively implementing COVID-19 response activities with support from IFRC and other partners. NS volunteers conducted door-to-door visits to promote hygiene promotion. MRCS also supported the MoH to undertake community surveillance, case reporting and tracking where they undertook screening of people in various public places including workplaces, point of entry and some hospitals in the country.

The NS has renovated four emergency treatment units in Kamuzu Central Hospital – Lilongwe, Dedza district hospital, Mangochi district hospital, and Mzimba district hospital. Additionally, they provided 10 tents in districts and central hospitals for general COVID-19 screening and supported screening in border districts reaching over 22,000 people.

MRCS is supporting handwashing and sensitization in strategic points (markets, big shops, banks, roadblocks, and prisons) and have so far reached over 58,000 people. Over 350 handwashing buckets with taps and over 40,000 pieces of soap were distributed to facilitate handwashing in public places. In addition, buckets and chlorine were distributed to 19 districts to support disinfection. The volunteers have so far carried out over 110 handwashing campaigns reaching over 71,700 households. During these campaigns, they also advocated for gender inclusion and protection.

For RCCE, MRCS used local communication channels such as community and national radio stations, van publicities, mobile cinema, billboards, hygiene campaigns and megaphone messaging. **RFL services were provided to 800 people through phone calls.** NS volunteers supported handwashing and sensitization in markets, big shops, banks, roadblocks and mobile markets. The NS provided 1,100 households with cash support and provided Mental health and PSS support to 1,118 people returning from other countries.

## Mali Red Cross

Mali Red Cross continues to contribute to the reduction of morbidity and mortality due to the COVID-19 pandemic while strengthening the technical and operational capacities of the National Society. This is being done through infection prevention and control measures, actions to support livelihoods and access to hygiene and sanitation measures for community members. IFRC is assisting Mali Red Cross through the COVID-19 response plan. The project revolves around health and care, WASH, RCCE, livelihoods through cash transfer and National Society development. In addition, IFRC provides the National Society with PPE and other materials for the prevention and control of infection COVID-19. NS staff and volunteers have been trained in RCCE and infection prevention and control. They have in turn supported the MoH in COVID-19 response activities that include case management, risk communication, prevention and control of infection in the laboratories as well as the provision of PPE and hygiene kits.

## Mauritanian Red Crescent

The NS staff and volunteers have been trained in RCCE and ECV and have in turn initiated several COVID-19 response activities that include RCCE, promotion of hygiene, PSS and CBS. A total of 850 volunteers have provided training and awareness campaigns across 12 Moughataas reaching over 600,000 people. The volunteers have distributed 30,000 flyers, 3,000 posters, and 5 giant billboards in major crossroads carrying key COVID-19 awareness messages. In addition, the NS has developed and disseminated multimedia awareness-raising spots on social networks and television channels, and the volunteers are taking part in local radio programmes on the importance of respecting preventive measures. **A toll-free number has been activated to answer questions from citizens regarding the virus and allows them to report any suspected cases.**

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

## Mauritius Red Cross Society

A total of 50 NS volunteers (including volunteer doctors and psychologist) have been mobilized to support in the COVID-19 response. **The NS is currently managing two support centres where PSS is being provided to the most vulnerable including the elderly.** This is being done through the call centre, where over 1,600 people have been attended to for either PSS or other advice. The ambulance movement is also being monitored from these two centres. One ambulance was purchased while 3 were mobilized by the NS to support the centres. Over 270 people have been transported to the COVID-19 treatment centres by the ambulance services.

In addition, COVID-19 awareness is being conducted directly to the community, through social media as well as billboards that have been put in strategic areas. Weekly radio interviews/shows are being conducted and feedback received, and monthly spots and features are being produced. The NS has done over 55 social media posts. These mass sensitization channels have reached over 300,000 people. Over 137,768 people have been reached with health messaging through Facebook posts.

## Mozambique Red Cross Society

The NS, working with Movement partners, has revised its **COVID-19 Domestic Response Plan (March 2020 to December 2021) which demonstrate Mozambique Red Cross Society's contribution to the National efforts towards managing**

**COVID-19**. Due to transition from a state of emergency to a state of public calamity announced by the President of Mozambique on 7 September 2020, the NS is implementing its activities in prevention and community mobilization/education (EVC/RCCE/WASH/PSS), relief and shelter. The NS has so far reached 13,368,142 people with these activities

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 over 4,400 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. Personal hygiene kits have been distributed to 23 Cabo Delgado provincial prisons reaching 2,062 detainees. They have also conducted over 840 psychosocial 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

Namibia Red Cross (NRC) is conducting the following activities in the provinces: public awareness, hygiene promotion, RCCE, media relations, and distribution of IEC materials in strategic areas. The areas the NS is targeting with risk communication include schools, taxi ranks, bus terminals, churches, malls, informal settlements. These places have a higher risk of people contracting the virus because of congestion. Over 330,000 people have been reached with these response activities. The NS has also reached other vulnerable groups through its COVID-19 response services such as refugees, people with a disability and pregnant mothers as well as first-line responders such as nurses.

*NS volunteer conducting door to door COVID-19 awareness*

Volunteers are distributing other prevention items including sanitizers, disinfection, masks, tippy-taps, water storage containers etc. The NS has also provided tents as shelters for homeless people.

## Red Cross Society of Niger

The NS has engaged a total of 1,700 community volunteers who were able to reach the target population as they are members of the community themselves. **The NS has used community radio stations and TV to disseminate key messages which have positively impacted communities. Rumours regarding the pandemic are identified as one of the main challenges the NS has faced. To address this, the NS worked with the community and religious leaders to ensure that the community receive the right information through awareness.** The trained community volunteers also worked with community and health centres to monitor and trace people believed to be in contact with confirmed COVID-19 cases. Food, cash and NFI distributions were also conducted in addition to health and hygiene promotion activities. Detailed activities are summarized below

- 129 public health centres were disinfected and handwashing devices set up to prevent the spread of COVID-19.
- 5,366 people returning from West African countries (and in quarantine centres) were provided with food and non-food items including handwashing items and face masks.
- 6,578,108 people were reached with RCCE activities including 3,354,836 women

- 10,077 people were reached through community-based surveillance
- 32,333 households (about 226,333 people) were reached through handwashing, where over 4,227 handwashing devices were distributed
- Food items were distributed to returnees and vulnerable people including people with disability and female-headed households (146,116 people reached)
- 500 vulnerable households (approximately 3,500 people) received cash to meet their basic needs
- 80 burials were supported
- 1,400 people returnees from Burkina Faso after the closure of the border to fight the spread of the virus received 550 shelters as they were in quarantine.

*NS volunteer conductina COVID-19 awareness*

## Nigeria Red Cross Society

The NS has been engaging in RCCE (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 handwashing techniques while setting up feedback mechanisms to collate data on beliefs, practices and questions about COVID-19 at community level. NRCS additional activities include:

- 3,320,539 people were reached with COVID-19 awareness in 37 branches through social media, radio, house-to-house sensitization, group sessions, printing and distribution of IEC materials
- 1,850 tippy-taps were procured and distributed to household across 12 states
- **9,900 households were reached with COVID-19 palliative support**
- 4,850 households in IDP camps were trained on personal hygiene and provided with personal hygiene materials
- 495 volunteers were trained in the ECV/RCCE package
- 120 volunteers were trained in contact tracing
- 454 staff and volunteers were trained in psychosocial support

In addition, volunteers are working with the Centre for Disease Control (CDC) and MoH to support contact tracing of suspected COVID-19 cases. Additionally, volunteers are providing PSS across 23 branches. About 3,600 vulnerable households have also been registered for livelihood and cash support to cover their basic needs. One hundred (100) Community Resilience Committee-CRC have been formed across the communities. The CRCs will be trained and will play a vital role in providing community-level resilience support to their respective communities. The NS also adapted their ongoing immunization programme and ensured undisrupted services

The NRCS adopted some innovative means to overcome the challenges posed by COVID-19 in delivering effective programmes. For instance, **WhatsApp groups were created for proper coordination and information dissemination. The use of virtual trainings was adopted to reduce physical contact of participants during trainings. This led to reducing the cost of running workshops and exposure of participants to the risk of contracting COVID-19.**

## Rwandan Red Cross (RRCS)

From September to November 2020, a significant increase of new COVID-19 cases and deaths was reported in Rwanda by the MoH. The number of total positive cases registered in this period was 1,444 and total cases shifted from 4,063 on 31 August to 5,507 on 17 November 2020. The number of deaths registered by that time was 16 and 30 new death were registered during this reporting period. In addition, a significant number of deaths was reported in prisons.

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

At the beginning of the COVID-19 response, 40 staff and 300 volunteers were trained remotely on COVID-19 risk communication and prevention strategies. Due to the increase in the number of cases and the government strategies of putting only the villages and districts with high numbers of COVID-19 cases in lockdown and quarantine, the NS increased mobilisation activities with different strategies depending on the situation. Therefore, the mobilization strategies and messages provided by the Rwandan Red Cross depended mainly on the situation of the district where the sensitization was to take place. Sensitization has been done in the city and public places, as well as in the villages in lockdown or quarantine, and has reached over 3,770,000 people. The NS has used mobile radios (using the tricycle), radio talks, banners, and posters in camps and reception centres of Rwanda reaching over 88,900 people.

WASH items (soaps, masks, tippy-taps, buckets, blankets) have been distributed to vulnerable households reaching over 57,850 people. In addition, the NS is assisting people in quarantine centres through availing non-food items (buckets, blankets, soaps, mats). RRCS has financially supported 8 women groups whose businesses have affected by COVID-19. The NS has also supported three schools by providing them with water coming from improved nearby spring catchments.

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

## Sao Tome and Principe Red Cross

| | |
|---|---|
| # volunteers trained on RCCE | 39 |
| # brochures on awareness distributed | 3,500 |
| # volunteers trained on patient monitoring | 18 |
| # handwashing stations installed | 11 |
| # volunteers supporting MoH in follow-ups of COVID-19 patients | 196 |

*Tracking patiens and contacts of COVID-19*

The NS has been involved in the following activities: training of its employees in personal protection in the event of COVID-19, training of volunteers in risk communication, training of volunteers to monitor COVID-19-infected patients in-home quarantine as well as contacts, implementation of communication actions aimed at changing behaviours with the communities for the prevention of COVID-19 and installation of hand-washing stations. On the other hand, the NS supplied food baskets of basic necessities to the needy, elderly and most vulnerable people

## Senegalese Red Cross Society

The NS has trained volunteers on social mobilization 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. Three quarantine sites were created and equipped (1 at the health district, 1 at the Porokhane health post and 1 at the Keur AYIP health post).

## Seychelles Red Cross Society

The NS continues to support the MoH in COVID-19 response activities that include contact tracing, first aid, psychological first aid, sensitization talks and transporting low-risk people to quarantine. In addition, the NS is working together with the Ministry of Education to conduct screening and social distancing in schools. Through mobilization of 10 volunteers, a total of 500 people were identified through contact tracing. Twenty-five kits were procured for volunteers supporting contact tracing and assisting in moving suspect infected people to quarantine. The NS presented various PPE to the MoH and the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR). These included 14,500 surgical masks, 6,000 gloves and 100 protective equipment for caregivers donated by the PIROI, as well as 6,000 PPE (protective masks, gloves, and visors) from the ECHO, in partnership with the French Embassy.

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

Twenty-five (25) blood donation clubs are being relaunched in Seychelles in collaboration with the MoH and the Ministry of Education to ensure sufficient blood supply during the COVID-19 crisis.

## Sierra Leone Red Cross Society (SLRCS)

**Reflecting upon the lessons learned from Ebola outbreaks, NS branches were prepared and ready to respond to the COVID-19 pandemic within their capacities and mandates.** Before the confirmation of the first case in the country, SLRCS headquarters had sent COVID-19 key messages approved by the Ministry of Health and Sanitation (MoHS) to all branches to help prevent further spread. Respective branches also posted critical risk information and prevention messages on social media. In addition, **35 journalists were trained on lifeline programming and communication in emergencies for effective media engagement practices.**

*NS Volunteers sensitizing traditional healer about COVID-19*

In a bid to help minimize the chain of transmission of the COVID-19 and improve the health of community members, SLRCS distributed buckets, waste buckets, liquid soap and hand sanitizers to vulnerable communities in seven branches (Kono, Kenema, Bo, Pujehun, Bonthe, Moyamba and Bombali) to promote handwashing and other safe hygiene practices. Seven thermometers were also distributed to these branches to monitor the temperature of staff and volunteers in their offices. The Red Cross volunteers have also reached 112,921 people with information on the proper use of face mask, social distancing, cough etiquette and proper handwashing during community engagement activities. In addition, 90 volunteers provided psychosocial first aid (PFA) to people in quarantine homes, isolation centres and affected communities.

Lack of accurate and standardized health promotion and behavioural change messages during the early stages of the outbreak led to the proliferation of fake news, fuelling panic and confusion among large sections of the population. This undermined confidence in the entire response system at national, district and community levels. **With the help of the hotline (300), SLRCS was able to counter some of this misinformation with accurate and lifesaving information to callers.** The CEA focal person was constantly collecting, analysing, and responding to community feedback received via focus group discussions, community meetings and SLRCS WhatsApp groups in a professional and timely manner.

**Sierra Leone Red Cross volunteers sensitized eight traditional healers on community case definitions for COVID-19 and other outbreak-prone diseases such as measles, polio, yellow fever and acute watery to encourage them to identify such cases for referral and early action.** Traditional healers are a force to reckon with and volunteers across communities engaged in the CP3 programme are ensuring that they are partners in the fight to promote good health and well-being in their communities.

## Somali Red Crescent Society

The Government of Somaliland has a 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 MoH in line with national preparedness and response plan in RCCE, health and hygiene promotion, CBS, IPC, WASH (health facilities and community), PSS, maintaining access to essential health services (community health, clinical and paramedical), socioeconomic Interventions, CEA including community feedback mechanisms as well as livelihoods, cash support and food aid

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

## The South African Red Cross Society (SARCS)

*SARCS volunteer distributing hygiene packs. Home-based care and isolation initiative*

The NS has been continuously implementing activities such as RCCE, contact tracing, screening and testing, public awareness at COVID-19 hotspots, hygiene promotion, distribution of food parcels, non-food items (hygiene packs, household essentials), fumigation of schools and sensitization sessions through community radio stations. The NS supported implementation of these activities across all the nine provinces of South Africa whilst taking into account the needs that are evolving especially with the country being put in different levels of lockdowns. The National Society is in the forefront and planning for resurgence as some provinces have received a new spike of cases. **New awareness campaigns have been launched countrywide as a response to the resurgence.** Key messages have been developed and translated into eight local languages. Community Radio stations are being used by volunteers to disseminate key messages across all the nine provinces. This has made a huge impact in interacting and engaging with communities to get their voices heard. In its interventions, SARCS has been ensuring that the vulnerable groups are also supported in the COVID-19 response. **Continuous support has been given to the elderly in old age homes, orphans and vulnerable children (OVC), child-headed families, refugees, asylum seekers and other migrants with food parcels, daily hot meals, hygiene packs, household essentials, public education and hygiene promotion.** In addition, PSS is part of the support given especially to the elderly and other affected people due to the stress that COVID-19 exposes them to.

The National Society also ensured that they come up with some innovations that include **integration of some chronic diseases in the COVID-19 response**. This was done to ensure other patients who are having other diseases are not left out. **The National Society was also testing and screening communities for chronic diseases such as TB, HIV|/AIDS, diabetics**. This was done in close collaboration with the Department of Health. **SARCS also embarked on other campaigns to raise awareness on gender-based violence as it was cited by the government as being on the rise during the strict lockdown.** The National Society made sure that they developed key messages on SGBV and also provided PSS to the affected people. They worked closely with South African Police service as they were also handling cases and raising awareness. In addition, the NS introduced trucking of clean water to provinces that were hard hit by the drought. The National Society ensured that communities have access to clean water which is very key in ensuring hygiene measures are followed.

## South Sudan Red Cross

The economic effects of the pandemic led to increased levels of criminality and raiding across the country. The national economy is further squeezed by the COVID-19 and induced global economic decline, which impacts oil prices, remittances, and aid flows. The cost of imported goods rose, causing inflation, exacerbating the economic crisis which further fuels conflict in the country. **The primary and secondary impacts of COVID-19 leave health centres without staff, medicine or supplies.** The health system no longer functions. Overwhelming stress on the already insufficient health system significantly reduces the population health status. Many health facilities are unable to remain open because of sickness of staff and lack of PPE, and there are no locally available treatment options. **COVID-19 containment measures and/or fear of COVID-19 deters people from seeking healthcare leading to a rapid rise in cases. In addition, schools remain closed.** The South Sudan Red Cross (SSRC) has been responding to COVID-19 in the affected areas of the country using SSRC trained volunteers in all branch locations. Below are some of the activities implemented by the NS:

- 2,965,025 people were sensitized on COVID-19 prevention messages.
- 96 water points were rehabilitated
- 2,545 hand washing station were installed in health facilities and orphanage centres

- 369 cartons of soap were distributed.
- 819 face masks were produced by volunteers and distributed.
- **KAP survey and behavioural change study was conducted to evaluate the impact of COVID-19 messages on the general population**.

## The Sudanese Red Crescent Society (SRCS)

The Sudanese Red Crescent Society started to respond to COVID-19 pandemic since the first case was confirmed in Sudan on 13 March 2020. Emergency rooms were activated at headquarters and state levels. The National Society mobilized more than 6,000 volunteers at branch level to respond to COVID-19. SRCS prepared a country plan of action supported by partners through their areas of ongoing interventions then they extended their support to cover other states.

A total of 2,002 SRCS staff, volunteer leaders and medical staff were trained in prevention and control of COVID-19, dead body management, community feedback mechanism, PGI, RCCE and ECV. SRCS distributed approximately 91,211 leaflets, posters in public places and conducted 210 educational and awareness sessions. More than 1,073 radio show programmes on COVID-19 awareness were done all over the states using different local languages. SRCS carried out awareness campaigns through mobile radio targeting different public places and more than 1,816,571 persons were reached. In addition, 358 spraying campaigns were carried out and covered 33,219 institutions. **Ready-made meals (food and water) were distributed to migrants, returnees and other people in the isolation centres.** These groups of people were also provided with first aid and psychosocial first aid (PFA), sanitation, health, shelter and protection services. NS volunteers also set up 160 handwashing facilities and distributed 1,250 bars of soap in the isolation centres. In Khartoum state, **the NS supported the high school examination centres by distributing 40 face masks and sanitizers.** Additionally, the **Sinner State Branch distributed 3,000 face masks and 6,000 gloves to the population affected by floods.**

## Tanzania Red Cross National Society (TRCS)

The NS actively worked with the Government and other partners in the coordination team to develop a country contingency plan for COVID-19, which was then guiding all the teams in the response actions. The NS also allocated sub-committees to work in the pandemic response as per the WHO guidelines. On its part, the NS developed its contingency plan covering health services such as epidemic control, RCCE, health and hygiene promotion, IPC at community level and in health facilities, tele-counselling as a form of PSS, case management, management of the dead, community feedback and rumour tracking and assessment of COVID-19 impacts to vulnerable groups. More than 2,400 volunteers were initially deployed and started to work in the high-risk regions as identified by MoH. They used mobile vans with public address systems to raise community awareness in preventive and protective measures. A total of 75 volunteers were also engaged in contact tracing and 50 volunteers have been supporting the government in management of quarantine centres. A total of 20 volunteers are also supporting the government in management of the dead in Zanzibar. The NS initiated the tele-counselling services for staff, volunteers and the general public. TRCS also supported communities and health facilities with the installation of handwashing facilities.

*TRCS launching a national telephone hotline*

As part of efforts to continue to strengthen engagement with and accountability to communities, TRCS has launched a national telephone hotline. The main purpose of this hotline is to collect questions, feedback and rumours regarding CO VID-19 but also regarding all of the activities and services provided by TRCS. The hotline has been operational for three months now, with structured caller handling protocols, a dedicated response team and referral system for sensitive information.

## Togolese Red Cross

The Togolese Red Cross has conducted several COVID-19 activities including awareness sessions through various modes of communication to ensure communities observe prevention measures as well as distribution of masks, handwashing stations, among other activities. Below is a snapshot of activities conducted:

- 25 radio hosts and 549 NS volunteers were trained on COVID-19 and risk communication and community engagement
- 16 training sessions were held for 400 community volunteers from 25 districts on epidemic control and community surveillance and early detection of COVID-19 cases.
- 1,393 volunteers were provided with PPE (masks and hand sanitizers) to facilitate their community activities
- Over 600,000 people were reached with COVID-19 awareness by trained volunteers
- 63 radio programmes were aired on 25 community radio stations
- 25,300 masks were distributed in 3 markets in Lome and community members in Klabè Efoukpa
- 12-foot pedal-operated handwashing equipment was distributed to 12 local authority offices in Lome

*the market place*

CEA activities conducted by the NS included taking the temperature of people in markets, schools, and other public places, awareness-raising in public places (schools, markets, mosques, churches and fishing ports) with megaphones and speakers. A total of 10,763 people were reached with these activities. In addition, **Togolese Red Cross has initiated a "7 useful daily" approach which aims to establish dialogue between child-parents, husbands-wives through simple and courteous words of everyday life to reduce or even end gender-based violence.**

## Uganda Red Cross Society (URCS)

The NS has supported in screening at border points of entry including spraying of trucks and vehicles entering the country. URCS has also intensified targeted RCCE activities in the settlements using mobile drive public addresses to strengthen the adoption of COVID-19 precautionary measures throughout the villages. The NS is involved in providing social mobilization, crowd management, and supporting immunization teams during special campaigns in Yellow Fever. Additionally, URCS is supporting the government's efforts to provide relief support in form of provision of food items to the urban vulnerable communities around Kampala metropolitan areas. In this exercise, URCS leads in registration and verification process for households to benefit, conducts RCCE at household and community level and conducts demonstrations for proper handwashing at community handwashing facilities. **Training of other agencies' staff and volunteers has been undertaken to strengthen the capacity of those involved in the response.**

## Zambia Red Cross Society (ZRCS)

ZRCS is committed to complementing government efforts in the fight against the COVID-19 pandemic. Some of the activities the NS has been implementing in the 17 districts of operation include donating two handwashing stations for people living with a disability. The water stations can be operated by foot, knee and elbow. In addition, 119 foot-operated handwashing stations were distributed in 17 branches for placement in strategic points where the public can have access to a place for washing their hands. Rehabilitation of six water points was also undertaken by the NS to increase access to safe water supply in Kapiri-Mposhi District of Central Province where over 10,620 people will have access to the water points.

*Excerpt from a video on awareness that can be understood by people living with a disability*

The NS continues reaching out to communities with COVID-19 awareness messages through TV and radio programmes. In June 2020, the Zambia Red Cross developed and disseminated **audio-visual RCCE materials with captions that are accessible to people with hearing impairments via the national broadcaster**. Focus was also on implementing strategies to ensure that people in this group have access to the national COVID-19 hotline and that there was a mechanism in place to ensure that feedback was provided to their questions and requests for information. In response to RCCE, the National Society looked at the component of inclusiveness in PGI as the nature of any situation requires all persons to be reached. Additionally, there was a gap that was identified by the NS, as many partners were focusing on people who don't have hearing difficulties. **A video has been broadcast on national television, which has 10 million viewers. The Chairperson of the Zambia Association of People with Disabilities expressed gratitude for the inclusion of people with disabilities as a target in Zambia RC RCCE activities.**

To enhance IPC, a total of 8,000 reusable face masks and 5,580 bars of handwashing soap were distributed in 17 districts for vulnerable communities as identified by the branches. ZRCS also donated PPEs to the MoH facilities as well as supported in disinfection activities in some of the facilities. To ensure that the most vulnerable communities have access to basic needs, cash distribution was conducted in Chililabombwe District of Copper-belt Province in 11 wards where a total of 1,210 vulnerable people were reached.

## Zimbabwe Red Cross Society

The NS has successfully been able to engage with various stakeholders in collaborating towards the COVID-19 response. Risk communication continues to be conducted by volunteers, through mobile speakers mounted on project vehicles as well as through radio sessions and TV spots that cover the whole country. **All these activities take into account PGI factors**. Health promotion is also continuously conducted in communities by the volunteers. Below are some highlights:

- Distribution of PPE materials and handwashing stations was done in Mashonaland Central, Mashonaland West and Shamva districts. **The target areas included schools, clinics, old peoples' homes and children homes**
- 20,000 people (4,000 households) were reached with vouchers to meet their immediate food needs
- PPEs (12,000 surgical masks, 12 examination gloves and 600 N95 masks) were distributed in MoH facilities as well as within NS for the volunteers use
- 3,515,930 radio listeners were reached with RCCE on the COVID-19 pandemic. A total of 40 radio spots for jingles were procured on 4 different radio stations to disseminate messages that focus mostly on increasing risk perception and encourage listeners not to relax prevention measures. **These jingles were developed in line with community feedback from a perception survey that was recently conducted by the NS.**
- Community feedback continues being collected in various parts of the country so as to track rumours, perceptions, questions, suggestion and views on COVID-19. **These in turn help with adjusting response activities to meet the information and other needs of the community.**
- 33,180 people have been reached with essential health services (screening and surveillance) provided by ZRCS

*Ongoing training of NS volunteers*

## 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

## **National Societies Heatmap–** Based on the pillars reported on the Go Platform field reports

| National Society | Health and Wash | Socioeconomic Impacts | NS Strengthening |
|---|---|---|---|
| Baphalali Eswatini Red Cross Society | 7 | 3 | 4 |
| Botswana Red Cross Society | 5 | 2 | 3 |
| Burkinabe Red Cross Society | 3 | 1 | 1 |
| Burundi Red Cross | 10 | 2 | 4 |
| Cameroon Red Cross Society | 6 | 3 | 3 |
| Congolese Red Cross | 8 | 2 | 2 |
| Ghana Red Cross Society | 6 | 3 | 4 |
| Kenya Red Cross Society | 12 | 3 | 3 |
| Lesotho Red Cross Society | 8 | 5 | 5 |
| Liberian Red Cross Society | 8 | 4 | 4 |
| Malagasy Red Cross Society | 8 | 4 | 2 |
| Malawi Red Cross Society | 8 | 5 | 5 |
| Namibia Red Cross | 5 | 4 | 2 |
| Nigerian Red Cross Society | 9 | 4 | 4 |
| Red Cross of Benin | 8 | 3 | 4 |
| Red Cross of Equatorial Guinea | 6 | 3 | 3 |
| Red Cross Society of Guinea | 7 | 1 | 4 |
| Red Cross Society of Niger | 11 | 4 | 4 |
| Rwandan Red Cross | 6 | 4 | 3 |
| Senegalese Red Cross Society | 9 | 5 | 3 |
| Sierra Leone Red Cross Society | 6 | 2 | 4 |
| South Sudan Red Cross | 5 | 4 | 4 |
| The South African Red Cross Society | 11 | 6 | 5 |
| The Sudanese Red Crescent | 13 | 6 | 5 |
| The Uganda Red Cross Society | 12 | 5 | 4 |
| Togolese Red Cross | 5 | 3 | 3 |
| Zimbabwe Red Cross Society | 6 | 4 | 2 |

IFRC

# COVID-19 OUTBREAK AMERICAS REGION SITUATION UPDATE #16

REPORTING TIMEFRAME: 1 February – 31 October 2020
9-month Update Report

## Situation Update

**26,875,671** confirmed cases in Americas Region

**727,679** confirmed deaths in Americas Region
reported by WHO as at 4 PM CEST, 30 Nov. 2020

## National Society Response

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

| Health and WASH | Socioeconomic Interventions | NS Institutional Strengthening |
|---|---|---|
| 31 | 31 | 30 |

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

### HEALTH AND WASH

| | |
|---|---|
| 13 | Ambulance services for COVID-19 cases |
| 12 | Community-based surveillance (CBS) |
| 24 | Epidemic control measures |
| 27 | IPC and WASH (community) |
| 18 | IPC and WASH (health facilities) |
| 11 | Isolation and clinical case management for COVID-19 cases |
| 15 | Maintain access to essential health services (clinical and paramedical) |
| 19 | Maintain access to essential health services (community health) |
| 2 | Management of the dead |
| 31 | MHPSS |
| 30 | Risk communication, community engagement, and health and hygiene promotion |

### SOCIOECONOMIC INTERVENTIONS

| | |
|---|---|
| 26 | CEA, including community feedback mechanisms |
| 25 | Livelihoods, cash support & food aid |
| 14 | Shelter and urban settlements |
| 27 | Social care and cohesion, and support to vulnerable groups |

### NS INSTITUTIONAL STRENGTHENING

| | |
|---|---|
| 29 | National Society readiness |
| 25 | National Society sustainability |
| 28 | Support to volunteers |

# Regional Overview

At the beginning of October 2020, the region registered 6 of the 10 countries with the highest number of cases worldwide (USA, Brazil, Colombia, Peru, Argentina, Mexico); 5 of the top 10 with the highest cumulative incidence (Panama, Peru, Chile, Brazil, USA); 4 of the 10 with the highest number of total deaths reported (USA, Brazil, Mexico, Peru) and 6 of the 10 countries with the most deaths per 100,000 inhabitants (Peru, Bolivia, Brazil, Chile, Ecuador, USA). Likewise, America until then, registered more than 50% of active cases continuously. These relative numbers are undergoing changes after a new phase of rapid growth in cases and deaths began in late September in other regions, especially the Middle East and Europe. It remains to be seen how the pandemic in America evolves in the immediate period to come, but the signs point to a trend similar to those of rapid growth in the aforementioned regions, with only a few weeks of lag.

However, it is important to mention that the periods, figures and trends are not fully comparable. This is due to the clear differences between the epidemiological surveillance carried out in the first months of the pandemic (passive surveillance with a very low capacity for testing and for identifying and isolating cases and tracing contacts) and the epidemiological surveillance of the most recent months (active epidemiological surveillance, with mass testing policies and more efficient contact tracing protocols). Even so, there are very wide differences throughout the region, and the positivity ratios of the tests still remain generally high with cases such as Mexico with a positivity over 60%, but in general, the decline has been significant and many countries are already in the appropriate range (9-15%), indicating that most of the active cases are identified which allows the implementation of public health policies focused on the disease, control of community transmission caused by carriers, asymptomatic or pauci-symptomatic infections. It should be noted that as a counterpoint to the strengthening of active epidemiological surveillance protocols, there is a clear pandemic fatigue among the population that makes it increasingly difficult for individuals and communities to enrol in public health measures, thus this work strategy is key in the coming months until a potential vaccine is available for wide distribution among the population.

From the beginning, the regional office has been carrying out a task of coordination and active support through the technical focal points of the clusters and country offices, with a noticeable disparity of epidemiological situations in the region with areas of broad community transmission throughout the continental area, while in the insular Caribbean region the situation has been different and highly changing. In addition to the clinical actions carried out by some of the NS of the region, special emphasis has been placed on the promotion of hygiene and community public health measures, the active fight against disinformation and scientific illiteracy, and the strengthening structures and tools for community-based surveillance and community epidemic control.

The COVID-19 pandemic has also resurfaced the critical importance of WASH services for disease preventions since, despite the progress in the region, millions of people still lack access to these basic services. According to UNESCO, in Latin America and the Caribbean, more than 65 million people do not have permanent access to drinking water and soap, making prevention through handwashing a luxury for vulnerable populations, especially in informal settlements and rural areas. The capacity of households to access WASH services and relevant supplies, such as soap and cleaning material may also be undermined by pre-existing socioeconomic conditions and secondary impacts of COVID-19, such as the loss of income sources, according to UNICEF. This means vulnerable groups are more exposed to the virus and other diseases due to the lack of access to infection prevention and control (IPC) and hygiene measures.

Concerning Mental Health and Psychosocial Support (MHPSS), since the COVID-19 pandemic outbreak there has been increasing evidence about the impact of the pandemic in the entire population, with evidence collected from the Movement[1]. This report "*The greatest need was to be listened to": The importance of mental health and psychosocial support during COVID-19 Experiences and recommendations from the International Red Cross and Red Crescent Movement*" that highlights a significant increase in psychological distress caused by the virus is based on a recent survey that was conducted across various countries and commissioned by the movement [2]. Key findings of this survey include: 51% of adults perceived that COVID-19 negatively affected their mental health; almost two thirds of respondents across seven countries agree that taking care both of mental and physical health has become more important since the onset of the COVID-19 crisis.

[1] https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/10/RCRC-MHPSS-Covid19_Report_October_2020.pdf

[2] Ipsos, Sept 2020: This data was commissioned by the ICRC and carried out by Ipsos, across seven countries using a mixed methodology.

The Americas region is composed of several countries that have been at risk of facing complex emergencies where the health care systems were at the edge of collapsing and communities were in urgent demand for additional support to be able to meet their needs after losing their livelihoods due to the lockdown and confinement measures taken by governments to reduce the spread of the virus. The IFRC Regional MHPSS Team advocated the importance of developing interventions that promote wellbeing and prevent mental health problems and kept supporting the National Societies with capacity building, technical support, and guidance to be able to respond to the increasing needs of the population.

The impact of the crises highlights the degree of vulnerability of certain populations; in addition to having poorer living conditions, they are more sensitive to the impacts of crises. Some preliminary analyses already calculated that the COVID-19 crisis is having a major effect on inequality, since it has a more burdensome impact on the low-income population. As an example, the situation of indigenous peoples in Latina America in particular is much worse than non-indigenous people who share similar characteristics, such as level of education, age, place of rural or urban residence, type of work and household, thus exposing the existence of barriers that affect them in a distinct manner. As a result, resources for access to health care and MHPSS services for the indigenous people are more limited now than ever, due to the economic impact of the pandemic has had.

## Priority 1: Sustaining Health and WASH

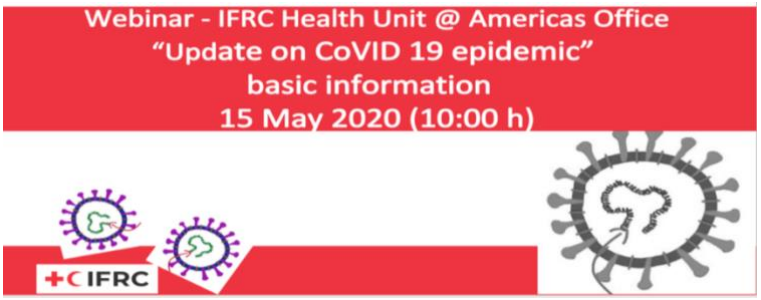
During these first 9 months of the pandemic, and partly due to the disparity of epidemiological situations present in the Americas region, NSs have responded in very different ways to the most pressing needs in their countries. In general, the rapid spread of the disease; the initial ignorance of many infectious, epidemiological and clinical characteristics; and the lack of powerful health structures and systems prepared to absorb the demand, took all actors and organizations by surprise. From the outset, the regional office made an effort so that while defining the general intervention lines and strategies applicable to all contexts, specific actions could be customized to countries with special situations, as could be the case of some Andean areas with high mortality and initial needs even in the management of the deceased, support to the most active NSs in the mobilization of confirmed and suspected cases to referral centres, reinforcement of clinical action protocols for those NSs with centres health care providers treating COVID-19 patients, and community surveillance in islands where a clustered transmission has been maintained throughout the reported period.

The initial action plans of the NS attempted to respond to the estimated needs, even in a very tentative way; even so, they practically included activities in all the health pillars contemplated. The regional unit supported at all times in a particularized way all the NSs of the region to specify their interventions. Subsequently, there has been an exercise to officially review the action plans. However, a continuous work of monitoring, evaluation, adaptation and refinement of the plans to the needs has been carried out, as the situation demanded.

As a crucial part of the support provided at the regional level and in coordination with the CCSTs, the Reference Centre for Emergency Preparedness and Disasters (CREPD), PNS and technical departments in Geneva; as with external factors, such as PAHO and other institutions; hundreds of courses and seminars have been held, and dozens of documents and guides have been produced, in order to create a solid and available body of knowledge; and the efficient exchange of information and experience.

### Epidemic control

Epidemic Control has been a key aspect of the support provided in the region. Since the beginning the Health Unit tried to strengthen this component by conducting webinar and disseminating guidelines and materials.




*1. Webinar - Update on COVID-19 epidemic. Source: Health unit.*

In August and September, the team developed an Epidemic Control for Volunteers training programme on basis of a training from the African continent. The presentation was adapted to fit the Americas region and it has been translated into Spanish. The online- training takes 8 hours and includes sessions about epidemics, the propagation of diseases, vulnerabilities and risks, immune system,

different diseases causing epidemics, principles of control of disease outbreaks, the management cycle of epidemics, investigation of epidemics, the role of volunteers, risk assessment in communities, the ECV toolkit and a particular 2-hour session about COVID-19. This session entails the symptoms, way of transmission and prevention, ways of effectively communicating with the community and the role volunteers can play while keeping themselves safe. At the end, participants develop an action plan that they can use in their everyday work as volunteers. The first training session was launched with the National Society of Bolivia in October. The entire training is conducted over the period of 4 consecutive days and repeats every week with a break of one week after 4 groups. So far, 4 more groups from Paraguay, Grenada and 2 groups from Dominican Republic have taken part in the training. 20 training session of 2 hours have been conducted with a total of 321 participants.

The training is constantly being advertised with all NSs in Central America, South America and the Caribbean. The plan is to hold the training for 3 more groups, two from Dominica and one from Costa Rica, by the end of 2020 and continue in January 2021 with Jamaica.

From March onwards, the health team has furthermore provided 27 Epidemiological Updates on COVID-19 in English as well as in Spanish. These one-hour updates about epidemiological trends, latest advances, burning issues and the role of IFRC and the NS is used to inform operations.

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

### Highlights of the first 9 months of operation

During the first 9 months of operation, the teams has concentrated on getting risk communication messages to reach as many people as possible, using social media channels at regional level. In addition, the team has focused on providing tools to National Societies so that they can also disseminate information widely.

In 9 months, we have reached:

| | |
|---|---|
| **Twitter IFRC_ES**<br>• Impressions: 4,441,506<br>• Engagements: 1,039,567 | **YouTube Views**<br>• #WeAreInThis Together (Spanish and English): 1,510 |
| **CADRIMCOE**<br>• Impressions: 38,979<br>• Engagements: 1,543 | **Facebook CADRIM:**<br>• Feb. 1 to Oct. 30 - COVID-19 posts<br>• Engagements: 4,573 (Likes, comments, shares) |

### Activities conducted throughout the last quarter

**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, the video program "We Are in This Together" was created, which 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, while NSs share local experiences. There are two hosts, one reaching Latin America, in Spanish, and the other reaching the Caribbean, in English. While it is streamed on Facebook, Twitter and YouTube, the YouTube link is the best place to view recent episodes.

Since April, when production started, 15 shows have been broadcasted in Spanish and 17 in English.

*Sample Interviews in English:*

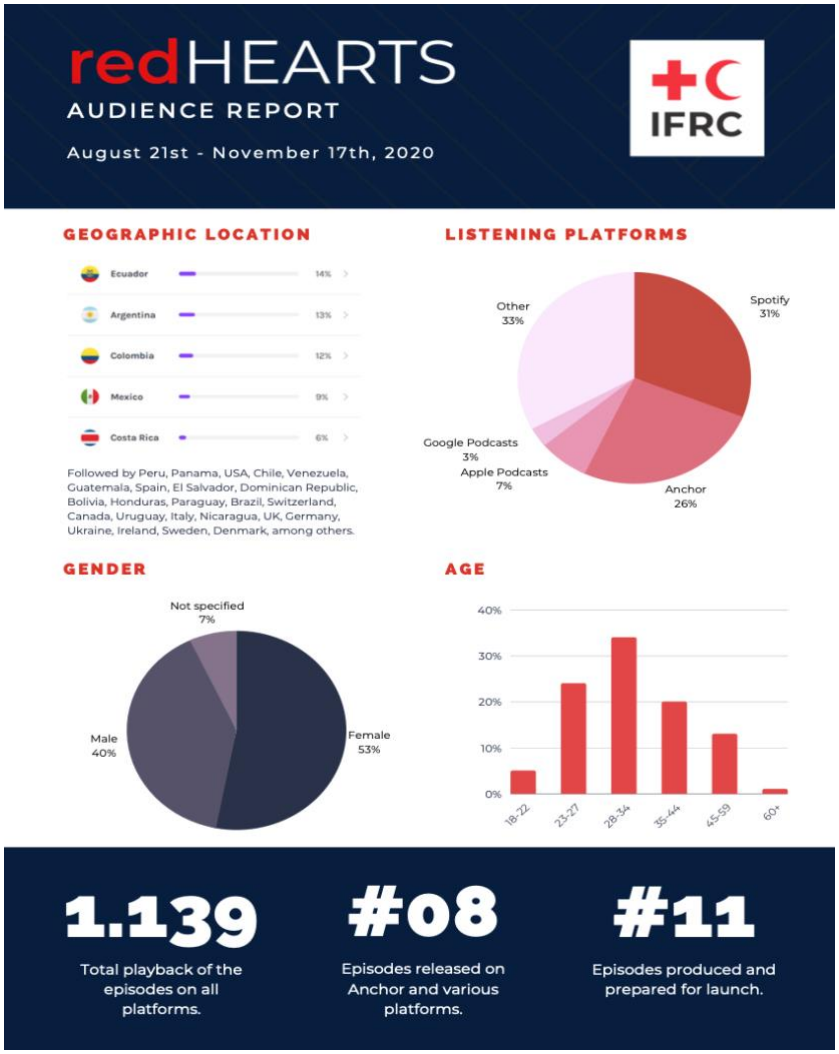
- *#WeAreInThisTogether:* Interview with Dr. Pedro Porrino, IFRC Health Coordinator, on COVID-19 Vaccine – Spanish | English
- *#WeAreInThisTogether:* Live from Guyana: How to stay safe in the field – English

**Risk Communications messages update**

Risk communications messages have been very important way of reaching people throughout the Red Cross response to COVID-19. During the month of October, risk communications messages have been shared from IFRC with the Caribbean audience and translated into Spanish for wider distribution throughout the Americas.

**Risk Communications messages Dengue - COVID-19**

With a dengue epidemic growing in the region, we created communication messages and a series of 8 graphics (in English and Spanish) for national societies to share that addresses dengue in the context of COVID-19.




*2. Red HEARTS Podcast - Audience Report from August to November 2020. Source: Comms.*

## Community-based surveillance (CBS)

*3. Webinar - Surveillance and investigation of COVID-19 cases and contact tracing. Source: Health unit*

Several meetings have been coordinated along with the health Directors of Latin America's National Societies where contact tracing and community-based surveillance have been discussed as some of the key actions where the Federation can contribute with the National Health Systems during epidemic outbreaks. A webinar on contact tracing was conducted with great participation.

As part of the work and reflecting the importance conferred to CBS in the region, a joint assessment has been initiated with Norwegian Red Cross focused on El Salvador, Honduras and Colombia in order to strengthen CBS programs integrating COVID-19.

## Infection prevention and control and WASH in health facilities and at the community level

The WASH regional team has been focusing in strengthening the coordination mechanisms at national and regional level, by

- Updating the regional roster of WASH Focal points within the NSs.
- Updating the terms of reference for this network; and
- Participating in the WASH LAC regional meeting related to COVID-19 and advocating for NSs participation in their National sectorial working groups.

Another focus at Regional level has been strengthening the capacities of NSs staff and volunteers by providing training and webinar focused on the proper use of PPE, and the surface disinfection mechanisms required to prevent COVID-19 in different settings, including at Health facilities.

Support was given to NSs in the region for revision of the WASH component of their COVID-19 national action plans, and coordination was carried out with the regional logistics unit for procurement and quality assurance of commodities, materials and equipment for health and WASH. Also, the Bolivian RC has submitted a request for WASH technical support to create and trained a new WASH unit within their NS structure.

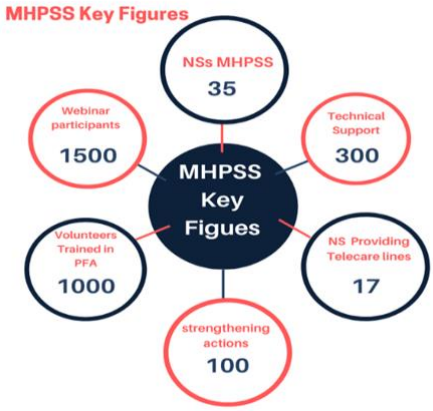
Some highlight activities include:

- Webinar for Bolivian RC on Personal Protective Equipment for front-line health professional on August 26th with participation of 52 volunteers.
- Webinar for Bolivian RC on Surface Disinfection in different settings, held on September 30th with 32 participants, including volunteers.
- Shared regional examples of COVID-19 handwashing campaigns from Argentinian RC, Venezuelan RC, and Costa Rican RC to the WASH global team in Geneva in support to the Global Handwashing Day celebration.
- Officialization of IFRC as a member of the WASH LAC advisory committee in their updated structure.

## Mental health and psychosocial support services (MHPSS)

### Highlights of the first 9 months of operation

During the first 9 months of operation, the Regional MHPSS team developed a total of 369 actions focused in support the NSs to strengthen their MHPSS capacities to reduce the suffering and impact that the pandemic is having on the well-being and mental health of the people and society.




*4. MHPSS key figures for the first 9 Months of operation. Source: MHPSS.*

In 9 months, the actions were:

- 3 Assessments, 2 capacities analyses, and 4 surveys to identify the needs of the NSs and develop a suitable support plan for them.
- 10 technical workshops with MHPSS NSs Focal points.
- 10 Translation to Spanish and Portuguese of different guidelines and materials produced by PSS reference Centre.
- Produce the COVID-19 strategy for the Americas to provide a framework to the NSs based on the 33rd resolution and road map 2020-2023.
- 5 guidelines and material such as a minimum MHPSS action to do during the pandemic shared with NSs.
- 300 technical support: a review of material developed by NSs, answer doubts, attend meetings with NSs and others.
- Implement a peer-to-peer support structure between NSs to promote self-care and well-being of the MHPSS professionals. A total of 6 NSs are involved in this initiative.
- Advocacy at an internal and external level to highlight the commitments of the Movement of the 33rd Resolution about the importance of implement MHPSS intervention in an emergency.
- Action with migration, Communication, PGI, and CEA to join efforts.
- Strengthen capacities and knowledge by organizing training was a key activity during this period. Based in the context, a total of 36 courses about different topics were organized. An important achievement was to run an online Psychological First Aid COVID-19 pilot with the participation of 10 NSs from the Caribbean and Latin American countries. As a result, it was possible to train online over 1000 volunteers, and Trainer of trainers. The regional team was working with NSs to promote that all the volunteers and staff in each NSs be trained in PFA as a measure to promote integral approach during any emergency response.
- 11 webinars on trending topics were organized:
    - MHPSS Telecare systems.
    - 15/04 – We talk about COVID-19: impact on the well-being and mental health.

- 04/05 – Self-care and well-being for volunteers and staff.
- 21/05 – Motivation and emotional intelligence for Costa Rican RC volunteers.
- 22/05 – Psychological First Aid during COVID-19 for ACNUR Colombia.
- 05/06 – Mental health and the mhGAP[3] Community Toolkit.
- 15/06 – Psychological support during the detection of VBG cases by telecare services presented in collaboration with the IFRC PGI Senior Delegate Evelyn Vallejos.
- 23/06 – Promoting a culture of MHPSS after COVID-19 with the collaboration of the Americas Red Cross Director for the Region Dr. Roberto Brito.
- 28/08 – Psychological First Aid for loss and grief during COVID-19.
- 23/09 – Psychological First Aid for children during COVID-19.
- 01/10 – World adult's day in collaboration with PGI.

*5. Trainings organized by IFRC Regional MHPSS Team. Source: MHPSS.*

Additionally, all the above-mentioned actions increased the number of NSs involved in PSS interventions from 26 to 35, meaning that 100% of NSs in the Americas are engaged in MHPSS activities.

## Activities conducted throughout the last quarter

Within the framework of the celebration of World Mental Health Day on October 10, the regional MHPSS team carried out a series of activities to highlight the importance to invest and implement PSS programs that guarantee a reduction in the impact of the COVID-19 as well as the risk of an increase on mental health disorders. These actions have been:

- Webinar: "Recommendations for working with Older Persons in the Framework of COVID-19"on 1st October with 194 participants from 24 countries of the region. An interview with the MHPSS Delegate in the Red Hearts podcasts was also conducted to discuss about this and promote the webinar.
- An MHPSS Newsletter about the NSs and IFRC actions developed in the region from April to October was shared.
- Actions to strengthen MHPSS COVID-19 response and achieve the Resolution 33rd and road map commitments:
  - Launch of the ***MHPSS COVID-19 Strategy for the Americas*** on October 12th with 118 participants. During the event, the Regional Director, Walter Cotte, explained the importance of mental health, the Deputy Director, Stephen McAndew, made a call to all the members of the Movement to reaffirm our commitments to resolution 33rd. Finally, the Jamaican Red Cross shared their MHPSS response experience during the COVID-19 response.
  - Translation of the Road Map of Implementation 2020-2023 to the Spanish language by IFRC MHPSS team and in Portuguese Language thanks to Brazilian Red Cross.

*6. Launch of MHPSS COVID-19 strategy in the Americas. Source: MHPSS*

- Capacity-building efforts:
  - On 8th of October, the monthly MHPSS workshop with the NSs focal points was developed in conjunction with the Youth Commission of IFRC whom explained that they will be working in youth and the mental health. The Bolivian NS shared their MHPSS response by the hotline. 14 persons attended this event.
  - From the 12th to 16th of October the MHPSS Focal points of Guatemala, Honduras, Uruguay, Chile and Bolivia NSs participated in the training "PSS Movil community teams". CEA participated to explain the importance of the CEA approach as a fundamental part of the PSS community interventions.
  - Psychosocial Support in migration context training for 8 NSs from 27th to 29th of October
  - PFA in COVID-19 Webinars for the National Societies of Belize, Antigua and Barbuda, and The Bahamas.

[3] Mental Health Gap Action Program, that aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle – income.

- Technical Support:
  - Chilean Red Cross Self-Care Guide by CEA is being validated.
  - Participation in the IFRC MHPSS Global meeting on October 13th
  - Cooperation with CREPD: PSS course modules on migration has been created and is being reviewed.
  - 5 coordination meetings with CA, Lima, and South Cluster for support NSs selected for strengthening MHPSS capacities.
  - 4 meetings with the IFRC health, MHPSS delegates, and program manager of the South, Lima, and Central America CCST to support NSs under the strengthening program.
  - Meeting with the Caribbean Alliance of Psychological Associations and exploring with them the possibility to establish an agreement to support the NSs in the Caribbean with training and other actions in MHPSS.
  - WHO Guidelines: Staying mentally healthy and active during COVID-19 has been reviewed.

*7. October MHPSS workshop with NSs focal points. Source: MHPSS*

## Isolation and clinical case management for COVID-19 cases

Although only few NSs are directly involved in the provision of clinical care, continuous support has been offered throughout the intervention. Special focus has been put in prevention linked with IPC activities. Dozens of guidelines have been disseminated as well as translated to Spanish, and many specific questions on particular cases regarding case management, patient flows, clinical case definition, treatments, etc. have been answered.

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

## Ambulance services for COVID-19 cases

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

- 17 ambulances arrived at its country of destination (only 2 of them pending to sign the GRN to complete the process).
- 21 ambulances in transit to its final destination.
- 5 ambulances ready to ship.
- 3 ambulances under procurement.

## Maintain access to essential health services (community health)

Due to the pandemic, several important services such as essential prevention and treatment services for communicable diseases, including immunizations, services related to reproductive health, core services for vulnerable populations, provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases have been interrupted or affected which generates a potential increase in the exacerbation of health problems.

Different meetings and sessions have been held to raise awareness on the importance to guarantee access to basic services at community level. Communications and support to NSs have been especially intense during all the period concerning immunization, especially for those countries with lowest coverage rate and most impacted by COVID-19 (Haiti, Venezuela, Brazil, Bolivia, Peru)

### Maintain access to essential health services (clinical and paramedical)

This pillar has been especially important for countries, and NSs, in which other emergencies have come on top of COVID-19 response and context. For example, Dengue Outbreak in Central America, Paraguay, Saint Lucia and Saint Vincent and the Grenadines, Hurricane season in the Caribbean and Central America and Migration and displacement crisis.

In all these situations to guarantee access to quality paramedical and clinical care has been essential to save lives. Through the support provided to NSs in the development of Business Continuity Plans (BCP) and Contingency Plans (CP) parallel responses have been possible, all of them assuring correct and optimal biosafety protocols for clinical and paramedical staff. The RO has supported 32 NS in strategic planning all across the intervention so far.

### Management of the dead

Only a very short support was provided for Ecuador at the beginning of the emergency, but fortunately no NSs have been involved on this line of work. However, several guidelines and documents have been disseminated.

## Priority 2: Addressing Socio-economic impact

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

The COVID-19 pandemic has had serious effects on the economies of Latin America and the Caribbean, damaging the capacities of the most vulnerable people to sustain their livelihoods. For this reason, the Federation has worked together with NSs to promote actions to identify the effects on livelihoods and identify potential actions to be carried out to protect the livelihoods and then recover the most damaged. In addition, good practices have also been disseminated and support has been provided for the preparation and registration of surveys to identify the main effects in the countries of the region.

## Activities conducted throughout the last quarter

**Coordination activities:**

With technical teams from NSs and livelihood expert volunteers, a working group has been created that meets every 15 days to address livelihood issues under the COVID context. This group has been generated in Spanish for the moment, hoping to start with the English-speaking countries in 2021.

In this framework, a common survey has been developed to identify impacts on livelihoods due to the socio-economic crisis linked to COVID. This survey has been applied in Colombia, the Dominican Republic, Argentina and Ecuador. In Panama and Brazil, it has begun to apply. As of today, 1,406 surveys have been applied. Work is being done on evaluating the results.

**Webinars:**

On October 7, the webinar "Sharing experiences in Livelihoods in the COVID-19 context. Identification of target groups" was developed. Representatives of the Salvadoran RC, the Ecuadorian RC, the Colombian CR and the Argentine CR participated as speakers. The activity was organized by the Livelihoods Resource Centre and the ARO. The link to the webinar video is here and the link to the presentations is here.

Considering the importance to share good experiences of CVA at the region, two webinars with Cash Hub were organized in Spanish:

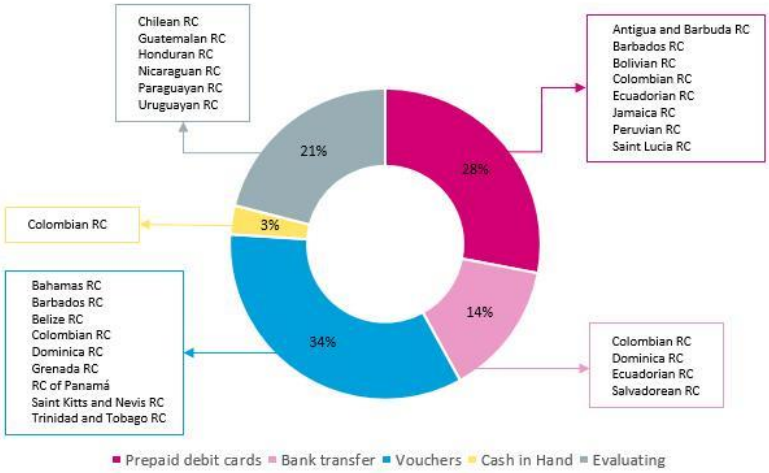
- Adapting to COVID-19 – Use of CVA in the Movement – Link (22/07)
- Technologies and Data Protection: The case of RC2 – Link (06/10)

**Technical support:**

On October 20, the Coordinator of Livelihoods and Basic Needs joined the operation at the regional level. Their main tasks will be to work with the team working on COVID-19 to improve and support livelihood actions beyond the initial response stage to the pandemic. In addition, in the Central American Cluster, the process to incorporate a Livelihoods coordinator is in progress. This position will collaborate with the Cluster and the National Societies in the identification of needs, capacity building and the formulation of projects for the protection and recovery of livelihoods.

**Cash and Voucher Assistance (CVA):**

To respond the COVID-19 Pandemic, 22 NSs evaluated the possibility to use CVA to support vulnerable families to guarantee their Basic Needs and to avoid negative strategies. At least 3 NSs had their first experience implementing CVA at the region. Different kind of delivery mechanisms were adopt considering the context of each country and NSs. Local and Regional Agreements with different FSP have been used to implement the activities, respecting the outcomes from the feasibility studies. Regularly coordination meetings have been organized to support the NSs to evaluate the modalities, to design and adapt their CVA plan as well to update the CVA tracker.




## Shelter and urban settlements

When the COVID-19 pandemic began, it was identified that one of the needs was to adapt the shelter response to ensure that staff who are providing services within Collective Centers have the required information on the minimum considerations to be offered and how to protect themselves. In response to this, educational sessions were held for staff in the Americas and their NSs, information and guidelines were shared and developed by the Camp Coordination & Camp Management (CCCM) working group.

As a preventive measure, several governments in Latin America have opened up Collective Centers or similar spaces to provide people who need to be isolated in quarantine or need a temporary home to reside to prevent the spread of the virus. In response to this request, several National Societies requested information on food distribution, management guidelines, organization and Collective or community confinement centres for asymptomatic people, or people who may have mild respiratory symptoms.

## Activities conducted throughout the last quarter

**Coordination activities:**

Currently different SNs are supporting coordination or helping the Collective or Transit Centres to support their local governments with the movement of population that is taking place on the borders or families that have lost their homes due to natural disasters such as the tropical storms and Hurricanes that passed through Central America and the Caribbean. IFRC is participating of the Shelter and CCCM regional working groups to understand any possible gaps and challenges and any possible emergency responses due to the damages caused by the past hurricane season with the support of PGI and Migration leads from Americas Regional Officer in some of the activities.

**Webinars:**

5 webinars around the topics of how to adapt our emergency response on CCCM, shelter and settlements during COVID-19 were provided:

- Sharing experiences: Management of collective centers during COVID 19 in Bolivia - English
- Management of Collective Centers facing COVID-19 (in collaboration of AmCross) - English
- Global Launch event of the Step by step Guide for Rental Assistance - English
- Shelter and settlements - Adapting to COVID-19 the use of cash and markets in the RCRC Movement (with the participation of the Bahamas RC).

- Shelter management, good practices and tools for hurricane season preparedness (in the context of covid-19) in collaboration of Organization of Eastern Caribbean States, CDEMA and USAID.

**Trainings:**

1. *Educational Sessions:*
   In order to support the emergency response, the IFRC Shelter sector requested support and coordination from the CCCM LAC working group to provide educational sessions in order to share updated information on Camp coordination and management, taking into account the context of COVID 19.
   - Participants from 23 Latin American countries.
   - 2,191 people connected in total during the 4 sessions
   - 833 participants completed the registration process
   - 477 registered participants work or has worked last year in Collective Centers

2. *Camp Coordination and Camp Management - 9 weeks online training:*
   This training is provided on the Red Cross Virtual Campus with the support of IOM. It aims to develop awareness of international principles and standards in the sector, and to build competence in using guidelines and tools preparing the participants to contribute to effective settlement responses taking into account COVID-19 awareness.
   - Provided trainings up to date: 3 (2 completed and 1 is ongoing)
   - National Societies and entities that have completed the training: Staff from the Government of the Bahamas and 10 National Societies[4]
   - Ongoing trainings: 1 for the Bolivian Red Cross

3. *Documents provided to support the implementation of programs:*
   - As part of the global initiative the Step by step Rental Assistance Guidelines were shared to support any possible programmatic implementation around this topic.
   - Interim guidelines and recommendations from IOM and other agencies regarding how to manage and provide services on collective centres had been shared since the beginning of the emergency.

Community engagement and accountability

## Highlights of the first 9 months of operation

In 9 months (March to October 2020), we have reached:

| | |
|---|---|
| **Sent messages:** 36,000<br>**Users:** 1,800<br>**Gender:** W: 48.6% \| M: 25.7% \| No info: 25.7% | **Themes:**<br>• Other themes: 36.2%<br>• Symptoms: 24.7%<br>• Economic help: 13.3%<br>• COVID-19 - general info: 8.67% |
| **Groups**:<br>• Non vulnerable: 49%<br>• Migrant: 47%<br>• Disability: 2%<br>• Chronic disease: 2% | **Type of feedback:**<br>• Questions: 91.5%<br>• Rumors: 1.7%<br>• Compliments: 1.6% |

## Activities conducted throughout the last quarter

RCCE is a key cross-cutting component of the response of IFRC to the COVID-19 situation. During the month of October, the aim of the work of the regional RCCE team has been focused on supporting National Societies in the region with materials

[4] Antigua & Barbuda Red Cross, Barbados Red Cross, Belize Red Cross, Dominica Red Cross, Grenada Red Cross, Jamaica Red Cross, The Bahamas Red Cross, Trinidad & Tobago Red Cross, Saint Kitts and Nevis Red Cross, St. Lucia Red Cross)

and technical support to ensure their action takes into account community dynamics and features when developing activities to mitigate the spread and impact of COVID-19.

**Red Hearts Podcast:**
New episodes were launched and shared through social media:

- What are we doing to address climate change? - English
- Volunteer Stories and COVID-19 - English
- Volunteer Stories and COVID-19 - English

Two months after its opening, Red Hearts has **more than 700 plays** and people from all America listen to the podcasts on 7 different platforms including Spotify, Apple Podcast, Anchor and more.

**Trainings:**
Planning for training in Community Engagement and Accountability is underway for the Barbados Red Cross team, building on lessons learned from the trainings in Bolivia, Trinidad and Tobago, and Jamaica that occurred in September.

**Indicator review:**
During this month, the CEA team has been supporting the revision of the indicator definitions to make them clearer to understand and easier to measure for National Societies.

**Technical support to National Societies:**
We continue to hold meetings with National Societies to provide technical support for issues and questions on topics including feedback mechanisms, validation of materials, and other general advice.

**Review of key documents:**
The new COVAX guide for Community Engagement was reviewed and commented on.

**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 we believe they will increase in the coming weeks.

## Social care, cohesion and support to vulnerable groups

During the reporting period, Protection, Gender and Inclusion has focused its efforts on capacity building (through trainings and webinars), the creation and dissemination of tools and intersectoral support with other Areas of Focus:

**Trainings and support sessions for NS:**

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

**Webinars:**

- Effects of gender-based violence during COVID-19 together with Luz Patricia Mejia- Member of the Follow-up Mechanism to the Belem do Pará Convention (MESECVI).
- Psychological Support for gender-based violence disclosures together with the team of the GVB prevention and response project of the Colombian Red Cross.
- Policy and actions for the prevention and response of Sexual Exploitation and Abuse (PSEA) together with IFRC's PSEA Coordinator.
- Launch of the Protection, Gender, and Inclusion in Emergencies Toolkit.
- Launch of the Technical Guidance Note "Prevention and Response to Sexual and Gender based Violence in COVID-19" together with the Argentina RC.

- Launch of the Fact Sheet and the Technical Guidance Note "COVID-19 Impact on Trafficking in Persons" together with the British Red Cross and the Colombian Red Cross.
- Launch of the "Interim guidance for Red Cross and Red Crescent staff and volunteers working with older people during COVID-19 response" together with the PSS Regional Team, Costa Rican Red Cross and Trinidad and Tobago Red Cross.

**Mainstreaming and working with other sectors:**

- During the month of June with the RedLac of CCCM (and through the IFRC's ARO Shelter Officer), the PGI area was included into the interagency training "CCCM management during COVID-19" addressing topics such as PSEA, Code of Conduct, Child Protection and Gender.
- Support to the Argentinian RC to develop their PGI protocol for their quarantine center Tecnópolis.
- A Mental Health and Psychosocial Support Strategy for the Care of IFRC Staff in ARO ( named " You have my support") was launched together with PGI, PSS and HHRR staff, including key messages, mental health recommendations and group sessions on specific topics.
- Support provided to the Chilean Red Cross to develop their PGI and COVID-19 National Plan.
- In October, a new webinar was held together with the RedLac of CCCM regarding "Gender considerations in the management and coordination of Shelter and Camps".
- Together with the DRR Senior Officer, two consultations have been held with National Societies in order to be part of the global partnership with Sesame Street and use the COVID-19 materials of the campaign "Caring for each other"

**Communication:**

- Development of a regional campaign named "I will explain it with clay" of PGI and COVID-19 was launched, focused on social inclusion of most at risk populations. Link

## Priority 3: Strengthening National Societies

### National Society sustainability

## Highlights of the first 9 months of operation

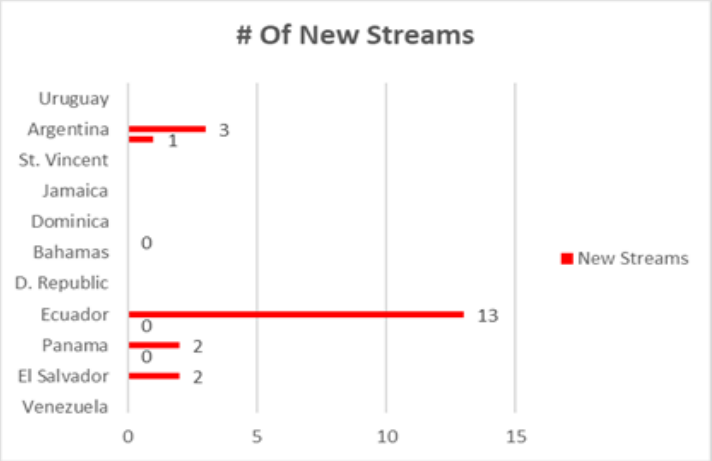
Despite the fact that most National Societies in the Americas have experience in responding to emergencies, the unprecedented impact of the COVID-19 on the functioning of National Societies' organizational structures and response capacity has been evident over the past 9 months, as programs and services, branches, staff and volunteers have been affected by the emergency in all countries in the region. Depending on the extent of the impact, National Societies have had to review their procedures and management models at very short notice in order to implement continuity plans if they had them, or to start identifying and prioritizing activities that would enable them to continue with both emergency and traditional operations. The International Federation's regional office and the CCSTs continue to provide technical support to National Societies to strengthen their sustainability by working on developing the volunteer network and branches, strengthening partnerships and financial sustainability.

As of October 2020, 9 National Societies (Barbados, El Salvador, Panama, Argentina, Ecuador, Guatemala, Grenada, Guyana, and Chile), have stated that they have BCPs. However, it has been evident that all National Societies in recent months, with or without BCP, have identified and implemented activities to give continuity to their operations, allowing them to remain a humanitarian actor.

## Activities conducted throughout the last quarter

In October 2020, a webinar was developed to socialize the BCP guide, to guide, strengthen, improve and capitalize on the lessons learned and applied in the area of business continuity. During the webinar, the methodology and process to be followed to develop the BCP was established. Following the webinar, eight National Societies requested support for the implementation of the guide and five new ones have expressed interest.

In relation to Financial Sustainability, two finance professionals joined the team to support National Societies in identifying tools and methodologies to work on diversifying income sources. So far, the professionals located in the Regional Office and the CCST English Caribbean office are working on the implementation and socialization of the financial sustainability framework, through the creation of work plans to identify process improvement practices, business models, strategic planning, and accountability. All National Societies have shown interest in working on Financial Sustainability, Grenada, Bahamas and Jamaica are the first to apply the methodology, and we are currently developing a work plan for the Venezuelan Red Cross and its 35 branches.




*8. NSs who have reported new streams of income.*

The National Societies of Grenada, Guyana, Ecuador, El Salvador and Honduras, with funding from the German government BMZ, are currently implementing projects aimed at financial sustainability which range from: resource mobilization, market research studies, improvement of financial systems, improvement of business models for first aid services and other income-generating activities, analysis of supply and demand around the ambulance service, improvement of administrative processes (billing software), upgrading infrastructure for operating laboratories (health services), adaptation of infrastructure to develop training programs and online education.

The Panamanian Red Cross and the Argentine Red Cross reported that they have sufficient reserves to maintain the National Society's operations for three months. The National Societies of Nicaragua and Trinidad and Tobago have said they have reserves but have not indicated how long they would cover these reserves to ensure continuity of operations. Furthermore, according to data collected up to October 2020, the National Societies of Argentina (3), Panama (2), Ecuador (13) and El Salvador (2) have reported at least one new source of unrestricted income over the last 9 months. The Ecuadorian Red Cross has added 13 new sources of unrestricted income.

## Support to volunteers

In the reporting period, the Volunteering and Youth Development Regional Unit continued technical support, knowledge sharing and strengthen initiatives that support NSs of the region by organizing and implementing the following:

- **VODPLA and COVID-19** – Due to the current situation about COVID-19, the IFRC Americas team and the Secretariat from Geneva joined efforts to create a space in the Volunteering Development Platform from the Americas for NSs and volunteers where they can obtain information about the virus, how to be prepared and interact with others.
- **First webinar with RC Volunteers from the Americas Region** – With the presence of more than 1,000 volunteers from all the region, this webinar was a positive opportunity for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This opportunity also served to share the main tools where volunteers can get and share information. SOKONI, the Americas Volunteering Development Platform (VODPLA), GO Platform and Fednet were highlighted as the primary IFRC web spaces to access this information.
- **Launch of SOKONI –** The Secretary General and the President from the IFRC sent an official letter to all NSs in relation to the launching of this new webspace for NSs and Volunteers, they said in the letter: "Today we are pleased to announce the launch of the global space called "SOKONI", which in Kiswahili means 'marketplace', for exchange of experience, knowledge and information among our members… SOKONI serves as the primary public space where volunteers and staff of National Red Cross and Red Crescent Societies can interact on all matters related to COVID-19 pandemic and their response. SOKONI grants immediate access with one-stop registration and provides automatic translation of content in more than 60 languages."
- **Support to NSs to obtain private insurance for volunteers** – Support was provided to the Southern Cluster Office to help the NSs from Uruguay, Argentina and Brazil to negotiate with a private insurance company. This will help the NSs to give assistance to volunteers during the pandemic.
- **Survey conducted on the insurance situation of volunteers in the region** – This survey helped to collect relevant information about volunteer insurance and healthcare in relation to COVID-19. The data collected provided a clear

picture about the importance of continue supporting our NSs in improving the protection and security of the volunteers. The results are available through the Volunteering Development Platform (VODPLA).

- **Events page in SOKONI –** A new section about trainings and events was created within SOKONI. This section centralized all webinars, activities and events in one page for user to find the information in one place. It also has the capacity to add the recordings and documents from past events so participants can replay the activity and/or share the information in social networks or within National Societies.
- **Guidance - Duty of Care –** With the support from the Americas and African Regions in coordination with Geneva, the IFRC Guidance on the Duty of Care for Volunteers was finalized and shared with the Cluster Offices and NSs in the region. This document provides guidance and support to National Societies in developing context-specific approach where domestic coverage for medical care or death compensation is lacking.
- **Webinar with volunteers 2.0** – With over 440 volunteers from all over the region, this webinar was an opportunity for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This was the second webinar with this format and helped to provide updated information about the emergency.
- **Meetings (x2) of the volunteer directors of the English and Spanish-speaking NSs –** Two separate sessions took place (in Spanish and English) with the volunteering directors from 14 NSs, these meetings aimed at: Reviewed the options for ensuring coverage for uninsured Red Cross and Red Crescent volunteers impacted by COVID-19. Analysed the different options in the attached guide on duty of care. Shared experiences between NSs.
- **Safety and Protection of volunteer's webinar –** 400 participants including volunteers, national volunteering directors, secretary generals, NSs' presidents and NSs' staff, took part in this webinar. During this activity, the duty of care guidelines was presented. Explanations were provided in relation to how find options for private or public insurance, the creation of local solidarity funds and the use of the Maurice de Madre Fund.
- **Safety nets mechanisms for protection of volunteers** – Thanks to a recently signed agreement with the Lacoste Company that will provide funds, the Americas RO together with the Secretariat in Geneva, are working in supporting the volunteer portfolio in addressing volunteer safety nets in the area of insurance and solidarity funds for NSs
- **General meeting with the NSs from the Central American Cluster – Security and Protection –** A tailored meeting took place with the NSs from the Cluster of Central American to share the experiences in relation to the use of private insurance in the subregion and the challenges so far. Some of the key conclusions: Solutions should be based in the reality of each NS and country situation; There is not an "one solution for all"; There are several measures in the NSs (insurance or solidarity funds) but there are not widely known by the volunteers.
- **Report on how volunteers and young people perceive the challenges of COVID-19 –** As a result of the involvement of young people and volunteers in the forums of SOKONI to get their opinions in relation to COVID-19, a document was created that summarizes those comments made by participants from the Americas that participated.
- **Webinar with volunteers 3.0 –** With over 100 volunteers from all over the region, this webinar was an opportunity for volunteers to obtain first-hand information about COVID-19 directly from the Americas Regional Director. This was the third webinar with this format and helped to provide updated information about the emergency.

## 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):**

During the first 9 months of operation, the PMER team has been providing constant support to clusters and NSs in different aspects including, but not limited to, the consolidation and revision of NS response plans, development of monitoring tools, and submission of GO Field Reports, Quarterly Reports, and Operation Updates.

*Planning:* PMER Focal Points have been working closely with NSs in the revision of NS Response Plans. The second revision session, scheduled in October 2020, was very productive and 32 out of the 35 NSs in the region submitted their revised plans and budget. In addition, the NSRPs were uploaded to the GO Platform and they can be accessed here.

*Monitoring:* Considering that the COVID-19 operation requires consistent tracking of data on budgets, implementation and reporting, during the last month the regional PMER team, in coordination with IM, has been discussing the development of a monitoring tool to provide comprehensive information to different audiences. The plan is to obtain guidance from colleagues from MENA region who have already produced a very effective tracking tool and develop one for the Americas region that reduces time spent on tracking indicators and report writing, simultaneously increasing information accessibility and reliability.

*Reporting:* The Regional PMER along with PMER Focal Points have been working hard to meet Federation-wide reporting requirements. During the last month, the team has focused on the completion of the 9-month COVID operation update to be published both by the Region and Geneva. In addition, a lot of support has been provided to NSs to ensure the completion of Quarterly Report that includes the submission of KOBO Financial Overview and Indicators Tracking form, as well as the Narrative template. Finally, pledge reports have also been part of the continuous work done by the PMER team and they will be sent to donors by the required deadlines.

**Information Management (IM):**
*GO:* In coordination with PMER, the IM team has made available in GO the National Society Response Plans and Budgets revised for October 2020. Everyone can access the plans through a map visualization, facilitating its search. (link)

*Livelihoods:* IM provided support in the implementation of a survey that aims to capture the impact of COVID-19 on beneficiaries' volunteers, workers, and their families. So far, four National Societies participated, and around one thousand surveys were registered. (link) IM is also collaborating with livelihoods to collect and analyse macroeconomic data 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)

*Cash and Voucher:* The IM team supported the CASH distribution program to 400 families in Perú using the RC2 Relief tool, a mobile information management platform.

**Communications:**
*Public Communications:* Communications is a key piece of the strategy to combat COVID-19 in the Americas and Caribbean region. During the month of October, 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 October we published a series of articles about the work of the Red Cross as part of the response to the COVID-19 pandemic. Some of these have inspired the media to tell the story of the Red Cross and our work. These are all posted to the IFRC Americas website and shared through social media.

Nicaragua: The pandemic is not over English | Spanish
Ecuador: Help that arrives in time English | Spanish
Argentina: When the pandemic reached Indigenous communities in northern Argentina English | Spanish

*Content Gathering through National Societies:* In October, we continued to receive images and videos from NSs on their response to the COVID-19 pandemic in their countries. In Argentina, we have seen the Red Cross supporting Indigenous

communities, and in many countries around the region, national societies are sharing images of the work they are doing to support vulnerable communities, like migrants, during COVID-19.

*Photographs:*

- Ecuador: Volunteers at a CVA distribution - Link
- Trinidad and Tobago: Volunteers start plants to support food security during COVID-19 - Link
- St. Vincent and the Grenadines: Red Cross supports community clean up - Link
- Argentina: Volunteers support Indigenous communities during COVID-19 - Link
- Bolivia: Volunteers providing information on COVID-19 prevention during national elections - Link
- Guatemala: Red Cross has delivered humanitarian aid to families - Link

*Social media Statistics:* (Oct 1 to Oct. 31) Stories from NSs, images of the work of the Red Cross, and risk communications messages through social media on CADRIM (for the Port of Spain Cluster) and IFRC_ES are being published consistently.

- CADRIM Twitter: 28 tweets with 7,939 impressions, a 2.6 percent engagement rate, 39 retweets and 89 likes.
- CADRIM Facebook: 15 posts with 3,971 impressions, 280 engagements (comments, likes, shares, or link clicks), 9 new likes and 8 new followers.
- IFRC_ES Twitter: 154 tweets (in English and Spanish) with 234,000 impressions, a 1.9 percent engagement rate, 666 retweets, and 1,900 likes.

*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 countries include those with National Societies who work in complex emergencies around migrants and prior national disasters.

- Regional (Updated): English
- Mexico: English | Spanish
- Honduras: English | Spanish

*Media Coverage of Red Cross activities*

- Cruz Roja ve en la pandemia una oportunidad para combatir brechas en América – EFE | YAHOO | La Vanguardia
- La Cruz Roja teme un efecto secundario "catastrófico" en América por la pandemia – EFE | Infobae | CubaNews
- COVID y Dengue preocupan en Latam: Cruz Roja – FORBES
- Ecuador: 231mil personas atendidas por Salud Mental – Ecuavisa
- COVID-19 afecta salud mental de 1 de cada 2 personas – La Jornada | Cubatel

## International support and resourcing

**Logistics, Procurement and Supply Chain:**

ARO Logistics Unit efforts continues monitoring the supply chain management of the necessary materials for the operation and have undergoing additional tendering processes for PPE material needed. We have sent more than 100 shipments to NSs, as from the beginning of the operation. Efforts are still focused in supporting NSs with the allocation of the funds for the subsequent purchases and following up in the file revisions for the local procurement, when possible.

RLU Continue with the support to DCPRR team to ensure an adequate processes monitoring in the next part of funds allocation for COVID-19 operation. The procurement team have been actively supporting the National Societies in their respective local sourcing processes, using the tool of Global directive, to accelerate sourcing and procurement management, for any procurement conducted for COVID-19 emergency response.

**Security and Safety:**

The update of Minimum-Security Requirements (MSRs) is ongoing. The Regional Security Unit is working to facilitate the update of the offices MSRs, and the process of compliance with duty of care with systematic protocols on the ground, particularly supported by Security Surge in Honduras.

Progress is being made in terms of coordination with National Societies of Nicaragua, Honduras, Guatemala and Costa Rica, among others, and the IFRC Regional Security team, recollecting security and COVID-19 safety protocols and documents, which will pragmatically help to ensure the duty of care of our staff and volunteers in the region. National Societies in the

response to emergencies, implement Security Risk Analysis and establishment of Critical Incident Management protocol within the decision-making process especially now considering COVID-19 as a risk and issue of analysis.

The IFRC Secretariat is supporting National Societies holding a range of different, operational security tools as incident reports, briefings, travel checklists, among others, to provide tools to protect the ones that protect our institutions, programs and operations. The IFRC Secretariat is supporting NSs in the development, strengthen and implementation of security plans making field visits (considering COVID-19), providing advice on how to standardize and implement security and biosecurity procedures and providing relevant documentation to be adapted to the National Society.

In terms of Operational Security, the IFRC regional security team in coordination with RC security focal points maintain the communication and coordination, monitoring the context in terms of security and developing an operational security toolbox that can be used as a reference by the National Society with all levels of training encouraging the National Societies to follow up the consolidation of the National Society's security plan and the internal strengthening of its network of security focal points. A security focal point has been assigned in Belize recently considering the importance of more networks and information as well related to security and its COVID-19 impact in the Duty of Care.

**IFRC Business Continuity plan:**
The team continue to monitor with the HCCSTs and Offices the ongoing insecurity situation in the Countries and supporting them on security risk analysis, explanation of travel processes and approvals, briefings, explanation of tools as checklists for houses and hotels, precepts of collaboration with the army, checkpoints, dangerous situations, among others, now considering as well COVID-19 crosscutting risks and procedures.

The Regional Security Unit has contributed to the coordination of BCP in Honduras during the COVID-19 and the pass of hurricanes by ensuring synergy with the National Society and to promote the duty of care and biosecurity. Americas Regional Office is working in a voluntary phase modality to provide continuity of essential tasks and follow Global BCP procedures and guidelines. Also, the Trinidad and Tobago Office is working in an open modality considering teams rotation and the required biosafety guidelines.

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. 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.

## Financial Analysis

The COVID-19 Operative Plans is for 21 months, ending December 2021. As of October 2020, the Americas region reach a total funding coverage of 39% from the total funding requirement of 75M CHF. With an actual funding of 37,334,159 CHF, the region is adjusting activity plans to given donor conditions to fulfil the expectations of this operation with 37% of expenses so far.

| DATA | IN CHF |
|---|---|
| Funding Requirement | 75,000,000 |
| **PEAR18** | **37,995,774** |
| Annual Ops Budget | 35,328,792 |
| YTD Income | 37,334,159 |
| YTD expenses | 13,223,724 |
| Operative Budget Implementation | 37% |
| YTD Income vs Funding Requiremen | 50% |

**Funding Coverage:**
Although received funds are unearmarked for the operative action plan, there is a limited time to implement the activities. From a total funding of 37M CHF, 48% ends by March 31, 2021. Therefore, this open the discussion to request extension of the time frames in the coming months.

In the funding pipeline, we are expecting the confirmation from Carolina Herrera Foundation. So far, they have shared a preliminary contribution of 106,000 EUR. Also, the region has been informed that in the coming period the Plan for Strengthen the DCPRR of Governments of Bolivia and Ecuador funded by ECHO Hip for 650,000 EUR will be added to COVID-19 operations.

**Activity Implementation:**
As of October 2020, the region reaches a total implementation of 37% from the Operative budget plans for the 21 months. The current distribution of the operative budget by implementers is: National Societies 30% and IFRC 60%. The level of implementation is healthy and, as part of monthly monitoring process, the core workforce team for COVID-19 conduct meetings with each cluster to review the implementation and foresee any potential situation that stop the regular activities.

| Project Name | Actual Budget | Total Funding available | YTD Exp | YtD Exp vs Annual Budget % |
|---|---|---|---|---|
| Americas Regional Office | 4,841,032 | 5,113,583 | 1,586,765 | 33% |
| CCST Central America Group | 8,925,114 | 8,507,146 | 4,211,770 | 47% |
| CCST Andean Countries Group | 5,567,961 | 7,573,969 | 1,961,078 | 35% |
| CCST Southern Cone Group | 2,755,820 | 2,758,903 | 970,115 | 35% |
| CCST Haiti, Dom Rep and Cuba Group | 4,327,732 | 4,263,497 | 1,621,823 | 37% |
| CCST English Caribbean Group | 6,926,045 | 7,132,140 | 2,342,811 | 34% |
| IFRC Venezuela | 1,985,089 | 1,984,920 | 529,361 | 27% |
| **Totals** | **35,328,792** | **37,334,158** | **13,223,723** | **37%** |

All the operative budgets in the region match with actual funding, so the decrease of funding by Carolina Herrera does not present any risk of deficit. On the other hand, the team is coordinating with all cluster the adding of new fund / activities from German Government and the ECHO Hip.

Some highlights regarding the implementation by cluster include:

- Central America: This cluster is one of most advanced in terms of implementation despite they have been severely affected by other emergencies in previous months as Dengue, Hurricane ETA and IOTA etc.
- Andean Countries: This cluster has the highest funds allocated but a large percentage of the funds have not been implemented due to inadequate coordination thus resulting in countries not having a clear work plan of activities which eventually affect the working advances process.
- Southern Cone: This cluster has a good advance in terms of implementation with a defined plan of activities, but a major problem in the cluster is that most of the pledges are earmarked, which translates into not having unearmarked funds available until the end of the appeal.
- Latin Caribbean: This cluster has a defined plan of activities and a clear leadership. However, a major problem is the limited innovation in activities in the three countries.
- English Caribbean: In this cluster, working advances clearance is slow at the cluster level and we are noticing that some balances left from other emergency operations that were not implemented are now being reallocated to COVID19. This creates concern that the cluster will have the same situation with COVID-19 funds, so a strong emphasis is being made to ensure full implementation of funds according to plan and timeframe.
- Venezuela: Since the Venezuelan RC does not have bank account, the team can only advance minor amounts as working advances. The main implementing remains with IFRC and in the last 3 months this has not changed due to limited capacity to absorb logistic support due to restricted warehouse space.

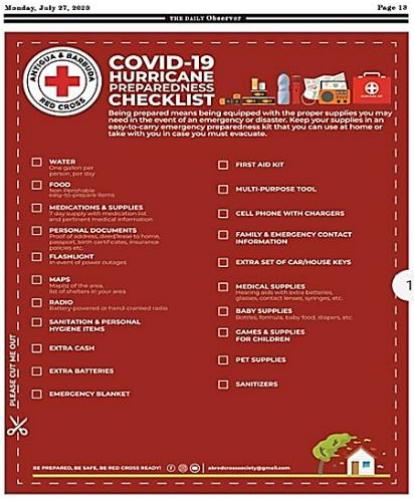
# National Society Response – Key Highlights

**Antigua and Barbuda Red Cross**

The Antigua and Barbuda Red Cross (ABRC) has continued to implement activities on the islands to slow and reduce the spread of COVID-19 using risk communication via radio and television networks also including billboards, advertisements, School's COVID Protocols Video and a Sensitization Workshop.

Risk communication has been tailored to address a dual disaster context critical as Antigua and Barbuda was severely impacted by Hurricane Irma and the Caribbean is now in the Hurricane season.

Focus has also been placed on Barbuda the smaller of the two islands where access to food and running water as well as livelihoods have been severely affected. To address these gaps the National Society has continued to distribute food items, hygiene products and introduced the "Farm Ah Yuh Yard' seedling distribution with the local farmers' association and the government of Antigua and Barbuda which resulted in over twenty five hundred (2,500) seedlings being distributed to a segment of the population in both islands.


Monday, July 27, 2020 Page 13
THE DAILY Observer
ANTIGUA & BARBUDA RED CROSS
COVID-19 HURRICANE PREPAREDNESS CHECKLIST
Being prepared means being equipped with the proper supplies you may need in the event of an emergency or disaster. Keep your supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.
WATER
One gallon per person, per day
FOOD
Non-perishable Ready-to-eat items
MEDICATIONS & SUPPLIES
7 day supply with medication list and pertinent medical information
PERSONAL DOCUMENTS
Proof of address (deed/lease to home, passport, birth certificates, insurance policies etc.
FLASHLIGHT
In event of power outages
MAPS
Maps of the area, list of shelters in your area
RADIO
Battery powered or hand cranked radio
SANITATION & PERSONAL HYGIENE ITEMS
EXTRA CASH
EXTRA BATTERIES
EMERGENCY BLANKET
FIRST AID KIT
MULTI-PURPOSE TOOL
CELL PHONE WITH CHARGERS
FAMILY & EMERGENCY CONTACT INFORMATION
EXTRA SET OF CAR/HOUSE KEYS
MEDICAL SUPPLIES
Hearing aids with extra batteries, glasses, contact lenses, syringes, etc.
BABY SUPPLIES
Bottles, formula, baby food, diapers, etc
GAMES & SUPPLIES FOR CHILDREN
PET SUPPLIES
SANITIZERS
PLEASE CUT ME OUT
BE PREPARED, BE SAFE, BE RED CROSS READY! | abrdcrosssociety@gmail.com

*9. Cut out Covid19-Hurricane Checklist-Observer Newspaper. Source: ABRC*

Over the period the National Society also distributed care packages to Expecting & New Mothers socio-economically affected by COVID-19.

**Twenty (21) Chemotherapy COVID-19 Care Packages were distributed to patients of the Eastern Caribbean Cancer Centre. Each package contained: an ABRC branded water bottle, a blanket, a pillow, disinfectant spray, hand sanitizer, Vitamin D3 supplements, Emergen-C Vitamin C packets, a notebook and pen, water based lotion, face masks and a personal Sterilite bin. This has also assisted as basic PSS as the notebook and pens helped beneficiaries to pass time. The packages were created to assist with making patients comfortable while undergoing treatment.**

Additionally, support has also been provided to clinical Services through blood drive/ mobile clinic and Psychosocial support continues to be provided to vulnerable groups affected by COVID-19 as well as staff and volunteers of the ABRC. To date, seventy-five (75) volunteers have been provided with PPE.

**Argentine Red Cross**

The Argentine Red Cross (ARC) assists the local health system in the provinces of Córdoba, Esperanza, Mendoza, and the municipalities of Moreno and Vicente López in receiving calls from the medical emergency telephone service. More than 200 calls are received daily. Support is provided to local authorities for health control, temperature taking and control of vital signs for people who transit or return from other cities or from outside the country on routes, accesses, airports and bus stations.

*10. The ARC conducted COVID-19 awareness and hygiene Promotion In communities along the Paraná River. July 2020. Source: ARC*

The National Society continues to work in the State-run Parque Sanitario Tecnópolis (PASATE), which provides care and has non-hospital beds for up to 2,000 people in a science and technology park in Buenos Aires. The ARC with 360 volunteers and some employees works with State authorities and public servants to conduct activities. A total of 954 PPE kits were distributed to 170 workers in PASATE's Red Zone where people positive to COVID-19 receive care.

Additionally, 271 people were trained in CPR and First Aid and 49 people in Community Health. Since the opening of PASATE, 1,224 people have been admitted, of which 1,201 were discharged.

A total of 6870 hygiene and cleaning kits were distributed. The ARC continues to work with the production and distribution of safe water, pre-positioning of storage tanks and delivery of filters and purification sachets (powder form) to communities in situations of vulnerability in the north of the country.

ARC is implementing MHPSS services including: Emergency home telecare (TAE), coping with Isolation and Telephone Psychosocial Support (1,317 people reached) and accompaniment and Psychosocial Support to Elderly People.

**Phase 2 of the National Food Security and Livelihoods project has begun with workshops in 69 communities to strengthen people's soft and hard skills, as well as to evaluate personal characteristics, strengths and weaknesses to better perform for a job interview.**

In the area of shelter, the ARC is working with the migrant population in border areas and in urban areas. The shelter response is designed for the medium term, which currently provides temporary housing: to 62 families and emergency housing to 41 families.

Protection of trans people and people with HIV is provided through two lines of action: Delivery of 420 food and hygiene kits in coordination with the Association of Transvestites, Transsexuals and Transgender People of Argentina and the Argentinean Federation of Lesbians, Gays, Bisexuals and Trans and strengthening the livelihoods of trans people through workshops on food security and crafts in coordination with the Bachillerato Popular Travesti Trans Mocha Celis.

Support to migrant population in food security through the delivery of 3,450 food kits and 3,000 hygiene-prevention kits. Support to migrants stranded in border areas through humanitarian transport, which has been provided to 72 migrants.

**Bahamas Red Cross Society**

The Bahamas Red Cross Society (BRCS) continues to provide support to the COVID-19 response as cases on the group of islands continue to rise despite the Government's best efforts to implement controls and restrictions. During this period through the IFRC Regional Logistics Unit the National Society sought to support epidemic control by securing the **procurement of a Biofire Film Array Torch 2 molecular diagnostic testing machine for the Ministry of Health to be used by the National Reference Laboratory which will increase the capacity of the National Government carry COVID-19 testing of Bahamians; the expected date of delivery date is December 2020. A laundry machine and industrial folding/ironing machine are also being procured for the Princess Margaret Hospital to clean and sanitize sheets towels and other linens in an effort to reduce the spread of COVID-19 among patients and hospital staff.**

*11. BRCS staff and volunteers discussing COVID-19 preventive measures with school director. Source: BRCS*

Under a partnership with the Ministry of Education, three schools have been selected to receive support from the BRCS. Wall mounted hand sanitizers and liquid for 300 classrooms have been purchased as well as communication posters in both English and Creole for schools and aged care facilities. Progress on interventions at schools has been delayed however, with the continued closures being enforced. Apart from this, eighteen (18) volunteers have been trained in Community Engagement and Accountability CEA and Psychosocial Support PSS to address Health and WASH.

Food security also continues to be an issue in a post Hurricane Dorian context. To date, five hundred and thirty (530) households have been provided with packages

containing a monthly supply of food and hygiene items; two hundred and ten (210) supermarket vouchers provided to vulnerable households in Nassau and twenty thousand and thirty (20,030) weekly food baskets have been distributed on a weekly basis. Additionally, two hundred and fifty (250) daily meals have been provided to vulnerable households through the BRCS Meals on Wheels program.

**Barbados Red Cross Society**

COVID-19 case load in Barbados since the inception of the pandemic is one hundred and fifty-two (152) with seven (7) deaths. The Barbados economy and businesses and jobs associated with the tourism sector has also been significantly hit. Assessments conducted by the Barbados Red Cross has revealed emerging issues including: impacts on food and nutrition at the household level, limited opportunities for economic recovery, negative impacts on livelihoods due to loss of industries, negative impacts on educational opportunities and unequal access as well as limited protection for the vulnerable. To respond to some of these issues as well as to reduce the spread of COVID-19, the Barbados Red Cross has focused its efforts on epidemic control, risk communication, MHPSS, socio economic support and partnerships.

*12. Presentation of Home Mitigation Unit in Barbados. Source: BRCS*

Prior to the pandemic, the Barbados Red Cross did not have an established relationship with the Government, however, the NS has recently signed a partnership agreement with the Household Mitigation Unit and provided two months of financial support to fifty-two (52) families. **Fifty (50) households were also selected to receive home garden starter kits under this partnership and one hundred and fifty (150) flyers were distributed on home gardening.**

Under Pillar 1: Epidemic Control, one hundred and fifty (150) masks were donated on World Red Cross Day, ninety-eight (98) branded masks were distributed to students at West Terrace Primary School and the Barbados and the Barbados Alliance to end Homelessness received a donation of hand sanitizers (36), infrared thermometers (4), latex gloves (1000), nitrile gloves(1000), gowns (20), N95 masks (200) and hygiene kits (2). The NS also donated (40) masks and hand sanitizers to the Barbados Homeless Society, (30) masks and hygiene kits to Haynesville Youth Club, (50) masks (30) PPEs and (30) hygiene kits to the Pinelands Creative Centre.

MHPSS initiatives during the reporting period included the training of twenty-five (25) BRC volunteers in Community Based Psychosocial Support and Psychological First Aid; eighteen (18) members of the St. Michael South East and Christ Church East District Emergency Organizations (DOE) were also trained in community based PSS and Psychological First Aid. PSS kits were provided to ninety-eight (98) children on the West Terrace Primary School and thirty (30) volunteers participated in in-house PSS sessions for coping with stress. Finally, in partnership with the Barbados Association of Psychologists, on-going counselling provided for seven (7) beneficiaries and one (1) member of staff (Note: all females).

**Belize Red Cross Society**

As of the 31st October 2020 there are 3,487 confirmed cases of COVID-19 in Belize with 1,268 active cases and 59 deaths. The opposition party now forms the government of Belize and has dissolved the coordinating committee responding to COVID-19 in the country. The Belize Red Cross reported that it was unclear whether they are considered essential workers under the Government restrictions and as a result have limited operating hours.

**A total of eighteen hundred (1,800) bags were distributed in forty-five (45) schools nationwide to children from low income families. These children were identified by the school principals as being in need.**

One thousand two hundred and thirty-one (1,231) surgical masks were also distributed to the public, NS staff and volunteers. Additionally, two thousand three hundred and thirty-eight (2,338) hygiene kits were distributed to frontline workers, including the Ministry of Health's isolation and COVID-19 ward, the Police Force, Belize Defence Force, and sanitation workers from the Belize City Council, Salvation Army, Mental Health Resource Centre, and Belize Assembly of Persons living with Disabilities. Three thousand (3,000) sewn masks were similarly distributed to the public.

*13. Donation to city Council. Source: BRC*

During the period, the BRCS continued to supply food to families in need reaching eight thousand seven hundred and ninety-four (8,794) families in total. Six hundred and eight five food packages donated by Nestle were distributed between August and October and the NS is awaiting approval from IFRC for an additional purchase twelve hundred (1,200) packages. A total of sixty (60) persons (40) males and (20) females also received psychosocial support (PSS) during the food distribution. One (1) male staff member was also reached with PSS. Sixty (60) sheet sets were provided to the National Emergency Management Organization (NEMO) and two hundred and thirty-one (231) hygiene kits to shelters. Under Pillar 5: Infection prevention control and WASH at the community level, a total of ten thousand two hundred and twelve (10,212) people were reached. Through the Canadian RC the BRCS also distributed two hundred (200) hygiene kits to one health facility. The NS also continues to update their Facebook page reaching six thousand one hundred and eleven (6,111) via this medium. At the NS, twelve (12) staff and thirty (30) volunteers were trained to manage isolation centers, however the Government did not request this support and the isolation centers have since closed.

*14. Bag distribution at school. Source: BRC*

BRCS continues to experience severe economic hardships since the start of the epidemic. Many services that are provided had to be postponed indefinitely or operate very minimally. The NS seeks to assist those in the most vulnerable places which may be hard to reach. Presently the NS has only two vehicles to service a population of four hundred thousand (400,000). Through the project initiative a land cruiser is currently being repaired and will be reported on its completion in the upcoming quarter. The PPE's provided to volunteers has allowed them to be safe and equipped while working in the field for distribution on public campaign in the fight against COVID. New volunteers have applied to become a part of the National society especially in a time of crisis. An additional 20 volunteers who have submitted application and will be required to attend online training and induction before going out to assist with field work.

**Bolivian Red Cross**

The Bolivian Red Cross (BRC) persists in its COVID-19 response actions. Within the context of national elections and the swearing-in of the new president, the BRC has implemented risk communication and outreach actions aimed at those participating in large high-density gatherings. One hundred people were trained in personal care and biosecurity prior to the elections and 51 people on biosecurity protocols.

In its auxiliary role, the BRC continues to provide support in the management of collective centres in border regions, now reaching 5,598 people. These centres are used for returning Bolivian nationals as locations for quarantine before continuing to other regions in the country. Thirty BRC volunteers have been trained in collective centre coordination management (CCCM). Support also includes a 42-litre

steam autoclave, 8 multipurpose tents, 25 family tents and other items (blankets, mattresses, kitchenware, among others). RFL services have been provided to 147 people.

**The BRC is implementing a non-conditional cash transfer programme (pre-paid debit cards) that will reach 1,150 households; the feasibility study is complete, and the distribution of the cards is planned for December.**

The National Society has launched an anti-stigma campaign in its institutional social networks to eliminate the marginalization and potential violence against people who are COVID-19 positive or have another health condition.

*15. BRC's anti-stigma campaign discourages stigma or verbal violence against people who are positive to COVID-19 and other health conditions. Source: BRC.*

The National Society continues to strengthen its capacities through the training of volunteers and staff. From April to the end of this reporting period, 90 volunteers have been trained in COVID-19 issues, 30 in cleaning and disinfection, and 20 in vulnerability and capacity analysis. Furthermore, PSS is becoming a strong point in the BRC with training rolled out via awareness raising sessions (140 people), BRC training (124 people) and IFRC training (30 people); these has enabled the BRC to continue its teleassistance in PSS for first-line workers (2,381 people reached as of 2 October 2020), conducted at the branch level. To round out the training, 22 people from 11 branches have been trained to be CEA focal points.

**Brazilian Red Cross**

The Brazilian Red Cross (CVB) follows up on suspected COVID-19 cases or results of rapid tests in the states of Amazonas, Rio Grande do Norte, Rio de Janeiro and Mato Grosso do Sul. If a case is identified, the person is referred to a hospital or isolation is counselled depending on his or her health status. COVID-19 rapid tests are conducted in Amazonas, Sergipe, Alagoas, and Rio de Janeiro. In case of positive cases, the person is referred to quarantine and consulted at the following levels of care.

*16. CVB Amazonas branch carries out food distribution, hygiene, education and health kits and clinical care. Indigenous village, Sissaima. Source: BRC*

The CVB branches in Amazonas, Ceará, Rio de Janeiro and the Federal District have an open channel of direct communication with volunteers to provide psychological first aid due to the emotional consequences of the pandemic.

Hygiene and prevention items were distributed in Alagoas, Amazonas, Federal District, Minas Gerais, Paraná, Rio de Janeiro, Rio Grande do Norte, Roraima, Sergipe and São Paulo. The target population are the elderly, public agents, children and adolescents, health professionals, the homeless and the general population.

Health education and prevention activities were carried out in the states of Alagoas, Amazonas, Minas Gerais, Mato Grosso do Sul and Rio de Janeiro, reaching 125,431 people. Different messages were disseminated regarding the correct use of the mask, social distancing and the correct way to wash one's hands. All deliveries of hygiene kits are accompanied by graphic material with relevant information.

**A total of 2,451 people in the Federal District and Rio de Janeiro were vaccinated. Support to the Health Secretariats for the measles and H1N1 vaccination days was directed to the elderly, the general population and public servants.**

CVB carries out the distribution of drugs to treat COVID-19 symptoms in different hospitals. These items include sedatives, bronchodilators, neuro-blockers and pain killers. In this sense, a new distribution of about 18,500 Swiss francs was conducted in the 3 hospitals of Amapá identified as reference for the treatment of COVID-19.

The Brazilian Red Cross has carried out the distribution of food and essential items. It is working on a survey to complement the secondary information on the subject to propose future actions. A total of 241,595 food baskets and 5,702 prepared meals were delivered. The states that developed this action were Amapá, Ceará, Federal District, Minas Gerais, Paraná, Rio de Janeiro, Rio Norte, Rio Grande do Sul, Santa Catarina, Sergipe and São Paulo.

Announcements are being developed and placed on social networks to alert the elderly, children, and women about violence and to increase public awareness of the causes and how to deal with feelings and emotions. About 80 volunteers have been trained to provide guidance on awareness of violence during the delivery of the kits and education and health actions. Branch volunteers were introduced to PGI concepts and approaches, using materials that had not been used previously in the Brazilian Red Cross.

**Chilean Red Cross**

**The Chilean Red Cross (ChRC) received a donation of 3,000 COVID-19 immunity tests through the Universidad de Desarrollo. The tests have begun to be used with volunteers and staff involved in field activities to prevent the spread. A total of 341 people was tested (219 women, 122 men; 326 negative without immunity, 15 negative with immunity, 1 possible active case).**

The National Society provides information related to COVID-19 to the community through digital media and communication. The ChRC massively disseminated preventive messages against COVID-19 developed by the MoH for Halloween, walks in parks and public areas, and in swimming pools.

*17. The ChRC provides humanitarian aid to people on the street, including homeless people.*

Health and hygiene promotion campaigns, with talks during the flights, were carried out on commercial flights of Jet Smart Airlines. The issues addressed in health and hygiene are correct use of masks, frequent hand washing with soap and water, use of alcohol gel, myths about COVID-19, symptoms of the disease, reliable sources of information. Additionally, psychosocial support was provided on these Jet SMART Airlines flights. The points addressed by APS were avoiding excessive exposure to COVID-19 news, good practices to reduce stress, teaching and exercising diaphragmatic breathing. The psychosocial support workshops were held online for airline crews, reaching a total of 50 people.

APS specialists from ChRC headquarters are providing a tele-assistance service for the emotional support of the National Society's volunteers. A total of 537 people has been assisted through the National Society's tele-assistance service.

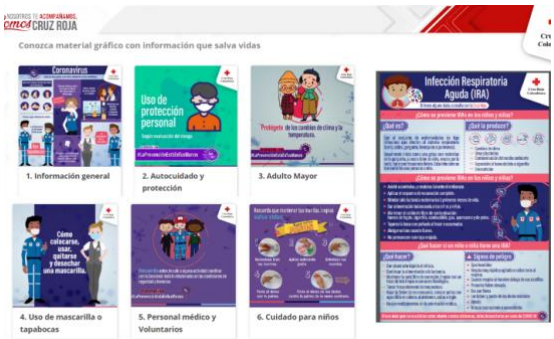
Through the "Talk to me Programme" the O'Higgins region is working for people affected mentally, socially and economically by the isolation generated by the COVID-19, a service that through social networks and calls seeks to be a company and an outlet for the community through telephone, WhatsApp, Facebook Messenger and in person; the latter is the least frequent. A free magazine was launched for those people who do not have access or knowledge in the use of communication technologies, to give them tips on COVID-19 and games to focus on other issues for a while. A total of 131 people was reached, of which 31 were supported with boxes of goods and/or toiletries.

Some other services provided by the ChRC include transfer of recovered COVID-19 patients in the Antofagasta region in coordination with local health services, influenza vaccination and blood collection campaigns in conjunction with health authorities, livelihood training for staff and volunteers, temporary shelter for 266 migrants of Bolivian nationality in the municipality of Calama, distribution of humanitarian aid in the Metropolitan, Arica and Parinacota regions starting in September.

A total of 225 persons have been reached through the deliveries of hygiene kits, food and shelter at the end of the quarter (54 men, 171 women; 3 NNA) and attention and delivery of aid to 200 people in street situation, 50 elderly people and 691 migrants has been provided.

**Colombian Red Cross Society**

**As of 30 October 2020, the Colombian Red Cross Society's (CRCS), aligned with its national response plan to COVID-19, has reached a total of 1,702,370 people with actions implemented in 175 municipalities, in 30 departments of the country where the National Society has branches. The population reached in the reporting period was assisted, through actions focused on the health and WASH sectors, a livelihoods intervention addressing the needs arising from the socioeconomic consequences of the pandemic, in parallel to actions to strengthen the National Society**.




*18. The Colombian Red Cross Society created and disseminates key messages on COVID-19 issues. Source: CRCS.*

With regard to health and WASH actions aimed at containing the epidemic, preventing death and disease, the CRCS has continued purchasing and distributing personal protection equipment for all the 33 National Society's branches. The distribution of PPEs has been carried out according to the results of an assessment conducted by the Health Management team. A total of 171,809 units of PPE together with essential medical supplies, were distributed during the reporting period. In addition, 122,602 people have been reached with key messages about the prevention of the virus and the correct application of biosecurity measures.

The CRCS's mobile health personnel and equipment was deployed to rural areas of the municipality of Tumaco, in conjunction the municipal public hospital. These actions have reached 400 people, through the services of general medicine, psychological consultation, and sexual and reproductive health care.

With regard to actions to reduce the impact on the mental health of staff, volunteers, medical teams in the field and in communities, the CRCS has implemented a model of remote assistance, through the strategy "Línea Amiga" (Friendly Line). Between May and October, this telephone line has received more than 5,233 calls for assistance and case referral.

Actions to strengthen the National Society were launched to contribute to its capacity for autonomous financial sustainability. A new resource mobilization strategy will be launched with a focus on COVID-19, through the design of a digital marketing campaign to diversify and expand donors and funding partners. There ongoing and concurrent fundraising strategy for the COVID-19 response plan has raised the equivalent to CHF 700,000 as of October 2020. This was achieved through the fundraising campaign "I Donate from Home", in addition to in-kind donations worth the equivalent of CHF 3,5 million.

*19. Donation to the CRCS by the pharmaceutical company Bayern. 2020. Source: CRCS.*

During the reporting period, the CRCS obtained an important donation by the pharmaceutic company Bayer, that donated que equivalent of CHF 50,000 to meet urgent needs of the health system generated by the global pandemic. Additionally, the company delivered 3,000 units of medication for respiratory inflammation or chronic asthma, as well as 3,500 units of dermatological product, for the self-care of health professionals, who are on the front line of caring for patients with COVID-19.

**Costa Rica Red Cross**

The Costa Rican government has established negotiations with biotechnology companies to guarantee timely access to vaccines against COVID-19; the Ministry of Health and the CNE signed an agreement with the companies Pfizer and BioNTech, to supply their candidate vaccine BNT162b2, against SARSCoV-2.

The National Society continues to participate in the virtual and face-to-face sessions of the National Emergency Operations Centre (COE), as well as in the ordinary and extraordinary meetings of the different Technical Advisory Committees, such as the Psychosocial Support Committee (CATAPS), the Animal Protection Committee for Risk Management (CATPAD) and the Communication Coordination Committee (CATSIPAE), and in the meetings of the Health Sector Roundtable and the Health Cluster.

The National Society continuously trains and monitors staff in COVID-19 (procedures, correct use of personal protective equipment, among others). The psychosocial support service is maintained virtually, and the pre-hospital services continues to be carried out both for cases of COVID-19 and for other daily incidents.

*20. CRR providing humanitarian help and distributing food kits to vulnerable indigenous communities. Source: CRR*

Support for local and regional structures in determining exposure levels and preventive isolation needs has been strengthened in coordination with the Ministry of Health. Similarly, coordination is maintained with the Costa Rican Social Security Fund (CCSS) for the collection of samples from Red Cross personnel, and with the Judicial Investigation Agency (OIJ) work continues on guidelines, communication channels and coordination in the case of patients who die in Costa Rican Red Cross ambulances from natural causes and probable deaths caused by COVID-19. The 360 Prevention campaign is still active and covers several issues related to biosecurity, both in the care staff as well as in the equipment, vehicles and facilities. The processes of purchasing equipment, capsules for the care of patients with a positive diagnosis of COVID-19, continues as well as the management of donations.

**Cuban Red Cross**

**For the COVID-19 response operation, some of the main achievements of Cuban Red Cross to date include: A total of 3,892 NS staff and volunteers trained on COVID-19 health-related risks, 236 Health facilities supported, an estimated 797,768 people reached through risk communication and community engagement for health and hygiene promotion activities and, as many as 6,300 people have benefited from MHPSS services.**

In addition, Cuban Red Cross (CRC) has been actively supporting 206 border points and 78 isolated areas under quarantine, where a total of 1,756 volunteers have been conducting COVID-19 activities in support to the Ministry of Health. These volunteers have been involved in a wide range of activities, including screening, disinfection of health centres, manufacture of reusable cloth masks, distribution of disinfection products and food deliveries for individuals under high risk or families under quarantine.

The CRC has mobilized 556 volunteer-facilitators that have conducted risk communication and community engagement activities (RCCE). To date, a total of 199,442 people has benefited from sensitization messages in 1,439 communities, 2,760 work centres and 283 education centres across the country. Additionally, CRC has been actively participating with 3,892 volunteers in community-based surveillance (CBS) activities, conducting door-to-door screening activities in targeted areas.

*21. Matanzas province, Cuban Red Cross volunteers conduct door-to-door CBS activities in support to the ministry of health efforts to mitigate the impact of COVID-19. Source: CRC*

A total of 918 volunteers from CRC have been supporting various health centres through activities that include cleaning and disinfection of triage areas, dormitories, washing of linen, support to patients and food preparation.

CRC has also installed a total of 539 mobile handwashing stations in key areas that include border points, isolated communities, work centres and health facilities in 15 provinces as well as the Isla de la Juventud municipality.

In terms of MPHSS, the National Society has activated 63 expert volunteers that provide PSS services in various forms. Making use of social media, radio, printed media, TV and a PSS hotline have been set up to provide basic psychological awareness and orientation. These activities are done in close collaboration with Cuban Psychology Association and mental health centres. An estimated total of 6,300 people have benefited from these services to date.

**Dominica Red Cross Society**

After a considerable reduction in case load in the previous reporting period, the Commonwealth of Dominica has been experiencing a spike in COVID-19 infections with total infected reaching seventy-seven (77).

To combat the spread, the Dominica Red Cross Society (DRCS) will be participating in a "Road Show" with other key actors and agencies including the Ministry of Health, Wellness and New Health Investment, IsraAID, IOM, Office of Disaster Management and corporate partner Digicel. This event that aims to raise awareness about the risks associated with COVID-19 and provide prevention information has been pushed back to November to ensure that all safety protocols are in place during the roll out. Socio-economic and food security also continue to be a major issue which in response the DRCS has supported two hundred and one (201) households through the Cash Transfer Programme (CTP).

*22. First aid training being provided by DRC. Source: DRC*

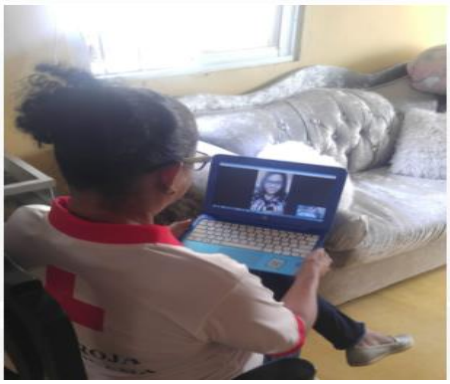
A major highlight for the period has been the **Training in First Aid and Hygiene Promotion and Sanitation for forty-four (44) farmers and sixty-nine (69) fisherfolk. These persons were selected through from the division of fisheries, agriculture, UN Woman Farmers Association and Local Government authorities.**

**Dominican Red Cross**

**Since the start of the operation, the Dominican Red Cross (DRC) has focused its efforts in reaching those communities deemed at most risk of COVID-19. Some of its operational highlights to date include: A total of 63,864 people with confirmed or suspected cases of COVID-19 have received ambulance transport, 49,784 people have been reached with essential community health services, and 3,255 people reached with MHPSS services.**

As of the current reporting period, a total of 74 handwashing stations have been built in 18 health centres. These centres are located across the provinces of Duarte, Romana, Espaillat, Santiago, Distrito Nacional and Santo Domingo. In addition, support has been given to MoH in providing PSS in the targeted communities, reaching a total of 3,255 people with these services. A total of 147 have been referred to the MoH psychological assistance service through its referral system known as Aurora.

Also, educational and awareness sessions have been conducted online and over the phone for 236 adults with diabetes, hypertension and other NCDs. This service has been targeting the provinces of Distrito Nacional, Santiago, Santo Domingo, San Cristobal and Altagracia. In addition to the services presented above, a total of 250 disinfection and cleaning kits, as well as sets of PPEs and RCCE materials were distributed amongst various correctional facilities. Among these correctional facilities, La Victoria correctional centre is the biggest in the country with a total of 7,000 inmates.



*23. Dominican Red Cross staff provides Online MHPSS service as part of its service hotline. Source: DRC*

Finally, awareness sessions on COVID-19 and Dengue were conducted in Eastern Santo Domingo in the municipality of Villa Mella. A total of 695 families were reached with key messages through these efforts.

**Ecuadorian Red Cross**

*24. Pre-hospital care, ERC Pichincha Provincial Board, August 2020. Source: ERC*

**Pandemic 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 October a total of 4,115 rapid tests were given (Men: 1,799 Women: 2,316). This service reached 10 of Ecuador's 24 provinces; although in the last two months, most of the tests were conducted in Guayas and Pichincha.

**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 to increase the installed capacity of hospital centres. To this end, triage centres were installed in Santa Elena, Guayas, Manabí, Napo, and Pichincha; and telemedicine services were created. These actions reached 13,929 people from March to October. Telemedicine services reached 5 provinces (although in September they only reached Santa Elena).

**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 445,171 people from March to October. During the month of October, chlorine was regularly 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.

In the area of household livelihoods and economic security more than 48,000 vulnerable people received assistance in the form of cash transfers, food or other in-kind assistance. Through October, 4,832 people received conditional support in the form of cash through the Cash Transfer Programme in the provinces of Manabí, Santa Elena, Pichincha and Guayas.

*25. WASH, ERC Santo Domingo Provincial Board, August 2020. Source: ERC*

**Currently, within the COVID-19 plan, risk reduction simulations are planned with the participation of different actors from public and private entities. There is a continuity plan that seeks to guarantee the sustainability of the operation in the communities and thus ensure their recovery and development.**

The ERC has 3,200 volunteers that have insurance that covers accidents and illness.

**Grenada Red Cross Society**

*26. Grenada Red Cross volunteers delivering one of three handwashing stations. Source: GRCS*

The Grenada Red Cross Society (GRCS) continues its response to COVID-19 by providing social protection through relief distribution, risk communication via education and hygiene promotion, psychosocial support while ensuring business continuity development for the National Society during the pandemic. Currently, the country is considered "low-risk" and has a total of three (a) active cases and no community transmission. As a result, schools are open with social distance protocols being lifted and borders are open using a tiered system to control the spread of infection. During the reporting period, the National Society continued efforts to promote risk communication via social media, dissemination of written communication as well as participation on a local television programme to provide an update on the operation.

Under Health and WASH personal protective equipment was also purchased for staff and volunteers and the NS participated in Global Handwashing Day. In October, three (3) hand washing stations were installed, one each in Petite Martinique R.C School, Sammy's Supermarket and St. David's police station. The National Society also held its first orientation training for seven (7) PSP volunteers to operate the COVID-19 hotline. A handwashing demo was conducted at two (2) of the sites, with around 100 persons present.

*27. Distribution of food parcels to pregnant and lactating mothers. Source: GRCS*

**In collaboration with Nestle and the Ministry of Health, the Grenada Red Cross distributed food parcels to fifty (50) mothers within Grenada, Carriacou and Petite Martinique who were either pregnant or lactating. Most of the mothers were unemployed, lived in dilapidated conditions and had more than five children. The parcels contained nestle products including milk, juice, cereal, milo and Maggie soup.**

Another highlight of the distribution was the collaboration between Grenada Red Cross and the MoH, in conducting a joint handing over ceremony at two of the district health centres at the Birchgrove and Grand Anse Valley medical stations. The age range of the beneficiaries was 15-37 years. The distribution also targeted come of the children and elderly homes with the State of Grenada.

**Guatemalan Red Cross**

The Guatemalan Red Cross (GRC) continues to provide information to the general population on COVID-19 containment measures through information disseminated through community networks and volunteers. Blood donation campaigns continue, and units have been captured to supply Villa Nueva Hospital. The Delegations maintain constant communication in the local Emergency Operations Centers, both municipal and departmental, for the updating of information related to the health emergency and others that may arise at the local level.

*28.GRC volunteers providing ambulance services. Source: GRC*

At the community level, educational sessions were held virtually, reaching diverse groups of people from educational centers, community leaders and youth. Some of the topics offered were "Basic knowledge of COVID-19 and preventive measures" and "Tips for self-care". A total of 2,466 people participated (975 men and 1,481 women). GRC through its social networks has also informed through Lives #CruzRojaGT to the population, having a reach of 296,868 people, with 9,744 interactions and 1,969 viewers watching live, the topics were focused on the Pandemic response framework by COVID-19. Messages of self-care and orientation of the route in the national territory were given to 2,500 migrants and protection messages were provided to 1,042 children and adolescents, PSS were served to 1500 people in transit who required attention. 543 people were attended to through MHPSS services by tele-assistance and sessions on self-care, stress management and emotional management.

Some of the services provided in coordination with the Ministry of Public Health and Social Assistance are: 528 people transferred in CRG ambulances - 25 tents installed in assistance centers - 13 assistance centers benefited - 843 trained volunteers - 4,479 hygiene kits delivered - 2,016 units of blood collected - 2,466 educational sessions to the general population - 6,116 people with medical attention.

**Guyana Red Cross Society**

The situation in Guyana continued to deteriorate as cases rose to five thousand one hundred and eighty-nine (5,189) persons, along with the death rate which is now at one hundred and forty-seven (147) persons. Despite this, businesses have begun to re-open including in the remote areas, where indigenous communities remain at risk of exposure to COVID 19 with limited or no access to healthcare. Guyana Red Cross Society (GRCS) continues to engage the government to promote a holistic response to the COVID 19. To reduce the spread of the virus, the NS provided 41 Hygiene Kits to twenty-two (22) males and nineteen (19) females in isolation centers in Region 4 Georgetown and Region 7 Bartica.

*29. Hygiene kit distribution, in the remote community Batavia, Region 7 (Sept 3rd, 2020). Source: GRC*

Risk communication activities were also conducted including community-based discussions and hygiene promotion. **For the period, nine hundred and ninety (990) persons were reached through risk communication and a total of four hundred and fifty (450) persons (312 males and 128 females) received hygiene kits. These persons were from the most vulnerable groups including, migrants, displaced populations, families of vulnerable children and women.**

Distributions and sensitization activities were done in; Region 2 (Anna Regina), Region 4 (Central Georgetown), Region 7 (Central Bartica, Batavia, Itabali, Karrau), Region 8 (Mahdia) and Region 9 (Lethem). During the reporting period, the National Society reached four (4) health facilities in Regions 4 (Georgetown ICU Facility),7 (Batavia Health Centre),8 (Mahdia Hospital) and 9 (Lethem Hospital) with hand washing demonstrations as well as the promotion of testing for COVID 19 at the onset of symptoms. Included in this intervention was the promotion of hygiene and behaviour change communication such as the correct use of PPE. Mental health also continues to be a main area of focus for the Guyana Red Cross. For the reporting period one hundred and eleven (111) persons have been reached through PSS. In addition, the National Society supported the Ministry of Public with twelve (12) trained volunteers to work on their COVID 19 hotline.

Like its Caribbean neighbours Guyana's population also has also suffered negative consequences in relation to livelihoods because of the pandemic. Through the Meals on Wheels programme a total of sixty (60) persons are catered for each day and one member of staff has participated in online Livelihoods training.

**Haitian Red Cross**

As of the current reporting period, the health situation in Haiti remains of concern with very low levels of COVID-19 testing done in the country. To date, at least 9,200 cases have been confirmed, of which 7,820 have recovered and a total of 232 deaths have been reported as per figures from the Ministry of Public Health and Population (MSPP). The Haiti Red Cross Society (HRCS) has participated in the response efforts of this pandemic by supporting MSPP. Their main support to MSPP has included RCCE activities, installation of handwashing stations, distributions of surgical and artisanal masks as well as placing posters with key sensitization messages.

*30. Installation of handwashing stations in Archie. Source: HRC*

**Some of its main operational highlights include: Disinfection carried out across 35 health facilities, 218 handwashing stations installed which have benefitted 187,787 people in targeted areas and, a total of 860 volunteers trained in various areas including disinfection, PSS and PGI.**

In order to reduce the risks of the spread of COVID-19, HRCS distributed masks to community members during certain large important gatherings in the country, including the patronal festivities. During these festivities, volunteers were deployed to distribute 9,500 surgical masks and 3,750 visors.

Also, HRCS has put in place a total of 218 handwashing stations in the departments of Ouest, Nord, Artibonite, Nord-Ouest, Sud and Centre and has taken advantage of World Handwashing day on 15 October to carry out mass awareness and handwashing activities in several municipalities, with a special focus on areas that were deemed of higher risk of COVID-19 and water-borne diseases. To date, an estimated 529,574 people have been sensitized through key hygiene promotion messaging through megaphone and printed media.

**Honduran Red Cross**

**The Honduran Red Cross (HRC) works in coordination with the Ministry of Health and other committees in the prevention of COVID-19 in 255 communities. Even though the country has been affected by two major hurricanes in a period of two weeks, the National Society (NS) continues to take action to prevent COVID-19.**

The HRC has contributed to the control of the epidemic by conducting 21,715 rapid tests, both for institutional personnel and for the population that demands this service. In addition, the HRC continues

to develop virtual nationwide campaigns and community awareness campaigns, transmitting and educating through key self-care messages to the public. These messages have been adapted to prepare the population for the gradual reopening that the country is planning. In coordination with local governments, the HRC has provided 14,700 gallons of potable water to neighbourhoods on the outskirts of the city of Choluteca and the Central District, benefiting 270 families. In addition, to contribute to the country's response system, the HRC has trained 161 people from the Ministry of Health in response to COVID-19 stress and anxiety management. It has also supported the transfer of 1,134 patients, including both confirmed and suspected cases. These actions are complemented by the construction of 2 Ambulance Unit Disinfection Centers, to ensure safe patient transfers. To support food security, the HRC has helped 5,902 families with food kits. The NS has developed protocols to address the mental health needs of frontline workers and vulnerable people, training 111 psychologists and workers. So far, 1,500 people have been reached through the activities of the PSS.

The Honduran Red Cross continues to provide humanitarian assistance (restoring contact between families, 8,109, and care for irregular migrants within and outside the continent, 501) to this population as well as to the population internally displaced by violence, and the National Society continue to provide assistance to the general population.

*31. HRC Volunteers provide PSS services to vulnerable kids. Source: HRC*

The community and the health centers are linked to improve access in both directions; in the same way, attention is given to the emotional health of the health providers in the facilities linked to HRC. The NS continues with the medical monitoring of the staff at the headquarters, medical support and permanent monitoring of HRC staff, at least 99 people in control and humanitarian aid to 55 people of HRC. The NS has supplied to staff a total of 1,981 personal protection equipment.

**Jamaican Red Cross Society**

*32. JRC Volunteers and Staff prior to deployment. Source: JRC*

The Jamaica Red Cross Society (JRCS) continues to implement activities outlined in its Response Plan with progress being made in relation to key partnerships being formed and greater in the field support to the Jamaican Government's COVID 19 Response. Additionally, there was an emphasis on capacity building of staff in PSS, Shelter Management and CEA all within the context of COVID 19. Currently the country is experiencing a severe spike as cases rose to nine thousand one hundred and thirty-one (9,131) in October from eight hundred and seventy-eight (878) in the previous report.

**The Jamaica Red Cross continues to perform its auxiliary role alongside the Government in the response to COVID 19, with a permanent seat at the table. The National Society has also been written into the National COVID-19 Response plans with clearly defined roles and responsibilities and continues to influence planning, operational activities, and humanitarian matters.**

The Jamaica Red Cross continued its support to four quarantined communities, Claraden, St. Thomas, Kingston and St Andre with the provision of food, masks and sanitation items as well as provided support to the government with logistics for the distribution of other humanitarian items. Hygiene kits, tarpaulins, cleaning kits and kitchen sets were also provided by the NS to members of these communities who would have also been affected by the heavy rainfall and flooding. Under pillar 2, (1000) T-Shirts and six thousand (6,000) Posters with COVID-19 messages were sent to JRC Branches who then distributed in various town

centres, schools, churches, and other appropriate areas nationally. Additionally, physical distancing signs were shared with supermarkets, pharmacies, and other large enterprises in town centers as well as churches, schools, and shops.

Under Pillar 5, the JRC distributed sanitizing items (bleach, hand sanitizer etc.) nationally and supported smaller non-governmental organizations with these items for community distribution. Two (2) psychological first aid training courses were conducted, and 37 staff and volunteers were trained, and PSS sessions were conducted in branches for an additional twenty-five (25) volunteers.

*33. Physical distancing signage by JRC. Source: JRC*

Food security continues to be an issue, to date the Jamaica Red Cross has supported 300 communities in all Parishes with food for families who have lost income due to COVID 19. An additional 7,500 hundred families were served in this period with 5,000 of the families receiving support through a partnership with the Rainforest Seafood and National Baking companies.

**Mexican Red Cross**

**During the first 9 months of the pandemic, the main actions taken by the MRC include: Attention to COVID-19 cases, training in biosafety, activations and workshops on prevention and health promotion, preventive campaigns in the media and social networks, coordination and inter-institutional support, management of donations and partnerships, acquisitions, mobilization and logistics and development of protocols and manual for handling death bodies.**

*34. Volunteers promote sanitary measures to remember antibacterial gel, mask and proper hand-washing. Source: MRC*

Priority 1: Curb the pandemic: BIOS-CRM has been the base platform for the control of cases of the epidemic, related to the voluntary and paid staff of the institution, as well as the cases to which COVID19 have possibly or accurately been confirmed. The system shows information related to the suspected and confirmed COVID19 cases attended at the level national, register of accumulated and registered cases per week. As of today, 788 volunteers have been in quarantine, while 555 were confirmed cases of COVID-19. Moreover, 18 volunteers have died from COVID-19 and 3 delegations have been closed temporarily.

A total of 8,812 persons have been benefited with MHPSS support services oriented to basic psychological support, support by providing food, referral to psychological therapy, art therapy and emotions between others. In the MRC, the Psychosocial Support area has the objective of reducing psycho-emotional vulnerability and increasing the coping capacities of the staff. For the work to be carried out by the National Psychosocial Support Team, three lines of action were determined: Stress management (to reduce and control the level of stress in the staff), basic psychological support (as a first containment to avoid emotional effects) and intervention in critical incidents (in the event that an unexpected event occurs that physically and / or psychologically affects a volunteer to be able to make the appropriate intervention).

Priority 2: Tackle poverty and exclusion – Addressing socio-economic impact - During the 9 months of operation, 2,363 services have been provided. During the pandemic, the program operates through an approach from COVID19 hospitals with people separated from their relatives due to the contingency, offering the Red Cross Message service, call or video call with the aim of re-establishing the lost family bond. Other services provided include support to quarantine travellers, support to migrant workers,

support to isolated families and individuals, support to indigenous populations, support to long-term care facilities between others.

**Nicaraguan Red Cross**

The Nicaraguan Red Cross (NRC) continues to provide care and services to the vulnerable population affected by COVID-19, so it still is essential to guarantee personal protection equipment to NSs staff and volunteers. As a result, 730 NSs staff and 1,523 volunteers from the 32 branches, who provide services and care to vulnerable people, have been reached. Disinfection and sanitation materials and equipment have also been delivered.

Due to the effects of COVID-19, families continue to be supported with the delivery of food packages, vouchers and cash transfers. **At least 10,000 families (50,000 people) were benefited with food packages (basic grains, cereals) and livelihood support through the delivery of vouchers (cash) to 3,500 families.**

Through the National Centre for Psychosocial Support (CAPS), the NRC has provided psychological support through clinical assistance and tele-assistance (psychological, psychiatric and general medical care) to 3,671 people (1,942 men and 1,729 women). The NRC has focused its actions on the fight against stigma and discrimination.

*35. Nicaraguan Red Cross volunteer delivering food kits to families affected by COVID-19. Source: NRC*

Medical sessions have been held for citizens of the departments of Matagalpa, Masaya and Managua, providing 1930 consultations to vulnerable people, of which 654 were given laboratory tests, 1,400 medicine vouchers were distributed and 108 auxiliary devices (wheelchairs, crutches, walkers, canes, etc.) were given to people with disabilities and low income. NRC continues to support the transfer of patients with signs of suspected COVID-19 and positive cases. A total of 928 transfers were made nationwide. Of these, 642 were in Managua, and 286 in affiliates.

**Paraguayan Red Cross**

**The Paraguayan Red Cross (PRC) has trained 26 volunteers from the Asunción, Mariano Roque Alonso, Itá, Ñemby, Capiatá, Itapúa, Ñeembucú and Nueva Italia branches on the operation of System 154, a MoH nationwide service to attend to the population's COVID-19 consultations and reporting of cases. PRC volunteers receive the calls and perform the triage of cases for referrals to services. There is an average of 70 calls per day, from August to October a total of 24,000 calls were received.**

PRC Alto Paraná branch carried out sanitary controls of COVID-19 symptoms in shelters, as well as distributed hygiene supplies and shelter items.

Materials on hygiene promotion, hand washing, and masks use were designed and printed. An average of 160 publications per month were made on networks through the Media Galleta Agency with recommendations to prevent the spread of COVID-19. These networks reach at least 270,000 people.

The Ñeembucú branch volunteers are conducting home visits to provide psychosocial support sessions for older adults. Ñemby and San Pedro branch volunteers visit homes for the elderly and deliver hygiene kits and inform about the prevention of COVID-19, which has reached 319 people.

The PRC gives talks on the prevention of COVID-19, hygiene promotion, food handling protocols, physical, distancing and mask use in community barbecues. Some 46,000 plates of food have been served to date. The National Society contributed 80 kits managed by Itapúa Branch. In addition, a total of 3,110

hygiene kits and 758 menstrual health management kits were delivered to branches to begin community distributions in November.

There are 17 cell phones available for the mental health call centre. A total of 39 volunteers were trained in Mental Health and Psychosocial Support through an online platform of the Ñemby, Asunción, Mariano Roque Alonso, and Itapúa branches.

The Alto Paraná and Ñemby branches support hospitals with ambulances. The Alto Paraná branch has conducted 411 transfers of COVID-19 positive people. The Ñemby branch supports the city's Healthcare Centre with the transfer of patients to different healthcare centres with an average of 2 to 3 transfers per day, reaching a total of 200 transfers.

*36. The PRC distributed handwashing stations, Caipará. October 2020. Source: PRC.*

As part of its cash and voucher assistance, the PRC plans on selecting the target group by administering a survey to 915 people in shelters, of which 510 will be reached.

**Peruvian Red Cross**

**The Peruvian Red Cross (PRC) continues to implement a multi-faceted community-focused response to COVID-19 that focuses on socioeconomic needs and health and WASH. With a focus on impoverished areas in cities, as well as semi-rural communities, the PRC is building upon its previous actions and integrating activities.**

*37. PRC implements an integrated food security and WASH programme to 100 community kitchens. Source: PRC*

During this reporting period, the PRC has distributed 3,219 household hygiene kits (soap, towel, toothbrush, toothpaste) to reach 12,876 people. Of the 3,219 families reached with hygiene kits, 1,729 were in the North of the country (Lambayeque and Piura departments) where the PRC had responded to the 2017 floods with an Emergency Appeal operation (MDRPE012).

Building on established community organizations, the PRC launched a "Happy Kitchen" programme to support 100 community kitchens (43 of which were supported by this EA with the remaining 57 supported by the ICRC and the Government of the People's Republic of China) in impoverished urban informal settlements. Community kitchens together community members to pool their limited resources for the preparation of the mid-day meal. The PRC has distributed gas stoves, cooking gas cylinders, stainless steel pots, other cooking items, as well as the staple food products for at least one month of community kitchen activities. Each kitchen reaches anywhere between 50 and 100 households. PRC provided 100 polyethylene water cisterns (43 of which were supported by this EA) with activated carbon and sediment filters to the Happy Kitchens.

Additionally, branches throughout the country are implementing community actions in health and WASH and support for basic needs, particularly food security.

The PRC is aiming to strengthen its human talent with better trained volunteers and the hiring of staff people in the national headquarters. This operation, with the support of IFRC staff in the subregion and region, aims to contribute to installing a wider range of skills and knowledge in the National Society and thus, its future institutional response capacity.

**Red Cross Society of Panama**

The Panamanian Government reopened most economic areas at the end of September as there was a decrease in the rate of infection and other key indicators. The Panamanian Red Cross, in compliance with its auxiliary role of the public authorities, continues to support the transfers of positive patients, as well as 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. 75,000 face masks were distributed in Health Centers, vulnerable communities and train and buses stations. In support of the First Lady's Office, a successful day of blood donation took place and since September, the PRC has provided the transport of people to the blood donation centre in order to improve the time and flow of attention.

*38. Modular hospitals donated to the Ministry of Health. Source: PRC*

**The PRC received the donation of two modular hospitals with funds from the Canadian embassy in Panama and Scotiabank. These were then transferred to the Ministry of Health to reinforce the installed hospital capacity.**

**Saint Kitts and Nevis Red Cross Society**

*39. SKNRCS signing CVA contracts with RAMS trading LTD. Source: SKNRCS*

The islands of Saint Kitts and Nevis continue to be under a state of emergency with 91 positive cases to date. The SKNRCS has been working to support the national effort in response to the COVID-19 Pandemic. To date, the NS has donated PPEs to the Ministry of Health, assisted as part of the PSS Network and distributed care packages and CVA to families and individuals impacted by the economic impact of the pandemic. One of the objectives of the SKNRCS response plane is to alleviate suffering while ensuring human dignity, to date the RC has provided Cash and Voucher assistance to around 400 families and care packages to 150 persons. A survey tool has been developed to obtain feedback from these families. The NS also engaged in a partnership with Rams Trading LTD., who is currently supporting National efforts. This company will provide food donations which the SKNRCS will distribute to vulnerable households. Additionally, the NS has received 20,000 XCD from the Chamber of Commerce for CVA distribution.

**Saint Lucia Red Cross**

The Saint Lucia Red Cross (SLRC) continues to support COVID-19 response efforts. Although the country was in a State of Emergency until September 30, the commercial sector reopened gradually. Unfortunately, several "back door entries" into the country as well as social gatherings are reported to be responsible for increase in cases. With limited social safety nets[5] no unemployment insurance, and COVID-19 restrictions in place despite the re-opening of borders to tourists, livelihoods and food security remain a major issue in the country. To curb the spread of the virus, five (5) volunteers from the SLRC have been assigned to the Ministry of Health via an (MOU) to provide support for contact tracing. The RC also produced 500 posters encouraging citizens to "Keep Your Guard Up, COVID-19 is not over" to encourage citizens to continue practicing behaviours to prevent the spread despite the low levels of infection in the country. Two hundred posters have been distributed throughout communities and the

[5] The economic support Programme NIC ended ON September 30th, 2020.

images have been placed on public transport and electronic billboards. PSAs have also been aired on radio, television and posted to social media.

Under Pillar 4, infection prevention and WASH, the SLRC made a donation to the Ministry of Health of thirty (30) gallons of hand sanitizers, two hundred (200) gallons of bleach, one thousand (1,000) face masks and fifteen thousand (15,000) pairs of gloves, which was sourced through a grant from Coca Cola. During the period, fifteen (15) volunteers were trained in MHPSS and one thousand (1000) leaflets on coping skills were produced to be used for in person MHPSS. A PSA on self-care and coping techniques was also aired on television and radio and published on all social media platforms.

*40. COVID-19 is not over poster developed By SLRCS. Source: SLRC*

The SLRC continues to provide ambulance services based on established MOU with the Ministry of Health. The ambulance is posted seven (7) days a week twenty-four (24) hours a day at the OKEU hospital and transfers persons who arrive with flu like symptoms from OKEU to the respiratory hospital. To date three hundred (300) persons have been transported via the SLRC ambulance service.

Major work has been undertaken by the NS as it relates to socioeconomic support. During the August and September months one thousand six hundred and five (1,605) food parcels were distributed. In October this was halted to facilitate transitioning to the CVA programme. Three hundred and seventy-six 376 families received CVA cards valued at USD $130 each. Both food and CVA distributions were supported by fifty (50) dedicated volunteers.

**The SLRC has continued to be recognized as an auxiliary to the public authorities in St Lucia. As such, staff and volunteers are exempt from curfews, limitations on operating during the imposition of lockdowns. Vehicle authorization passes provided by the NEMO give access to volunteers and staff as needed and the MOU with the Ministry of Health for the ambulance and volunteers for contract tracing further solidifies the NS's importance to the fight against COVID 19.**

**Saint Vincent and the Grenadines Red Cross**

Vincent and the Grenadines has recorded a total of eighty-five (85) COVID-19 cases with zero (0) deaths. The Saint Vincent and the Grenadines Red Cross (SVGRC) since the start of the response, has worked on infection and prevention control as well as providing risk communication. Support was given during the re-opening of schools with the distribution of hygiene kits and volunteers to conduct temperature checks. The country during the period has also suffered from an outbreak of Dengue Fever for which the IFRC has released a DREF. Hand washing demonstrations and hygiene practices were addressed in schools. Additionally, training was conducted for volunteers as shelter teams to manage screening during the hurricane season within the context of a pandemic.

The NS also published significant risk communication messaging during the reporting period especially on social media. The NS was also present at various events to help maintain COVID 19 protocols including at graduations, sports events, and national events and provided liquid sanitization of institutions and cots and hygiene kits to schools.

**Salvadorean Red Cross**

The Salvadorean Red Cross (SRC) has continued to carry out actions under the components included in its COVID-19 Action Plan, Water and Sanitation, Health, Shelter, Continuity of Education, Restoring Family Links, Volunteerism, Institutional Strengthening and Livelihoods. In the ambulances that were adapted for the transfer of COVID-19 patients, 56 positive patients have been transferred and 333 suspicious cases

have been treated. In the emergency clinic, 10,518 people have been treated. Mental health care and psychosocial support have been provided to the population since the beginning of the emergency. Some of the actions include tele-therapy, Facebook lives, face-to-face meetings, video conferences with volunteers and art therapy videos.

In coordination with local institutions, 114 water distributions have been made in 41 communities in the departments of San Salvador, Cuscatlán, Chalatenango, La Paz, La Libertad, San Vicente, and Santa Ana. A total of 234,000 gallons of drinking water have been distributed and with each delivery, hygienic habits are promoted in the population through a strategy of promoting active listening in the communities. Over 5,553 people have been reached with recommendations on the correct use of masks, hand washing and disinfection of fruits and vegetables, and proper food manipulation. In addition, 241 food kits, 4,154 personal hygiene kits, 771 mats, 2,263 blankets and 5,271 disinfection kits have been distributed.

*41. SRC delivering hospitalization kits to health centers. Source: SRC*

**SRC supplied 60 hospitalization kits to health centers (three-movement mechanical bed, patient feeding table and anti-slip rack).** In addition, training on the use of biosafety suits is provided to health personnel who request it.

**Suriname Red Cross**

The Suriname Red Cross (SRC) continues its response to COVID-19. In October, the total cases stood at five thousand two hundred and seventy-four (5,274) with one hundred and fourteen (114) dead. During the reporting period the National Society has reported to reach six thousand (6,000) people through risk communication and community engagement for health and hygiene promotion activities. MHPSS was rolled out alongside NS activities reaching one hundred (100) persons.

**Disaster risk reduction activities at the Suriname Red Cross during the reporting period, despite COVID-19, reaching one thousand (1,000) persons with pandemic proof community-based response DRR measures.**

A case study was conducted on Continuing DRR During COVID-19 under the Caribbean Resilience Building Programme, some lessons learned included: "People were adaptable and receptive to new ways of connecting, even when the circumstances were not ideal. A pre-existing relationship and good reputation with the communities was critical to building trust and nurturing engagement in remote activities during COVID-19. WhatsApp was useful in gathering information from multiple sources, checking schedules, and sending digital messages. This will be used by the National Society in future. Remote connection technologies are successful in communities where there is relevant technological experience (often among youth), access to electricity and WIFI, and appropriate hardware (computers, projectors etc.). Pre-positioning requisite technology to communities under medium- to long-term programs should be considered to prepare for the continuation of remote activities in case of an epidemic or other access restrictions[6]".

[6] Continuing disaster risk reduction during COVID-19, Suriname: https://communityengagementhub.org/wp-content/uploads/sites/2/2020/11/Case-Study_Suriname_Aug2020_EN.pdf

*42. Community hand washing. Source: SRC*

Although some of the communities had access to updates about the COVID-19 pandemic via radio, television and Facebook, others (Kronenburg, Akalekondre, and Moengo Tapoe) were requesting information from the SRCS. Community members wanted information on the modes of transmission and symptoms of COVID-19, how to access medical services and information on handwashing, using sanitizer and face masks. The program team used WhatsApp messaging to gather and answer questions. The voice note feature was especially useful for persons who were illiterate. It was noted by the Suriname Red Cross that many communities were "closed up" to outsiders for fear of spreading the virus within and this caused delays in implementation. Additionally, A total of fifty (50) volunteers were provided with insurance over the period as well as PPE.

**Trinidad and Tobago Red Cross Society**

The Trinidad and Tobago Red Cross Society (TTRCS) continues to support the Government of Trinidad and Tobago in the COVID-19 response. With an uptick in cases because of a "second wave", the NS has assisted with contact tracing. To date, four thousand five hundred (4,500) new contacts have been identified. Twelve hundred (1200) handwashing posters as well as fourteen hundred (1400) brochures were also disseminated.

Community Education around COVID-19 was also posted on social media in both English and Spanish. Additionally, a virtual workshop with Animal Groups and Veterinarians on developing "Animal Friendly" shelters, and the management of animals during COVID-19 emergencies was held during the period.

Under infection control and prevention one (1) handwashing station for a school was completed, the target is ten (10). Fifty (50) hygiene kits were also distributed to migrants. **The TTRCS also focused its efforts during the period on MHPSS developing unique PSP tools targeting adults, children and first responders. The PSP call centre was completed, and one thousand persons (1,000) were also reached via the PSP hotline**. Under Pillar 8, the TTRCS Ambulance Service and Medical Team have been trained and are equipped to respond. Presently, ambulance Units are undergoing retrofitting to be COVID19 compliant according to local Ministry of Health guidelines. Additionally, four (4) AEDs for ambulances have been procured.

*43. Exterior Sanitization of TTRCS building by volunteer. Source: TTRCS*

The NS also continues to provide support to citizens in the form of CVA and Food Security through partnerships with various entities who have provided CVA assistance to families including RBC (894), Population Movement (168), UNDP Food Security Phase 1 (400), ICRC for Migrants (50) and IFRC COVID 19 EA2 (170). A total of one thousand six hundred and eighty-two (1,682) vouchers valued at USD$120 each as well as a total of one hundred and forty-three (43) parcels were distributed including to persons in quarantine.

**Uruguayan Red Cross**

**The Uruguayan Red Cross (URC) implements internal epidemiological surveillance measures through the epidemiological investigation protocol applied to volunteers (prior to each activity) as well as to staff (weekly on Sundays). These measures allow a continuous and safe intervention, minimizing the spread of the virus in the actions carried out in the territory. To date, no volunteers or staff have been identified as positive for COVID-19.**

Sanitary protocols have been developed for food safety interventions, hygiene kit distributions, asepsis and disinfection. At the same time, introductory training (guides and awareness talks) was given to volunteers engaged in the response; this training covers the use of PPE, hand washing, use of hygiene kit elements, asepsis and disinfection, entry and exit to establishments and safe return to their homes.

The URC issues daily reports to track and monitor the evolution and propagation of COVID-19 in the country. As the official data provided by the National Emergency System, the lead state agency for this statistical control and impact, URC volunteers in the field conduct primary data collection. The URC continues to strengthen promotion and prevention measures to mitigate the spread of the virus. For this reason, in each of the distributions or workshops carried out by the branches, health awareness talks on handwashing and PPE for volunteers and people in the community. Each activity is accompanied by printed material printed and distributed to people to reaffirm the key messages.

*44. URC volunteers distribute printed material and give sensitization messages for COVID-19 awareness. Santa Rosa, October 2020. Source: URC*

During the month of April, the URC Cerro Largo branch and the Soriano department participated in a flu vaccination campaign where 1,520 people were vaccinated with the support of branch volunteers, who implemented health protocols to reduce the risk of COVID-19 transmission and spread. In addition, the National Society is developing a MHPSS approach with volunteers to have installed capacities in Psychosocial Support and Psychological First Aid. Key messages on the subject have been developed for dissemination on social networks and self-care brochures for distribution. A national meeting of PSS was also held, which enabled the URC to conduct a preliminary situational diagnosis in PSS.

Since August 2020, at the request of Rivera municipality health authorities, the URC is managing the Contingency Centre in Rivera that is used to receive migrants or returning Paraguayans who are waiting for PCR results prior to entering the country. PSS interventions were implemented in the Contingency Centre with the objective of providing emotional support and psychosocial support to migrants and volunteers deployed in the field. The national-level PSS coordination staff conducted a comprehensive day of emotional care that reached 8 people (2 volunteers and 6 migrants).

The Uruguayan Red Cross, based on a need's analysis, is providing support for food security through different modalities to provide coverage to the families identified through prioritization criteria, in which one of the indicators is the loss of income. The National Society is preparing a report on livelihoods and is planning to implement a cash transfer programme by December in order to reach 100 families in the first phase.

**Venezuelan Red Cross**

**The Venezuelan Red Cross (VRC) is responding to the COVID-19 pandemic in the country. With community cases reported, in Yaracuy, Miranda, Zulia, Táchira, Lara, Carabobo, Trujillo, Capital District, Mérida, Barinas, Falcón, La Guaira, Nueva Esparta, Aragua, Apure and Bolívar, the National Society is complementing State actions to reduce the contagion levels. Additionally, the Government of Venezuela announced its negotiations for the supply of future vaccines, as well as plans that the Sputnik V vaccine be tested in a phase-3 trial in the country.**

The VRC has 169 volunteers implementing actions to keep its hospitals and outpatient clinics with levels of consultations, hospitalization and surgery operational at the pre-COVID-19 rates. This has been done with an updated protocol for triage, observation and referral of suspected cases, promoting operational adjustments in accordance with the characteristics of the physical spaces of each outpatient clinic and hospital. As the VRC hospital network continues to operate, 31,613 people received care of which 31,155 people (96%) received medical care through outpatient consultations; the other 4% were reached in the pre-hospital and hospitalization area.

In the reporting period, hygiene promotion sessions reached 38,609 people nationwide in 27 VRC health network locations. Of the total number of people reached with educational sessions, 35,293 people were given information on hand washing, physical distancing and use of mask, while 3,316 people were reached with issues related to water, sanitation and hygiene promotion. As part of the WASH strategy and complementing other projects in country, the IFRC is providing support to improve water storage, filtering and distribution systems in eight VRC hospitals.

The VRC's National Relief Directorate, with the support of the ICRC, has created an "Infection Prevention and Control Protocol" for VRC pre-hospital personnel; this has contributed to the transfer of 186 patients, 9 of whom were positive for COVID-19. In addition, VRC branches reached 1,413 people (1,133 in person and 280 teleassistance, of which 64.4% were women) through psychosocial support activities.

The VRC communications department continues the creation and dissemination of key messages on its social networks to raise awareness and promote protection measures against COVID-19. This has led to over 20,000 accounts following the institutional Facebook fan page and 4,517 likes: 71,000 followers on Instagram and 248,000 followers on Twitter.

Since the beginning of the quarantine, CEA actions have focused on the dissemination of key messages on social networks, through public address systems in the communities and educational talks in the care centers of the VRC hospital network. These actions have reached 10,267 people. IFRC insurance currently covers 3,617 VRC volunteers. By November, 10,503 items of PPE will have been distributed to VRC volunteers.

## Contact information at the IFRC Americas Regional Office


- Felipe Delcid - Continental Operations ARO Coordinator - felipe.delcid@ifrc.org
- Ghotai Ghazialam - Operations Manager Americas – COVID19 - ghotai.ghazialam@ifrc.org
- María Tallarico - Regional Head of Health and Care Head - maria.tallarico@ifrc.org
- Omar Robinson – Regional Coordinator WASH - omar.robinson@ifrc.org
- Susana Arroyo, Regional Communications Manager for the Americas; email: Susana.arroyo@ifrc.org
- Marion Andrivet, Emergency Appeals and Marketing Senior Officer; email: marion.andrivet@ifrc.org
- María Larios, Planning, Monitoring, Reporting and Evaluation (PMER) Manager; email: maria.larios@ifrc.org

# ANNEX: National Society Reach Heatmap – Level of activity in priority areas

| National Society | Health and Wash | Socioeconomic Impacts | NS Strengthening |
|---|---|---|---|
| American Red Cross | 6 | 4 | 2 |
| Antigua and Barbuda Red Cross | 3 | 4 | 1 |
| Argentine Red Cross | 10 | 4 | 4 |
| Belize Red Cross Society | 7 | 3 | 5 |
| Brazilian Red Cross | 7 | 3 | 4 |
| Canadian Red Cross | 5 | 6 | 3 |
| Chilean Red Cross | 9 | 5 | 5 |
| Colombian Red Cross Society | 4 | 4 | 4 |
| Costa Rican Red Cross | 11 | 4 | 5 |
| Dominica Red Cross Society | 5 | 4 | 4 |
| Dominican Red Cross | 4 | 2 | 2 |
| Ecuadorian Red Cross | 9 | 2 | 4 |
| Grenada Red Cross Society | 5 | 4 | 4 |
| Guatemalan Red Cross | 12 | 5 | 5 |
| Haitian Red Cross | 6 | 3 | 4 |
| Honduran Red Cross | 10 | 4 | 3 |
| Jamaican Red Cross | 4 | 3 | 4 |
| Nicaraguan Red Cross | 8 | 3 | 1 |
| Paraguayan Red Cross | 7 | 1 | 2 |
| Red Cross Society of Panama | 9 | 3 | 4 |
| Saint Kitts and Nevis Red Cross Society | 3 | 3 | 4 |
| Saint Lucia Red Cross | 4 | 3 | 3 |
| Saint Vincent and the Grenadines Red Cr... | 8 | 4 | 3 |
| Salvadorean Red Cross Society | 10 | 5 | 4 |
| Suriname Red Cross | 2 | 2 | 4 |
| The Bahamas Red Cross Society | 10 | 5 | 4 |
| The Barbados Red Cross Society | 2 | 3 | 5 |
| The Guyana Red Cross Society | 8 | 3 | 3 |
| The Trinidad and Tobago Red Cross Soci... | 4 | 4 | 5 |

# COVID-19 OUTBREAK ASIA PACIFIC REGION NINE MONTHS UPDATE

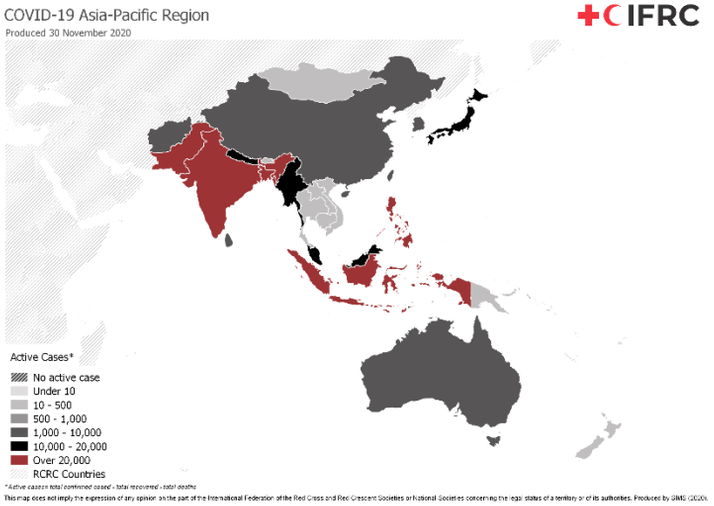
REPORTING TIMEFRAME: 31 January – 31 October 2020

## Situation Update

**12,483,661** confirmed cases in Asia Pacific

**196,880** confirmed deaths in Asia Pacific

reported by WHO as at 3:47pm CEST, 7 December 2020




**100%** National Societies reporting **indicators**

**97%** National Societies providing **financial overview**

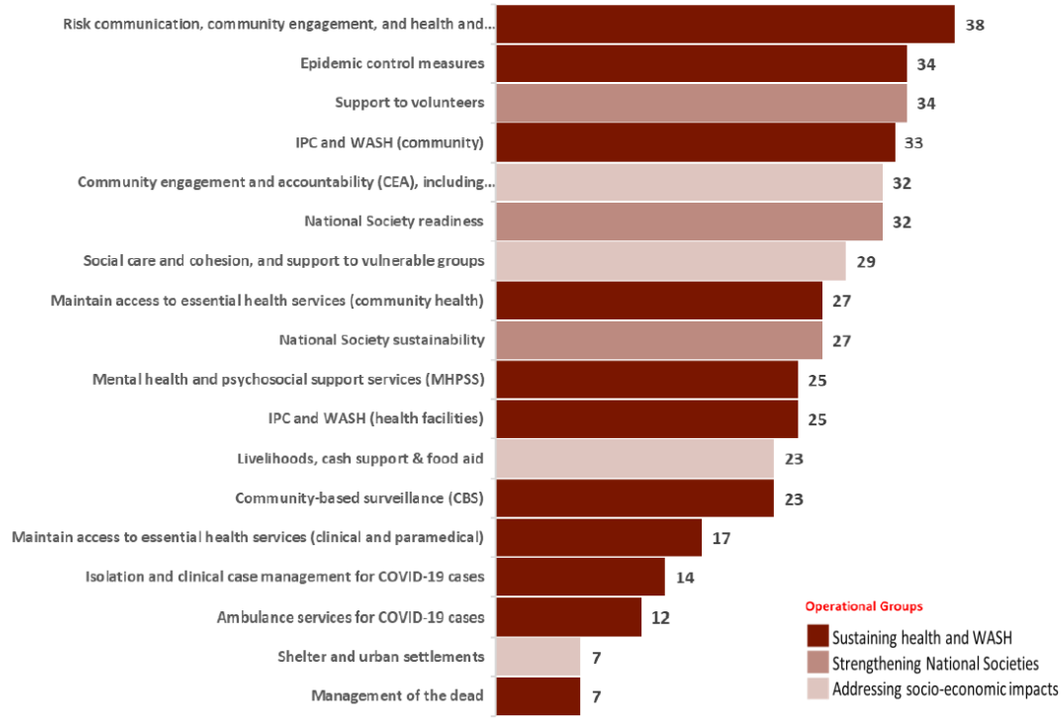
## National Society Response

38 National Societies engagement in the

3 operational priorities

| Health and WASH | Socioeconomic Interventions | NS Institutional Strengthening |
|---|---|---|
| 38 | 37 | 35 |

ACTIVITY OVERVIEW



# 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 have 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 30 countries in the region with confirmed cases of COVID-19. In the region, more than 84 per cent of active cases are coming from just 4 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 Pakistan, Nepal and Malaysia as these countries are witnessing sharp rise in cases recently.

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. Regional Health Unit has conducted 21 health technical webinar in the reporting period. Regional health team has developed a 'New Wave' technical document to prepare National Societies in the region for possible multiple waves in 2021. Asia Pacific Regional office is a part of the Regional Working Group on COVAX in Eastern Mediterranean region, which covers Afghanistan and Pakistan, and will soon participate in the meetings on COVAX in the South-East Asia Region (SEARO).

Asia Pacific High-Level Meeting on Immunization and Vaccination was convened by Dr Chen Zhu, Vice President IFRC for Asia Pacific and MENA region. Secretary Generals and Senior Management of Asia Pacific National Societies committed to scaling up activities on routine immunization and increasing preparedness for introduction of a COVID-19 vaccine once one becomes available.

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 supress 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. The Philippine Red Cross has developed contact tracing training curriculum for staff and volunteers and trained its staff and volunteers.

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. More than 320,000 staff and volunteers are mobilized to support screening activities.

Examples include:

- Philippine Red Cross has 21 laboratories located on 10 sites in the country and has reached more than 1 million COVID-19 tests.
- Nepal Red Cross Society 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 have 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. Dissemination of key hygiene messages is focused upon, particularly on the importance of washing hands with soap, coupled with display of relevant IEC materials.

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 (PMI) has broadcasted 2 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:

- Indonesian 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.

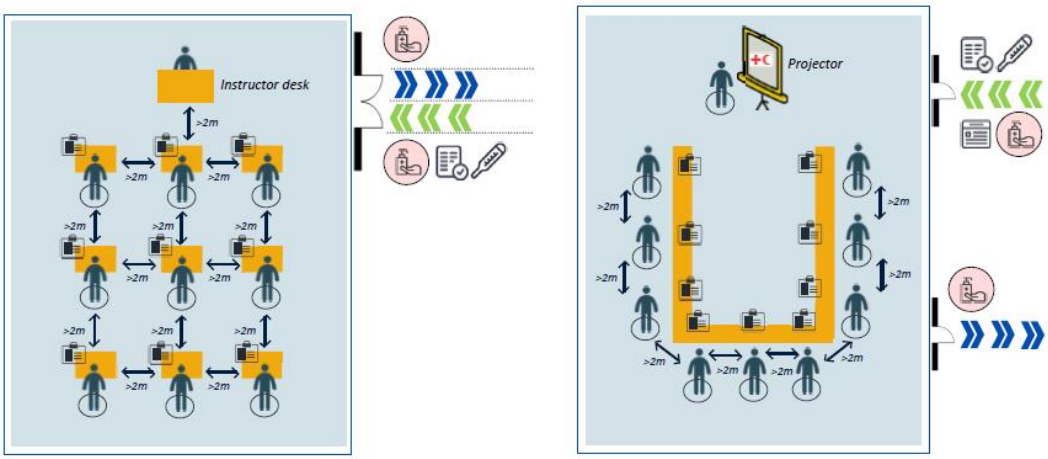
## Infection prevention and control and WASH in health facilities and communities

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

contact tracing in communities, refugees, and displacement camps and through their mobile and stationary health clinics.

National Societies have been quick at adapting to the situation, carrying out WASH activities with COVID-19 preventive measures taken into consideration, to protect its staff, volunteers, and the people they serve. Preventive measures taken include social distancing, wearing appropriate personal protective equipment (PPE) and practising hand hygiene as well as carrying out activities in smaller groups of people to reduce risk of transmission and spread of diseases. Emphasis has been placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines, and distributing suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants and cleaning materials. Distribution of key hygiene messages has focused on the importance of washing hands with soap, coupled with dissemination/display of relevant information, education and communication (IEC) materials.

As some National Societies are resuming face-to-face trainings, it is important that we take the necessary preventive measures and precautions to alleviate risks associated with transmission of diseases, to protect ourselves and the people around us. The APRO recently finalized a training protocol which outlines some of the recommended steps to be considered and taken in your training preparations and during a face-to-face training. The training protocol elaborates on key considerations – from what do consider when selecting a training location – to how best to layout classroom seating (a snapshot as seen below). There are ten headings, covering different considerations that training organizers/managers are free to adapt as required and as per context. This training protocol is available in a database of WASH resources related to COVID-19. This database is continuously being updated with the latest guidelines and reference materials, from both internal and external sources, covering different key topics.




Examples include:

- Philippines: Training on use and distribution of face masks, PPE kits (N95 masks, face shields/goggles, gowns, gloves, shoe coverings) to front-line health workers working in health facilities.
- Thailand: Thai Red Cross distributed 10 million cloth masks to village health workers and volunteers as well as to people who conducted home visits for people in quarantine
- APRO: Webinars on PPE use and volunteer safety and 'green response' - PPE disposal and waste management.

## Mental health and psychosocial support services (MHPSS)

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

National Societies in the Asia Pacific region are playing a vital role with their different capacities in clinical case management of COVID-19 cases. Philippine Red Cross (PRC) has set up 10 molecular laboratories and 2 more are under construction. These laboratories are operating to increase capacity for COVID-19 testing in Metro Manila. The molecular laboratory has a capacity to test 12,000 samples per day, and a significant contribution towards achieving the country's expanded targeted testing of 30,000 per day. Additional to this, PRC has already reached more than 12,000 people with 70 medical tents they have set up to support more than 23 hospitals and facilities to provide isolation and care.

Indonesian Red Cross has been supporting their Ministry of Health through PMI Bogor Hospital. In collaboration with the government laboratory, the National Society is supporting COVID-19 testing as well as providing PPE and medical devices. 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 continuing essential health care services. BDRCS has 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. BDRCS hospital in Dhaka, Holy Family Hospital, had been one of the major hospitals of country with COVID-19 case management facilities but has now ended the operation in September 2020, as government is taking lead on providing care from their facilities.

Other National Societies who have been instrumental partners of their government in providing support for clinical case management in country are Red Cross Society of China, Korean National Red Cross, Pakistan Red Crescent Society, Afghan Red Crescent Society (ARCS), Myanmar Red Cross, and Japanese Red Cross society.

## 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 programme in a COVID-safe way. Pilot version of COVID-safe best practices guide has been disseminated through health technical webinar.

Essential lifesaving services such as 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 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 such as Bangladesh Red Crescent Society, Myanmar Red Cross Society, Pakistan Red Crescent and Afghan Red Crescent Society. They play a crucial role in the country's health system by delivering essential health care during emergencies. National Societies continue to work together with their government to reduce gaps in essential health care also during other emergencies in the current context.

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.

### Management of the dead

Since the beginning of the pandemic, seven National Societies are in close coordination with their Ministry of Health to increase the capacity on management of the dead. Bhutan Red Cross Society has been entrusted with a lead responsibility on dead body management by the government's Health Emergency Management Committee. More than 930 dead bodies of confirmed or suspected cases of COVID-19 were buried or cremated directly by the volunteers of the National Societies.

Examples include:

- Bhutan: Trained 854 volunteers on dead body management across all 20 branches.
- Bangladesh: Established a mortuary (capacity of 40 dead bodies) at Holy Family Red Crescent Medical College Hospital for safe and dignified management of the dead due to COVID-19.

## Priority 2: Addressing Socio-economic impact

The socio-economic repercussions of the pandemic are being widely felt across Asia Pacific. COVID-19 has affected all sectors substantially and disproportionately impacting the poor, economic migrants and families who are dependent on informal economy. To address the enormous socio-economic impact of COVID-19, various initiatives have been launched such as provision of immediate in-kind, cash and voucher assistance with consideration of longer-term recovery support.

Over the past nine 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 2 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.

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

## Shelter and urban settlements

The IFRC Asia Pacific shelter focal point continues to provide regional coordination and technical guidance to National Societies to support any shelter and settlements related activities. This has included:

- Technical support and guidance for the development of National Society Response Plans that include shelter and settlements considerations in response and in preparedness to mitigate the spread of COVID-19.
- Ongoing monitoring and analysis of regional development, trends, risk and emerging needs, and working with technical counterparts in other regions to inform ongoing activities.
- Working with other technical leads (Migration and Displacement, Cash, Emergency Health, MHPSS) to address requests for integrated support.
- Specific capacity strengthening initiatives through supporting a series of global webinars on Rethinking Urban Community Risk Reduction and Resilience.

In the past nine months, the main shelter and settlements needs in National Societies' COVID responses have been in the form of household items, tents and emergency items. Support provided in the region has included:

- ARCS has provided 184 family tents and tarpaulins for temporary screening and shelters in the cross border between Afghanistan and Pakistan.
- NRCS has supported local quarantine and isolation facilities with relief items including tarpaulins, tents, blankets, bed sheets, mattress, mosquito nets. As of 23 July 2020, NRCS has supported 449 tents, 2,406 tarpaulins, 14,772 blankets, 3,546 mosquito nets and 7,850 mattresses to various sites including quarantine and isolation sites.

National Societies have also been engaged in supporting shelter and settlements specifically for families living in vulnerable environments in camps and camp-like settings. In Bangladesh, the National Society is working to pre-position and distribute shelter materials and basic HHIs as necessary, particularly for collective shelters, camp settlements and urban hotspots, or in response to sudden new population movement. In the Philippines, through the Shelter Cluster, IFRC is providing support and key preparedness documentation such as mapping of in-country stocks and shelter capacity to facilitate coherent and effective shelter and settlements preparedness and response activities.

## Community engagement and accountability

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.

## Social care, cohesion and support to vulnerable groups

**Migration and Displacement**

The IFRC Asia Pacific Migration and Displacement team has provided regional coordination and technical guidance to National Societies to support migrants, refugees and IDPs at risk from COVID-19 and its impacts. This included:

- Regional monitoring and analysis of developments, trends and risks related to migration and displacement.
- Coordinated the development of specific guidance on assistance and protection activities for migrants, refugees and IDPs during the COVID-19 pandemic. This was complemented by IFRC and external guidance on protection, trafficking, supporting populations in migrant, refugee and IDP camps, and cross-sectoral guidance, e.g. addressing social stigma and discrimination for migrants.
- Support for programme-level implementation of National Society plans to reach migrants, refugees and IDPs. For example, project management and coordination support for the Thai Red Cross project to assist more than 400,000 migrants across the country.
- Capacity strengthening initiatives such as a series of webinars on including migrants, refugees and IDPs in COVID-19 preparedness and response. Tailored support and bi-lateral dialogues such as a training workshop for the Thai Red Cross. Guidance on how National Societies could align their activities and strategies with the Manila Call for Action, and the Global Migration Strategy.
- External engagement included participation in the inter-agency regional Thematic Working Group on Migrants, Refugees and COVID-19 (hosted by IOM); and support for national and regional level communications on migration, displacement and the COVID-19 crisis, including a regional op-ed and a series of live and recorded interviews with national media.

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

Some National Societies are incorporating prevention and response to SGBV in their operations through different channels. For example, incorporating messages in home visits to communities (Mongolia) and having hot lines in place to enable disclosures of violence. A webinar is being developed with ICRC on SGBV prevention and response.

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

An increasing number of National Societies have participated in sub-regional webinars on PGI and COVID-19 and prevention from violence. The participants have started to train others in their respective National Society and mainstream PGI in the COVID-19 response.

National Societies are collecting sex, age and disability disaggregated data and having gender and diversity analysis to understand who is most at risk in this outbreak, not only looking at the health factors, but also regarding their protection and livelihoods.

## Priority 3: Strengthening National Societies

COVID-19 has presented new challenges for National Societies. Movement restrictions and physical distancing have had an impact on their established ways of working and hampered humanitarian access, requiring new and safe modalities for 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.

- **Support to National Societies to implement Forecast-based Financing (FbF) and related early actions under COVID-19**: BDRCS activated its Early Action Protocol (EAP) for cyclones in May and for floods in June 2020 to implement early actions that reduce the impact on vulnerable populations. Funds allocated allowed BDRCS volunteers to reach communities before the main hazard impact. Implementation was adapted to COVID-19 by including awareness on COVID-19 prevention and protection in early warning messaging, making more safe spaces available to allow for physical distancing, and distributing PPE to volunteers and beneficiaries. Similarly, the Philippine Red Cross adapted its EAP for typhoons to reflect the COVID-19 context.

Webinars on different topics related to COVID-19 response have been organised to provide technical support to National Societies and promote knowledge sharing. Examples included:

- **Two webinars on COVID-19 RC/CEA** were organised at the beginning of the COVID-19 response to introduce the importance of CEA in the COVID-19 response, challenges and solutions. Both webinars were attended by 30 to 50 participants.
- **Global RC/CEA Training of Trainers Global RC/CEA Training of Trainers** was organized – the RC/CEA coordinator and delegate co-facilitated two global training of trainers (ToTs) on Risk Communication and Community Engagement and Accountability, reaching around 100 participants, with many drawn from the National Societies in the region. Based on this CEA team adapted and facilitated a regional ToT with contributions from National Societies from Pakistan, Indonesia and Bangladesh with over 50 participants.
- **Two online trainings on Data Analysis for Perception Surveys.** This is a webinar organized in collaboration with WHO, to offer a two-hour deep dive into what data points to compare and what questions to ask from your perception survey data. The webinar offered practical guidance and a few short exercises.
- **COVID-19: The Role of the Media in Addressing Stigma** with speakers from Internews, BBC Media Action and The Wire News.
- **How to use Kobo for community feedback & perception data**
- **COVID-19: Training of Trainers for Risk Communication, Community Engagement and Accountability** was a pilot training using several interactive methods on zoom. The slides are currently being translated into several languages relevant for Asia Pacific.
- **CEA & Cash** is a webinar hosted jointly by the CEA Hub and Cash Hub, with Monira Parvin, CEA manager BDRCS presenting their experience on CEA and Cash with her colleague Mohammad Kamrul Hasan in addition to speakers from BRCS London, ICRC Geneva and Kenya Red Cross Society.

### National Society sustainability

The IFRC has developed financial sustainability guidance and toolkit to support National Societies in assessing the current situation, anticipating challenges and ensuring financial sustainability to continue providing services for vulnerable communities.

The guidance document highlighted six main areas (both at strategic and operational level) for National Societies to consider in response to COVID-19 and its economic impact. These six areas are listed below, and details are supported by the toolkit:

- Analysing the economic situation and scoping for possible scenarios and impact on National Society.
- Understanding the current financial sustainability situation and possible risk.
- Getting ready to scale up and scale down.
- Investing in emergency fundraising, new and diverse ways to generate income.
- Liaising with authorities, partners and donors.
- Supporting branches to enhance local actions, partnership and fundraising.

An analysis of financial sustainability situation of National Society has been conducted and shared with National Society leadership. The National Society Development team has developed partnership with an organisation to support National Societies to provide pro bono peer support using action learning methodology in the areas of financial sustainability and leadership development.

### Support to volunteers

- A Volunteer Management Guidance and Checklist document was developed and adapted to the current COVID-19 response and shared with all National Societies within the region. A webinar to address and explain the document was organized for volunteering focal points and representatives from National Societies, IFRC country offices and CCSTs.
- 30 out of 38 National Societies have personal accident insurance coverage for their volunteers. 23 of which are utilizing the IFRC Global Volunteer Insurance Scheme facilitated by IFRC country 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.
- 4 youth-led interactive virtual events "Asia Pacific Red Cross Red Crescent Youth Café" were organised targeting youth from Asia Pacific region and 229 youth from more than 20 NSs were joined and shared their feelings and exchanged their experiences during the pandemic in small breakout groups.

## Enabling Actions

### Coordination for quality programming

Since the onset of the pandemic, IFRC has remained engaged with key counterparts in the international community across the region. For example, the first interagency working group for Asia Pacific, in late January 2020, was initiated by IFRC and OCHA and hosted by IFRC in Bangkok. Since then, the Asia Pacific regional interagency COVID-19 working group meetings have been held weekly, and every fortnight since June. This specific interagency COVID-19 meeting is chaired by OCHA and WHO and falls within the regional IASC meeting structure. IFRC has remained engaged and attended all these meetings, bringing forward the unique insights and knowledge of IFRC based on the reach and presence of National Societies.

The persistent challenge of the international community using diverse geographical regions in their administrative and operational setup has become yet again obvious in this response. As an example, the Asia Pacific region for the IFRC does not have the same geographic coverage as the Asia Pacific region for WHO or UNICEF, and UN agencies and programmes do not have the same regions. This has been overcome by a sustained and coherent institutional engagement by the IFRC in all relevant meetings. For example, IFRC co-chairs the regional interagency working group on risk communication and community engagement.

Furthermore, IFRC has facilitated inter-agency lessons learnt from emergency response affected by the COVID-19. For example, IFRC used its role and platform as chair of the Asia Pacific Emergency Preparedness and Early Planning working group (EPWG) to share experiences and lessons drawn from Tropical Cyclone Harold. These findings and challenges have also been shared with donors through IFRC's continued engagement at a regional level in donor coordination meetings for COVID-19.

At the initial phase of the pandemic, the interagency coordination at the regional level was essential to gain information as systems and structures were being established. As things developed, the regional structures have become less instrumental as the national engagement is where the operations take place. IFRC remains engaged with national authorities as well as the UN country teams and national interagency coordination. This is especially important for long-term socio-economic operations which reach beyond the immediate humanitarian health concern. IFRC continues to advocate for localisation and the humanitarian-development nexus engagement.

## Evidence-based insights, communications and advocacy

### Planning, Monitoring, Evaluation and Reporting

The IFRC Asia Pacific Regional Office has worked closely with the global and regional operations team to develop a streamlined Federation-wide planning and reporting framework that ensures high standards of accountability. Epidemic Field Report, 3W country mapping, operations update, financial overview and indicator tracking tool have been regularly updated on IFRC GO.

National Societies in the Asia Pacific region is undergoing revision of National Society Response Plan (NSRP), which is aimed to be completed by the end of December. The revised NSRP will incorporate findings from the Asia Pacific COVID-19 Needs Assessment for Response and Recovery and take into consideration evolving situation and needs in the country for the next phase of response operations.

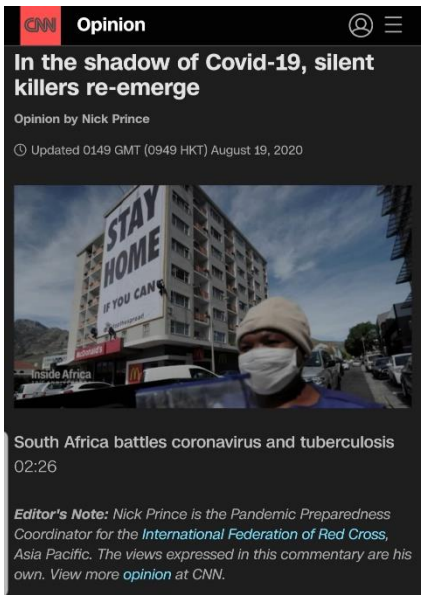
The Asia Pacific regional PMER team is also involved in real-time learning on targeted areas of the response globally. The first real-time learning exercise was on rapid response adaptability, while the second one was on prioritisation and funding allocation. At the country level, National Societies are supported on technical capacity in overall planning, monitoring and data collection methods.

### Information Management (IM)

APRO continued to steer the Asia Pacific Information Network (APIN), which is a source of peer support and technical advice. APRO was also a key supporter of process changes via the GO platform, resulting in high levels of usage by National Societies. 128 public COVID-19 field report have been submitted on GO platform and 97 activities reported on GO 3Ws from 37 countries. The IM 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 IM team continued to make improvements on the regional COVID-19 dashboard by adding download data and report buttons, simplify the dashboard into 1 page, refined the general visualization of tracking reported COVID-19 cases, active cases, and deaths in Asia Pacific. In addition, the COVID-19 operation update dashboard was developed in September to provide a general overview of COVID-19 operations in the Asia Pacific countries, with a summary of financial and implementation status. To support the COVID-19 need assessment analysis, the assessment dashboard was developed in October to provide an overview of the contextual factors and impacts of COVID-19 in 38 Asia Pacific countries. The IM team also continued providing support to maintain the Logistics & Procurement dashboard and COVID-19 Workforce Plan dashboard. Meantime, the IM Officer for COVID-19 started on 26 October.

## Communications




IFRC Asia Pacific has 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-19 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.

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".

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

**Disaster Law and Legislative Advocacy**

IFRC has supported National Societies on issues related to humanitarian access and advocacy related to COVID-19. This has been achieved through development and dissemination of key messaging and tools to support the continued movement and operations of National Societies in the tightening COVID-19 regulatory environment. Support was also provided for the recognition of National Societies as essential service providers in COVID-19 emergency measures (Philippine Red Cross). In partnership with the logistics team, advocacy efforts to reduce regulatory burdens related to importation/exportation of PPE was undertaken in Bangladesh, Afghanistan, China, Indonesia, Myanmar and the Philippines. IFRC was also successful in influencing regional platforms, in the Pacific and South Asia, on humanitarian assistance provisions for international disaster and pandemic response. A research initiative has commenced in the region (over ten Asia Pacific countries) and globally looking at laws for public health emergencies and the nexus with disaster laws. The research will provide guidance to policy makers on how to revise emergency legal frameworks, and provide an evidence based for ongoing efforts of National Societies.

## International support and resourcing

**Partnerships and Resources Development**

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 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.

**Asia Pacific regional promotional document for COVID-19.**

**Logistics, Procurement and Supply Chain**

Since the start of the COVID-19 outbreak, the Humanitarian Services and Supply Chain Management (HSSCM) unit in APRO has been providing logistics and procurement support in response to the operation. COVID-19 has presented widespread challenges to the supply chain management, procurement and movement of stock and assets. including lack of available supplies, especially on PPE's demand which exceed the supply line, reduced manufacturing capacity due to countries' nationwide lockdown, counterfeit supplies that do not meet minimum quality standards, export & import restrictions, disrupted and delayed shipping schedules.

In the strategy and plan to address the challenges and gaps posed by the COVID-19, the HSSCM unit has initiated the sourcing and procurement for regional and global supply needs. The HSSCM team in APRO to-date has been/is managing and supporting both the international and local procurement for this operation with approximately value of 15 million Swiss francs (for AP region) and 16 million Swiss francs for other regions in Africa, Americas, Europe and MENA. In the AP region, 73 per cent of the total value is on local procurement. In order to ensure compliance and accountability for the ongoing local procurement, especially of medical products related to COVID 19, guidance is being provided through the support of the Regional HSSCM and Global Medical Logistics to all COs and CCSTs in APRO.

During the first wave, the HSSCM in APRO concluded the procurement of PPEs to 10 countries in the region, including to some of the hard-to-reach countries such as Afghanistan, Bangladesh, DPRK & Pacific where there is limited or no flight options, complications of import/export procedures due to COVID-19 regulations and one being a sanctioned country. The HSSCM APRO has managed and coordinated the dispatches for a total of 67 shipments across AP region, both ex-suppliers in China, Taiwan and IFRC transit hub in Malaysia. Out of the 67 shipments, 54 flights with approximately value of CHF 550K are paid for by IFRC and the remaining 13 shipments are provided free of charge by WFP and Qatar Airways

In order to facilitate a rapid and smooth response, the HSSCM unit has also developed fast-track processes, guidelines and information dashboard to ease the operational challenges. Amongst which are IFRC Simplified Procurement Directives, Guidelines for IFRC vehicles under COVID-19 (Prevention and Control of Infection in IFRC vehicles) and Inspection guideline on PPE supplies. The COVID-19 Logistics Dashboard is also being developed for easy access for the wider stakeholders' group on the procurement and mobilization progress and achievement for the AP region. The Logistics team in collaboration with the Health team had also facilitated two Webinar sessions on "Supply Chain & PPE Mapping" and "Medical Logistics on COVID-19". These sessions were aimed to provide an overview on the supply chain challenges and addressing issues/providing technical guidance from/to national societies and country offices on COVID-19 and were greatly appreciated by the country teams,

Coordination efforts with external partners on freight solutions including WFP on Global Cargo Provision Service & Qatar Airways had been activated. WFP had provided 11 free freights to AP region which marked a cost-saving of approximately 100k Swiss francs to IFRC and Qatar Airways provided 2 flights with cost-saving of approximately 5,500 Swiss francs. The Logistics team in Geneva is also actively engaged with the Pandemic Preparedness Cell in coordination with other partners where the same effort was also initiated with ICRC on the pursuit of PPE joint tender and accessing their stock.

In anticipation of the new wave, the HSSCM in APRO, in coordination with other departments such as Health, DCC and PRD are working to reinforce the close engagement with National Societies in the region through the CCSTs/COs and strengthening its supply chain preparedness and possible support on the COVAX supply chain initiative. The detailed analysis and study to further investigate, changing local capacities and policies enforced by the governments, has started and the draft document on the same subject is being developed. The APRO will be connecting on the "Deep dive" calls with CCSTs/COs to further understand the National Societies' plan on the preparedness for the new wave(s) of the COVID 19 as it will provide better understanding of the NSs plans and possible related activities which will be an opportunity to better preparedness planning and developing the strategy for more efficient and effective logistics support.

**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.

## Financial Analysis

The budget implementation for Asia Pacific is reported in the Interim (9-month) Financial Report attached at the end of this report. The PEAR budget of 42 million Swiss francs for Asia Pacific currently covers the entire time frame for the operation until 31 December 2021, while the expenditure reported as of 31 October 2020 is about 23 million Swiss francs. Most of the pledges have time frame earmarking till December 2020 and March 2021. Therefore, there is a risk of not having enough funding to cover the operations in 2021 to address new wave of COVID-19 infections and its impact on countries in the Asia Pacific region. More funding will also be needed in 2021 for preparedness and readiness for the roll-out of COVID-19 vaccination.

National Societies and IFRC in the Asia Pacific region have requested no-cost extension for several funding to ensure that implementation can be carried out and reported in a timely manner. Flexibility of donors to extend project timeframe has been much appreciated. Being the most disaster-prone region in the world, many countries in Asia Pacific are also facing concurrent emergencies amidst the unprecedented COVID-19 pandemic. Emergencies such as Tropical Cyclone Harold in the Pacific, Cyclone Amphan in South Asia and several typhoons making landfall in the Philippines and Vietnam have caused significant damages to communities and impacted implementation rate of the COVID-19 response. Managing concurrent emergencies have stretched local capacities and delayed community outreach activities among affected population.

IFRC and National Societies staff and volunteers being infected with COVID-19 have also presented risks and challenges to the response operations. Staff and volunteers in countries with high number of cases have unfortunately been infected, reducing the workforce available to carry out implementation activities. Some offices in Asia Pacific with positive cases have also been locked down temporarily for contact tracing efforts and disinfection, causing delays in reporting and financial processes.

Movement restrictions, border closures and shortages of supplies have also delayed procurement processes and implementation in some countries. Supplies with adequate quality have been difficult to get especially countries in the Pacific that are dependent on international suppliers facing delays in shipments. However, with many countries loosening the restrictions, it is expected that the situation will improve in the coming months

# National Society response – key highlights

**Afghan Red Crescent Society (ARCS)**

The ARCS 50-bed COVID-19 hospital has reached out to around 1000 cases out of which 20 critical cases of COVID-19 were identified. **By the end of October, the ARCS Mobile Health Teams, Basic Health Centres, the Comprehensive Health Centre and the sub-health centres were able to screen 423,673 people across the 34 provinces of the country.** 54,135 suspected cases were identified out of which 3,724 cases were referred to the governmental COVID-19 hospitals. Further to this, 964,718 people received awareness on COVID-19 from the ARCS health facilities across the country.

Provision of PPE for front line staff in ARCS health facilities including the district hospital in Kabul (around 1,000 staff) as well as volunteers engaged in community engagement, and risk communication (4,000 volunteers) has been completed.

**ARCS volunteers on their mission to carry out hygiene promotion and COVID-19 awareness at their communities and distribute soap and masks, September 2020.** ***Photo: ARCS***

**ARCS has been able to reach 3,250,870 people** (2,107,896 male, 1,142,974 female) **through risk communication, psychosocial support, staff and volunteer trainings** (IPC, PFA, ECV, COVID-19 prevention and hygiene promotion), **awareness raising, screening and referral activities, mobilizing 6,250 volunteers and 138 health facilities.**

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.

To seek the perception of beneficiaries on the assistance received from ARCS and to determine their level of satisfaction, post-distribution beneficiary's satisfaction monitoring visits were conducted to the communities in Kabul and Herat that received food assistance from ARCS. Overall, the beneficiaries were satisfied with the ARCS beneficiaries selection process and with the quality of the food assistance. Reports with recommendations were submitted to the ARCS senior management for informed decision making and for taking corrective measures to improve similar future operations.

**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 COVID-19.** 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 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.

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:

**Red Cross volunteers in Cairns delivering relief packages full of food, water and personal care items to people in need.** ***Photo: ARC***

- **Psychological first aid phone outreach to 74,196 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 mobilized funding and technical support to the IFRC global appeal and ARC Partner National Societies and influenced the Australian Government and humanitarian sector to take global action and strengthen global solidarity in response to COVID-19 and its impacts.

**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. BRCS volunteers have also supported the Ministry of Health in the collection of swab samples for COVID-19 testing, in coordination with the Royal Center for Disease Control, and have been part of health screenings organized at Bhutan's border entries. |

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.

**BRCS volunteers preparing funeral rites at a crematorium in Thimpu, as the National Society is recognized as a lead stakeholder in dead body management by the Government of Bhutan. *Photo: BRCS***

The National Society organized a **'Red Cross Ride for Health' initiative.** BRCS volunteers provided free transportation (taxi services) to vulnerable groups like cancer patients and those suffering from chronic diseases to the National Referral hospital in Thimphu, and back to their communities, many of which were at distant locations. The taxi volunteers were trained responders who supported contact tracing.

**Brunei Darussalam Red Crescent Society (BRC)**

As an auxiliary to the Bruneian government, Brunei Darussalam Red Crescent Society has been providing transport for patients from the airport to isolation facilities. In addition to this, volunteers have been manning helpdesks at shopping malls over the weekend to assist the public to download and register for the *BruHealth* application. This application is used for contact tracing and is mandatory for people living in Brunei. As of today, 98% of the population are registered on this application. Brunei Red Crescent had also started a food distribution programme for elderly citizens living in Bandar Sri Begawan. Most of the assistance from the government had been geared towards the general population and students, leaving some groups in the society vulnerable. Seeing the need to fill this gap, a total of 300 households with senior citizens have received food parcels. Brunei Red Crescent will be holding a food donation appeal in November, where the public can drop food and school items through a drive-through at its headquarters. The items collected will be distributed to the elderly and low-income population in districts out of the city centre – Brunei and Muara, Tutong, Belait and Temburong.

**Volunteers providing information to the public at a helpdesk on BruHealth. *Photo: BRC***

**Cambodian Red Cross (CRC)**

In collaboration with the local authorities, health department, and relevant stakeholders, the Cambodian Red Cross (CRC) and its 25 Red Cross branches (RCBs) actively mobilized staff, Red Cross Volunteers (RCVs), Red Cross Youths (RCYs) and communities to take immediate action towards COVID-19 prevention and epidemic control measures. Since the beginning of the operation, CRC reached an estimate of 1,006,521 people (534,389 females) in 25 provinces through the distribution of IEC materials on COVID-19 and on safe migration and the distribution of face masks and hand soaps to people in need.

CRC adapted IEC materials received from the Ministry of Health and the International Federation of the Red Cross, and subsequently procured and distributed 84,910 flyers, 550 banners, 30,000 posters, 100 flipcharts, 70,000 bars of soap, 2,000 Red Cross caps and T-Shirts, and 435,029 face masks to RCBs to support risk communication and health promotion activities. IEC materials aimed to educate community members on best practices to prevent COVID-19 infection, proper handwashing, and on the new normal order. Each RCB implemented information sharing and hygiene promotion activities over a period of five days each month with small groups of less than 10 people per group reaching a total of 5,505 villages.

CRC held demonstrations on how to use masks, scarves, and wash hands properly to prevent COVID-19 infection. CRC also continuously disseminated key COVID-19 preventive messages utilizing various approaches such as home-visits, portable loudspeakers, radio messaging, and IEC materials, and incorporated COVID-19 messaging into core RCBs' activities. Due to outbreaks of Chikungunya and Dengue in some parts of Cambodia, preventive messages related to these viruses were integrated into awareness-raising activities. CRC produced a video clip of the COVID-19 operation to communicate response efforts, challenges, and milestones to the public, which will be shared with the public in November.

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

**Red Cross Society of China (RCSC)**

Since the beginning of the COVID 19 pandemic, RCSC has been closely working with the national authorities in their response work. As the COVID-19 situation gradually normalizes in China, with only sporadic cases, **RCSC resumed their routine work and conducted a series of activities in preparation for the next wave**. In October, RCSC relief and rescue teams from five north-western provinces and regions conducted a drill for major public health in emergencies, which included important topics such as transferring patients, donning and doffing coverall and conducting disinfection activities.

**RCSC relief and rescue team simulated how to don and doff coverall at the drill site.** ***Photo: RCSC***

Supported by the IFRC's Global Emergency Appeal for prevention and management of COVID 19, RCSC procured **12 negative pressure ambulances with equipment and 16 negative pressure ambulances without equipment**. Among them, 2 ambulances were donated to 2 local hospitals in Yingshan county, Hubei province and 26 ambulances were handed over to Beijing Red Cross Emergency Rescue Center (999). These ambulances aim to provide routine public health emergency work after registration.

Between January to September 2020, Hongkong Red Cross branch of RCSC supported 20,143 people with COVID 19 test, provided emergency support to 19,935 people under quarantine, provided 30,439 people with mental health and psychosocial support services, and reached 575,284 people through risk communication.

In Macau, the situation stabilized rather early, with the last confirmed case reported on June 26, 2020. Macau Red Cross branch of RCSC discharged their duty as an auxiliary to the Macau government's Health Bureau and continued their work at Macau's checkpoints and entry ports mainly in **temperature monitoring and coordinating necessary medical assistance for the travellers** in need.

**Cook Islands Red Cross Society (CIRCS)**

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

**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.

**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 October 2020, PMI COVID-19 response operations have been conducted in 34 provinces and 403 PMI districts/cities all over Indonesia, where **6,490 personnel were mobilized** for sanitizing 105,234 locations; **conducting health promotion in 9,344 locations reaching 6,440,275 people;** providing **health services in 1,056 locations in 20 provinces**; providing **psychosocial support reaching 31,415 people;** ambulance services reaching 951 people; conducting RFL activities in 4 provinces; and **providing relief support to almost 5.4 million people.**

To support the operation in all PMI Branches, PMI NHQ has distributed several types of equipment including 15,216 units of sprayer, 27,427 hazmat suits, 5,136 raincoats, 9,799 goggles, 56,747 N95 masks, 7,017 rubber gloves, 1,334,993 surgical gloves, 9,093 pairs of boots, 3,180,946 surgical masks, 982,420 hygiene kits, 2,301 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 has reached more than 40 people. Several PMI branches have been actively providing temperature screening at several checkpoints and toll gates in the regions. The COVID-19 pandemic is a major threat both to physical and mental health, hence, **mental health counsellors and psychosocial support (PSS) services** have been provided through home-based care and hotline services reaching **31,415 people**. PMI also provided PSS for its personnel through a series of debriefing group session led by professional psychologists, with a total of **259 PMI personnel** joining the sessions, along with follow-ups for individuals that might needed face-to-face counselling.

**Risk Communication and Community Engagement –** PMI continues to coordinate with MoH and is actively involved in the national taskforce for RCCE. In the period of reporting, a total of **3,508 engagements** have been recorded which consists of 193 articles published by printed media, 3268 articles published by online media, 42 news broadcasted by National TV, and 5 radio interviews. In total, **592,000 people** have been reached with RCCE through social media using the hashtag **#CegahCovid19**. PMI contributed to the first edition of **SUARA KOMUNITAS: COVID-19 (The Voice of Community**), a bulletin that consolidates the findings of 28 surveys aimed at understanding community perceptions of COVID-19. PMI has received **8435 pieces of feedback** mainly through PMI's social media. 39% of feedback related to questions on COVID-19 prevention, self-isolation, health services provided by PMI and blood bag stocks. At the provincial level, the **local COVID-19 Hotlines were set up** in PMI East Java and PMI South Sulawesi along with RCCE trainings in the context of COVID-19.

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

conducted debriefing sessions for the volunteers in the distribution team, provided online session for PMI's personnel focusing on self-isolation and psychosocial wellbeing. In addition, PMI has updated the existing Community-based Surveillance (CBS) guideline under CP3 program, including adjustments to accommodate COVID-19 guidance and is in the process of finalizing the active CBS guidance for COVID-19 emergency response.

**PMI Blood Transfusion Unit (PMI UDD) –** PMI closely coordinates 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. **The convalescent plasma services continue in 12 PMI-UDDs** (Blood Donation Unit). In total, PMI UDDs across Indonesia have received **416 blood samples** from COVID-19 survivors for convalescent plasma clinical trial.

**PMI Bogor Hospital –** Continuing the effort to increase PMI Bogor Hospital's RT PCR COVID-19 testing capacities, a MoU was signed between IFRC, PMI's Bogor Hospital and PT. Lab SATU (supplier of consumable medical supplies for PCR testing). As of October 2020, PMI Hospital Bogor has examined **560 samples** for RT-PCR testing. In addition, PMI also has updated the **mobile x-ray machines** and through IFRC support, **40 units of HEPA filter** as part of the upgrading process of PMI hospital capacities for COVID-19 patient's isolation rooms are in place.

**WASH –** PMI has strengthened its infection and prevention efforts through the installation of **647 handwashing stations** at strategic places such as local government offices, public places, and traditional markets in several provinces. Furthermore, the planned distribution of **20,000 household disinfection kits** is underway, and as many as 7,591 kits have already distributed in East Java and Central Java, reaching **11,407 beneficiaries**. In addition, PMI's WASH team has conducted a series of hygiene information sessions through PMI TV (PMI YouTube channel). In total from the first sessions until the fifth sessions, it has reached **488 unique viewers** and **11,241 impressions.**

**Ambulance Services and Management of Dead Bodies – 56 PMI branches** in 17 provinces have actively provided ambulance services, along with **25 PMI branches** that implement management of dead bodies. 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 4 ambulances have completed while 2 ambulances are still being processed.

**PMI personnel at a training on management of the dead in Bandung. *Photo: PMI***

| | |
|---|---|
| **Japanese Red Cross Society (JRCS)** | At the national level, the JRCS has been working closely with the national authorities, especially in providing medical treatment through the Red Cross hospitals and the national blood donation efforts. **60 of JRCS's 91 hospitals are treating COVID-19 patients**. The total of 91 hospitals and 254 blood centres are maintaining services to pre-Covid-19 levels. **A total of 52,938 JRCS volunteers have been provided with insurance**, who are providing services in the frontline. |

JRCS developed and translated a guide titled **"Three faces we must be alert to the novel coronavirus – A guide to breaking the negative spiral"** in English and Japanese. Many schools used the "Three Faces Guide" produced by the JRCS as textbook to teach children ways to fight fear and stigma attached to COVID-19. This is followed by a series of activities conducted by the Youth Red Cross members. Based on the "Three Faces Guide", JRCS developed a video titled "What comes after the virus?". As of 10 November, 2,37,503 people have watched this video on YouTube.

**After the lectures based on the guidance of "Three Faces of COVID-19", JRCS Youth Red Cross members start fundraising activities for the purpose of preparing disinfectants in the evacuation centres. *Source: JRCS***

Since stigma and discrimination against COVID positive patients and medical workers are a matter of concern in Japan, the Ministry of Education, Culture, Sports, Science and Technology has launched a project called **"Let's stop discrimination"**. JRCS has been actively involved in this project and ensured that the video developed by the Ministry and materials are available to all schools in Japan.

**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 Red Cross Society (DPRK RCS), as an auxiliary to the government, is working in close coordination with national and local authorities to prevent the spread of COVID-19 in the country. The Government of DPRK has taken pre-emptive and proactive emergency anti-epidemic measures since the early stage of the COVID-19 outbreak in neighboring countries and a more offensive emergency anti-epidemic campaign is ongoing to maintain a complete anti-epidemic attitude and posture, as the global health crisis is worsening.

As an auxiliary to the government, DPRK RCS has fulfilled its mandate to emergency anti-epidemic work against COVID-19. The DPRK RCS implemented a variety of health interventions to prevent the pandemic by mobilizing the national network of Red Cross branches and volunteers, while emphasizing that the frontline Red Cross volunteers engaged in the emergency anti-epidemic work should not slow down their efforts.

In the reporting period, more than 100,000 Red Cross volunteers were mobilized in the emergency preparedness work to prevent COVID-19. In close collaboration with household doctors and anti-epidemic workers, the volunteers on the ground regularly visited individual households, nursing and educational institutions and cooperative farms to inform local population of the importance of anti-

epidemic work and key preventive measures to empower them to take ownership in this crucial life-saving anti-epidemic work such as proper mask wearing and handwashing, disinfection, screening and social distancing. Particularly, these volunteers conducted health promotion and provided psychological first aid for the most vulnerable population such as the elderly or disabled people, children, pregnant women and people with chronic disease to reduce their concerns and anxiety. In all, over 4,760,000 people benefited from activities during the reporting period.

The National Society has also enhanced its institutional readiness through the development of contingency plan on COVID-19. With the best use of Red Cross homepage and mass media, communication work to promote and highlight Red Cross services on the ground was carried out actively. Also, during nationwide "March-April hygiene months", "September-October hygiene months", Global Hand washing Day, World Blood Donor Day and World First Aid Day, DPRK RCS has conducted various activities, in close collaboration with health workers, to disseminate hygiene knowledge, life-saving FA knowledge and blood donation to a wider population in combination with COVID-19.

The DPRK RCS, with good support from IFRC, has secured essential and crucial health items such as RT-PCR machine, reagents, RNA mini kits for 10,000 test, PPE, and infrared thermometers, and thus contributed to the national emergency anti-epidemic capacity building. In addition, essential household items including 100 kitchen sets, 5,000 blankets, 1,000 family hygiene kits, 1,000 jerrycans and 300,000 WPTs were provided to the quarantine facilities to stabilize the livelihood of the over 5,500 people under quarantine.

During the reporting period, the DPRK RCS participated in COVID-19 needs assessment survey conducted by APRO targeting National Societies in the region and drafted its 2021-2025 operation plan to continue life-saving humanitarian aid.

As a result of strict pandemic control measures, there has been no confirmed COVID-19 case reported in the country, and the stability of national anti-epidemic situation continues to be maintained.

**The Republic of Korea National Red Cross (KNRC)**

KNRC actively cooperated with the national authorities at the headquarters, branches, Red Cross hospitals, and blood donation centres across the country in response to the pandemic. As of 31 October, KNRC has fundraised approximately KRW 102.96 billion (CHF 83.98 million) and spent around KRW 98.77 billion (CHF 80.77 million) in response to COVID 19, in its domestic and international operations.

**KNRC provided face masks and coveralls to 13,048,067 beneficiaries, and distributed emergency food parcels, daily necessities, and safety kits to 212,916 vulnerable people**. Moreover, KNRC volunteers reached out to 13,162 people with mental health and psychosocial support services. To date, KNRC assisted 2,800 volunteers with insurance and equipped them with adequate PPE.

**KNRC volunteers distributed emergency kit to people who are vulnerable.** ***Photo: KNRC***

Since September 1, the **Seoul Red Cross Hospital** has been re-designated as a hospital for infectious diseases treatment and have been accepting people infected with COVID 19. As of October 27, the Seoul Red Cross Hospital catered to 241 people, and out of 241 hospitalized, 166 patients had fully recovered and discharged, 20 transferred to other hospitals, and 49 currently undergoing treatment.

The remaining **five Red Cross Hospitals** continue to operate as screening clinics, and to date, 14,233 people have been tested in these institutions for COVID 19.

In October, under the Level 1 social distancing scheme, the **KNRC conducted training for its staff and volunteers**. The training programs were organized in compliance of the quarantine guidelines and covered important topics like temperature check, proper usage of masks, collecting contact information etc. The training also organized a simulation for contact tracing among the training participants.

On October 27, in celebration of the 115th anniversary of its foundation, the KNRC issued commendations for volunteers, employees, partner organizations, other civil society organizations from different walks of life. They also commended and acknowledged the dedication and commitments of the hospitals, blood centres, and staff members devoted to prevent and manage COVID-19 in the country.

**Lao Red Cross (LRC)**

Lao Red Cross (LRC) trained 181 staff and volunteers (97 females) from five branches (Luang Prabang, Xaignabouli, Bokeo, Savannakhet, Champasak) in epidemic control to support public awareness and public education (PAPE) activities. The training covered COVID-19 symptoms, prevention, disinfection, social distancing, and basic hygiene interventions. LRC provided Volunteer Group Insurance to 400 LRC volunteers who support the COVID-19 operation.

LRC HQ distributed masks, bars of soap, hand gel and IEC materials to eight branches to support PAPE activities in target provinces (Bokeo, Bolikhamsai, Champasak, Houaphanh, Luang Prabang, Savannakhet, Xaignabouli, Xiengkhouang). Key messages included information on infection prevention, quarantine measures, COVID-19 symptoms, stress management, and key emergency contacts to reach regarding COVID-19. Approximately 25,200 IEC materials were distributed to individuals in communities or through awareness-raising sessions and displayed in public areas such as the airport, markets, and hotels. LRC's PAPE activities directly reached 64,175 people (35,972 females) in 287 villages in eight provinces and many more individuals through the display of IEC materials in public areas.

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

LRC produced radio spots to disseminate key messages on COVID-19. The radio spots were aired on two radio channels in Luang Prabang, AM705KHZ and FM1026MHZ, and reached an estimate of 230,000 people. Champasak province broadcasted the radio spots on eight radio stations and reached approximately 215,000 people. Key messages on COVID-19 were also shared via Facebook to reach social media users.

During the outbreak, the country was under lockdown which led to no blood donors coming to LRC's blood centre. To address the blood shortage, LRC procured a mobile blood drive vehicle which is expected to be received this mid-December.

**Malaysian Red Crescent Society (MRCS)**

MRCS mobilized staff and volunteers with medical background to augment the capacity of Hospital Selayang and has **distributed PPE as well as ventilators and other medical equipment to hospitals** in Johor, Labuan, Sarawak and Selangor. MRCS had been purchasing PPEs that includes 100,000 surgical masks, 10,000 respirators (N95), 2,000 isolation gowns, 2,000 overalls, 2,000 goggles, 10,000 surgical caps and 10,000 shoe covers. The process of distribution the N95 respirators, overalls and goggles to local public hospitals is still underway. These are to be utilized for the second wave of the epidemic.

MRCS has **supported health screening of 520 people** in six different locations within Kuala Lumpur. MRCS also **provided support services for vulnerable groups (homeless and migrants) that included 4,800 family kits (food packages), 1,000 hand sanitizers and 1,000 hygiene kits, and 300 cash transferred** in Johor, Kelantan, Kuala Lumpur, Langkawi, Melaka, Negeri Sembilan, Pahang, Penang, Serawak, Sabah, Selangor and Terengganu.

MRCS has **conducted a perception survey nationwide**, as part of its community engagement and risk communication activities, to understand the perceptions of the public regarding COVID-19. This activity is also supported by WHO. During this reporting period, MRCS in partnership with WHO, finalized the CEA strategy, and started working on finalizing messaging and campaigns based on the findings from the Perception Survey (Phase 1).

MRCS had been **mobilized approximately 873 volunteers** to implement those activities mentioned above. MRCS provided training to volunteers and staff related to COVID-19, included awareness of COVID-19, Donning and doffing PPE (how to wear and to remove the PPE), Community Engagement and Accountability (CEA) that also included how to conduct the Perception Survey on COVID-19, Psychosocial First Aid (PFA) training.

MRCS operates an Emergency Ambulance Service (since 1969) and manages the '999' emergency assistance hotline in Malaysia. Its ambulance service covers the Federal Territory of Kuala Lumpur and 11 states. Based on agreement with the Ministry of Health (MoH), MRCS committed to have its ambulance services support transportation of patients. **Two negative pressure ambulances** are being procured for MRCS. These are to enable transportation of COVD-19 patients in a manner that does not put ambulance crew at risk.

**Three medical service-vehicles** had been procured for MRCS and will be delivered in October 2020. These three medical service vehicles will be utilized for transporting personnel, water purification equipment, water supply equipment and hygiene supplies in hard-to-reach areas as part of health and hygiene interventions. Addition to those medical service vehicles**, three off-road (4WD) vehicles** also had been procured and will be completed in October 2020. The delivery will be in November 2020. This 4WD vehicle will be utilized for transporting MRCS personnel supporting health activities in remote hard-to-reach areas.

MRCS is **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. In addition to co-leading MATCH, MRCS is hosting the platform's Secretariat and leading two clusters: (i) food security and basic needs, and (ii) community resilience. The first MATCH Inter-Cluster Meeting was held on 20 June 2020 at the MRCS headquarters and follow-up discussions have taken place regularly.

MRCS **Migration Working Group had been formed**, and the Working Group have come up with the next action plan, which 1) to develop a Plan of Action; 2) to establish MRCS' National Committee on Migration and Displacement. From the latest migration working group meeting in late September, the main outcome of the meeting was 1) The need to conduct an assessment on migration in Malaysia to better understand the gaps and needs, and how MRCS would like to contribute to the issue; 2) ICRC to conduct an introductory session or awareness workshop to MRCS national headquarters and branches on migration issue; 3) Interest from MRCS Sabah to establish PSS hotline service.

MRCS **planned to establish a Mental Health and Psychosocial Support (MHPSS) Committee at the national level** in October 2020. The committee will develop a strategy for a nationwide MHPSS program and will launch 'RedCrescent4u Careline'. The careline will be used to provide MHPSS services to distressed community members including COVID-19 positive patients, persons under investigation (PUI) for COVID-19 and responders.

**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 copping 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)**

Since January 25, as the member of the State Emergency Commission, Mongolian Red Cross Society (MRCS) has been organizing prevention and preparedness activities among the communities. Furthermore, MRCS started to actively engage in the response activities after the first case was confirmed in Mongolia in the month of March 2020. MRCS, in close collaboration with the National Emergency Agency, health departments and relevant partners and stakeholders, **mobilized volunteers and staffs across all 21 provinces and 9 districts** and successfully completed key prevention and containment activities in all provinces of Mongolia.

Through the IFRC Global Emergency Appeal for prevention and management of COVID 19, **"Volunteering in Public Health Emergencies" training programs were conducted for a total of 600 volunteers across all 21 provinces and 9 districts**. MRCS pre-positioned 40,625 pieces of face masks and 510 pieces of personal protective clothing to equip the volunteers and staff providing psychosocial support to self-quarantined people. The trained volunteers made regular phone calls to the quarantined people to check on their well-being and referred them to the national psychosocial support hotline when necessary.

**MRCS volunteers attended the "Volunteering in Public Health Emergencies" training.** ***Photo: MRCS***

**MRCS registered 3,000 beneficiaries across 21 provinces and 9 districts and distributed 3,000 food parcels and 2,500 hygiene parcels to 3,000 vulnerable households across Mongolia**. Presently, MRCS is undertaking a procurement process for additional 1000 food parcels and 1000 hygiene parcels. MRCS plans to construct hand-washing stations in 20 most populated markets of urban cities and the railway stations. Currently eight hand-washing stations have been constructed and six stations are under construction, and the remaining six stations will be built soon.

According to the **COVID-19 community engagement survey conducted by MRCS**, 97% of households living in the provinces stated that TV is their main source of information. Thus, MRCS made contracts with two main public channels, two main daily newspapers and one most accessed website to disseminate COVID 19 prevention messages to the public. As of 30 September 2020, the COVID 19 prevention video has been played and shared on media for 11 times.

**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.

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 31 October 2020, **386,863 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 **355,325 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. A total of **2,446 members from the community received psychosocial support** from NRCS and **185 staff and volunteers have been trained/oriented** in Psychological First Aid. Another **764 people including RCRC staff and volunteers, people from the communities and staff from other organization** in isolation and quarantine sites were reached through PFA.

A total of **1,498 hygiene kits**, 37,305 soaps have been distributed in various quarantine sites, public places and government offices. Likewise, **801 handwashing stations** have been installed in the quarantine sites, public places and government offices providing hand washing services. In addition, **46,324 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 31 October 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.

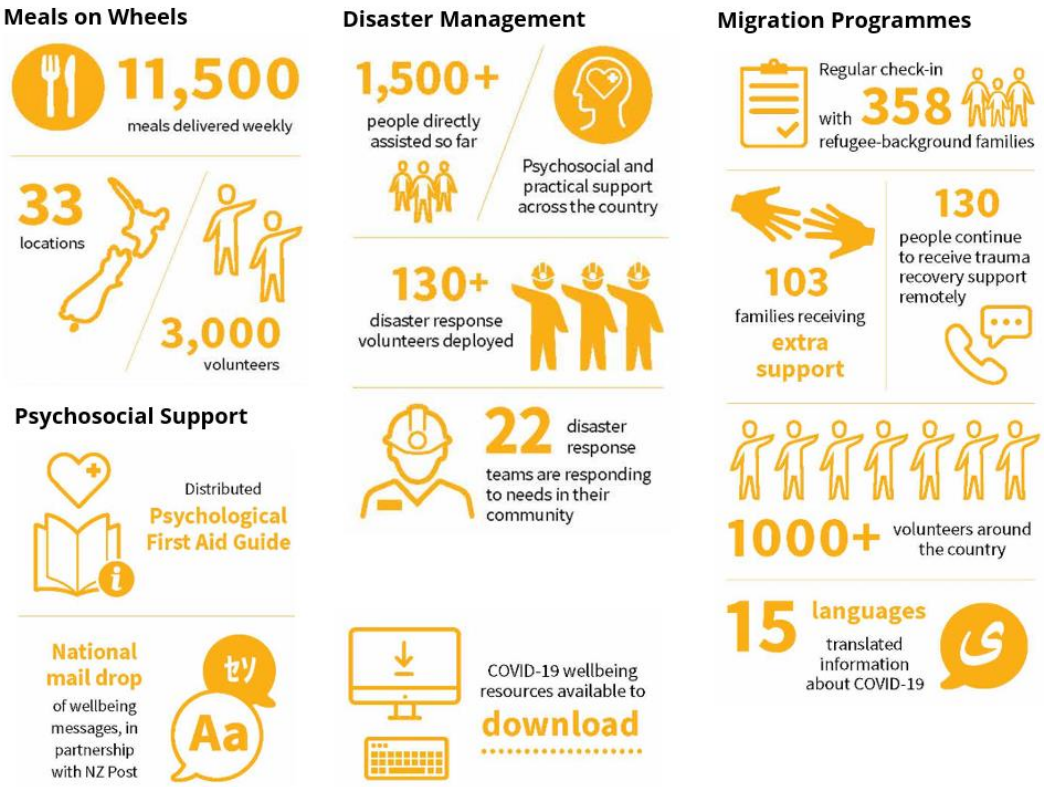
NRCS has distributed **710,955 IEC materials** among the communities and **157 episodes of radio programmes** have been broadcasted with the objective to create awareness against COVID-19 infection which has covered topics such as: blood donation and blood donors, monsoon, COVID-19 infection and preventive measures. In addition, **992 calls related to COVID-19 have been received and resolved in the NRCS holine-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)**



**Pakistan Red Crescent (PRCS)**

Contributing to the COVID-19 response efforts of the Government of Pakistan, Pakistan Red Crescent Society (PRCS) continues to implement its countrywide National Society Response Plan through its 7 provincial and 54 district branches. In its role as a first responder, PRCS has gained recognition and appreciation from the local authorities for its proactive engagement in establishing screening camps at likely hotspots and volunteer mobilization for risk communication and community engagement on COVID-19 and its preventive practices.

As of 31st October, a total of 31,006,501 beneficiaries have been reached throughout the country through various awareness building initiatives using traditional methods of media, community announcements, IEC materials and demonstrations as well as new approaches such as the establishment of the 1030 hotline at the National Headquarters, the COVID-19 AAGAHI Call Centre at Sindh Provincial Headquarters and the specialized 'Muhafiz' volunteer force (across all provinces). The 1030 hotline and COVID-19 AAGAHI Call Centre have helped bridge the communication gap with the public, providing a platform to seek information on COVID-19 while coincidingly gauging public perception outside of the scheduled perception surveys. A total of 55,131 calls have been received on COVID-19 queries out of which 2,426 calls were further transferred to health professionals. An additional 15,552 calls have been made to join PRCS COVID-19 operations as a volunteer.

In addition to the risk communication, 687,400 beneficiaries were reached through food and in-kind assistance while 6,741 beneficiaries received unconditional cash assistance ensuring access to basic necessities such as food, healthcare, WASH and social protection. 54,297 beneficiaries were directly reached through provision of household and individual hygiene kits and installation of hand washing stations in collaboration with Nestle, equipping the communities with the means to practice the preventive hygiene practices being promoted.

Increasing access to healthcare, PRCS established the country's first designated COVID-19 healthcare facility in April to support the already overwhelmed existing facilities. The Corona Care Hospital (CCH) in Rawalpindi consists of an isolation ward equipped with 120 beds and 70 oxygen ports, and an Intensive Care Unit (ICU) consisting of 10 beds and 9 ventilators. A total of 274 patients have been admitted in the hospital's isolation ward out of which 252 were able to recover within the isolation ward, 12 were transported to a referral government hospital for critical treatment, 20 successfully recovered in the ICU and 2 passed away in the ICU. In addition to treatment, the hospital expanded its in-house services to conduct Polymerase Chain Reaction (PCR) tests. A total of 2,327 tests have been conducted through PRCS with 860 conducted in the CCH and 1,467 samples collected through PRCS Sindh Provincial Headquarters (PHQ)'s sample collection centre in Karachi in collaboration with Indus Hospital.

**PRCS first aid responder in Bagh, AJK, marking a two-metre social distance standing queue areas in a market.** ***Photo: PRCS***

**Palau Red Cross Society (PRCS)**

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 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)** | As of 21 November 2020, there are 604 positive cases with 7 deaths in PNG. PNG Red Cross has been actively involved in **RCCE in 13 provinces** of PNG through its staff and volunteers. **67,237 people have been reached through the campaign in highly challenging geographical areas including communities living in small islands**. 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.<br><br>IFRC remained a major source of funding and technical support for PNG Red Cross. PNG country office has been 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. 243,064 Swiss francs till PEAR 7 have been allocated to support PNG Red Cross in its efforts to reach out, engage community and spread messages about staying safe. |
| **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.<br><br>**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.<br>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.<br><br>**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.<br><br>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 also working with communities to **improve access to safe water** through awareness activities and installation of rainwater harvesting tanks.

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

| | |
|---|---|
| **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.<br><br>**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.<br><br>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.<br><br>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)**

Early in the COVID-19 response, Thai Red Cross Society (TRCS) distributed at least 93,170 relief kits to people affected by COVID-19 which were identified through TRCS' disaster relief application "PhonPhai". TRCS also provided 10 million cloth masks to village health workers and volunteers as well as to people who conducted home visits for people under quarantine. TRCS also delivered 2,076 hygiene bags to three Red Cross Health Stations located in Chiang Mai (473 bags), Ubon Ratchathani (500 bags) and Pang Nga (1,103 bags) which will be distributed to target schools to support school hygiene promotion activities.

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

With the support of the IFRC, TRCS produced an additional one million cloth masks for migrants in Thailand. TRCS distributed 445,077cloth masks to migrant adults and children (adults = 383,098 pieces, children = 61,979) in 24 provinces. TRCS also distributed 20,267 relief kits to migrants over the course of the operation.

TRCS collaborated with the provincial health office, the employment office, NGOs, and local authorities to train Migrant Health Volunteers (MHVs). TRCS provided COVID-19 prevention material for training and introduced 1,225 MHVs from 7 provinces to the "PhonPhai" application.

In collaboration with MHVs, TRCS conducted public awareness activities and distributed information, education, and communication (IEC) materials to migrant and local populations in 8 provinces. The IEC materials included leaflets and posters on COVID-19 in Thai, Burmese, Vietnamese, and Khmer. TRCS also produced 9 videos on COVID-19 prevention and protection. The videos were translated into Burmese, Khmer, Laotian and Vietnamese and broadcasted in 5 provinces in migrant communities.

IFRC CCST Bangkok Office led a training in collaboration with the American Red Cross (AmRC) for TRCS on Migration and Displacement and Monitoring and Evaluation. A total of 30 participants attended the training.

**Timor-Leste Red Cross (CVTL)**

**Health and Hygiene Promotion and Services –** Since the beginning of the pandemic, staff and volunteers have been deployed to undertake community outreach going door to door to disseminate health and hygiene promotion messages at strategic places, along with conducting mobile public sensitization campaigns on COVID-19 prevention through megaphones in all 13 municipalities. During the reporting period, **11,101 households** have been visited for the public awareness efforts and reached approximately **108,214 people**. As schools reopened in July 2020, volunteers started to actively conduct health and hygiene promotion on COVID-19 prevention to students and teachers in several schools across the country.

**Restoring Family Links (RFL), Epidemic Control for Volunteers (ECV) and CBS Training** were conducted for 65 local authorities in border areas (Bobonaro, Covalima, Dili in Atauro Island and Oe-cusse) especially targeting those whose areas that are considered as high-risk areas because they share a border with Indonesia.

**Health Logistic and WASH –** Dozens of tents were installed at several border checkpoints and government's quarantine sites, that are used as COVID-19 screening tents for people entering Timor-Leste, alongside tent for professional health workers. CVTL also deployed 34 health personnel (10 medical doctor and 24 nurses) to work in 14 quarantine facilities and one isolation facility in the capital Dili. In recognition of their work, seven CVTL personnel received certificate of appreciation from the MoH for their extensive efforts to provide logistic supports for governments' quarantine facilities. CVTL also has installed **865 handwashing stations** across 13 municipalities, along with provided hygiene/disinfectant spraying services to hundreds of public and private places.

**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 that share border with Indonesia. A rapid assessment of community perception on COVID-19 has been conducted with total of **1,607 respondents**, and **98 CVTL personnel** in 13 municipalities were trained in data collection using the KOBO Toolbox. The findings from the survey were presented to the Ministry of Health (MoH) during the Pillar-2 Working Group Meeting that was also attended by several humanitarian agencies in the country. CVTL is also working with several local radio stations to broadcast COVID-19 key massages and conduct **interactive radio talk-show** related to COVID-19 and RFL key messages. CVTL developed the COVID-19 counter-rumour messages which have been broadcasted during radio shows. In addition, CVTL also worked with various media such as RTTL EP (Rádio Televizaun Timor-Leste, Empreza Públika, Timor-Leste National Radio and Television) to share public health and hygiene key messages. The CVTL President was invited as a speaker for a live talk show by TVE Entertainment (CVTL National Television Station) to promote CVTL works and share success stories.

**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 during IFRC Red Talk on COVID-19 Session to share CVTL COVID-19 response activities.

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

**Institutional Readiness –** A briefing session was conducted to all 13 CVTL branch coordinators to organize COVID-19 task force coordination meeting with their respective partners in each municipality. Municipalities' Task Force held regular meeting for branches to provide updates on COVID-19 response activities in branches. Furthermore, CVTL has finalized its business continuity plan that will ensure its services during the pandemic. CVTL also continuously updated its COVID-19 National Response Plan to adjust with the current context and situation. CVTL has insured a total of **300 personnel**; developed the Health Voluntary Safety Guideline and Volunteer Protocol for Volunteer Mobilization; and provided **4,440 PPEs** for all personnel deployed.

| | |
|---|---|
| **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 programmes, 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.

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

The VRCS COVID-19 working group has attended a series of meetings coordinated by the Health cluster and has been tasked by the Ministry of Health to deliver community-based risk communication that aims to prepare the general population for a potential COVID-19 outbreak. Through these cluster meetings, VRCS has been working closely with NGOs and faith-based organisations to ensure key messages are being disseminated across Vanuatu. VRCS has been **supporting a COVID-19 awareness hotline** set up by the MoH and conducted **volunteer-led surveillance in communities** to report any suspected cases and flu-like symptoms.

**VRCS has mobilized 10 staff and 60 volunteers to deliver awareness on COVID-19 and hygiene promotion in multiple provinces, reaching a total of 68,562 people.** VRCS has also been responding to Tropical Cyclone Harold and incorporated COVID-19 messaging in recovery activities. In coordination with the government and WHO, the VRCS has distributed IEC materials and disseminated COVID-19 messaging through various social media channels.

**Viet Nam Red Cross Society (VNRC)**

Viet Nam Red Cross (VNRC) conducted 4 Training of Trainers (ToT) courses on Epidemic Control Volunteers (ECV) with 103 VNRC staff from ten target provinces attending. ToT participants then delivered 34 ECV training to 1,224 volunteers who learned about communicable diseases, behaviour change communications, gender in epidemic control, and response actions for COVID-19.
VNRC procured and distributed to its Chapters masks (152,393), hand soap (220,000 pieces), hand sanitizer gel (2,578 bottles), Red Cross T-shirts (1,540 pieces) and IEC materials with COVID-19 prevention messaging (2,750 posters; 121,000 flyers) to support risk communication and hygiene promotion activities that reached 75,832 people (33,505 males; 42,327 females). VNRC also produced a TV talk show outlining good practices for COVID-19 prevention and protection that was broadcasted on VTV1, the national television broadcaster of Viet Nam.

The ten Chapters established COVID-19 epidemic prevention and communication points. Through the communication points, house visits and events, VNRC volunteers distributed the IEC materials and hygiene items reaching 100,000 households (at least 384,515 people including 188,496 males and 196,019 females). To address blood shortage due to COVID-19, VNRC held blood donation and collection events in reaching a total of 11,663 people (6,127 males; 5,536 females).

VNRC finalised their organisational pandemic preparedness and response plan and framework and developed ten provincial-level and commune-level response plans, which include pandemic preparedness and response.

VNRC distributed unconditional cash grants to 2,024 households (7,131 people, including 3,774 female and 3,357 male) whose livelihoods were severely affected by COVID-19. Prior to the distribution, VNRC delivered eight training on cash assistance. 295 VNRC workers and volunteers (92 female, 203 male) were trained on beneficiary selection and beneficiary information validation with adaptation to COVID-19. VNRC conducted a Financial Services Provider (FSP) mapping assessment in each target province to select the most suitable FSP to deliver cash grants.

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

## Contact information in the IFRC Regional Office for Asia Pacific


- Alexander Matheou, Regional Director; email: alexander.matheou@ifrc.org
- 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

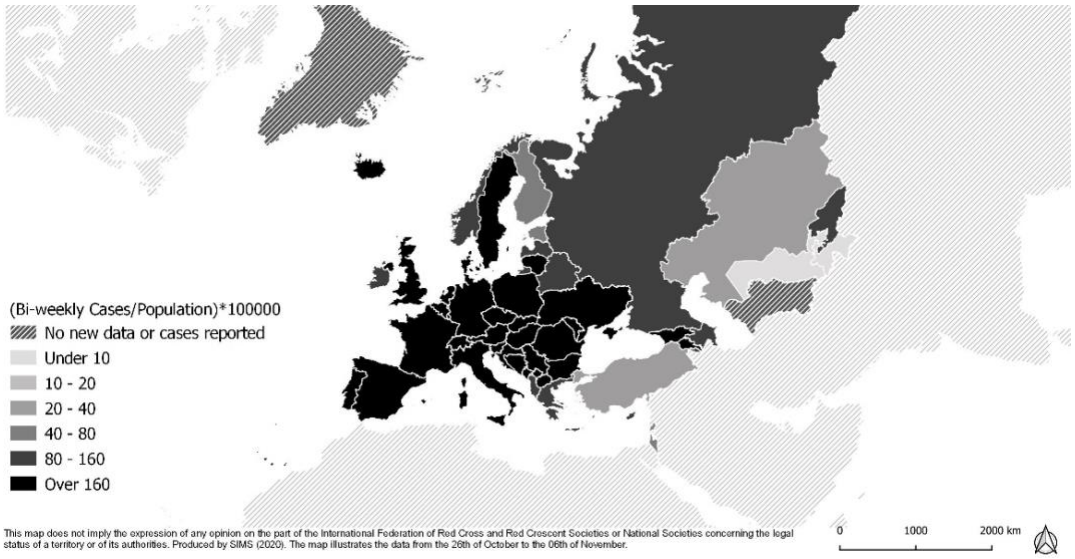
## COVID-19 Situation

**17,554,526** confirmed cases in Europe and Central Asia

**390,596** confirmed deaths in Europe and Central Asia

reported by WHO as at 3.00pm CEST, 26 November 2020

**COVID-19 situation in the Europe Region**




39 National Societies engagement in three operational priorities …

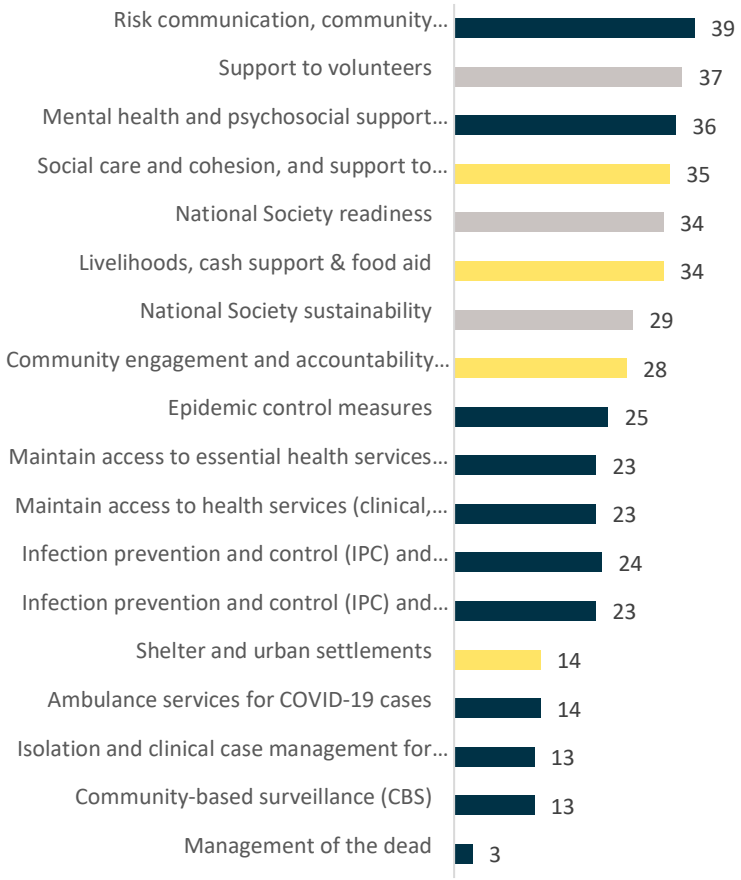
**39**
**Sustaining Health and WASH**

**37**
**Addressing Socioeconomic Impact**

**37**
**Strengthening National Societies**

## National Society Response

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




*You can find more information on the regional COVID-19 response on the Europe and Central Asia COVID-19 GO emergency page here.*

# Regional overview

Since the beginning of the pandemic, National Societies (NSs) of the Europe region with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office for Europe (ROE) have been implementing pandemic preparedness and response actions. Nine months into the operation, NSs in the region are responding actively and will continue their efforts to tackle the crisis.

The scope of the operation has gradually increased from its initial focus on health and risk communication, to a comprehensive approach under the three strategic priorities identified in the Global Emergency Appeal. Activities aimed at addressing the socioeconomic impact of the pandemic and supporting the sustainability of National Societies in the region have increased, including a potential transition to 'recovery-type' programming as well as introducing innovative approaches for domestic resource mobilisation. Preparedness for next waves of the pandemic has become an increasingly relevant component of the operation.

The IFRC ROE COVID-19 Response Team at the regional level – jointly with the Country Cluster Support Teams (CCSTs) and Country Offices (COs) – has been closely working with all National Societies in the Europe region. Focus has been given to methodological support in planning, implementing and reporting, to facilitate knowledge transfer and network building, and to build capacities. As of 31 October 2020, 32 NSs in the region have requested funding support from the COVID-19 Emergency Appeal. A total of CHF 43.2 million has been committed to 29 NSs & IFRC support cost from the funds available. At the end of October 2020, the funding coverage stood at 64% (CHF 45 million income, CHF 70 million needed), leaving the region with a funding gap of CHF 25 million. More importantly, out of the available CHF 45 million funding, 78% has an implementation timeframe until approximately the end of the first quarter in 2021, leaving the region with less than CHF 10 million available income for the second to fourth quarters of 2021.

For the current reporting period, the epidemiological situation in the Europe region showed a slight improvement at first, however, during the summer months it has deteriorated significantly. The epidemiological situation continued to deteriorate for 17 weeks in a row starting from late July until the beginning of November with new cases still increasing exponentially. So far, Europe has reported more than 17.5 million COVID-19 positive cases. As of 27 October, for the second consecutive week the Europe region accounts for the greatest proportion of reported new cases globally, with over 1.3 million new cases in the last week of October – signalling a 33% increase in cases compared to the previous week, and contributing to nearly half (46%) of all new cases worldwide in the course of that week. Similarly, the number of deaths continues to grow in the region with a 35% increase in the last week of October, accounting for nearly one third of all new deaths globally. This increase indicates that the region still has a long way ahead to control the pandemic. Hospitalization and ICU occupancy rates due to COVID-19 have steadily and significantly increased across the region, putting pressure on frontline workers and overwhelming health systems once again. The fear of reaching hospital and treatment capacity has sped up decision-making in some countries to reintroduce new restrictive measures. The situation has become extremely difficult in some countries across the region. For example, in some hospitals in Liege, Belgium, health workers have been asked to continue working even if they test positive for COVID-19. In Switzerland, ICU capacity reached its limit and is dangerously overstretched. The epidemic continues to evolve from Western Europe to the Central, Southern and Eastern regions including the South Caucasus and Central Asia. The top 10 countries with the most cases detected in October include Russia, France, Spain, UK, Italy, Germany, Poland, Ukraine, Belgium and the Czech Republic.

## Priority 1: Sustaining Health and WASH

Since July 2020, many European countries have begun easing government-imposed health rules and movement restrictions. At the same time, Europe saw its first weekly increase in new cases in two months, and several countries in the region have been reporting a second wave of infections. The situation continued to deteriorate and countries across the region introduced new restriction measures, curfews and lockdowns in order to curb the exponential growth of new cases and to keep health systems operational.

National Societies of the region with technical support from the IFRC ROE COVID-19 Response Team have continued to support actions to contain, slow or suppress transmission of the virus and help affected communities maintain access to essential services; providing clinical, medical and paramedical health and care services—such as ambulance, hospital, and

community health services to people affected by the pandemic and those unable to access care because of the health system overload.

Additionally, the IFRC ROE COVID-19 Response Team continued to provide advisory support to South Caucasus NSs in the survey "Impact of COVID-19 on older people and caregivers". ToR for this survey was developed in close collaboration between Austrian RC, IFRC ROE and IFRC CCST in the South Caucasus. Implementation of the survey is financially supported by the Austrian RC, IFRC CCST for the South Caucasus, Swiss RC and UNFPA country offices in Georgia and Armenia. The final reports are expected to be published in December 2020.

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

The IFRC ROE Health Team prepared and conducted a survey on a new round of webinars planned to take place the 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 the data received from this survey is ongoing.

The IFRC ROE Health Team continues to provide technical support to NSs applying for COVID-19 funds from the Global EA for implementation of their activities in the pandemic response.

In October 2020, due to a significant increase in the number of cases in the Europe region, special attention was made to provide regular epidemiological updates (twice a week); thematic presentations in the TF meetings on clinical and community factors of COVID-19 infection; together with systematic bilateral calls with NSs. To ensure full alignment of the NSs' activities with the Emergency Appeal's priorities, guiding notes on the minimal requirements on Health/MHPSS/RCCE/WASH/PGI were developed and distributed, and a guidance document was developed on the correct use of Rapid COVID-19 tests, MHPSS, RCCE and home care activities.

The IFRC ROE Health Team supported the IFRC Global First Aid Reference Centre in disseminating the concept note and related information materials to Health managers concerning the World First Aid Day, so that NSs are well prepared and ready to organize activities to mark this occasion. More than 30 NSs of the region conducted country-wide events with the theme "2020: Adapting first aid practices to the pandemic."

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

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

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

Two webinars were organized to share good practices and lessons learnt in CEA, with the first webinar having a total of 40 participants from 10 NSs and the second webinar having 25 participants from an additional 10 NSs. An update of COVID-19 RC/CEA-related webinars, tools, materials and resources is circulated each week to around 350 Movement members in the region. Additional webinars, more regular engagement with RC/CEA counterparts and networking are planned for the rest of the year and into 2021.

More than 20 NSs have established or participated in the running of telephone information lines, often working in partnership with governments and/or other organisations and operated by both volunteers and paid staff (e.g. psychologists, medical doctors). The telephone lines provide various services including information sharing, answering questions, collecting feedback, making referrals, telemedicine, PSS support, social care and linking people with needs to volunteers and services. The telephone lines have also provided an important channel to address rumours and misinformation. The lines have been targeting different groups including the general public, people in quarantine or isolation, people with specific information needs in relation to COVID-19 such as older people, youth, migrants, health care staff, as well as RCRC staff and volunteers. Information has been provided in several languages and many of the lines are providing 24/7 services.

Certain NSs are also engaged in studies and perception surveys to better understand the changing knowledge, attitudes, practices and perceptions to COVID-19 and the most effective RC/CEA approaches. In Turkey for example, online meetings were conducted with pre-existing community fora (including refugees and members of host communities), and information was collected about knowledge on COVID-19 and gaps and barriers. Feedback from this Knowledge Attitudes and Practices (KAP) survey has been used to inform adaption of programmes and communication and dissemination approaches, and a second round of surveys is due before the end of the year. The Armenian Red Cross Society has also completed a KAP survey, while the Georgia Red Cross is currently in the process of implementing a similar analysis. Several NSs are looking to use these examples as a model, while others, particularly National Societies in Central Asia, are working with WHO, the World Bank and other partners (e.g. UNICEF) to help facilitate country-wide multi-agency perception surveys and rumour tracking.

Four National Societies are currently being supported through the IFRC "Do Better, Do More" funding to build Risk Communication/CEA capacity in support of the COVID-19 response. The Ukrainian Red Cross Society is developing a national-level feedback mechanism; Georgia Red Cross Society is building its ability to engage with people online and use data to inform planning; Armenian Red Cross Society is seeking to consolidate its telephone hotline and data management systems, and the Kazakh Red Crescent is building two-way online interaction with communities through social media.

## Community-based surveillance (CBS)

Two regional webinar-sessions were provided by the IFRC Geneva Community-based Surveillance (CBS) adviser for three NSs on community-based surveillance, which were followed by the training sessions at country level. National Societies started preparing for the CBS assessment, and established contacts with national health authorities responsible for disease surveillance.

## Case detection, surveillance and contact tracing

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

Since the beginning of the COVID-19 response, more than 25 National Societies have been involved in case detection, surveillance and contact tracing as a main and critically important component of COVID-19 response actions. The NSs contributed to contain, slow and to suppress transmission of the virus, and are helping affected communities to maintain access to essential services, especially those unable to access healthcare services.

Due to the rapid increase in the number of cases during the second wave of infections, National Societies scaled up their support to local health authorities in screening, testing and early detection of new cases, as well as in transportation of suspected or confirmed cases. National Societies support health authorities with operating testing stations including in some cases drive-through facilities to increase health authorities' testing capacities, triage facilities, outpatient fever clinics and quarantine centres, and are also contributing to public emergency medical care and mobile care services.

National Societies are conducting body temperature checks of passengers arriving to the countries` airports. Besides these, some National Societies conduct thermal screening of individuals as they enter public spaces such as courts, hospitals and detention centres, as well as within migrant communities.

National Societies are also supporting large-scale prevalence studies and hot-spot testing on behalf of regional health authorities.

During the reporting period, the IFRC ROE Health and PRD Teams successfully completed negotiations with the European Union's DG SANTE and were granted a 35.5 million Euros funding to increase mobile testing capacity of EU member state National Societies. Participating National Societies are Austria, Germany, Greece, Italy, Malta, Portugal and Spain. Preparations to start implementation of the initiative are currently ongoing, with a period of implementation between November 2020 and July 2021.

The main objectives of this project are:
1. To strengthen the capacity of Red Cross societies in Austria, Germany, Greece, Italy, Malta, Portugal and Spain to rapidly respond to outbreaks and second wave, through a cycle of trainings of Red Cross staff on COVID-19 testing and with providing necessary equipment to take samples and perform tests.
2. To support national public health systems in these countries to increase the COVID-19 testing capacity by adequate collection of samples and performing tests by trained staff.

## Infection prevention and control and WASH at the community level

During the current reporting period, the IFRC Regional Office for Europe Health Team jointly with the IFRC Geneva WASH unit, Learning Platform unit and Country Cluster Support Teams for the South Caucasus and for Central Asia, conducted a series of webinars on WASH within the COVID-19 context for the National Societies in South Caucasus and Central Asia. A total of five webinars were tailored to meet the needs of these national societies during the reporting period. Some of the contents of these webinars included:

- Basic WASH,
- WASH and its relationship with public health, how to use platforms and tools,
- Hygiene promotion, WASH – COVID-19 in schools, handwashing resources, hygiene kits,
- Waste management; disinfection during COVID-19,
- General COVID-19 information.

In total, more than 25 participants from NS headquarters and branches in Armenia, Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan, as well as ICRC offices in South Caucasus took part in these webinars.

## Mental health and psychosocial support services (MHPSS)

Since the beginning of the COVID-19 outbreak response, 31 Red Cross Red Crescent National Societies have provided Psychosocial Support (PSS) to populations and communities at risk as well as to affected individuals. A Mental Health and Psychosocial Support (MHPSS) Delegate was assigned to join the Regional Office for Europe Health Team, supporting NSs in the region by strengthening their emergency response, providing technical advice and guidance about MHPSS.

NSs are providing support through the establishment of mobile teams, assisting communities and especially the most vulnerable groups (older people, single parents, low-income families, people with disabilities, migrants) with the provision of, among other basic needs, Psychosocial First Aid (PFA). Around 22 NSs reported to have PSS hotlines available for the general population, guaranteeing access to psychosocial support for everyone, including people living in remote areas.

Different online and on-site trainings on MHPSS were organized and conducted by NSs, assuring all staff and volunteers are briefed about the psychosocial well-being impact of the operation, as well as on COVID-19´s risk of transmission, prevention measures, and self-care.

As the spread of COVID-19 continues in the region, 48 NSs scaled up their COVID-19 response actions, including MHPSS activities in their response plans. As experiences and lessons learnt start to bring more awareness, more attention is being paid to the most vulnerable groups, including victims of gender-based violence and of violence in the family, people with TB, people living with HIV, and people with non-communicable diseases.

NSs are strongly advised to also provide PSS to all their staff and volunteers involved in the response. Support systems are being established and monitoring is to be done on a long-term basis to ensure first responders´ well-being. PSS is also provided to frontline workers and their families. PSS refresher trainings are starting to be organized for staff and volunteers, so they can be up to date and aligned in their actions with the changes in the COVID-19 situation.

Different MHPSS meetings and webinars are organized jointly with the IFRC PS Reference Centre, for the NSs as a platform of experience and best practices sharing on MHPSS in the COVID-19 outbreak response.

In the past 9 months and since the beginning of the pandemic, National Societies in the region have been committed to include MHPSS activities in their COVID-19 Plan of Action, collaborating with the regional Health and Care Team.

With the number of new cases significantly increasing, the focus continues to be on strengthening NS capacities as part of the Movement Policy goals and the 33rd International Resolution on MHPSS, in order to mitigate the impact of COVID-19 on the mental health of the general population, as well as of staff and volunteers.

A total of 35 NSs reported to be engaged in providing MHPSS activities, supporting millions of people across the region, conducting activities such as operating hotlines open to the general population providing information and guidance on COVID-19 prevention, conducting home care visits, PSS to staff and volunteers and when possible to medical workers, as well as to affected individuals and communities including migrants, people living with TB, HIV and viral hepatitis.

8 NSs became signatories of the open Psychological First Aid (PFA) Pledge, submitted by IFRC, the Danish Red Cross, Netherlands Red Cross, and the IFRC PS Reference Centre. The Pledge aims to support the scaling up of global capacity for PFA to alleviate mental health and psychosocial needs and to promote individual and community resilience. So far, the 8 NS signatories are the Danish RC, French RC, Icelandic RC, Belarus RC, Austrian RC, Irish RC, Italian RC, and Belgian RC. In addition, the British RC, Latvian RC and the Portuguese RC are planning to sign the Pledge as well.

On the occasion of the 10 October World Mental Health Day, several remote activities were organized online. As a celebration of the day, the Regional Office for Europe Health and Care Team hosted a webinar on "Psychosocial Support for the most vulnerable groups in times of COVID-19". The event that took place on 14 October, gathered presentations from the Regional Health and Care Coordinator, the PS Reference Centre's Technical Advisor, and MHPSS representatives of the Italian and Portuguese Red Cross, the Turkish Red Crescent and the regional RCCEA Delegate. Several other NSs of the region participated.

The Annual Forum of the RCRC European PSS network (ENPS) took place on 23-24 October 2020. The Regional Health and Care Coordinator and the MHPSS Delegate conducted a presentation about IFRC and RCRC MHPSS activities in the COVID-19 response, as well as on the cooperation with other IFRC partners. 62 participants representing more than 25 NSs: Armenia, Belarus, Belgium, Croatia, the Czech Republic, Germany, Greece, Denmark, Ireland, France, Japan, Kyrgyzstan, MDA Israel, Montenegro, Netherlands, Russia, Serbia, Slovakia, Slovenia, Sweden, Turkey, the United Kingdom, Ukraine, Uzbekistan as well as Global PSS Centre and ICRC took part in the forum.

During the reporting period, NSs across the region actively participated in different MHPSS platform meetings, webinars, annual meetings and conferences related to health, mental health and psychosocial support, in order to share experiences and knowledge, and to enhance learning about addressing mental health needs.

## Maintain access to essential health services (clinical and paramedical)

Currently, 23 National Societies are providing clinical and paramedical services, such as the National Societies of Germany, Italy, Israel, Spain and the UK. These services vary country by country and include support to the national health systems, hospital transport and ambulance services, psychosocial support, and delivering mobility and medical aid.

Additionally, National Societies are operating quarantine and testing stations, triage facilities and outpatient fever clinics to support the public emergency medical service. NSs are also providing mobile care services and are helping to expand bed capacity in hospitals. Some National Societies are supporting experimental treatments by collecting plasma from patients who recovered from COVID-19 and have antibodies, and in turn provide this plasma to hospitals to treat patients in severe

condition. NSs have also been involved in developing trainings and guidance for staff and volunteers on COVID-19, on the proper use of PPE and ambulances cleaning and disinfection.

## Priority 2: Addressing socio-economic impact

The IFRC Regional Office for Europe has provided technical guidance and support to the National Societies' livelihoods response plans and has been advocating for further assistance to the most impacted and vulnerable people. Due to the varying NS context and capacities in addressing the socioeconomic impacts, the IFRC ROE has adapted its support accordingly and carried out a mapping of NS livelihoods and basic activities including challenges and opportunities for building on NS capacities and identifying areas of cooperation among partner National Societies in the region in the sector of livelihoods programming.

The ROE is also ensuring that NS response plans are inclusive and have a people-centred approach enabling and supporting early recovery of people's livelihoods and paving the way for mid to longer-term recovery strategies building communities' resilience for future disasters and crisis impacting people's livelihoods.

Additionally, in view of the increase of the caseloads in the region and consequent worsening of people's livelihoods, IFRC ROE addressed a letter in July to NS leadership on the evaluation of the pandemic and stressed the need for scaling up the IFRC and its membership assistance by providing further guidance to addressing the wider socioeconomic impacts of COVID-19 that will have longer-lasting impacts on people's livelihoods in general.

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

Since the outbreak of the pandemic, National Societies in the region continue to respond to the urgent basic needs of the most vulnerable and those whose livelihoods were impacted by the pandemic. This includes in-kind food distribution or cash and voucher-based assistance to cover immediate basic needs to those already vulnerable, to people that have lost their job, those in quarantine, people with illness or disabilities, migrants or households that have lost their main breadwinner.

While responding to people's basic needs, 10 NSs have selected multipurpose cash grants for their response and additional 4 NSs decided for vouchers. 7 NSs mainly in South Caucasus and Central Asia have integrated livelihoods interventions in their response plans in order to address the socioeconomic impacts of the pandemic, supporting households that faced deterioration or loss of their main livelihood, by designing intervention plans to assist targeted populations to recover, restore or start income generating activities. These include opportunities for income diversification and increase through enhancement of skills, or provision of cash or voucher-based working assets, or start-up cash grants for early to mid-longer-term recovery. IFRC ROE is providing necessary and tailored technical guidance and support to National Societies' plan of actions in their efforts in responding to the effects of COVID-19.

Three NSs in the South Caucasus have been supported by IFRC in conducting CVA feasibility studies. Furthermore, a CVA baseline study and a CVA Cash Preference Questionnaire were developed by the Red Crescent Society of Azerbaijan and a CVA work plan was developed by Georgia Red Cross Society.

IFRC ROE Cash and Voucher Assistance (CVA) currently supports 5 NSs (Armenia, Belarus, North Macedonia, Tajikistan and Uzbekistan) in the Fast Track Cash Preparedness process with a duration of 3-4 months. This supports NSs relatively new to CVA, to safeguard RCM minimum standards on CVA within their COVID-19 response. Also, the NSs of Azerbaijan, Bulgaria and Cyprus showed interest in a rapid preparedness process responding to the COVID-19 situation and are closely supported by the CVA team. Main activities centre around supporting Financial Service Provider negotiations, setting transfer values, enhancing feedback mechanisms and targeting. Armenia is currently pausing its preparedness process due to other priorities in responding to the conflict-affected population.

A recent survey amongst the European and Central Asian NSs has shown specific needs in CEA & CVA as well as in cash feasibility and market assessment. These needs are being addressed by mini-webinar-meetings during December 2020 and January 2021 jointly with the CEA team and will also be held in Russian language.

The IFRC is not only engaging with NSs in assisting vulnerable people and those whose livelihoods have been seriously impacted by the crisis, but is also advocating for the NSs to complement national social protection nets where those are insufficient or inexistent, and to include those historically excluded from such programmes. IFRC is also providing technical support in advising how to address gaps in protection mechanisms that may be unavailable, weaker or break down, and how to utilize the activities and the service provided to monitor the safety and well-being of the people reached. Check-ins with NSs were provided to support the mapping of new needs and the updating of the referral pathway.

## Shelter and urban settlements

As part of the COVID-19 response, several NS (including Armenia and Kyrgyzstan) have introduced rental & utility support as part of their CVA assessment criteria and multipurpose cash support. As such, Shelter is accounted for in the above section on cash assistance.

## Community engagement and accountability

For details on CEA activities please refer to the Risk communication, community engagement, and health and hygiene promotion section above.

## Social care, cohesion and support to vulnerable groups

Protection, Gender and Inclusion (PGI)

NSs were supported with different technical guidelines, produced at global and regional level, to provide guidance on how to better address vulnerabilities related to COVID-19. The technical guidance documents provided key messages and activities to be included in the NSs' response aiming at addressing needs of the most at risks of exclusion and isolation. Likewise, technical webinars were also organized to discuss about NS activities and challenges related to addressing risks and vulnerabilities, and to provide guidance on best ways to adapt services and address access barriers.

IFRC ROE and PGI Global teams organized a webinar on the sexual-and gender-based violence (SGBV) guidance note. The aim of the webinar was to explore the impact of COVID-19 on SGBV and how to address and mitigate potential risks. The webinar also highlighted the linkages between the pandemic and the increase in SGBV and the need to remain aware of the risks of increasing SGBV during and after the pandemic.

IFRC and the Anti Trafficking Network (ATN) organized a regional webinar on Understanding & Responding to Trafficking in Persons during COVID-19. The webinar provided, while sharing experiences, trends and challenges, a platform to discuss concrete actions that different sectors can put in place to address the increased risks of trafficking.

Due to the outbreak, priorities and responses changed within the NSs and some of the planned activities were put on hold to address new priorities and needs. Meetings were held with different NS to explore possibilities of carrying out the activities in a remote modality. Some of the trainings planned were delivered as webinars and support was provided to adjust contents and material accordingly.

Meetings with NSs were also held to provide ad hoc support during the beginning of the outbreak addressing the new challenges posed by the lockdowns, which included the disruption of service provision and guaranteeing that the needs of the affected population were still met.

Evidence from past outbreaks demonstrates the necessity of carefully considering the impact of the pandemic and its intersection with pre-existing inequalities and vulnerabilities, highlighting the need to adopt specific measures to better protect and keep people safe. COVID-19 has a long-lasting socio-economic impact that can deteriorate fragile systems and make people exposed to more or new vulnerabilities. In this regard, regular meetings were held with NSs to identify strategies and actions to mitigate the impact of the socio-economic crisis and to find ways to address secondary impacts related to COVID-19.

PGI was also mainstreamed across sectors. A cross-cutting approach was enhanced to create coherence between different areas of expertise and approaches, in collaboration and coordination with other departments and sectors and to guarantee

that the do no harm principle is fully upheld. NSs were support through learning opportunities and technical support activities to contextualize the PGI mainstreaming approach and to better address immediate risks and consequences of secondary impact faced by the affected population. Due to the worsening of socio-economic situation, coordination with livelihoods and basic needs interventions was established to guarantee that people at risk of SGBV or exploitation are linked with economic opportunities and interventions. A technical help desk will start in the incoming month with the support of regional networks such as ATN, to guarantee regular, quick and ad hoc support and coaching sessions for those NSs in need of strengthening their technical capacities in addressing vulnerabilities and protection risks, and to enhance the mainstreaming approach.

Regarding Child Protection, new tools were shared and piloted to address the challenges and risks related to the restrictions imposed during the outbreak. The new tool included child friendly spaces at home, and cards designed to guarantee the continuation of the activities during the lockdown. A monitoring form was also included to capture the impact of this new approach on the outcomes of the child friendly activities and the well-being of the children. An Arabic and Turkish version of the tool was provided by the Turkish Red Crescent.

Migration and Displacement

Migrants, including refugees are disproportionally at risk of COVID-19 and its related health risks. Because of their legal or employment status, migrants may not have equal access to health services and to social protection measures. Specifically, migrants with an irregular legal or employment status are often in precarious living conditions (in the streets, formal or informal camps settings, collective reception sites, and immigration detention), and are at risk of being excluded from prevention and treatment.

While national response plans are developed at the country level and some innovative and solidarity-based solutions have been found in numerous contexts, the situation of those newly arriving (especially in countries of first arrival or in those along transit routes) have become even more concerning during the summer months and continued throughout 2020. The adverse effect of the COVID-19 pandemic and related measures for migrants may create not only increased health needs and a need for sharing appropriate information, but can also lead to additional concerns around stigma and discrimination, may force people to seek more dangerous border crossing means, and can lead to challenges in accessing essential services or protection. Policy measures in response to the pandemic affecting the situation of migrants have been very diverse across Europe, but the restrictions on movement and border closures have affected most adversely those seeking international protection, those living in collective sites or people in irregular employment or legal status, with the risk for many to become destitute or lack essential treatment. A particular challenge in this context has been that many National Societies have lost access to those in the most vulnerable situation during the first and second quarter of the year, primarily in locations that have been turned into places of quarantine or while movement restrictions have been in place locally.

The primary objective at IFRC ROE has been to support NSs including migrants alongside other vulnerable groups in national COVID-19 response plans. While doing this, cooperation has been upheld with PERCO, RCEU Office, IFRC Geneva teams and ICRC offices. At numerous webinars, NSs presented innovative ideas of adapting existing or scaling up new migration/asylum support activities to the changing contexts and policies affecting migrants. NSs across Europe have been engaged in the following activities throughout the period:

- Risk communication and community engagement to ensure that migrants can access information on prevention and care connected to COVID-19, in an appropriate language and format;
- Targeted Health, PSS and WASH interventions for migrants and displaced communities in rural, urban and camp settings, including with mobile health units and the provision of personal protective equipment;
- Emergency relief and cash support for migrants and refugees;
- Managing and providing services in reception centres and quarantine facilities;
- Humanitarian diplomacy and advocacy on the rights and needs of migrants in the context of the COVID-19 crisis.

To support these activities, the IFRC ROE and ICRC Brussels offices have developed a "Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in face of COVID-19 pandemic", which was officially shared with all NSs in Europe and Central Asia on 29 May 2020. The document is now also available in Russian, French and Spanish languages.

Throughout the period, cooperation was also maintained with different sectors of the response, primarily with PGI and CEA teams to ensure that support across sectors is also reaching vulnerable migrants/displaced communities and their specific

needs are analysed and addressed. CEA teams have organized two webinars in June and July 2020 with a focus on including people who are migrants in the COVID-19 response, where several NSs shared good practices. A first webinar was organized jointly with the PERCO Network on 15 April 2020 on the topic of the specific vulnerabilities migrants face in the COVID-19 crisis. The Austrian RC organized a webinar on 29 June 2020, discussing the socio-economic impact of the upcoming financial crisis on migrants, where IFRC ROE as well as the IFRC Greece Office participated. Throughout the period, attendance was also ensured at the regular coordination calls organized by the ICRC Belgrade office and at the thematic webinars organized by RCEU office and IFRC Geneva team.

Technical coordination meetings were organized at the regional level with several NSs to discuss and address the challenges of assisting migrants during COVID-19. A mapping exercise is also planned to identify type of activities run by NSs in the region and to capture lessons learnt and best practices that can be shared broadly to strengthen the knowledge and the capacities of the NSs in their response to the vulnerabilities during the outbreak.

A specific coordination was established with the Cyprus Red Cross vis-à-vis their activities in the Kokkinotrimithia First Reception Centre, where the COVID-19 pandemic and related measures have brought further changes to the context. In a follow-up of a Lessons Learnt workshop for the DREF Population Movement Operation implemented over the period of October 2019 - April 2020, a specific session was coordinated in October 2020 with the NS on mental health and protection-related needs.

ROE has also initiated a joint research with CEU University which will investigate the impact of the COVID-19 pandemic on the vulnerabilities of migrants in the Western Balkan region. As part of the research, 2-3 countries will be identified for the research where the analysis will focus. The result will be a study with a few country examples, which can help set response priorities and strategies but also support with internal awareness-raising.

## Priority 3: Strengthening National Societies

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

For the current reporting period, the IFRC ROE COVID-19 Response Team continued knowledge sharing and technical support to National Societies in the region by organizing the following webinars:

- *European regional webinar Working with older people during COVID-19*. On 8 June, IFRC ROE and GVA Health, CEA and PGI focal persons conducted a joint webinar with 53 participants. NSs from the Europe region including the Bulgarian RC, Georgia RC, German RC, North Macedonia RC, Slovenian RC, Swedish RC, Swiss RC, Italian RC, Norwegian RC, Czech RC, Hungarian RC, Croatian RC, Finnish RC, Turkish RC, Belarus RC took part in the webinar. Several aspects of `Working with older people during COVID 19` from Health, CEA and PGI perspectives were discussed.
- *Webinar on First Aid in the context of COVID-19*. The IFRC ROE Health team supported the Global First Aid Reference Centre to organize a webinar on first aid in the context of COVID-19 on 10 July 2020. This was a good opportunity to discuss the situation and challenges that NSs are facing with regards to organizing and conducting the first aid trainings for different target groups, especially for candidate drivers and in commercial first aid.
- Additionally, two webinars on the topic *Self-care – caring for staff and volunteers* were held, jointly with the IFRC PS Reference Centre: the first on 3 June in Russian and the second on 11 June in English. They both included PSS peer to peer support and the use of PPE, with over 40 participants.
- On 29 May two webinars took place, one on *Remote PSS* (focused on running a hotline), held in Russian and with the participation of approximately 25 NSs, and another on *MHPSS in the COVID-19 context*, for the Russian speaking NSs with 23 participants.
- A webinar on *Remote Psychosocial First Aid (PFA)* was hosted by the PS Reference Centre on 4 June with the participation of several NSs.
- ICRC and IFRC Regional Offices for Europe together with headquarters arranged a *webinar on COVID-19 and Engaging an overview of the IFRC guidance on the impact of COVID-19 on trafficking in persons with Migrant Communities*. Presenters included: VOICES Network (an initiative bringing together experts-by-experience to advocate on refugee and asylum issues), Turkish Red Crescent, Hellenic Red Cross, and migration, CEA, and communications experts from ICRC and IFRC. During this interactive webinar, guests, National Society speakers and participants shared their insights and experiences on how to better engage people who are migrants in the COVID-19 response.
- IFRC PGI Global and Regional teams organized a *webinar on the SGBV guidance note*. The aim of the webinar was to explore the impact of COVID-19 on SGBV and how to address and mitigate potential risks. The webinar also highlighted the linkages between the pandemic and the increase in SGBV, and the need to remain aware of the risks of increasing SGBV during and after the pandemic.
- IFRC and ATN organized a *regional webinar on Understanding & Responding to Trafficking in Persons during COVID-19*. The webinar provided, while sharing experiences, trends and challenges, a platform to discuss concrete actions that different sectors can put in place to address the increased risks of trafficking.
- In the area of livelihoods, the Cash Hub and the Livelihoods Resource Centre held a webinar on 15 July focusing on *Livelihoods and Household and Economic Security (HES)*. Following the British Red Cross introduction on the concept Household and Economic Security of People, the Gambian Red Cross, the Afghan Red Crescent, and the Ukrainian Red Cross were invited to present and share experience on their livelihood programmes. The event ended by a Q&A session facilitated by the Cash Hub, the Livelihoods Centre and ICRC.
- From the Livelihoods Resource Centre, a *webinar on Protecting and restoring livelihoods in response to the COVID-19 pandemic* was organised on 28 May. The event was attended by 31 people from NSs and IFRC from all regions with 11 NSs from the Europe region such as Armenia, Austria, Belarus, Bosnia and Herzegovina, Germany, Italy, Montenegro, Sweden, Switzerland, Poland and Turkey. It was the second webinar hosted by the Livelihoods Resource Centre and the British Red Cross, and was aimed at discussing the impacts of COVID-19 and related measures on people's livelihoods, and at introducing resources/infographics as well as at the creation of the LRC help desk made available for NSs to help address the socio-economic impacts of the pandemic.
- The IFRC Communications team organized *three training sessions on Canva*, a free design tool that allows National Society communications colleagues to translate and customize layouts designed by the IFRC team as well as to create original designs. These layouts are often used to publish information on COVID-19 prevention measures in a simple and appealing format, such as infographics, posters, flyers, etc. There was great interest from NSs to participate in the training, therefore

the number of participants had to be limited to one person from each NS. During the three sessions, people from 16 NSs have gained practical design skills and started making great visuals.

- A *webinar on the Impact of COVID-19 on older people, what we can do more, what we can do better?* was conducted on 7 October. Armenia RC, Austrian RC, Azerbaijan RC, Georgia RC, Serbia RC, Swiss RC as well as representatives of the EECA regional office of UNFPA presented research on the negative impact of COVID-19 on older people and caregivers. In total, 59 people from different NSs participated in this webinar, which was organized by the Health & Ageing and MHPSS delegate in close collaboration with the CCST in South Caucasus.
- A *webinar on Business Continuity Planning (BCP)* was organised on 31 July, targeting 8 NSs, BCP focal points and disaster managers. The aim of the webinar was to introduce the new BCP guidance for NSs and to raise awareness on proper planning and anticipation of possible business impacts of COVID-19. Key messages centred around integrating work and support needed into NSs response plans and budget, encouraging NSs for BCP sharing and peer to peer learning, especially related to threat assessments. The webinar was organised in cooperation with GDPC which was engaged in leading on producing NS guidance for BCP. A webinar was organised at the beginning of September followed by sharing the newly developed BCP guidance and template for NSs. Translation of the ready to fill in template in Russian language has been done by mid-September and was shared with relevant NSs. Requests to support this process with technical inputs or revision of existing BCPs at National Society level have been received from 13 NSs, while 11 NSs also requested mini grants to invest in actioning of the BCPs.
- On 23-24 September 2020, the *Annual Online Forum of the European RCRC First Aid Education Network (FAEEN)* was organized, actively supported by the IFRC Europe Regional Health and Care Team. A special session on IFRC priorities was organized jointly with the IFRC Global First Aid Reference Centre. The following topics were discussed during the sessions: continuing the development and adaptation of FA methodological tools; facilitation of the International First Aid Attestation process among NSs; engagement of NSs to the process of implementation of the new IFRC First Aid Guidelines (planned in 2021); adaptation of First Aid to the COVID-19 context; direct methodological support to NSs on FA standardization; advocacy and commercial FA. Representatives of 43 NSs participated in the Forum.
- As a celebration of the World Mental Health Day, the ROE Health and Care Team organised and hosted a *Webinar on the topic Psychosocial Support for the most vulnerable groups in times of COVID-19* on 14 October. With this webinar, the Health and Care Team aimed to raise awareness on the urgent need to scale up investment in mental health for everyone, especially the most vulnerable groups, and to highlight the work of staff and volunteers of the Movement, providing psychosocial support during the pandemic response. 35 people participated at the presentations of the Regional Health and Care Coordinator, the PS Reference Centre Technical Advisor, and MHPSS representatives of the Italian RC, Portuguese RC, Turkey RC and the regional RCCEA Delegate.
- A *contingency planning webinar* was organized on 27 October for seven NSs in South-Eastern Europe. The main objective of the webinar was to present the updated contingency planning ready-to-fill template. The broader objectives of the webinar included: Engage NSs in contingency planning or revision of existing contingency plans; revise/develop scenario planning, taking into consideration aspects of COVID-19/Health in Emergencies, and migration-related context; enhance the multi-hazard approach by developing CPs for multiple natural and man-made / technological hazards and health emergencies with possible cascading effects. Scenarios can feed into other NS tools, including business continuity plans and financial sustainability plans.
- The *Annual Forum of the RCRC European PSS network (ENPS)* took place on 23-24 October 2020. The IFRC regional Health and Care Coordinator and the regional MHPSS Delegate presented on IFRC and RCRC MHPSS activities in the COVID-19 response, as well as on the cooperation with other IFRC partners. 62 participants representing more than 25 NSs participated in the forum.
- In view of the preparation for the design of the Plan and Budget 2021-2025 translating the Strategy 2030 into specific commitments and targets, the IFRC Secretariat, British Red Cross (BRCS) and the IFRC Livelihoods Reference Centre (LRC) organised a *Roundtable on Food Security and Livelihoods* on 31 July. The event was attended by 44 people from National Societies from all regions including Ukrainian Red Cross Society, IFRC, and the Livelihoods Resource Centre to discuss the relevance of FSL and livelihoods for IFRC and its membership and the strategic direction for the future of the food security and livelihoods FSL) approach, both in response to emergencies and in building community resilience.
- Targeting all European and Central Asian NS, a *survey was launched in the aftermath of the pandemic* and a total of 15 National Societies have participated in it. 6 out of the 15 NSs indicated the need for trainings in livelihoods programming, 4 reported the need for more financial or human resources to design Livelihoods interventions, and 3 NSs expressed the interest in peer to peer learning and best practices sharing.
- National Societies' *Emergency Operational Centres* (EOC) are progressing in accordance with NS activity plans developed in consultation with ROE. The main outcome of the proposed intervention would be improved emergency response

through strengthened organizational preparedness and interoperability of the respective RC National Society with authorities and with the wider RCRC Movement including the IFRC Regional Office for Europe and other partners.

- The *Georgia Red Cross* developed a concept by which they will *integrate the current call centre within the new EOC* to be established.
- The *Ukrainian Red Cross* is launching *tenders for small repair work in the office for the new EOC* and upgraded server room, additionally EOC equipment has been identified and procurement will commence soon.
- The *Bulgarian Red Cross* is also in *preparatory phase*, identified location and implementation team. NS is also in close contact with civil protection authorities to look into developing interoperability with national early warning and response systems and a future EOC.
- The *Red Cross of Serbia* will *further strengthen the EOC functionalities* by enabling several RC Branches to open EOCs and will also procure mobile data collection kit as per standardized Relief ERU specification to improve field assessments through standardized data collection and sharing towards EOC. Staff and volunteers in EOCs created several infographics, daily and weekly situation reports, and maintained information sharing with stakeholders and posting different information and updates through social media.
- 6 National Societies in the Western Balkans who are part of the project "*Building communication and coordination capacities for efficient preparedness and response in South-Eastern Europe*" are in the final phase of the EOC implementation, and an IM workshop was organized on 14 October with the aim to discuss tools and processes to improve data sharing and interoperability among established EOCs.
- In the reporting period, *6 NSs continued to use the PER plan of actions* developed over the last two years to orientate their investments into capacity strengthening and scaling up of NS Preparedness for effective response. Plans have been prioritising identified gaps in NS preparedness and are evaluated about the new response realities. Components of NSs disaster response mechanism such as BCP, EOC, Hazard, Context & Risk Analysis, Monitoring & Early Warning, Scenario Planning and Risk Management have been reviewed and upgraded.

## National Society sustainability

Over the course of nine months, ROE increased its methodical support for domestic resource mobilization development in light of COVID-19 and the related contraction of regional economies. A dedicated support in corporate and individual giving capacity building has been introduced to help the technical development of key strategic income channels.

A budgetary allocation to support National Society domestic income generation and diversification towards financial sustainability has been made, including seed funding to launch systemic income generation programmes. Other provisions include salary support for technical experts, database implementation, research and product development.

ROE continues its series of technical co-ordination and upskilling webinars on topics of financial sustainability through domestic resource mobilization, including subjects relating to Regular Giving, Major Donors and Digital Fundraising. Webinars are organized in partnership with Partner National Societies.

According to the recent agreement between IFRC and Lacoste, there is an aim to support financially those National Societies that cannot cover medical expenses for their volunteers impacted by COVID-19. Armenian RC, Albanian RC, Kyrgyzstan RC, Tajikistan RC and Ukrainian RC have been selected to be followed in this process. 5 NSs are supported by IFRC REE in establishing Volunteer National Solidarity Funds to reimburse the costs of treatment for the volunteers and staff. All NSs supported by the IFRC, established the Solidarity Fund Commission on headquarters level, opened accounts to run the Solidarity Fund, and developed the necessary procedures. The funds (up to CHF 20,000 for each of the above mentioned NSs) are expected to be received by the NSs in December 2020.

IFRC continues to support the South Caucasus NSs in their resource mobilization efforts. A disaster fundraising plan on corporate resource mobilization has been developed together with the Georgia Red Cross Society.

## Support to volunteers

In relation to the Volunteers Solidarity Fund and volunteers' safety and insurance, the IFRC Youth and Volunteering Team conducted a survey with all European NSs with response from 34 of them. A questionnaire with 4 topics (Safety, Insurance,

National Health Care System, National Solidarity Fund) was shared with the NSs' volunteering focal points across the region. The aim of this study was to analyse several aspects that can influence the safety of volunteers.

Over the last months, volunteers have been impacted by COVID-19 like everyone else worldwide. Their worries are about being stigmatized by the family and the community members, contracting the virus, having to be in isolation or quarantine, losing colleagues or someone they supported, etc.

If not adequately supported, volunteers may experience stress responses that could have a long-term negative impact on their psychological well-being. For that reason, the IFRC ROE Youth and Volunteering Unit supported the Y&V Networks in the Region to organize, foster and facilitate specific meetings for the volunteers from NSs to share their experiences and talk about individual resilience.

## Enabling Actions

### Coordination for quality programming

At the country level, IFRC continues to provide ongoing technical support in the area of strengthening domestic COVID-19 appeals with a focus on building domestic resource mobilisation capacities. National Societies and IFRC CO and CCSTs are part of national inter-sectoral coordination mechanisms, IFRC Cluster and Country Offices are closely liaising with regional and country offices of WHO and UNICEF in the high risk/ priority countries.

IFRC-ICRC Movement coordination

The IFRC ROE COVID-19 Response Team further continued its close collaboration with the ICRC. The "Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in the face of COVID-19 pandemic in Europe and Central Asia" was established and shared with all NSs in the Region, focussing on supporting advocacy-oriented communications and providing talking points when engaging with external actors to ensure the protection of migrants and their access to key and basic services.

The IFRC ROE Health and Care Coordinator conducts regular (bi-weekly) meetings and exchanges of information with the ICRC's Head of Health Sector for Eurasia and Americas, based in Geneva. The following main areas of cooperation have been identified: MHPSS, RCCE, and PPE use. On MHPSS, close cooperation between IFRC and ICRC Europe regional PSS delegates is established, and joint actions are identified. IFRC and ICRC work together in RCCE with special focus on the most vulnerable groups, such as migrants and people living in fragile contexts. Since March 2020, two webinars on RCCE with ICRC participation were organized.

The IFRC ROE Communications Manager has monthly meetings with her counterpart at ICRC HQ to ensure alignment across each other's work. Joint communication materials have been produced with ICRC in several contexts - Greece (fact sheet), Ukraine (key messages) and Georgia (statement).

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

Inter-sectoral coordination with WHO Europe

The IFRC ROE Health and Care Team continued to develop its cooperation and coordination with the WHO Europe Regional Office. The ROE COVID-19 Response Team participated in the regional consultation with focal points of UN Agencies and the Red Cross Movement on protection and health in the context of COVID-19.

In the framework of the IFRC cooperation with WHO, the IFRC ROE Health/RCCE/CEA Teams meet with WHO and other UN agency counterparts on a regular basis to share information and promote cooperation, including for the implementation of Perception and KAP surveys. In Armenia and Georgia, the National Societies have already undertaken surveying in coordination with WHO, while in Central Asia joint surveys are being implemented by National Societies in partnership with WHO and UNICEF, and with the support of the World Bank.

In the period June-August 2020, the IFRC Health and Care Team facilitated participation of the NSs in a country-focused meeting for Bosnia and Hercegovina, Greece and Kyrgyzstan. These meetings allowed to share positive experiences 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 the general population and migrant 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. As a result of this meeting, IFRC and RC BiH will be engaged in the WHO-led Behavioural Changes Study for BiH.

In August 2020, the report "Psychosocial support for people with TB, HIV and viral hepatitis in the continuum of care in the WHO European Region" has been published on the WHO EURO site. The IFRC ROE Health and Care Team participated in the preparation of this report: positive experience and advanced practice of MHPSS activities of Armenia Red Cross, Belarus Red Cross and Kyrgyzstan Red Crescent for people with TB, HIV and Hepatitis, were included into this report.

On 14 September, the Acting IFRC Regional Director for Europe and Head of Health and Care Unit participated in the 70th Annual online WHO Europe Regional Committee meeting, a high level forum of the ministries of health of the member states, international agencies and civil society organizations. He made a statement on the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic, underlining the contribution and support of RCRC volunteers in the reduction of morbidity, mortality and in addressing the social impact of the COVID-19 outbreak. The close IFRC-NSs partnership with WHO at regional and country level, supporting national public health systems in their COVID-19 response, was also reflected.

## Regional monitoring mechanisms and tools

In the ROE, a number of monitoring tools have been developed to keep track of the operational developments of NSs. These tools have been developed in collaboration with the other regional offices and have been made region-specific. The majority of the tools focus on the region-wide monitoring of the financial & administrative situation. A 'funding tracker' keeps an overview of funding income and compliance with donor regulations. A 'funding overview' provides oversight data on allocations and NS budgetary requirements. The 'operations monitoring' tool is developed to keep track of the (financial) implementation rate and possible (financial) support needs for the continuation of the COVID-19 operations across the region. The 'priority advisory tool' provide insight for priority setting and support decision making on allocations in light of contextual changes.

Together with the various centralized Federation-Wide Data Collections tools ("KoBo" forms) and the 3Ws on GO platform, the above monitoring tools make up the spectrum-wide mechanism utilized in the region to both report on achievements as well as steer where needed.

## Evidence-based insights, communications and advocacy

Planning, monitoring, evaluation, and reporting (PMER)

The PMER Regional team has continued to support this operation by continuing to engage with the wider ROE team in providing different types of reports and timely situation updates. The PMER team has also supported project managers and technical focal points with drafting and reviewing project proposals and with the provision of technical support to ensure that technical teams' operational strategies are aligned with the global priorities in this appeal.

For the current reporting period, the regional PMER team expanded its workforce with an additional PMER Officer for a minimum of one-year period. PMER Officer recruitments successfully took place in the South Caucasus and Turkey, and similar positions are planned for Ukraine and Central Asia.

The PMER team has also worked on a regional COVID-19 reporting guidance and progress reporting template to support the NSs in the Europe region. The new template seeks to streamline the data collection and reporting processes for those National Societies that are implementing their activities through funds from this appeal. This template was officially launched through a webinar on 21 July 2020 which focused on how to complete it as well as background information on the current Federation-wide efforts to showcase the collective progress and resources used by the Federation Secretariat and the membership in

response to this pandemic. A total of 48 participants attended the call from National Societies and IFRC as well. The template was successfully used for the first time in August to collect information on multilateral funding for the 6-month global operations update. Besides providing information on the progress of the operational implementation, it also serves as an internal monitoring tool. The PMER team – jointly with the IM team – is supporting IFRC ROE DCPRR and Operations to develop an operations monitoring tool capturing in-depth information on the progress of COVID-19-related activities in the project countries in Europe and Central Asia.

During the reporting period, the ROE PMER team has continued producing monthly situation reports, engaging National Societies to showcase their work via submitting regular, monthly field reports via the GO platform. From the beginning of the operation until 31 October, 11 regional monthly COVID-19 situation reports have been compiled and circulated widely among National Societies in the region as well as with the DG ECHO via the RC EU office.

Also, the final report on the second phase of the Real-time Learning (RTL) exercise took place. This second pilot focused on National Society needs during the COVID-19 pandemic, and how these needs are being addressed through the prioritization and allocation of funding. A total of 18 respondents were interviewed between July and August, including staff from donor National Societies, recipient National Societies as well as IFRC Secretariat staff. The findings have been shared at the regional Task Force and an RTL Response and Action Plan is under discussion for global follow-up. In 2021, more rounds of RTL exercises are planned to be conducted.

Information Management (IM)

The IM team has continued to provide information management support in the COVID-19 response on regional, country cluster and country-levels, including support on data collection, analysis and visualisation as well as setting up core information management processes to support evidence-based decision-making throughout the response.

Technical support have been provided to different sectors including CEA in COVID-19 Knowledge, Attitudes and Practices (KAP) surveys implemented in multiple countries particularly in Turkey, South Caucasus and in Central Asia to inform programming on attitudes and knowledge gaps related to COVID-19. Other key areas of support and collaboration include health, risk communication and PMER.

IM support to National Societies: COVID-19 has demonstrated the importance of mobile data collection capacities and digitalised situation awareness systems, and multiple National Societies have been supported in these areas. The IM-team is planning to place increasing emphasis in the future on sharing best practices and enhancing peer-to-peer learning opportunities around existing IM-solutions when responding to COVID-19, and looking at the ways to support NSs in digital transformation processes from the information management parts.

GO-platform: Ongoing support is provided to National Societies to access and share information via the GO-platform, which has proven to be a central information sharing channel in the ongoing COVID-19 response including COVID-19 field reports and "Who does What Where"(3Ws) submissions. GO-platform demo sessions have been included in information sharing webinars on federation-wide planning and reporting framework, while bilateral support is provided to NSs using the platform. Until now, 39 NSs have shared COVID-19 updates via the GO-platform and more than 320 COVID-19 GO field reports have been submitted since the beginning of the response, feeding into multiple information products including the monthly COVID-19 regional situation updates.

The IM-team continues to share region-specific dashboards, maps, visuals, and key documents on the regional GO emergency page available here enabling quick access to the country-specific COVID-19 emergency pages.

Communications

The regional Communications team experienced steady interest from the media and good pickup on media releases. Four press releases were produced in the third quarter on the resurgence of COVID-19 in Europe, and warning of the need for continued vigilance, as intensive care beds filled up across Europe, as well as on the announcement of a EUR 35.5 million EU partnership to increase mobile testing capacities in seven countries.

It also pitched to media the work of National Societies in the second wave, including Czech Red Cross training additional volunteers to work in hospitals, and the Slovak Red Cross helping to test the entire population of the country. This follows releases for the previous periods on the effect of COVID-19 on Mediterranean migration and on managing the risk of COVID-19 during heatwaves.

The team also produced regularly updated regional Key Messages to guide regional Red Cross Red Crescent messaging about the response to COVID-19, and amplified the visibility of the work of local societies by sharing photos, videos and stories on IFRC platforms and in the weekly Newswire.

The team also organized regular group calls with National Society communication focal points and Geneva representatives in English as well as in Russian. So far, the COVID-19 work of 48 National Societies has been featured in the IFRC Europe social media accounts. Additionally, 12 RED Talk streamings were organized across IFRC global social media platforms with European National Societies.

The communications team also launched new TikTok and Viber channels in Russian language to reach out to a younger audience, which have been growing exponentially, reaching a total audience of 75,000 Russian-speaking people. Quizzes on COVID-19 prevention on Twitter and Instagram were also organized.

The communications team is supporting 14 National Societies in developing their visibility plan related to the COVID-19 programmatic funding they received from USAID. The team has also contributed to the DG SANTE proposal with a Communication and Visibility Plan that was prepared in coordination with seven National Societies. It also produced infographics and videos that can be easily translated and adapted to the local context, and the majority of National Societies in Europe are using them for distributing information and advice to the public on COVID-19.

Relevant media coverage to date has included:

**COVID-19**
BBC: Lockdown's heavy toll on Italy's mental health
ABC News: Why was Italy hit so badly by coronavirus?
TRT World: Interview with Valerio Mogini, national coordinator for Biocontainment for Italian Red Cross
BBC: Return to Lombardy, the 'Wuhan of the West'
El País: El migrante del 'Aquarius' que no le tiene miedo al coronavirus

**COVID-19 resurgence**
Sputnik: La Cruz Roja insta a seguir alerta para evitar una segunda ola de COVID-19 en Europa
Urdu Point: IFRC Sounds Alarm Over Resurgence Of COVID-19 In Europe, Warns Of 2nd Wave
Otkrytye NKO: Красный Крест и Красный Полумесяц призывают сохранять бдительность

**COVID-19 impact on vulnerable people**
Voice of America: Spain's New Poor Take Brunt of COVID-19 Fallout
Sky News: Where do the homeless go during a lockdown?
Catholic News Service: Lockdown means new levels of hunger for Rome's poor

**Heatwave and COVID-19**
Anadolu: Public urged to care for each other as Europe swelters
Monaco Daily News: Red Cross raises alarm over heatwave concerns

**IFRC warning on COVID-19 second wave**
Anadolu: Red Cross raises virus alarm across Europe

**Red Cross warns: Vigilance needed as Europe's intensive care beds fill up**
Heraldo: Cruz Roja alerta de que las ucis en muchas ciudades europeas "empiezan a saturarse"
ReliefWeb: Red Cross warns: Vigilance needed as Europe's intensive care beds fill up

**Czech Red Cross training volunteers for hospital work**
Reuters: Czech volunteers heed call to aid hospitals strained by COVID-19
Euronews: Meet the Czech volunteers helping out in hospitals amid COVID-19 surge
ABC News: Czech Red Cross launches training for volunteers to assist medical personnel

**Testing, tracing and isolation**
Sputnik: Cruz Roja pide reforzar medidas de detección, rastreo y aislamiento por COVID-19

**Red Cross expands COVID-19 testing with DG Sante support**
Bloomberg: EU Seeks to Boost Rapid Covid Tests to Avoid Travel Chaos
Associated Press: EU Commission recommends wide use of rapid COVID-19 tests

## International support and resourcing

Logistics, Procurement and Supply Chain

The Europe Region initially supported National Societies through the Rapid Response deployment of a Supply Chain Coordinator and with the support of the Global Logistics Procurement and Supply Chain Management (GLPSCM) Team. This support focussed predominantly on the procurement of personal protective equipment, together with food and household items procurement under the COVID-19 operation of NSs.

The procurement team has been supporting the National Societies in their local sourcing processes and has shared guidelines for the request of quotations and tendering. The regional team also shared a global directive to accelerate sourcing and procurement management with a certain degree of flexibility and to ensure an adequate level of compliance and accountability for any procurement conducted for the COVID-19 emergency response. The very strict directive remains valid during the emergency COVID-19 response, and applies for global, regional, and local procurements by NSs receiving funding through the COVID-19 EA.

Rapid Response Personnel

15 profiles were deployed under the Rapid Response mechanism or as Staff on Loan supporting the Europe region and CO/ CCSTs. This included both remote and physical deployments in the following sectors: Operations Management (Austrian RC, Norwegian RC [shadowing), IM (Austrian RC), RE/CEA (British RC, Norwegian RC), PRD (British RC, Lithuanian RC), Health (Finnish RC, German RC), Communications (Finnish RC [one shadowing profile]), Livelihoods (IFRC), supply chain (Swiss RC). In addition, IFRC HQ staff supported in the areas of PMER [3 profiles) and IM with dedicated personnel. All requests for Rapid Response profiles have been answered positively. Due to the travel restrictions, surge profiles are expected to face ongoing restrictions for physical deployment. Despite posing unique challenges, the remote working modality has been proven to be widely successful.

Human Resources

The COVID-19 Operation Human Resources plan has been approved. Total headcount of 54 positions has been reviewed and approved by the Secretary-General. 29 headcounts will be for National Staff distributed among Southern Caucasus CCST, Russia / Belarus / Moldova CCST, Turkey CO, Ukraine CO, Greece CO, Central Asia CCST and the ROE. 25 international delegate / Staff on loan positions will be recruited.

## Financial Analysis

Income

The total COVID-19 income for Europe stands at just over CHF 45 million. A significant portion, 78%, will be running out in the next 5 months, leaving the region with less than CHF 10 million for the remainder of 2021.

| Timeframe | Amount CHF (million) | Percentage of total |
|---|---|---|
| 31/Dec/2020 | 6.0 | 13.3% |
| ± End Q1 2021 | 29.1 | 64.7% |
| Until end of Dec 2021 | 9.9 | 22.0% |
| Total income (Cash+IKD) | 45.0 | |

At this moment in time, there are no concrete leads for additional income. Recent discussion informs that there might be some additional income to come in Q1'21. This would most likely be for an amount that would cover most of the COVID-19 related running cost of NSs, leaving close to nothing for actual COVID-19 activities (such as Livelihoods support) to people affected by the pandemic.

The total 'ask' for Europe is CHF 70 million (EPoA & COVID-19 Emergency Appeal). Right now, it is foreseen that the European NSs will be looking at the IFRC to fulfil this total amount, hence there remains a funding gap of CHF 25 million until the end of 2021.

Expenditure

- Total expenditure of the COVID-19 operation at the end October 20 stands at ± CHF 19.3 million.
- For 3 NSs, for a total of CHF 1.7 million, COVID-19 response activities have been carried out and paid for by the NSs. These activities are meant to be covered by the EA. For these, the formalization of the Planning document and Agreements are ongoing, and as such these pledges show as 'non-expenditure'. Realistically, the CHF 1.7 million should be added to the CHF 19.3 million expenditure, making total expenditure ± CHF 21 million.
- For 25 NSs (out of 32 NSs) we are on track with implementation according to the set timeframes of the pledges and we do not expect delays.
- Preliminary analysis of the portfolio shows that for 6 allocations, we will be seeking extension of implementation deadlines of maximum 3 months. Total involved income is just over CHF 2 million.

Additional: In November, an agreement was reached with DG Sante of the European Commission. This grant is specifically for increased testing capacity in 7 European countries (Austria, Germany, Greece, Italy, Malta, Portugal, Spain). These activities in the concerned countries were not originally included in the Europe Region Planning and as such were not part of the CHF 70 million 'ask'. Thus, the CHF 35 million income from DG Sante needs to be viewed as additional budget and matched against the current COVID-19 income gap of CHF 25 million.

## Programmatic Summary

This is a summary of the IFRC ROE team's collective performance data on the COVID-19 operation in the Europe region. It reports cumulative data up to the current reporting period, unless otherwise indicated.

**Priority 1: Curb the Pandemic - Sustaining Health and WASH**

| ID | Indicators | Target | Reached | % completion |
|---|---|---|---|---|
| 1.1. | Number of monitoring visits | 10 | 0 | 0% |
| 1.2. | Number of health coordination/ intersectional meetings with international partners | 23 | 16 | 70% |
| 1.3. | Number of information and education materials developed, adapted and distributed | 7 | 5 | 71% |

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

| ID | Indicators | Target | Reached | % completion |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 2.1. | Number of NS supported to develop or implement livelihood assessment/ programming | 10 | 5 | 50% |
| 2.2. | Number of NS supported on cash feasibility, cash readiness or cash implementation | 15 | 16 | 107% |
| 2.3. | Number of NS assisted to develop monitoring and reporting tools (e.g. PDM, lessons learnt exercise) | | 2 | |
| 2.4. | Number of NS technically supported to develop or implement shelter/urban settlements assistance programmes | 5 | 0 | 0% |
| 2.5. | Number of NS supported in targeting migrant and displaced communities with essential assistance (including Health, WASH, RC/CEA, Shelter, livelihoods, PGI) | 15 | 14 | 93% |
| 2.6. | Number of Ns supported for adoption/implementation of RC/CEA-related activities (e.g. trainings, technical support, funding etc.) | 15 | 17 | 113% |

**Priority 3: Strengthening National Societies**

| ID | Indicators | Target | Reached | % completion |
|---|---|---|---|---|
| 3.1. | Number of NS with EOC established throughout the operation | 4 | 0 | 0% |
| 3.2. | Number of NS with preparedness activities scaled up, based on PER assessment conducted | 8 | 5 | 63% |
| 3.3 | Number of thematic webinars held (for regional and sub-regional actors) - hosted by IFRC (global/regional/sub-regional) or entities linked to IFRC (incl. Reference Centres) | 122 | 59 | 48% |
| 3.4 | Number of NS provided with technical assistance on developing tailored programming guidance (in different sectors) | 54 | 54 | 100% |

# National Society response – key highlights[1]

As of 31 October 2020, 32 National Societies requested funding from the Global Emergency Appeal in Europe Region, and the below section contains overview on these countries.

**Albanian Red Cross**

Summary of achievements:

ARC has been implementing activities through its 38 branches, mobilizing more than 500 staff and volunteers, engaging mostly in relief distribution to 7,200 vulnerable families while taking measures to ensure safety and health for all staff and volunteers involved, providing them with necessary PPE.

The Albanian Red Cross is providing food parcels to families across the country during the COVID-19 pandemic. *Photo: ARC*

Health, and Water, Sanitation and Hygiene Promotion (WASH):

ARC has distributed 2,000 hygiene kits that include cleaning products and personal hygiene items such as soaps and shampoos to assisted families to maintain good hygiene and sanitary conditions and to prevent the spread of the virus.

Risk communication and community engagement aligned with PPS approaches:

Albanian RC recognizes the urgent need to focus on general health promotion and behaviour changes, with a focus on handwashing, physical distancing and care-seeking, which could have a significant impact on individual and population-level risk. The NS is continuing its efforts in risk communication and in managing community feedback through social media. Hence, Albanian RC is sharing updated information, advice and key messages and posts about COVID-19 on social media platforms (its webpage, on Facebook, Instagram and Twitter). In the meantime, several materials available from the PSS Reference Centre have been adapted to the local context and are shared with staff and volunteers of local branches. So far, up to 60,000 people have been reached through social media engagement. IEC materials on COVID-19 information such as the proper wearing of masks, handwashing, and etiquette of coughing and sneezing are under preparation. In addition, a hotline was established and is now functional, supporting the population with addressing inquiries and providing essential information and practical advice related to COVID-19, and providing PSS as well. So far, 80 phone calls have been received by the public.

Livelihoods and basic needs:

Albanian RC is providing in-kind assistance, sourced from its own stocks and funds, appeal-funded goods and donor support, to the affected population. The distribution is focused on ensuring that the most vulnerable and excluded groups have access to essential services, particularly: vulnerable older people, especially those living alone; people with pre-existing illness; families whose household lost their jobs and face socioeconomic struggle. A total of 36,100 people have been supported through the distribution of 7,220 ARC "Standard Packages" (2,000 packages were distributed as of 31 October with funds from the IFRC Appeal), consisting of essential food items for a period of one month in more than 40 communities affected by the outbreak.

Safety and wellbeing of staff and volunteers:

The safety and wellbeing of staff and volunteers involved in humanitarian relief activities during the COVID-19 outbreak is the utmost priority of the Albania Red Cross. During the relief activities which include needs assessment, door-to-door distribution of food packages, and components of home care for older people, staff and volunteers (more 500 people) have been provided with PPE such as surgical face masks and gloves, while they continue to exercise hygiene and distancing based on IFRC/ICRC guidelines and WHO recommendations. In addition, online trainings are provided to 200 volunteers not only to brief them prior

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

to their activities on COVID-19, but as well to train them on provision of PFA and modalities of providing it remotely in the pandemic situation.

**Armenian Red Cross Society**

The Armenian Red Cross Society (ARCS) is part of the national response mechanism which was set up under the auspices of the Deputy Prime Minister of the country. From the very first days of the State of Emergency, the ARCS has been implementing activities in response to the needs of vulnerable groups in collaboration and coordination with the Commandant's office, Ministry of Labour and Social Affairs, Ministry of Health, Ministry of Territorial Administration and Infrastructure, all the Administrative Regions of Armenia and the Yerevan Municipality.

Volunteers of the Armenian Red Cross are conducting needs assessment among people who had to move to Armenia due to the escalation of the Nagorno-Karabakh conflict. Additionally, they are helping sort and deliver food and non-food items to affected population. *Photo: Armenian Red Cross*

To date in response to COVID-19, the Armenian Red Cross Society has supported over 31,000 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 latter. In total 1,500 Armenian Red Cross volunteers have been mobilized to support the humanitarian operation across the country. To increase the effectiveness of the support provided, ARCS conducted 45 trainings on risk communication, FA, PFA, WASH for 675 volunteers (459 female). ARCS also works with the people in isolation and people with COVID-19 positive cases with mild symptoms and receiving treatment at home. These people also receive social support and PSS consultation.

ARCS psychosocial support centres operate in an emergency mode, in cooperation with the Ministry of Health and the Ministry of Labour and Social Affairs, in four locations of Armenia: two in Yerevan, the capital city, one in Tavush region, city of Dilijan, another one in Gegharquniq region, city of Gavar, where ARCS psychologists provide psychosocial support services to citizens and conduct volunteer recruitment, registration and provide guidance. The centres allow the identification of people in difficult situations, establish their needs and assign volunteers to help with some household chores including shopping for lonely older people and people with disabilities. To date, PSS officers and staff have responded to 20,700 calls and carried out 1,010 home visits by the volunteers. Armenian RC continues to operate three hotlines for people who are in isolation and provides referrals and direct services that are within its response plan.

The Armenian RC is focusing on risk communication across the whole country through printed information materials, social media and telephone. To date 624,000 people were directly covered by ARCS' risk communication and awareness raising work. Leaflets with the hotline numbers of Armenian government structures and Armenian Red Cross, information materials on COVID-19 safety and hand sanitizers were distributed to the general population and people in isolation. Leaflets were prepared based on the materials 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 to provide protection materials to the public. Such stands will also be placed in the regions of Armenia, regional centres. With support from ICRC, the ARCS volunteers and staff involved in the response across the country received personal protective items such as 15,000 masks, 15,000 gloves and 800 litres of hand cleansing liquid.

The Armenian RC in partnership with Austrian Red Cross, with advisory support of the IFRC and UNFPA, commissioned an assessment on the impacts of COVID-19 on the older population and caregivers in Armenia to better understand the situation and provide recommendations related to improving the short-term response as well as policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of the older people in the long-run. The report will be presented to key stakeholders in December 2020.

The Knowledge, Attitude and Practice (KAP) survey was developed and conducted in all areas of Armenia covering 1,000 responders. The survey captured data on the level of knowledge about COVID-19 within the population of Armenia, conclude about the effects of prior risk communication efforts, and also include questions regarding the psychosocial and economic impacts of the current situation by collecting quantitative data through phone interviews.

Escalation of the Nagorno-Karabakh conflict that commenced in September 2020 resulted in a significant humanitarian crisis in Armenia. Responding both to the COVID-19 crisis and the conflict escalation put significant pressure on the NS' institutional capacity. It also hampered smooth implementation of COVID-19 response actions, as the focus of the national authorities was shifted from the COVID-19 response to the situation related to conflict escalation, resulting in delayed provision of beneficiary information to the Armenian RC.

**Red Crescent Society of Azerbaijan**

All humanitarian activities undertaken by the Azerbaijan Red Crescent Society in support of the efforts of public authorities against COVID-19 are implemented with the slogan "We are stronger together". The Azerbaijan Red Crescent as an auxiliary organization to the public authorities, provides assistance to vulnerable people through its network composed of Headquarters, the Nakhchivan Autonomous Republic Committee, 8 regional centres, 92 local and field branches and primary organizations. The National Society has about 300,000 members and over 22,000 registered volunteers of which nearly 6,000 are active.

Azerbaijan Red Crescent volunteers establishing tents and distributing food and non-food items to people affected by the escalation of the Nagorno-Karabakh conflict. *Photo: AzRC*

To date, AzRC provided 23,800 vulnerable households, including lonely older people, people with disabilities and migrant families with relief assistance consisting of essential food and non-food items and provision of social services in Baku and 75 other locations across the country. The support included 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 AzRC amounting to EUR 150,000 financial support from IFRC and donor organizations such as USAID.

All 1,978 volunteers and staff members who are involved in the COVID-19 response operation regularly receive online advisory support and supervision through digital platforms and phone calls. Feedback from staff and volunteers, AzRC operational experience and discussions with governmental and international organisations and stakeholders in COVID-19 response revealed the continued need to reinforcing the following topics: risk communication, code 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 lifestyle (healthy food, physical exercises while staying at home), PSS messages during quarantine on coping with stress, proper handwashing via personal demonstrations during visits or when handing out food parcels or hygiene packages.

Awareness raising, socioeconomic support activities and risk communication are conducted on a regular basis in all regional branches. To ensure volunteer safety as well as increased effectiveness of support provided, 607 AzRC staff and volunteers were trained on COVID-19, its ways of its transmission and on personal safety, including usage of personal safety equipment, social stigma, risk communication, WASH (handwashing rules) and Psychological First Aid (PFA). Brochures, leaflets and posters on COVID-19 prevention and PSS topics are regularly delivered to the population. AzRC distributes materials of its own production and/or the ones produced by partners such as MoH/ PHRC and UNICEF. To date, of published 1,171,500 information-promotional materials, 2,500 were 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 hygiene items distribution (home or door to door visits), at bus stops, markets, and retail outlets through AzRC staff and volunteers. The distribution of information-promotional materials to the population is ongoing.

AzRC established a hotline in Baku, and information about it was placed on the AzRC website and Facebook page. 5,118 phone calls were so far registered in Baku and around 52,184 calls were received by the AzRC's branches. The callers, especially those representing low-income households and the ones who had lost their jobs due to the enforced quarantine, were the ones mainly requesting support. People applied for information on proper handwashing, COVID-19 symptoms, using masks and actions to be taken to overcome the quarantine regime. Using this opportunity, the AzRC delivered risk communication messages, informed

about protective measures and how to stay physically as well as emotionally safe. Many phone callers are women, aged between 30 and 55 years old. Average duration of the calls are 2 minutes.

Partnership between AzRC and UNICEF in risk communication among younger generations and their communities on COVID-19 and psychosocial topics continues. 108,350 people were directly covered by 322 staff and volunteers from 22 city and local branches and more than 556,400 indirectly supported via submitting various IEM materials. Staff and volunteers were provided with PPEs, as well as 3,000 bottles of hand sanitizers and 2,000 bottles of liquid soap. Videos were developed on COVID-19 and PSS-related topics and are planned to be demonstrated via the AzRC social network pages and are used during training sessions and awareness raising activities for the public. A total of 6,400 parcels were distributed to households in Baku, Sumgayit and the remaining 75 regions (to vulnerable families, including lonely older people, people with disabilities, families with many children, migrant families) under the agreement with Procter & Gamble. With financial support from the Austrian and Swiss Red Cross, and with technical and advisory support from the IFRC, the Impact Study of COVID-19 on Older People and Caregivers was conducted in Azerbaijan to better understand the situation and to provide recommendations related to improving the short-term response, as well as policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of the older people in the long-run. The report will be presented to key stakeholders in December 2020.

Escalation of the Nagorno-Karabakh conflict that commenced in September 2020 resulted in a humanitarian crisis in the conflict-affected areas of Azerbaijan. Responding both to the COVID-19 crisis and the conflict escalation put significant pressure on the NS' institutional capacity and hampered the smooth implementation of COVID-19 response activities in the affected regions.

**Belarus Red Cross**

BRCS continues to inform the public through the distribution of information leaflets. These have focused on key messages that include "Protect yourself and your close relatives", "How to cope with stress", and "How to stay healthy when traveling in public transport". An estimated 3,300,000 people have been reached with these information materials.

Volunteers and staff of the Belarus Red Cross are providing psychosocial support to people affected by COVD-19. *Photo: Belarus Red Cross*

BRCS continues to inform the public through internal communication channels: website, social networks of the BRCS and regional branches of the BRCS. All organizational structures of the BRCS are involved in activities focused on informing the public about the prevention of the COVID-19 spread: the Secretariat, 6 regional, Minsk city and Railway branches, 158 district (equivalent in status), 8,399 primary branches, «Open Home», Crisis centre of the Gomel regional BRCS branch, Crisis room and Day centre for children with disabilities in the city of Grodno, Consulting Centre "Hope" with a rental point for rehabilitation facilities of Brest regional BRCS branch, with a total of 8,571 organizational structures and services of the BRCS. 30 volunteers are involved in the BRCS 201 helpline line operation (122 from a landline phone). 9,830 calls have been received.

Since the beginning of the pandemic, 29 meetings of the BRCS working group the COVID-19 response have taken place, which included representatives of government bodies and partners. More than 40 partners are involved in the COVID-19 outbreak response activities.

Information modules were developed on psycho-emotional burnout (PEB) for employees and volunteers of the BRCS involved in the COVID-19 response. Based on the expert-developed modules, a training program for PEB was compiled for employees and volunteers. On 11 June 2020, an online training was conducted to train responsible specialists in self-help skills. The total coverage of PEB trainings was 128 employees and volunteers. All participants of the trainings were equipped with masks and gloves, observing the rules of social distance. A booklet on "Prevention of psycho-emotional burnout among employees and volunteers" was developed and printed in the amount of 116 copies and was distributed among the participants of the training.

On 9 August, a training session for psychosocial support trainers was held, and currently 13 trainers have been trained in the BRC. Guidelines and materials on caring for volunteers and employees were also translated and printed. In November, BRCS completed the development of a chatbot on PSS for the

population in self-isolation. The booklet "How to deal with stress during an outbreak" developed jointly by the Red Cross of Japan and Hong Kong with the support of the IFRC Psychosocial Centre was translated into Russian. This booklet has been adapted and published in the amount of 160 copies and distributed among the participants in trainings on PEB.
750 employees and volunteers of all organizational structures of the BRCS are provided with protective equipment.

**Red Cross Society of Bosnia and Herzegovina**

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) provides a range of services supporting the affected population in local communities with its highly trusted volunteers and staff being front-line responders to the COVID-19 pandemic across the country. With an extensive network of branches, RCSBiH is placed to support the most vulnerable people and their communities to prepare for and respond to this global emergency. RCSBiH provides assistance with the help of partners from the International RC/RC Movement in the country (IFRC, ICRC, Austrian RC, Turkish RC, Swiss RC). A short informative video about the response to COVID-19 has been produced and is available here. The video aims to provide the public with an overview of the activities done ever since 5 March 2020, when the first COVID-19 case was reported in Bosnia-Herzegovina.

Volunteers of the Red Cross Society of Bosnia and Herzegovina responding to the COVID-19 crisis. *Photo: RCSBiH*

Since the outset of the pandemic, the RCSBiH structure has continued to provide services in support of more than 32,000 persons encompassing more than 17,800 households throughout the country, including persons above 65 years old, people with chronic diseases, people in isolation, beneficiaries of public kitchens and socially disadvantaged families.

Sustaining Health and WASH:

The NS assisted in setting up more than 50 triage tents and quarantine facilities and delivered more than 1,000 cots, bedding and tents to crisis cells in 14 communities, distributing more than 200,000 masks and gloves to citizens where the use of masks is mandatory by state decision for the general public, and equipping all engaged volunteers with the necessary Personal Protective Equipment (PPE) and disinfectant sprayer units. RCSBiH established 22 disinfection tunnels at the entrance of Health Centres across the country. The NS distributed more than 13,000 food parcels, more than 8,600 hygiene packages and more than 9,400 hot meals. RCSBiH volunteers provided grocery shopping and payment of bills more than 5,000 times for those who were restricted to move. RCSBiH also provided risk communication through the hotline and social media, with more than 11,000 calls received via the hotline and more than 1,000 PSS services provided via phone to date. RCSBiH has also distributed more than 43,000 awareness leaflets and spent over 300 minutes on radio and television, together with and posting over 800 awareness raising materials and messages via social media such as Facebook, Instagram, Twitter and LinkedIn.

In addition to supporting the local population, as of 31 October 2020, RCSBiH's mobile teams have supported nearly 13,000 migrants outside of reception centres on migratory routes starting from the Eastern parts of the country all the way to the Una-Sana canton in the West. Services delivered to migrants included food, household and personal hygiene items, first aid services, referrals, masks and disinfectants. These services are being complemented by the Population movement EA-funded operation in BiH.

With the support of IFRC ROE, the NS is in process of procurement of PPE as well as of inflatable tents, disinfection tunnels and first aid kits that will be used to support the local population during triage and first aid provision. The disinfection tunnels will be installed in schools and public areas to decrease the spread of COVID-19.

Cash and voucher program:

In coordination with the Ministry of Human Rights and Refugees, the NS is working on defining the list of Roma population that will be targeted with voucher assistance to support the most vulnerable households with food and hygiene items. Furthermore, with technical support from the IFRC, the NS is currently developing the criteria for selection and is finalizing the procedures of implementation.

**British Red Cross**

BRC volunteers collecting and distributing surplus supermarket food to support people having to self-isolate. *Photo: BRC*

The British Red Cross (BRC) has a two-fold role in responding to the coronavirus pandemic in the UK:

- Responding to the socioeconomic impact of the government's response to the pandemic through community-based interventions to ensure people have access to the practical and emotional support they need during lock down;
- Supporting the health system through interventions to ease pressure on hospitals so they are able to respond to the spike of coronavirus patients.

Since the onset of the pandemic the BRC has taken the following steps in its response:

1. Understanding needs: mapping vulnerability and service provision to identify who is most vulnerable to the impacts of the COVID-19 lockdown measures, and where there are gaps in service provision against those needs, BRC has been acting so that those gaps are filled. This was done working alongside other agencies to inform a multisector response.
2. Responding to the needs of people in communities:

- Supporting people to access food and medicines during lockdown: working with food banks, pharmacies, local authorities and other community organisations to identify and reach people in need of support, including groups particularly at risk such as refugees and asylum seekers and those living in communities with health inequalities.
- Check-ins with people who are isolated to ensure that they have what they need and to provide psychosocial support, particularly for the people BRC already supports.
- Developing a hardship fund (cash assistance) to assist those whose livelihoods have been interrupted by the pandemic and as a result are at risk of destitution.
- Running a national support line to provide advice and assistance.
- Providing digital education tools on how to prevent the spread of COVID-19 and keep safe.
- Coordinating the voluntary sector as part of ensuring that people in need of support have access to a coordinated response and the sector can influence the system and the response in a joined-up way.

3. Alleviating pressure on hospitals:

- Hospital discharge surge capacity – supporting people arriving home from hospital safely, so that they don't spend longer times in hospital than what they need, and to reduce the likelihood of them returning to hospital.
- Resettlement services, providing support for people who leave hospitals and need assistance to settle back home safely.
- Transport services to ensure that people needing to get in and out of hospitals for appointments are able to travel.
- Medical equipment loans to enable people to equip their homes so that they can be discharged from hospital.

4. Advocacy to protect the most vulnerable:

- Ensuring that refugees and asylum seekers have safe and adequate accommodation during the lockdown.
- Ensuring that the response reaches those who need it most, e.g. communities facing the greatest health inequalities and minority groups experiencing higher death rates from COVID-19.

Throughout the implementation period, the following has been achieved:

- over 49,000 food deliveries
- over 23,700 people accompanied home from hospitals including patient transport, resettlement support and welfare checks
- over 29 tonnes of food distributed as part of the Fare Share partnership
- 1,882 people assisted with cash grants from the Hardship Fund
- 2,100 vulnerable refugees, asylum seekers and victims of trafficking provided with accommodation support.

From the above components of the BRC COVID-19 response, the national support line component is supported through the IFRC multilateral funds, under which 5,500 people have been assisted with practical

help and a listening ear. Currently the support line receives approximately 700 calls per week. From those that contact the support line:

- Two thirds need urgent practical support, such as food or medicine. Of those who needed food, almost 60% said they would run out of food within just one day without help.
- 34% of people require psychosocial support over the phone, to help with issues such as anxiety and loneliness.
- 20% of callers are from the most vulnerable decile, based on the BRC Vulnerability Index.

Looking forward, BRC is planning to extend the reach of the support line to ensure that the most vulnerable people in the UK are supported to meet their urgent practical needs. BRC has developed targeted marketing campaigns – including hyper local word of mouth - which have helped boost visibility with the most vulnerable groups. BRC will be working with their partners to promote the support line to their networks so even more people know that they can turn to the Red Cross in a crisis. Alongside this, BRC is planning to explore how to make more proactive outbound calls to the most vulnerable identified groups in the UK.

BRC assisting minorities, especially supporting the Roma population during the pandemic. *Photo: BRC*

**Bulgarian Red Cross**

The Bulgarian Red Cross (BRC) stands in solidarity with communities and is a front-line responder to the pandemic. With an extensive network of 28 branches and highly trusted volunteers and staff across the country, it is supporting people and their communities to prepare for and to respond to the global emergency.

BRC has been responding to the pandemic by mobilizing its material and human resources to support the health facilities in the country dealing with COVID-19 cases by providing protective and medical equipment and hygiene items to health and social facilities in coordination with the government, by providing hygiene parcels and expanding its food distribution programmes reaching the most vulnerable people affected by the pandemic, by carrying out risk communication and prevention messaging, together with providing psychosocial support nationally and locally. Regular activities of BRC have been adjusted and new tools have been developed to reflect the challenging situation. Educational activities such as first aid and youth educational programmes have been temporarily suspended during periods of high risk or shifted to online platforms.

As part of the emergency response system in the country, BRC provides its services in cooperation with the Ministry of Health (MoH), Ministry of Labour and Social Policy, the Directorate General for Protection of Population at the Ministry of Interior, local authorities and departments. In order to provide assistance to vulnerable people, BRC mobilizes resources and has received support from the Bulgarian government, businesses, NGOs and the general population, as well as from international partners such as the ICRC, IFRC, the Turkish Red Crescent Society and USAID.

BRC's priorities are directed to continuous support for the health needs and to the most vulnerable groups, maintaining risk awareness among the population, promoting hygiene and safe behaviour, and providing emotional support to people in distress. The second operational priority is to strengthen the National Society's preparedness for further possible outbreaks and the resulting socio-economic crisis affecting those most vulnerable.

Until the end of October 2020, the NS assisted 120,501 people with direct provision of food, medicine, PSS and emotional-support, as well as 386,480 people by information materials related to COVID-19. Over 3 million pieces of protective equipment (masks, gloves, shields, etc.) were distributed primarily to more than 30 hospitals and to 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 part of BRC operations supported by the USAID and the global IFRC effort to combat COVID-19, distribution of 30,000 personal hygiene kits to vulnerable people (economically affected by the COVID-19 crisis, targeted people from 4 Roma communities, migrants) has started. 100 posters and 15,000 stickers for

hygiene promotion sessions were printed. The additional hygiene promotional materials will be purchased after identified need.

Psychosocial support: Virtual dispatcher centre - Contact Centre Solution: The Plovdiv Regional Branch based on its experience operating a hotline, has been selected to pilot the contact centre and to continue its development and management for at least one year. Long-term specialized psychological support, National PSS chat, life skills and e-learnings: It is planned that the national online chat for PSS will be re-launched, even though a national lockdown is not yet declared. The chat will start operating in November with one shift and its work will be adapted based on the needs.

Development of "Activity kits" for children from vulnerable families: Activity kits should contain a backpack to pack the content of the kit, a storybook for children with information about COVID-19, a puzzle, a book with Bulgarian fairy tales, a notebook, a three-layer face mask for children, a set of pencils and a sharpener. All the products were chosen to be helpful, educational, entertaining and useful in the current situation. The "Activity kits" will be provided to 2,500 children from vulnerable families with socioeconomic difficulties from marginalized groups, in order to support their mental health. The distributions will start in December 2020.

Becoming a cash ready National Society: A baseline study of the current financial relief mechanisms used by the NS and the government is in process by the Cash team of the program and the BRC. The team is in contact with referent delegates from IFRC ROE. In that regard, preliminary meetings with 6 financial institutions have taken place in September, aiming to establish a baseline of Bulgarian legislation and existing bank systems. Several of those institutions have been identified as possible providers for future operations.

The NS has re-launched its hotline for migrants, providing advice on current measures, restrictions and how to cope with the current situation, including advice on seeking medical and other support. Language courses for refugees provided by BRC are now switched to online classes.

**Croatian Red Cross**

The Croatian Red Cross responds to COVID-19 in accordance with its mission and the Law of the Croatian Red Cross (OG 71/2010). With an extensive network of the 131 local Red Cross societies and highly trusted personnel (3,481 volunteers and 1,606 staff), the Croatian Red Cross is a front-line responder in the local community, providing humanitarian assistance with unified efforts through various activities. The Croatian Red Cross ensures support to public health services across the country and is raising awareness on the importance of respecting safety measures.

Posters of the Croatian Red Cross promoting proper handwashing techniques on public transport. *Photo: Croatian Red Cross*

The main focus of the COVID-19 operation of the Croatian Red Cross is to provide additional support to the government and to cover immediate urgent needs of vulnerable people, many of whom were also affected by the strong earthquake in Zagreb city and its surrounding areas on 22 March 2020. Permanent monitoring of the epidemiological situation has been ensured with the Croatian Red Cross mapping community needs. The Croatian Red Cross took effective response with emergency actions for the local engagement and has contributed towards the implementation of regular activities in the following priority areas:

Health and WASH:

The implementation of the public campaign promoting handwashing continued in all 238 spaces in public transport vehicles in 5 cities of the Republic of Croatia (Dubrovnik, Osijek, Split, Zadar, Zagreb) reaching approximately 4,000,000 citizens.

The Croatian Red Cross and its personnel is assisting vulnerable people in the COVID-19 crisis and is a leading force in response and management of the COVID-19 situation in the country. To ensure that staff and volunteers are well equipped and protected while performing their tasks, 114,000 face masks were procured in October 2020. Distribution of masks to the staff and volunteers is ongoing with each receiving 10 masks per week.

The Croatian Red Cross continued operating its call centre over the summer period, however with the restrictions having been gradually lifted from June 2020, the number of requests for assistance through the call centre reduced. The Croatian Red Cross started organizing online group sessions for staff and volunteers

who were active on the PSS phone line and for those who had other assignments. The national PSS Team was available for individual support to Red Cross personnel actively involved in COVID-19 operation.

The discussions of staff and volunteers during the above-mentioned sessions resulted in the development of a practical guideline "Psychosocial support during epidemics: a practical guideline for frontline responders" with the following topics: mental health and PSS in epidemics, providing PSS via phone, practical guidelines in psychosocial counselling during protracted health emergency, PSS to staff and volunteers. A pdf version is available here in Croatian language.

In September 2020, a 2-day online training was held for one of the counties with lack of PSS capacities. A total of 17 staff and volunteers participated, and the topics followed the recently issued PSS manual, including: mental health and PSS in epidemics, structure of psychosocial phone conversations, practical guidelines in providing PSS via the phone (including a real time exercise), handling difficult phone calls and support to staff and volunteers.

77 Croatian Red Cross staff and volunteers including heads of county and city Red Cross branches were supported via 300 phone calls with the national PSS Team and continue communication by psychosocial sessions through voice system.

Livelihood and basic needs:

The Croatian Red Cross continues to provide food assistance through its branches to the most vulnerable, which has been ensured from the National Society's own resources. The procurement of 2,500 food parcels supported from the IFRC multilateral funds started and is planned to be completed in the first half of January 2021 with distribution conducted in February 2021 to ensure continuous assistance even after the Christmas period.

The activities supported from the IFRC multilateral funds are planned to be completed by 28 February 2021. Although it is rather difficult to predict how the COVID-19 epidemic will evolve in the coming months, it is expected that it will add further burden on the national health system as well as to have long-lasting socioeconomic impacts on people's lives, which will require further assistance from the Croatian Red Cross. Therefore, the National Society continuously monitors the situation and adapts its response and plans accordingly.

In addition to the above, the National Society also supported the government by equipping non-hospital quarantine centres from its own funds with 706 beds, 550 mattresses, 2,704 blankets, 1,200 towels and 51 wheelchairs

**Cyprus Red Cross Society**

To be reported in the 12-month global operations update as per agreement between the NS and the IFRC ROE.

**French Red Cross**

COVID-19 epidemic severely hit France and caused an unprecedented health, economic and social crisis. Even if the French government provides information on figures, statistics and health measures, some parts of the population (such as homeless people, isolated people, etc.) either lack access to this information, or have inadequate information. Most of the French RC's 60,000 volunteers (except volunteers over 70 years old) together with thousands of new spontaneous volunteers and 18,000 staff, people are being mobilized to ensure the safety and protection of the population. The French RC responded to the emergency within days of the outbreak, adapting its operating methods to ensure the continuity of its activities, and reviewed its priorities to focus its forces on facing this crisis. With its auxiliary role to the public authorities, French RC has been mobilized by the government in the global emergency action plan, in particular when it came to informing the general public and transferring the infected people to the medical institutions. As with every crisis, the most fragile, the most isolated and the most deprived are the most exposed, and helping them is the absolute priority of the French Red Cross.

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

In order to maintain and strengthen the core missions and to be able to deploy specific responses to the epidemic, French RC decided to focus on the following three pillars:

1. Maintain French RC core missions,
2. Food aid and "maraudes" (social emergency and social monitoring mobile teams),

3. Strengthen relief and protection efforts for the people affected by the epidemic.

Health: Reinforcement of the Emergency Medical Services and Hospital Structures: French RC teams are supporting hospital facilities to fight the pandemic. Volunteers reinforce the teams of the emergency call centres for the reception and dispatching of patients. They also participate directly in the emergency relief activities in collaboration with firefighters and paramedics.

Assistance for homeless people: The social monitoring mobile teams intensified their actions for homeless people (social bond activities, COVID-19 prevention, hygiene items distribution, etc.) French RC also opened specialized shelters in collaboration with the authorities, to ensure the protection of homeless people and the isolation of people infected with COVID-19 without serious symptoms, unable to quarantine at home.

Strengthening social bonds of isolated people: Inspired by the Italian Red Cross, the French RC set up a solidarity concierge system called « Croix-Rouge Chez Vous » (Red Cross at home), combining a national call centre and the dispatch of volunteers in all parts of France (mainland and overseas). This service targets any socially isolated person (without connection or support from family, friends, and neighbours).

The French RC efforts to assist the homeless people during the COVID-19 pandemic was partially supported through IFRC multilateral funds. Under this component, the following has been achieved:

Health and Risk Communication and Community Engagement:

- 240 mobile teams have distributed masks and informed people living on the streets or in camps about the virus, how to prevent its transmission and what to do in case of symptoms – 20,000 persons were reached between March and October 2020.
- All 240 facilities for homeless people (shelters, accommodation centres, supported housing, support centres at hotels) apply preventive protocols and inform about the virus – 15,000 persons reached.
- Trainings and awareness raising sessions were organized in French RC facilities, so that the preventive protocol is applied.
- Hygiene items were provided to homeless people, for existing and new shelters.
- 27,000 emergency hygiene kits were distributed mainly on the streets.
- Specific actions targeting women: distribution of disposable or reusable sanitary products.
- Reinforced health monitoring by French RC staff and volunteers.
- Identification of COVID-19 symptoms during "maraudes" and in shelters/accommodation centres.
- Orientation towards doctors or emergency services. Identification of high-risk persons and reinforced monitoring of them.
- COVID-19 screening from March until October 2020: mainly in the FRC collective shelters and for families living at the hotel - more than 2,000 homeless people screened for COVID-19 by FRC volunteers.
- Accommodation of COVID-19-infected people whose symptoms do not require hospitalization in 25 new specialized accommodation centres - 1,161 beds provided.
- Nursing care in those 25 COVID-19 specialized accommodation centres and in 80 shelters/ other accommodation facilities.
- Equipping existing and new shelters and accommodation centres with mattresses, bedsheets, towels, etc.
- Distribution of clothes in day shelters and emergency accommodation centres.

The context (withdrawal of almost all services for people living on the streets) led the FRC to adapt all their activities and to distribute much more items than usual. For instance, Red Cross mobile teams generally maintain social links, propose shelters and make sure health is not at risk, however due to the COVID-19 context, they also started distributing clothes, hygiene kits, food aid, duvets, baby formula and diapers, etc.

**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, over 5,000 active Red Cross volunteers in the country and over 4,500 trained spontaneous volunteers.

With the support of USAID and IFRC, volunteers of Georgia Red Cross Society continue to deliver food and hygiene parcels to older people and people with disabilities. *Photo: GRCS*

In cooperation with the State Coordinating Council against the spread of COVID-19, The Georgia Red Cross Society 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 has been carried out in different regions of Georgia using the door-to-door approach. Furthermore, GRCS was involved in the mass PCR testing of the population administered in Tbilisi and Batumi municipalities. During this activity, risk communication and protective messages were delivered. In addition, GRCS supported the Ministry of Education, Science, Culture and Sport of Georgia with training of medical students, mobilized for the COVID-19 response. To this end, GRCS filmed the following trainings: 1) COVID-19 general recommendations, personal safety and proper usage of PPE; 2) Home-Based Care for COVID-19; 3) Contact Tracing; 4) Psychological First Aid; 5) Risk Communication and Social Stigma. The materials were uploaded on the Ministry's website.

All Georgia Red Cross staff and volunteers who are involved in COVID-19 operation are equipped with personal protective equipment and are trained to ensure personal protection and that of people supported. To ensure their safety and to increase the effectiveness of support provided to the vulnerable communities, 11 trainings were provided for 740 (429 female) GRCS volunteers on COVID-19, its ways of transmission and personal safety, including usage of personal safety equipment, social stigma, and risk communication. Up to 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, including the national and linguistic minorities.

From the early days of the COVID-19 outbreak, the GRCS MHPSS team is on the frontline serving communities in need. Immediately after the onset of the crisis, Georgia Red Cross launched a free of charge daily hotline service. To-date over 7,065 calls were processed. The first and foremost aim of the hotline is to provide Psychological First Aid (including the three principles "Look, Listen and Link") through actively listening, emotional support to people and helping them deal with their challenges. Moreover, the hotline offers general information on COVID-19 and referral to various state and non-state services. The GRCS MHPSS team, consisting of 4 staff members and 10 volunteer psychologists are working on the intervention plan aiming at helping the helpers: NS staff and volunteers, and medical/quarantine personnel.

MHPSS 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. The specialized training module for volunteers 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 an 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 of contributing to share 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 online coordination meetings are being conducted. The MHPSS website has been designed and will be launched soon.

One of the crucial services of the NS is Humanitarian Relief to socially vulnerable people and older people (aged over 70 years old) through provision of food and hygiene items. Over 80,000 older people were assisted with basic food and hygiene items, out of them more than 20,000 in Tbilisi. Over 10,000 food and

hygiene parcels were collected and distributed through the nationwide campaign for older people with supermarket chains. Furthermore, 4,118 food and hygiene parcels were distributed to the vulnerable population living in the capital and in other regions of Georgia.

The pandemic significantly reduced the blood donor attendance and the supply of blood banks in Georgia. To address this issue, the GRCS, in cooperation with a local hospital, organized a non-remunerated blood donation campaign "Give Blood, Become a Hero" mobilizing 92 donors.

Provision of home care services including caring for people with specific needs in home settings are being provided to over 1,000 persons with support from Red Cross teams. The focus is to establish professional home care teams and provide regular training to them. During the times of restrictions, the Georgia Red Cross Society continued the provision of the home care services, and organizations working with the older people assisted requested GRCS to support them and to provide home care for the people assisted by them as well.

With financial support from UNFPA, IFRC, Austrian RC and Swiss RC, and advisory support and coordination from IFRC, Georgia RC commissioned an Impact Assessment of COVID-19 on older people and caregivers to better understand the situation and to provide recommendations related to improving the short-term response, as well as to policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of the older people in the long-run. The report will be presented to key stakeholders in December 2020.

In cooperation with UNICEF, CENN and other civil society stakeholders, a Knowledge, Attitude and Practice survey combined with a Water and Sanitation survey in schools of Georgia was conducted. The survey targeted schoolchildren, their parents and teachers to develop more comprehensive risk communication strategies. The findings of the water and sanitation survey will inform GRCS programming to ensure the provision of the adequate support package to the targeted schools essential for a safe educational environment.

**Hellenic Red Cross**

The Hellenic Red Cross has further scaled up its COVID-19 response through a wide range of programmes and services through 26 branches, mobilizing more than 87 staff and 934 volunteers, including mobile health units in migrant camps, accommodation centres for unaccompanied minors, home care services in urban settings, a psychosocial support hotline, health and hygiene promotion for homeless and other vulnerable groups, temperature screening and risk communication. To support the control of the virus spread, HRC staff and volunteers, following official request form respective Ministries, have conducted temperature measurements of individuals when entering courts, airports, hospitals, as well as of prisoners and visitors in detention establishments and at the hotels in which travellers from abroad stay in quarantine for 14 days. At the request of the authorities, the Hellenic RC is now operating mobile health units in several migration centres on the mainland, including Kleidi/Serres, Nea Malakasa and Korinthos camps, to cover the primary health care needs of newly arrived migrants. Preparations are underway to provide similar health services in Ritsona camp from October. HRC mobile health units provide general medical services on a daily basis to all vulnerable migrants. Services typically include a general pathological clinic with a general practitioner and nurses, a nursing station for triage and monitoring of chronic patients, a paediatric clinic staffed with a paediatrician and nurses, a gynaecology clinic, and a dental clinic. The medical teams are supported by interpreters in key languages including Arabic, Farsi and French. Health and hygiene promotion activities include COVID-19 awareness raising and prevention activities for adults and children, while tailored hygiene kits have also been distributed.

Kara Tepe camp, Lesvos, Greece, October 2020. A refugee girl is washing her hands at the tap stand installed by the Red Cross. *Photo: HRC*

Since the beginning of HRC's response to COVID-19, 2,285 vulnerable people were reached with food and other in-kind assistance, and 8,990 people with mental health and psychosocial support services (MHPSS). In total, 71,063 people were reached by interventions adapted to the specific needs of marginalized groups, and included psychosocial support, orientation, mediation, integration, and counselling. Additionally, the PSS telephone helpline received more than 1,660 calls for providing support, while 1,898 psychosocial

activities have been implemented in the 5 Accommodation Facilities for unaccompanied minors and the 2 multifunctional centres for refugees and migrants managed by the HRC.

A first distribution of COVID cash grants to vulnerable households - especially older people living alone and those living with a disability - was completed in Athens. Meanwhile, some 17,800 vulnerable migrants in 17 sites and various urban locations in Northern Greece were reached through certification exercises every month and continued to receive vital cash assistance, despite major operational challenges due to COVID-19-related measures. The team worked in close partnership with UNHCR to adjust procedures and protocols to ensure that activities were never suspended, with almost 80% of the people now reached through remote certification.

In cooperation with the National Health Authorities, due to the constantly increasing COVID-19 cases, HRC is making preparations and arrangements for engaging in rapid testing activities via drive-through testing in several locations in Greece starting in mid-November.

**Irish Red Cross**

In the context of COVID-19, the IRC is coordinating with relevant government agencies and officials to ensure its activities complement and support on-going government humanitarian activities in response to the outbreak.

<u>The IRC response plan focuses on key lines of action that include</u>:

- Risk communication and information sharing,
- Provision of community-based services including supporting people to access food and medicines during lockdown,
- Supporting the Irish health infrastructure with provision of health services such as non-emergency ambulance support,
- Provision of specialised migration and prison services,
- Supporting the IRC volunteers with additional PPE and training in use of same,
- Management of a hardship fund.

Irish Red Cross assisting people with the collection and delivery of medication and food, as well as patient transport to hospital appointments. *Photo: IRC*

<u>Summary of overall achievements:</u>

1) The 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 provision of 1,519 care packages provided to key vulnerable households, groups and organisations.

2) More than 600 patient transfers have been conducted nationwide using IRC vehicles and volunteer personnel.

3) In response to the COVID-19 pandemic and in partnership with Family Carers Ireland, the IRC have set up an Emergency Care Scheme. The scheme provides family carers with access to a 24/7 emergency helpline if they are in an accident or suddenly become ill.

4) 5,000 leaflets on volunteers and public guides to stress awareness have been distributed nationwide.

5) The IRC has worked closely with its partners for the prison programme since the beginning of COVID-19. With 200 active IRC in-mate volunteers they continue to provide information and education to other prisoners about infection control and sanitation practices. They also assist with the creation and distribution of weekly newsletters designed for the general prison community and for prisoners in isolation.

6) Through the hardship fund, which provides specific support to older populations, 453 cash grants were distributed.

<u>CBHFA in Prisons Family Project:</u>

The IRC in partnership with the Irish Prison Service has begun engaging family members of inmate IRC volunteers in Community Based Family Health activities that support safer communities during the COVID-19 environment. The programme promotes 'whole family' participation that links common interests of the prisoner volunteers and their families in the wider community. The topics of learning with families follow the same standard and curriculum of the relevant parts of the CBHFA course, Merchants Quay Ireland and HSE COVID-19 materials.

The content for families is targeted to adult and child family members, encouraging inmate volunteers to be involved in sharing and guiding their partners and children in putting learned topics into action in their homes, local community and schools.

Translation of Family Carer Emergency Scheme Materials:

At the beginning of the COVID-19 pandemic, Family Carers Ireland identified a need for an emergency scheme to support local family carers in Ireland. The emergency scheme was established with the support of state services and voluntary response organisations including the IRC. Ireland has an estimated 355,000 family carers providing care voluntarily to family members, loved ones, friends or neighbours. As part of the scheme development, the IRC highlighted the need for individuals with special needs to be included in the process of signing up and being made aware that if an emergency occurs local Irish Red Cross volunteers would be calling to look after them. A social story was created for this purpose in conjunction with sensory space, an organisation that specialises in working with individuals who have special needs or are on the autism spectrum. A volunteer leaflet for the emergency scheme was created and translated into multiple languages.

The IRC national volunteer health and safety committee (NVHSC) agreed to supply all branches with a COVID-19 Area and Branch Response Plan and a COVID-19 health and safety pack. The response plan contains various checklists and was sent out to the branches in advance of the packs, in order for branches to determine if they could resume their activities, whilst adhering to the national restrictions.

**Italian Red Cross**

The Italian Red Cross (ItRC) has been implementing activities in 21 regional branches and over 1,439 local and sub-branches, mobilizing more than 150,000 volunteers and 650 staff since the beginning of the outbreak. As a result of the work of its branches and volunteers, the ItRC is able to contribute to covering the needs of those most in need by strengthening and expanding its services and outreach at the national level. In the current emergency, due to its unique position, the ItRC is able to access a large number of people and households, branches and volunteers, and has taken an active role in assisting people in need by collecting the requests for help both through the National Response Centre (calls received at the hotline) and through the local branches. ItRC has ensured the transportation of patients and set-up temporary infrastructures next to hospitals for triage systems, which have enhanced the possibility to manage the intake of new patients more efficiently. Likewise, through its toll-free number, the National Emergency Room, as well as the 21 regional emergency rooms, the ItRC has provided up-to-date information to the population about the importance of staying at home in case of mild symptoms to avoid the spread of the virus inside the hospitals as well the overload of the overstretched health system.

Italian Red Cross volunteers providing protective masks to older people during lockdown. *Photo: ItRC*

Among the activities carried out at the national level, ItRC provided: ambulance services for the transportation of non-COVID-19 patients; bio-containment ambulance services for the transport of COVID-19 patients to hospitals; support to hospitals and clinics by providing volunteers, doctors and nurses; set-up and management of pre-triage tents outside hospitals for screening purposes; creation of a dedicated hotline in order to provide psychosocial support for health workers; monitoring, health care and PSS support for the people that had to stay in quarantine facilities; health surveillance at ports and airports both with medical personnel and by measuring the temperature of travellers; provision of up to date and reliable information on COVID-19 through a dedicated toll-free number (which reached peaks of up to 15,000 calls per day); collection of support requests through the toll-free number; PSS to the general public; provision of PPEs to all the Italian Red Cross branches; development of online training courses for volunteers and staff members; stress management to volunteers through a dedicated hotline; home delivery of groceries and medicines during lockdown; provision of food and non-food parcels to people and families in need; distribution of 16,607 vouchers for the purchase of food to families facing economic distress; and support to the Operational Rooms of local and regional authorities.

Since the beginning of the emergency, to address the psychosocial consequences of the pandemic, the ItRC is offering psychosocial support services to its staff, volunteers, frontline workers as well as their families.

Between February and June 2020, the ItRC guaranteed a total of more than 15,000 psychosocial support services, including 5,979 services of psychological first aid (PFA) for volunteers, 677 PFA for ItRC staff employees, and 2,335 services of PFA for the population. The organization also ensured a total of 48 referrals and offered 4,512 psychoeducation services. Between July and October 2020, the ItRC provided more than 3,740 psychosocial support support services, including 747 services of Psychological First Aid (PFA) for volunteers, 300 PFA for ItRC staff, and 1,126 services of PFA for the affected population. The organization also ensured a total of 26 referrals and offered 1,220 psychoeducation services.

Furthermore, the current situation has created new criticalities, in particular during the national lockdown but also afterwards, amidst growing socioeconomic challenges among the population. Amidst difficulties, ItRC has continued to provide support, including legal and psychological help to people at risk of violence. From a survey on anti-violence centres and ItRC helpdesks (7 out of 14 centres), it was reported that a total of 356 vulnerable people benefitted from ItRC anti-violence programmes between1 July and 31 October 2020. This number includes 311 people who received telephone support and 15 people (including 5 with minor children) who were welcomed in structures and shelters.

The NS also continued its efforts in risk communication and in managing community feedback through its hotline and social media channels. To date, 46,062 services were activated through the national ItRC hotline in order to respond to the different needs tied to the COVID-19 emergency, allowing to track the changes in the type of requests of the general public and adapting the services that are provided throughout the national territory. ItRC has also developed IEC materials for COVID-19 information, tutorials on how to wear masks correctly and on handwashing. Etiquettes on coughing and sneezing have also been disseminated through social media channels.

To date, the ItRC has provided over 125,892 ambulance services related to COVID-19, made more than 101,618 home deliveries of medicines and over 87,537 packages of groceries and distributed over 58,573 food parcels.

In August, the Temporary Volunteering Programme, which allowed more than 49,000 people to join ItRC as volunteers in order to respond to the unprecedented emergency, was terminated. The termination of the programme does not entail the end of the support for the people who decided to apply: in fact, during summer time, when the ease of restrictions allowed Branches to re-start in person training activities, many of the temporary volunteers joined the Italian Red Cross as ordinary volunteers through an ad hoc training course.

During the summer, after the suspension of the lookdown, migration-related activities of ItRC resumed due to new arrivals from the sea. ItRC provided assistance to migrants and asylum seekers who were quarantined on ships upon their rescue at sea or upon arrival to the Italian coasts. Between July and October 2020, more than 780 ItRC operators have been working to provide medical assistance and psychological support on the quarantine ships, managing to assist a total of 10,793 people. In addition, between August and October, 457 migrants and asylum seekers hosted in the quarantine centres of Lecce (in Apulia) and Settimo Torinese (in Piedmont) have been supported. Moreover, during the reporting period, ItRC has processed a total of 167 requests aimed at restoring family links (RFL).

**Kazakh Red Crescent**

The Red Crescent Society of Kazakhstan (RCSK), with its network of 16 branches, 70 staff and 2,500 volunteers, has been uniquely placed to support communities in the COVID-19 response. The RCSK has mobilized, equipped with PPE and trained 3,188 volunteers for the response.

RCSK's major focus has been on risk communication and community engagement activities, and it estimates it has reached a total of 6,056,423 people to date. A total of 880,199 people has been reached through video showings and via billboards. There have been 7,061 posters placed nationwide that are estimated to have reached 1,483,560 people, and 644,869 leaflets have been distributed. In digital communications, a total of 107,272 people has been reached by mail, and the number of messages sent through messengers (WhatsApp, Telegram) have reached 231,491 people. There have been 3,108 posts (including re-posts) made on social media (Facebook, Instagram, VK), reaching a total

Red Crescent of Kazakhstan has been educating the population about COVID-19 preventive measures by distributing informational booklets at public sites. *Photo: RCSK*

of 2,836,617 people. In addition, 59,771 schoolchildren and students have been reached online. Information sessions (individual and in groups) have reached 22,513 people. Television and newspaper articles have also been used. The RCSK, with support from corporate partners, has distributed parcels with essential food and non-food (hygiene) items to vulnerable people, and has reached 11,395 families to date.

The IFRC has worked with the National Scientific Centre for Highly Infectious Diseases, and from May to October conducted 23 training workshops on COVID-19 infection prevention and control in 18 locations for 624 health workers – doctors, nurses and epidemiologists in hospitals and primary health care facilities – throughout the country. The healthcare professionals trained are training other health workers and will reach some 5,000 medical personnel in total.

**Red Crescent Society of Kyrgyzstan**

The Red Crescent Society of Kyrgyzstan (RCSK), with its 46 branches, 210 staff members and 3,408 volunteers has been at the forefront of the national COVID-19 response, working closely with the Ministry of Health (MoH), Ministry of Emergency Situations and Ministry of Labour and Social Development. RCSK mobilized, equipped with PPE and trained 850 volunteers for the response. It provided training for 842 primary healthcare workers and volunteers working in healthcare units, and refresher trainings for 900 social workers, together with the provision of 61,865 units of PPE and 15,411 units of disinfectant materials for healthcare and social workers.

A mobile team of Kyrgyzstan Red Crescent volunteers is on a duty to assist people with COVID-19 symptoms. *Photo: RCSK*

The major focus of RCSK's response has been risk communication and community engagement (RCCE), and RCSK is part of the national COVID-19 communication campaign "SATKA", led by the MoH and UNICEF, aiming to join efforts to share key messages. Since March, a total of 944,625 households (about 4,723,125 people) were reached through RCCE and hygiene promotion activities. 925,123 households (about 4,625,615 people) have been reached with RCCE materials several times per month, including messages shared regularly through village/community WhatsApp groups and door-to-door information campaigns, and 19,502 households were reached with hygiene materials. 10,000 people were reached with key messages in public transport in all cities of the country, and 6,732,541 unique visits on RCSK's Facebook page were registered. The activities include a WASH component, motivating households to practice handwashing and sanitation, which reached 97,510 people. RCSK also participated in TV panel discussions related to COVID-19, as well as provided technical support to the TV programme called "Word to a doctor", aiming to stop misinformation about COVID-19, as well as to provide expert advice, answering online questions from the audience.

In addition, 17,613 food parcels, 2,260 sets of medicines and 11,220 litres of drinking water have been distributed among vulnerable groups (including people living with HIV and those affected by TB), with overall reach of 155,465 people across the country. RCSK activated its cash-based assistance programme, which provided cash support for 3,856 households (about 19,289 people) who lost income due to COVID-19. RCSK also renovated six RCSK first aid training centres and upgraded their first aid equipment and supplies, allowing RCSK to continue to conduct first aid training practices safely during the pandemic.

**Magen David Adom in Israel**

MDA's staff and volunteers are responding to the COVID-19 epidemic in Israel and are working alongside the Israeli Ministry of Health (MoH), primary healthcare providers and other stakeholders (especially for long-term care facilities and specific communities) in treating, transporting, sampling and providing support to the affected population. MDA operates drive-through complexes in different cities when needed on the demand of the MoH and primary healthcare providers. MDA teams are treating and transporting patients that are under home quarantine and have a situation that requires medical assistance, such as exacerbation of their condition, becoming symptomatic, or tested positive for COVID-19 and cannot be

MDA volunteer testing a person for COVID-19. *Photo: MDA*

treated at home any longer. MDA is also transporting the patients who are tested positive to the hospitals, and those who are discharged from the hospital to the quarantine hotels. MDA's blood services collect plasma from patients who recovered from COVID-19 and have antibodies and provide it to hospitals to treat severely ill patients. Some 10,842 plasma units have been collected up to date and 1,622 patients were treated this way so far, as a new treatment protocol with promising results. MDA's volunteers transport the donors from their houses to the blood centre for the donation if needed. Several of the donors donated more than once. MDA is working on a program called "Community MDA" which aims at providing healthcare on the spot and minimizing transport to the hospital for non-critical patients. MDA launched a "COVID-19 guardians" project, in which the organization trains the public to learn how the virus works and how to cut off the chain of infections among their family, friends and co-workers. In addition, MDA's volunteers train the public in community days and educational settings regarding needed measures to prevent the spread of the virus, distribute facemasks and raise awareness of the precautions and dangers. MDA is preparing for the coming winter and the associated seasonal flu.

In light of the current situation, MDA was requested by the Israeli Ministry of Health to continue its activities in the sampling project. Since 3 May, the responsibility for sampling is that of the primary healthcare providers. MDA continues to focus on long-term care facilities, as well as the drive-through complexes that are activated when needed on the demand of the MoH and primary healthcare providers. So far, more than 2,464,264 individuals were sampled for COVID-19 by MDA. MDA teams have taken over 21,155 daily samples over the last few days. MDA continually refreshes the instructions to staff and volunteers. The Israeli MoH defined a goal of 7,000 samples a day for long-term care facilities. MDA exceeds this number (with an average of 8,800 samples taken daily during weekdays, while over the weekends the facilities do not test). While at the moment around 29,000 tests are done daily by the healthcare system (out of them, around 21,000 by MDA), the MoH objective is to conduct up to 70,000 tests daily by December. MDA will have to increase the operation accordingly. The numbers are monitored on a daily basis (as the timeline for testing is measured by the MoH as these are considered "quality indicators" in the healthcare system). MDA's calls centres are prepared for an increase in the calls. Additional calltakers (staff and volunteers) are on stand-by to be called in when needed. Response time to calls is monitored constantly (with the objective of picking up the call within 10 seconds).

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

The National Society has been engaging with people and communities, online and offline, in promoting behaviors that reduce the risk of contracting or transmitting the virus, in facilitating community understanding and acceptance of infection prevention and control measures, and helping to prevent misinformation, rumors and panic. The activities of the Moldova Red Cross are focused on:

- the development, printing and dissemination of informational materials. The materials were distributed in partnership with health authorities, through health institutions; post offices, within the post deliveries; and by RC staff and volunteers. Approximately 1,000,000 people all over the country received correct information on COVID-19 and prevention measures.
- distribution of antiseptic supplies (in public transport, but also for older people, families with many children, families of returned migrants, among the most vulnerable categories of people, such as in institutions for older people, orphanages, etc.) At least 350,000 people received access to protection measures, including antiseptics supplies. 3,790 liters of disinfectant was distributed in 48 regions of Moldova.
- strengthening capacity of staff and volunteers, with 340 staff and volunteers equipped with PPE.

Volunteers of the Moldova Red Cross continue to educate the population about COVID-19 preventative measures by distributing informational booklets at public sites. *Photo: Moldova Red Cross*

Two training sessions were conducted for the directors of the branches, regarding measures of protection during pandemics, who later went on organizing training sessions for the volunteers from their branches, which resulted in more than 340 staff and volunteers trained. The Red Cross branch from Chisinau organized a round table with 20 volunteers, that provided an in-depth analysis of the current situation and raised debates on it.

Moldova Red Cross Society worked more actively in this period and offered not only information but also psychosocial support. Bendery branch opened a hotline to support and inform people about COVID-19,

which also offers psychological support, and where people could ask for other ways of help from volunteers, such as receiving/delivering grocery, medication, hygienic products of first need, etc. Around 300 people already benefited from this hotline and received support by Bendery Red Cross volunteers. This is extremely helpful now when people over 63 years face movement restrictions and are required to stay at home. Moreover, this is particularly important for lonely older people who need such support and assistance from our volunteers. The Anenii Noi branch offered psychosocial support to 12 teachers who were infected with COVID-19 and became more informed by those who went through the infection what are the symptoms, what is the treatment, and what are the primary needs of those infected and isolated.

**Red Cross of Montenegro**

From the beginning of the COVID-19 pandemic, the Red Cross of Montenegro has been active in both preventative and response activities. With a network of 23 branches, around 100 staff, 450 volunteers and 132 professional home helpers, the Red Cross of Montenegro provided assistance to 50,542 households with 67,481 humanitarian parcels (46,500 food, 46,500 hygiene and 20,981 baby parcels) across the country during the period 19 March to 1 November 2020. In this period, volunteers spent 19,924 hours responding to COVID-19. Professional home helpers and volunteers continued with their visits to older people (1,500 persons continuously reached). Additionally, there were 36 health-related workshops organized – on healthy diet, importance of physical activity, disease prevention including COVID-19). There were 1,049 participants in the workshops. Doctors, professional home helpers and volunteers visited older people in order to check their health condition and to refer them if necessary, to relevant health institutions (361 older persons reached). In addition, 1,000 flyers with recommendations for a healthy diet and physical activities that can be done at home (during the isolation) have been distributed.

Members of the Roma population at a training organized by the Red Cross of Montenegro. *Photo: Red Cross of Montenegro*

From the onset of the pandemic, the Red Cross was active in raising awareness on COVID-19 and adapted and translated all the documents and infographics received from the IFRC. They were posted on all Red Cross social media. Additional flyers created by the Institute for Public Health were distributed all over the country through the local Red Cross branches. In total, 24,500 flyers for general population were distributed. Psychosocial support was provided continuously to people in need, as people found themselves in a changed environment that caused stress and anxiety. In addition, PSS was provided to the volunteers who were involved in the response, through constant communication and monitoring of their work. For the period 1 July to 1 November 2020, 1,241 volunteers were assisted. In September 2020, the Red Cross organized a training for youth leaders with 17 participants from 8 local branches. The main goal of this activity was that by the end of the year these youth leaders motivate their peers to join the Red Cross and establish youth clubs at the local level, whose activities will be focused on alleviating the consequences of COVID-19. The same training will be organized for 2 more local branches. In addition, in September, the Red Cross organized the "Promotion of human values" trainings for 15 young people, with the task to transfer the acquired knowledge to their peers and motivate them to volunteer. All these activities are designed for new volunteers who joined the Red Cross in the period of pandemic, and are necessary to make sure that they are fully committed to the Red Cross mission and principles, and that they have a basic knowledge about the organization before they are engaged in the COVID-19 response.

The Red Cross of Montenegro is a member of an Operational Team within the National Coordinating Body for Communicable Diseases (NCB) which adopts measures and provides recommendations. This body is coordinated by the minister of health, the vice prime minister, and the director of the Institute for Public Health. The Red Cross is continuing its work with migrants and asylum seekers. Migrants and asylum seekers accommodated in centres have been reached through the distribution of awareness raising material in 3 languages (English, Arabic and Farsi), and with the provision of medicines and disinfectants. In addition, humanitarian assistance is being provided to people in private accommodation and to those in integration processes, with the support of UNHCR, the Swiss Red Cross, and the ICRC. The Red Cross of Montenegro provided humanitarian support (hygiene and clothes) for 30 people in integration process. Additionally, RCM provided support for online schooling of migrant children. As of October 2020, in cooperation with one local NGO, the Red Cross has been organizing workshops in small groups of 3-5 migrants on rehabilitation

through physical exercises. People with disabilities received medicines but also PSS, the letter mainly through the phone, taking into consideration that they are at additional risk during the pandemic. Assistance is also being provided to Roma people (food and hygiene packages). The Red Cross of Montenegro has been working with the Roma community in the country for almost 20 years now – with activities related to education and health, and providing humanitarian assistance. RCM also has an office in the camp near Podgorica with around 2,000 Roma refugees from Kosovo. RCM is thus aware of their needs and the focus is currently on the distribution of food and hygiene items organized in cooperation with community leaders. They also received information materials on health and hygiene promotion, along with relief items. Besides, RCM is continuously communicating with Roma NGOs and other organizations throughout the territory of the country to provide assistance to those most in need. In addition, as Roma people are very vulnerable in terms of employment, the Red Cross of Montenegro provided trainings for 25 people for different occupations. 10 people received free working space and tools for establishing their own business. 30 people completed the psychosocial support training related to employment (positioning in the market, improving communication skills, improving computer skills, etc.).

**Red Cross Society of the Republic of North Macedonia**

The NS has been active since the beginning of the pandemic in the country, implementing activities for raising public awareness on COVID-19 prevention and hygiene promotion, risk communication, helpline for PSS support for vulnerable people and people in isolation, health activities, distribution of medicines and food, and hygiene parcels to the most vulnerable groups of population (older people, homeless people, Roma population, children, people with pre-existing chronic diseases and people in self isolation). The NS is also actively supporting migrants that transit the country, migrants sheltered in the transit centres, those in centres for asylum seekers and for migrants.

Volunteers of the North Macedonia Red Cross are providing masks, gloves and disinfectants for migrants and refugees at the transit centre of Tabanovce to protect them from COVID-19. *Photo: RCNM*

Health, and WASH:

The NS has also been active in raising awareness about symptoms and individual prevention measures related to COVID-19, the importance of social distancing and in translating WHO and IFRC educational materials for prevention of COVID-19 to Macedonian and Albanian languages. Dissemination of these materials and public awareness raising was done mainly through social media (Facebook, NS webpage, Twitter etc.) RCNM mobilized all volunteers proficient in hygiene promotion and enabled them to undergo WHO online trainings for COVID-19, in order to conduct online prevention campaigns and dissemination sessions for hygiene promotion and COVID-19 protection for vulnerable groups, institutions etc. In addition, over 1,870 posters for hygiene promotion were distributed and posted, with 11,320 disinfection kits distributed and 40 dissemination sets for 20 disseminators were procured. The NS will continue to provide hygiene promotion in rural areas and in educational institutions, and the establishment of electrical hand disinfection systems in Red Cross premises in order to protect staff and volunteers. RCNM opened SOS phone lines since the beginning of the response to provide support to the most vulnerable groups such as older people and those in self-solation. Lines were later opened for all citizens in need of mental health support to overcome the stress caused by COVID-19 and to be able to adapt to the new lifestyle. So far, 5,898 calls were registered at the national level, specifically by 16 Red Cross branches and the Red Cross of Skopje organizing this service. In addition, online trainings are provided to volunteers not only to brief them prior to their activities on COVID-19, but also to train them on the provision of PFA and its remote modalities during the pandemic. Services for people in isolation and quarantine, provided through mobile teams for affected people, reached 440 people through with the procurement of food, daily supplies and other services. Support for homeless people in Skopje, provided through medical teams conducted 458 medical check-ups for 150 homeless persons. Social workers conducted 160 interventions and counselling services (assistance in providing 13 IDs, 2 birth certificates, 1 health insurance paper). The teams for distribution of food and clothes provided 1,726 hot meals and 5,668 pieces of clothes. RCNM has also strengthened its migration response with adopting preventive measures with additional teams, and providing humanitarian assistance and referral (the teams of doctors were providing preventive medical checks, primary health checks and additional medical checks if needed as per the protocols for COVID-19 in coordination with the Public Health Centre). Teams at the South-Eastern border have

distributed 1,519 hot meals, 2,950 food parcels, 3,602 pieces of canned food, 17,574 water bottles (0.5l), 367 sets of clothes, provided 8,626 first aid interventions, sheltered 1,041 migrants and assisted in total 14,985 irregular migrants. During each distribution of food and hygiene parcels there are sets for personal protection of vulnerable groups including protective masks, disinfection gels and protective gloves. RCNM volunteers are also assisting Ministry of Health in distribution of the medicaments for people with chronic diseases in state quarantines and distribution of insulin for people with diabetes that are in self-isolation. In cooperation with UNICEF, North Macedonia RC volunteers are supporting vulnerable groups of population especially children with the distribution of hygiene parcels for 10,000 Roma people. Red Cross Teams are active in providing support to older people through home visits and are supporting them with the procurement of daily supplies and medicines upon their request, as well as providing them with PSS support. The National Society distributes food, hygiene, medicines, etc. for vulnerable people and people in isolation. The NS performs disinfection of vehicles, premises and equipment of volunteers and staff of Red Cross.

Livelihoods, cash support and food aid:

COVID-19 affected all segments of functioning of the regular daily living, then affected the economy, and a high number of citizens became vulnerable due to the closure of businesses where the middle class was employed. Since March, the NS responded to the most vulnerable citizens and those who lost their jobs with the following livelihoods activities conducted so far:

- Distributed monthly food parcels: 25,423
- monthly hygiene parcels: 25,502
- baby parcels: 2,953.
- Distributed hot meals for vulnerable groups: 21,703
- Assisted vulnerable groups with delivery service of food, hygiene, medicines: 7,174

National Society Strengthening:

Special attention was given to strengthening the capacities of the NS especially for acting in the pandemic. 33 educational sessions were organized for COVID-19 prevention for each branch, where 450 volunteers and staff were trained on how to protect themselves. 5 refresher trainings with 40 participants were also organized for hygiene promotion. The NS started to organize the PSS and PFA system, so comprehensive analysis was conducted with recommendations for the establishment of a structured system for PSS and PFA provision that can be further developed and be sustainable. So far, 55 volunteers were trained on how to conduct PSS and PFA trainings and to provide PSS and PFA assistance in pandemic situation and manuals for PSS and PFA trainings were produced and adopted for COVID-19.

**Polish Red Cross**

The Polish Red Cross (PRC), as auxiliary to the public authorities, opened a Humanitarian Aid Centre (HAC), which is focused on three main areas:

1) central intervention crisis warehouse dealing with current equipment purchases and distribution;

2) psychosocial support;

3) education and prevention.

There are several different activities done within the HAC framework since the beginning of the pandemic in Poland, such as:

Polish Red Cross volunteers distributing food to vulnerable households. *Photo: PRC*

- Social Campaign: PRC, together with AVIVA Poland, launched a social campaign called „Be safe!, with a dedicated webpage with clear, few-steps instructions on how to prepare for different disasters like floods, heavy storms, heat and frost. A special chapter is focusing on the COVID-19 pandemic. The campaign is available here in Polish language. It is estimated that 20,000 people have already been reached by this campaign.
- Rescue Service: 19 PRC Rescue Teams are prepared to provide assistance during disasters. 15 of them support construction of temporary shelters and quarantine camps, transport food in container trailers, and are mobilized with pneumatic tents, power generators and heaters to contribute to the municipal civil protection response. It is estimated that 1,250 people have already been supported.
- Family links: The tracing service is actively promoting restoring family links through online communication with family members. It is supporting beneficiaries in establishing contacts with their

relatives. It is estimated that 3,000 people have been encouraged to regular family contacts by the NS messages.

- Easter support: Due to an impressing level of mobilization of PRC partners and supporters, the National Society provided Easter packages with food and protective equipment to 5,000 persons in different regions.
- Food distribution: A food distribution program is implemented under the European Fund for Relief to the Most Deprived (FEAD). PRC is currently providing food to 113,000 people, of which 10% are older people. Volkswagen Company, Land Rover and Renault Poland donated vehicles to PRC to support the food distribution. Food was provided to 226,600 people.
- Home care: Every day almost 16,000 people with different diseases are visited by over 5,000 home carers. All PRC Branches continue this mission and actively invite communities to help.
- Blood donation: PRC urges people to donate blood because there has been a significant decrease in donations during the pandemic. 38,000 blood donors have been instructed about safe blood donation.
- Education: PRC is active in prevention. Its basic activities are focused primarily on educating the community on how to protect themselves against infection and how to care for the others. PRC uses infographics and messages about good social behaviour on social media and its website. It is estimated that 52,000 people have been instructed about safety measures and safe behaviour during the pandemic.
- Psychological helpline: With the engagement of volunteers, PRC started a psychological helpline, where qualified psychologists and psychotherapists are on duty. They provide psychological support to people who experience negative effects of the pandemic. It includes psychoeducation, psychological first aid, providing information on places where specialist help can be obtained. This project has been supported through the IFRC multilateral funds. It is estimated that 70,100 people have been informed about such support. Since the beginning of the psychological helpline, 227 psychological consultations have been conducted addressing mainly the following issues: adaptation problems in relation to COVID-19; interpersonal difficulties; depression symptoms; anxiety symptoms; domestic violence; economic problems; problems with children. In addition, there were 13 consultations with staff and volunteers of the Polish Red Cross, which focused on interpersonal difficulties and anxiety symptoms. The psychological helpline is promoted on Facebook and local newspapers, and 10,000 people received leaflets informing about the helpline, and 16,100 brochures in English, Russian and Ukrainian were also distributed directly and indirectly through non-governmental organisations working with refugees and migrants, the office for foreign students at the University of Warsaw and one hospital. Health education is one of the key activities in this project. An educational brochure on the stress symptoms, how to deal with stress and panic, how to support the others and when to ask for help, was prepared by experts, printed out and distributed. 38,000 brochures have been distributed through PRC branches involving youth, rescue and home care activities. Brochure and leaflet are also available on-line. During an evaluation, the decreasing number of phone calls to the psychological helpline in the summer period was observed. At the same time, an interest in online workshops was reported. To respond to this need, PRC extended the educational offer in the project and organized workshops on self-care during COVID-19, dedicated to youth and volunteers. Two online workshops about coping with stress and taking care of mental health were organised. Workshops were led by two psychotherapists with experience in supporting volunteers and youth, and 24 participants aged between 14 and 21 participated in the initiative.
- The Polish Red Cross established child-friendly spaces and provided psychosocial support for children with the support of the IFRC multilateral funds. As the first step, PRC staff was trained in 3 online workshops. In total, there were 30 hours of workshops and 34 people trained in PSS. Child-friendly spaces were equipped with toys, books and board games adapted to different age groups. Teams also equipped themselves with tents and all necessary tools for temporary quarantine. 98 children aged 0-12 have been looked after in the places of quarantine. It was an important step not only for children but also for their parents who felt supported by professionally prepared staff.

By implementing the all the above activities the Polish Red Cross:

1) responded to the long-term needs of psychological support assessed during the first phase of the operation;
2) strengthened its capacity in HR (including volunteer management);
3) developed its know-how in a new area of psychosocial support not practiced before;
4) expanded the potential of PRC Rescue Teams;
5) appreciated the work of volunteers in the project;
6) and shared good practices with sister NSs and other stakeholders.

**Portuguese Red Cross**

The Portuguese Red Cross stands in solidarity with communities and is a frontline responder to the pandemic. With an extensive network of branches and volunteers and staff across the country, the Portuguese Red Cross is supporting people and their communities to prepare for and respond to the global emergency. The Portuguese Red Cross has been in the frontline since the beginning of the COVID-19 outbreak and continues to respond to COVID-19 needs in the field of health and social inclusion as the pandemic evolves into a second wave. It has increased its COVID-19 testing capacity to more than 42,000 people. It set up both fix and mobile testing posts across the country. It is also supporting authorities in replacing staff in residential facilities for older people who are COVID-19-positive. It has 18 emergency teams (doctors, nurses, psychologists and support staff) ready to be deployed whenever there is an emergency situation in these facilities. It has traced contacts for 370 persons, transported 597 COVID-19 patients, and provided psychosocial support to 2,122 people. There has been a significant socioeconomic impact of the pandemic and Portuguese Red Cross has been responding to the needs of 60,277 people with food and non-food items. 1,262 homeless people received shelter, and 89,421 people were reached through risk communication initiatives. The Portuguese RC trained 900 staff and volunteers on COVID-19 surveillance, and 1,081 have also received training in community engagement. At the same time, Portuguese Red Cross is trying to adapt its internal processes and security measures in order to respond to the challenges imposed by COVID-19, such as remote work when possible, including the training of volunteers. This component has been supported through the IFRC multilateral funds and the following has been achieved:

Portuguese Red Cross volunteers collecting food and non-food items at a supermarket for distribution. Photo: *Portuguese RC*

- 2 working groups were established related to the development of the volunteer and stock management modules to be integrated in the Portuguese RC ERP system. The WG Volunteer Module has already developed a plan of action and several activities have already been implemented, such as the definition of technical requirements of the module, which have been submitted to the supplier. The supplier has submitted a budget proposal and PRC is analysing it according to the foreseen budget in the PoA. The WG Stock Management had preliminary meetings and is going to establish its working plan.
- Since the emergency state was declared in early November 2020, remote work is mandatory whenever possible. Portuguese RC acquired 16 new remote working licences which were foreseen in the PoA.
- Regarding IM, Portuguese Red Cross is exploring possible partnerships to support the NS in developing its data management systems. It participated in 3 workshops on data from the Nova SBE Data Science Knowledge Centre.

**Romanian Red Cross**

According to the mandate and auxiliary role in humanitarian emergencies, the Romanian Red Cross assists the most vulnerable people such as older people living alone, provides social welfare for families in need, psychosocial support for isolated people and launches campaigns to support the medical system and the first responders with medical and personal protective equipment. The Romanian Red Cross is working closely with state authorities in charge of managing the COVID-19 Crisis (State Department of Emergency Situations, Ministry of Health, Government Secretariat) to better contain the spread of the virus and to prevent new infections, as well as to provide frontline personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results. During the spring lockdown, RRC has been designated by the state authorities at governmental level as the main actor to receive donations both cash and in-kind, and to supply/deliver those to the hospital personnel working in the frontline and to communities in need. RRC opened different channels for donations though the national fundraising campaign #RomaniaSalveazaRomania, an SMS campaign for donations, available only on national level (Romanian mobile phone networks), and through online donations available on the RRC website, as well as with corporate partnerships for cash and in-kind donations. The funds raised were used to purchase medical equipment and protective materials to support the hospitals and first responders. From September, RRC started a new information campaign nationwide, with the support of IFRC and USAID, to be implemented until March 2021.

Romanian Red Cross donating intensive care beds and medical monitors, along with personal protective equipment and hand sanitizer at the Colentina Hospital in Bucharest. *Photo: RRC*

Summary of achievements on Risk communication, community engagement, and health and hygiene promotion:

- A library of communication materials was formed, with the support of IFRC. These materials will be adapted, translated and used for the Information and education caravan.
- 30,000 posters and 300,000 leaflets drafted and printed on 3 different subjects for 3 age categories (posters and flyers about general COVID-19 information; mental health and stress management; stigmatization).
- 44 branches selected and trained for implementation of the activities.
- 4 training sessions organized on the topics of RRC principles, ethics and teamwork, COVID-19 data, epidemiological approach, mental health, stress, community engagement and feedback, reporting and communication within the project, printed materials to be used during the campaign. The trainings were held by experienced trainers and staff and volunteers of the RRC.
- 467 volunteers trained on delivering information about COVID-19 and its consequences.
- Communication plan drafted and approved by the IFRC.
- 5 online posting based on information materials translated and adapted from IFRC and WHO.

**Russian Red Cross Society**

Since the start of the spread of COVID-19 in the Russian Federation, the Russian Red Cross has conducted risk communication and awareness-raising activities on the COVID-19 related risks and preventive measures. As COVID-19 spreads and lockdown measures have been introduced, RRC staff and volunteers provided targeted assistance to deliver food to people in self-isolation, and worked with partners to mobilize resources to strengthen RRC capacity in the COVID-19 response. From the beginning of the response to the present, work continues to inform about the risks of infection, support is provided to health facilities, psychosocial support to people exposed to stress (people who have lost their income, older people and people with chronic diseases, migrants, medical workers), an information campaign was launched to promote free blood donation, and targeted assistance is provided to the most vulnerable people to mitigate the secondary impact of the pandemic.

Low-income and large families, older people and vulnerable migrants are going to receive food assistance coming from the IFRC and the Russian

Sustaining Health and WASH:

Activities in these two sectors have included:

- Informational campaign on risk communication and COVID-19 prevention covering approximately 1,220,000 people (1,160,000 have been reached though online campaigns),
- 732,842 people were provided with PPE within the health promotion activities,
- Informational campaign on blood donation covering 59 million people all over the country,
- Psychosocial support (PSS) provided to 45,400 people through established telephone hotlines, 42,000 people received PSP offline (face-to-face and group meetings),
- 40,000 people provided with hygiene kits within the hygiene promotion campaign in the country (including 12,000 people in 15 regions of Russia within the IFRC funding support),
- Health facilities supported with 32 lung ventilation equipment, 570,000 PPEs, 3,840 COVID-19 tests, 104,000 hygiene items, 8,925 hot meals for medical staff,
- 59,155 deliveries of essential items (food/hygiene) to people in self-isolation carried out by Russian RC volunteers.

Livelihoods, cash support and food aid:

The main activity under this pillar was direct livelihoods assistance through food parcels distribution, which was provided to 380,738 people all over the country, including 14,200 households (about 30,000 people) in 15 regions of Russia within the IFRC funding support,.

National Society Strengthening:

5,500 RRC staff and volunteers have been trained on different aspects of the COVID-19 response (PPE use, PSS, risk communication, safety of staff and volunteers). In addition, around CHF 1,7 million (funding support and in-kind donations) has been attracted from external donors at the national level.

**The Red Cross of Serbia**

Given the auxiliary role of the Red Cross of Serbia in relation to the government in humanitarian affairs, and its position defined by the Law on Disaster Risk Reduction and Disaster Management of the Republic of Serbia, it has been engaged in local and national emergency management and provision of support to the affected communities from the beginning of the COVID-19 crisis. From the declaration of the state of emergency on 15 March up to 31 October 2020, the Red Cross of Serbia engaged 176 Red Cross Branches, 700 staff, and more than 6,000 volunteers to provide support to affected communities and to the government structures in their efforts to respond to the COVID-19 crisis and its impact on the population in Serbia.

Blood donation organized by the Red Cross of Serbia. *Photo: Red Cross of Serbia*

Besides the continuation of its regular activities such as the soup kitchen, voluntary blood donations and disaster preparedness and response programmes, the Red Cross of Serbia commenced the following activities in its efforts to respond to the COVID-19 crisis:

- Organization of psychosocial support for citizens in need through local and national telephone info lines for psychosocial support and psychosocial first aid;
- Formation and engagement of RC field mobile volunteer teams in local municipalities to provide support and care to people in need;
- Risk communication and community engagement;
- Support to the healthcare system and institutions in Serbia;
- Support to national authorities in providing camp/shelter items for field camps and temporary hospitals;
- WASH support to local emergency HQ in the city of Belgrade with tanks capacity of 1,500 liters;
- Distribution of family hygiene parcels;
- Distribution family food parcels;
- Provision of PPE to RC facilities, volunteers and staff.

The Red Cross of Serbia achieved the following:

Sustaining Health and WASH:

Risk communication and community engagement for health and hygiene promotion activities:

- 174 local RC Branches are implementing risk communication and community engagement, providing advice on the correct use of PPE, washing hands and helping people carry food and non-food items that they have purchased (297,524 people assisted).
- 103 local Red Cross Branches delivered more than 121,014 leaflets and printed materials to the local community. Leaflets provide information related to COVID-19. Additional COVID-19 leaflets and posters are being developed, procured with distribution started in third week of October 2020. In total 125,500 leaflets and 8,750 posters were procured are distributed to 186 local Red Cross Branches in order to reduce and prevent further COVID-19 infections.
- 148 local RC branches organized info-centres to provide the right information to citizens and to receive requests where support was needed (189,421 people reached). Through the info-centres and established telephone lines, over 42,594 call-backs from RC volunteers and staff were performed to affected population.
- In total, 418,538 people have been reached with risk communication and community engagement activities.

Community WASH activities:

44 local Red Cross branches in municipalities and cities were involved in the distribution of disinfection liquid provided by local authorities. The Red Cross of Serbia engaged 8 tanks with a capacity of 1,500 litres in the city of Belgrade for storage and distribution of disinfection liquid in public places. In total 158,115 people were assisted.

Mental Health/ Psychosocial Support (MHPSS):

128 local Red Cross Branches in municipalities and cities were providing PSS and PFA to people, volunteers and staff. PSS and PFA was provided to 5,824 RC volunteers and 929 RC staff. The Red Cross of Serbia organized a Psychological First Aid training for psychologists working in the Ministry of Defence.

Health facilities supported:

14 health facilities in 9 municipalities and cities were supported in data processing of COVID-19 tested people (40 volunteers were engaged in 3 shifts in 3 municipalities in Belgrade). 16 local RC Branches are providing support to the healthcare system and institutions in Serbia by placing 8 tents and 3 containers for triage and examinations. Safes space for triage within these tents supported more than 43,700 people.

Livelihoods, cash support and food aid:

Food and other in-kind assistance

159 local Red Cross branches were distributing food and hygiene parcels to most vulnerable people in need. During the state of emergency, 76 local RC Branches were running public/soup kitchen programs (134,000 meals were delivered). Local Red Cross Branches distributed 233,939 protection masks to communities. 140 local RC Branches organized info-centres in order to provide the right information to citizens and to receive requests where support is needed to all people in need (181,535 people assisted). 157 local Red Cross Branches formed and engaged RC field mobile volunteer teams in local municipalities to provide support and care to people in need (642,846 field interventions carried out).

In total 735,982 people were assisted with food and other in-kind services.

Conditional and unconditional cash and voucher assistance:

Related to CVA activities planned with IFRC support within the reporting period, the RCS conducted mapping of financial services providers for 186 municipalities. Protocol of cooperation was signed with FSP in October 2020. Mapping and selection of people to be assisted with CVA will start in November 2020.

To ensure the safety of its staff and volunteers, the Red Cross of Serbia provided 537,060 protective masks, 660,560 pairs of protective gloves and 41,647 litres of disinfectant liquid to 6,587 volunteers.

**Slovenian Red Cross**

Few weeks after the first wave of the COVID-19 pandemic in the middle of June, the number of newly registered cases began to grow exponentially, having an impact on public life with government introducing new measures for limiting the spread of the virus. National plan for protection and rescue in the event of an epidemic or pandemic of an infectious disease in humans - version 2.0 was adopted on 23 July 2020 by the government. SRC continued collaborating with all relevant governmental, non-governmental and international organizations in coordinating provision of assistance and aid to vulnerable groups. SRC remained on stand-by for possible deployment by the government for civil protection and disaster relief, and also continued providing support in community and infection prevention and control activities, livelihoods, MHPSS, social care/cohesion/inclusion programs. It also organized relevant trainings for SRC FA team/deputy team leaders on providing aid during epidemics/COVID-19 and for SRC volunteers/staff on providing psychosocial support and assistance to older people (including home care for this vulnerable group). At the same time, SRC continued to provide its support thorough various activities and constantly adding new ones to the list, such as providing PSS; assistance in delivery of medicine, food and hygiene items for those with no social network/support mechanism in Slovenia; assistance in procuring these items for those with low financial means. Persons supported were primarily workers form the former Yugoslavia countries coming to Slovenia with no social network or means of living, being left without support by their employer or employment agency. Currently the SRC FA team members support medical staff of the main medical centre in Slovenia - the University Medical Centre in Ljubljana and 5 so-called "COVID-19 hospitals". 130 SRC FA team members are involved in this response activity. Debriefing sessions for FA volunteers and staff supporting medical institutions are provided in collaboration with the government administration for civil protection and disaster relief. The provision of new MHPSS materials and (online) trainings on COVID-19 are being secured for better support of SRC volunteers, staff and vulnerable groups. With support provided by the IFRC through the multilateral funds, SRC was able to provide until now:

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

- food items (3,715 packages of children's food, 3,429 packages of vitamin drinks) within food parcels distributed to socially vulnerable families and reaching 5,300 children,
- 160 pairs of durable footwear for SRC volunteers and staff engaged in the COVID-19 response activities primarily in the field,
- communication materials for the promotion of key messages on preventive measures for stopping the virus spread, on stigma, on how to protect physical and mental health, on increasing social vulnerabilities of families and gathering of donations such as food and hygiene products, on engagement of volunteers in providing support to their communities and inviting new ones to join, etc.,
- distribution and delivery of donated items from the main SRC logistics centre in Ljubljana to 56 local Branches,
- transportation of responding SRC staff/volunteers,
- ToT on COVID-19 for FA team leaders,
- support to SRC logistics team by hiring additional staff members in primarily securing distribution and delivery of PPE to SRC local branches and field teams where and when necessary,
- providing MHPSS activities for socially vulnerable children after the first COVID-19 lockdown,
- securing additional communication tools (computers, multifunctional devices) necessary for the COVID-19 response,
- support in securing additional human resources (FA Assistant Officer, Youth/Social media Officer, IT/Logistics Officer) necessary for the implementation of additional activities implemented because of the COVID-19 circumstances and for other activities set in the PoA (web platform offering MHPSS and FA e-learning tools, online volunteering options, securing new software for facilitating procurement of disaggregated data from local Branches and teams on the field, etc.),
- National ToT rol out on COVID-19 for 16 SRC FA licenced trainers and presented them with the most up-to-date knowledge on the virus, together with measures and guidelines issued by the National

Institute for Public health for different types of institutions, situations and activities, which are also applicable or specially determined for services/assistance provided by SRC. The trainers are disseminating the information further to FA teams of 56 SRC local Branches.,

- provided information on COVID-19 protective measures and SRC response/assistance at local and national level. The information was distributed through different social and news media outlets. Between 1 March and 14 April the total number of media coverage mentioning SRC has doubled in comparison to the same period of the previous year, with the Slovenian Press Agency publishing 7 times more articles, and television stations securing 3 times more coverage on SRC assistance and activities. SRC alone has produced 26 articles on the topic of COVID-19 on its webpage and more than 260 posts on Facebook,
- provided MHPSS activities for socially vulnerable children after the COVID-19 lockdown.

**Spanish Red Cross**

Spain has been one of the hardest hit countries by COVID-19 worldwide. In response, the Spanish government introduced a royal decree (463/2020) to declare a nationwide emergency, starting on 15 March and ending on 21 June 2020, with large-scale prevention measures and heavy restrictions. From 31 January to 10 November 2020, there have been 1,398,613 confirmed cases of COVID-19 in Spain with 39,345 deaths. After an initial ease in the restrictions, at the end of the summer the epidemiological situation started to deteriorate again, and new prevention and restriction measures have been adopted.

Spanish Red Cross volunteer delivering food and medicine to people in need. *Photo: SRC*

In this context, the Spanish Red Cross, as auxiliary to the public authorities in the humanitarian field, has been actively participating in preparedness and scenario planning activities via coordination mechanisms convened by public authorities. The Spanish Red Cross is recognized as a key actor in outbreak response in the country, supporting with the provision of health, relief, social inclusion, education and employment services. COVID -19 has immediate, medium and long-term consequences on the health and social situation of the Spanish population, especially on vulnerable groups and people in high risk categories deriving from their health status, age as well as their socioeconomic and livelihoods vulnerabilities. Since the declaration of the state of emergency mid-March 2020, the Spanish Red Cross (SRC) health centres have adapted to this exceptional situation. SRC has made all its centres available to the Ministry of Health with the aim of providing healthcare services to COVID-19 patients. The Spanish Red Cross is committed to alleviate the impact of the COVID-19 pandemic through its Response Plan, ensuring support and medical equipment to vulnerable groups and the general population. The Spanish Red Cross has been adapting its services and activities to coordinate health, social and emergency services in all the autonomous communities, mobilizing as of 10 November 2020 more than 61,000 volunteers, with more than 30,000 new volunteers that have approached the organization and have been integrated in the activities. As of 10 November 2020, SRC reached more people than the target population, reaching more than 2,700,000 people. Open data in real time of the actions in relief, health, social inclusion, employment, education and environment can be found here, in Spanish. SRC health centres have been redefined to respond to the new needs according to the guidelines set by MoH:

- The Gijón hospital, a COVID-19 reference centre, redistributed healthcare areas by releasing two floors to serve COVID-19 patients.
- The Palma hospital assumed the management of a new space outside the hospital to serve only COVID-19 patients.
- The San Fernando Senior Residence (Cádiz) reordered users in different areas to respect isolation and opened an internal medical service for the care of affected residents.
- The Córdoba hospital significantly increased its capacity in terms of intensive care units to attend to COVID-19 patients as well as to put in place measures for the isolation of wards and safe admission.
- The San Sebastián hospital has been a reference centre for COVID-19 patients in its province (although not supported through the IFRC multilateral funds as most costs have been covered by the regional health system).

The additional allocation of staff to these health centres has been key in order to both respond to the specific needs and medical care of COVID-19 patients and to keep the regular assistance and medical services to other patients with different pathologies. The recruitment of additional staff in the centres has ensured the provision of additional health and emergency services, increasing teams to cover shifts as well as the implementation of specific COVID-19 measures such as psychosocial support for isolated patients, safe spaces, disinfection and cleaning of facilities. Besides, the additional recruitment of staff supported the replacement of staff on sick leave/ in isolation due to COVID-19. The additional staff at health centres includes physicians, other health personnel (nurses, nursing assistants, etc.) and non-health related essential services (kitchen, cleaning, security, etc.) The Spanish Red Cross was supported through IFRC multilateral funds in the reinforcement of the number of healthcare professionals at the above mentioned 4 health centres from April to September 2020 (6 months). The number of services provided during this period at the 4 health facilities is as follows:

- Córdoba hospital: 8,868 (415 COVID-19)
- Palma hospital: 8,743 (1,038 COVID-19)
- Gijon hospital: 11,985 (1,850 COVID-19)
- San Fernando basic health centre: 26,059 (1,291 COVID-19)

**Red Crescent Society of Tajikistan**

The Red Crescent Society of Tajikistan (RCST), with its 69 branches, 149 staff members and 12,000 volunteers, has been at the forefront of the national COVID-19 response. It is a member of the National COVID-19 Task Force, the National Platform for Emergency Response, and the Coordination Council at the Ministry of Health and Social Protection (MOHSP), and coordinates closely with WHO, UNICEF, UN Women and other partners. RCST has been providing logistics support to the MOHSP, delivering essential COVID-19 medical supplies and PPE to rural and city health facilities, and provided translation of COVID-19 information materials into local languages. RCST trained, equipped with PPE and mobilized 1,800 volunteers throughout the country. It also provided training on COVID-19 prevention for 320 primary health care workers, and 3,200 hygiene kits have been provided to primary health care facilities.

Volunteers and staff of Tajikistan Red Crescent conducting training sessions to educate children on COVID-19 preventive measures. *Photo: RCST*

RCST provided information sessions on COVID-19 for 810,493 people in urban and rural populations and for 511,959 schoolchildren, with a total coverage of 1,322,452 people. A total of 270,000 information leaflets and posters were printed and distributed to communities in various districts, and articles were published in 8 local newspapers. RCST has also used its social media network (website, Facebook, YouTube, Telegram pages) for information dissemination, and reached over 70,000 people through information campaigns, performances on local radio and TV, and social networks. RCST has provided support to vulnerable people in geographically and socially isolated communities, including people with pre-existing health conditions, people affected by TB, people living with HIV, and people in prisons. It provided cash assistance to 1,100 orphans and 2,000 vulnerable families and distributed 1,920 food parcels. A livelihoods support programme is planned to start in December. During October, the IFRC and RCST were asked to conduct a COVID-19 community perceptions survey, with funding from the Global Financing Facility (World Bank) and technical support of WHO. It is hoped that this new partnership will help to build more collective action and Red Cross Red Crescent engagement in the COVID-19 vaccine roll-out in Tajikistan during 2021.

**Turkish Red Crescent Society**

During the reporting period, under the IFRC appeal, Turkish Red Crescent Society (TRCS) has been active in responding to needs related to COVID-19 throughout the country through risk communication and community engagement (RCCE) including disseminating information among local Turkish and refugee communities, about the disease, its symptoms and measures to prevent infection. Staff and volunteers conduct these activities through household visits, strategic points, online information sessions, one-to-one phone calls and social media platforms. Community-Based Health and First Aid (CBHFA) volunteers are reaching out to communities with information on COVID-19 through their WhatsApp groups or social media accounts. The health and hygiene promotion consists of several strategies aimed to increase knowledge, improve hygiene behaviour, and prevent the spread of epidemics. Health training has been used as a major communication channel to provide health information at all 16 community centres which continued to provide online training and information seminars on infectious diseases and prevention methods. Psychological conditions were also assessed and if needed, referrals were made by the Community Centres for professional psychological support, which included psychological counselling, individual psychotherapy, psychoeducation and support group activities - tailored for the effects of the COVID-19 pandemic. In addition, information specific to COVID-19 transmission and protection measures was shared through one-to-one phone calls, different social media platforms, household visits and face-to-face activities for sensitive cases.

Staff and volunteers of the Turkish Red Crescent Society distributing hygiene kits to households. During these distributions, information on how to prevent, mitigate and respond to COVID-19 is shared. *Photo: TRCS*

TRCS continued the distribution of Personal Protection Equipment (PPE) according to the needs in various public health institutions and to vulnerable individuals identified from refugee and host communities. Using a holistic approach, providing hygiene supplies to people who do not have regular access to hygiene items has been an important part of health promotion. These individuals were able to apply the information provided before receiving and using hygiene kit items. Services were provided in person only for those who showed severe symptoms and/or did not have internet access. No clinical cases were reported with most of the concerns being related to the possibility of stigmatization and socio-economic alienation.

TRCS has reached over 145,138 refugee and host communities through RCCE and hygiene activities in relation to the global COVID-19 project as follows: PPE items have been distributed among 59,500 people. 60,000 people have been reached through distribution of hygiene kits, 24,742 people have been reached through RCCE activities and 896 people have been provided with PSS.

During all the activities, the most vulnerable groups from the refugee and host communities were prioritized such as older people, women, children, and agricultural workers based on referrals from and coordination with various actors on the ground including public institutions, e.g. schools, institutions under Turkish government Ministry of Health and NGOs.

Following the first round of the Knowledge, Attitude and Practices (KAP) Assessment which was carried out between 20 July and 12 August 2020, the analysis of the findings was finalized to inform risk communication, behaviour change and community engagement activities. Key results of the KAP assessment were presented in the national Accountability to Affected Population (AAP) Task Force meetings as well as IFRC regional webinars. Findings are also being used to prepare content for various visual materials for social media to address rumours with factual information. The second round of KAP assessments is planned for November, which will enable a comparison between the two rounds. In addition to the KAP assessment, surveys are currently being conducted in Community Centres to collect complaints, feedback and questions related to COVID-19 through dedicated KOBO forms. Initial data has recently been analysed and the key results will be shared with sector teams to adjust COVID-19 programming as needed. Surveys are to be developed in November 2020 to collect feedback on non-COVID-19 related subject matters as well.

**Red Crescent Society of Turkmenistan**

The Red Crescent Society of Turkmenistan (RCST), with its network of 59 branches, 135 staff members and 1,063 volunteers throughout Turkmenistan, is a member of the national COVID-19 Outbreak Response Plan Working Group, working with government ministries in COVID-19 prevention activities. RCST has mobilized, equipped with PPE and trained 230 volunteers for COVID-19 prevention activities. The National Society has also supported the Ministry of Health with the training of a total of 629 family doctors and nurses throughout Turkmenistan on COVID-19 prevention and response.

Volunteers distributing hot meals to people in need in Turkmenistan. *Photo: RCST*

To date there have been no cases of COVID-19 reported in Turkmenistan, and the focus of the National Society has been on awareness raising activities. Volunteers have conducted information dissemination activities and distributed information materials in communities, including information on PPE especially about the wearing of masks, compliance with social distancing, and regular handwashing. Information campaigns have reached a total of 255,900 people through informational materials and video broadcasting. In the most remote areas, in order to assist communities, RCST volunteers have conducted 8,000 door-to-door visits to inform people about prevention and safety measures. A video on COVID-19 prevention was developed for school children for use in schools. RCST has also provided PPE to frontline workers, and distributed laser thermometers for temperature screening in schools, kindergartens, universities, factories and local RCST branches.

**Ukrainian Red Cross Society**

The Ukrainian Red Cross Society has been active in the COVID-19 response since February 2020, when the first cases were registered. Since March 2020, URCS has been assisting the government of Ukraine with informational campaigns and in May 2020 it established a Call Centre in order to provide information on COVID-19 in the country, provide PSS support via referrals, and link people in need of support with appropriate agencies. Since May 2020, over 50,000 calls were received and over 15,000 were referred for further assistance.

Volunteers are delivering hot meals to lonely older people and people with disabilities. *Photo: URCS*

As part of the information campaigns, URCS along with the Ministry of Health released 30 videos on COVID-19 information and broadcasted them via national TV channels and social network as social advertisements (1,517 views on YouTube; 627,700 on Facebook; 38,000 on Instagram and 561,000 on TikTok). Over 1 million copies of printed materials (posters, calendars, pocket notes, leaflets) have been distributed. All printed materials have been distributed to the local population through the Ukrainian Red Cross regional organizations and other government institutions.

URCS handed over to multiple governmental and non-governmental facilities 0.5 million pieces of PPE and over 5,000 litres of disinfectant. More than 50,000 people have already received food packages and over 10,000 have received NFI support. URCS donated appliances to over 100 hospitals. The volunteers of URCS in cooperation with the Public Health Centre of the Ministry of Health of Ukraine, conducted information sessions for medical staff of 182 core hospitals all over Ukraine.

To respond to the COVID-19 pandemic, URCS was working in coordination with several government entities such as the Ministry of Social Policy, the Ministry of Health, the National Security and Defence Council of Ukraine, and the State Emergency Service of Ukraine. The Ukrainian RC regularly coordinates with IFRC, ICRC and partner National Societies in-country. RCCE, CEA, blood donation and food distribution activities were supported by the IFRC nationwide. The Danish Red Cross supported URCS with PSS kits for 'stay at home' risk groups, with the provision of hygiene kits, and with CEA and RCCE activities in the whole country. The German Red Cross provided various livelihoods support in the Donetsk region.

Sustaining Health and WASH: The Ukrainian Red Cross supported over 100 hospitals with PPE, positive pressure ventilators, beds, clean water supply and with PSS. URC is the most visible RCCE actor in Ukraine, over 1 million copies of printed materials (posters, calendars, pocket notes, leaflets) have been distributed and over half a million of the Ukrainian RC RCCE materials were printed from open sources. Ukrainian RC has utilized all available media outlets to circulate COVID-19 protective information. In August, Ukrainian

Red Cross finalized community assessment to track the notions and concerns related to COVID-19 and established a community feedback system on COVID-19.
Livelihoods, cash and food aid: 5,000 people were reached with livelihoods support through food and non-food items distribution.
National Society Strengthening: The Ukrainian Red Cross has developed SOPs for operating an Info & Call Centre. A CEA and PGI focal point specifically envisioned to engage in the COVID-19 response was hired. The RCCE Team has been expanded from the funding from ECHO and OFDA. Through the Global IFRC Appeal, funding for an Emergency Operations Centre (EOC) has been secured.

**Red Crescent Society of Uzbekistan**

The Red Crescent Society of Uzbekistan (RCSU) with its 210 branches, 595 staff members, more than 42,000 members and volunteers and strong community presence, is uniquely placed to have a strong role in the COVID-19 response. The RCSU is actively involved in COVID-19 preparedness and response coordination with the Ministry of Health (MoH) and Ministry of Emergency Situations, WHO and other partners, including participating in meetings of the National Epidemic Committee. RCSU has mobilized, equipped with PPE and trained a total of 1,220 volunteers and 325 staff for the COVID-19 response. In total, RCSU has distributed 138,025 masks and 50,387 hygiene items to staff and volunteers, also to at risk groups; and purchased 64 digital thermometers, 13,000 hand sanitizers, disinfectants and gloves for RCSU staff and volunteers. RCSU has supported WHO and the MoH with translation of COVID-19 medical guidelines into the Karakalpak language.

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: RCSU*

The focus of RCSU's activities has been on risk communication and community engagement activities. Throughout Uzbekistan, in local communities, in marketplaces, on public transport, RCSU has distributed a total of 44,445 information materials in Russian and Uzbek languages. RCSU has organized 5,755 different events: awareness raising information sessions, reaching a total of 138,563 people. There has been a total of 552 postings/mentions/instances on mass media - on local TV, radio, newspapers, on Facebook, and Instagram. To support the most vulnerable groups of population, due to the socio-economic impact of the COVID-19 pandemic, the RCSU, jointly with the MoH and the Ministry for Mahalla and Family Affairs, has provided cash transfer assistance, aiming to increase family income, providing one-time financial assistance to 3,240 persons in 14 regions, in the period of September-October. Payments were transferred to existing bank cards of beneficiaries, which ensured transparency and security of the cash transfers. RCSU has also provided health, social and home visit services to 17,122 people, including financial and food assistance. In addition, RCSU has provided 700 bed sets and bedding sets for the MoH's regional infectious diseases hospitals throughout the country.

*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 Robert Herinckx, Operations Manager - COVID-19, Frido.HERINCKX@ifrc.org
- Davron Mukhamadiev, Regional Health and Care Coordinator, davron.mukhamadiev@ifrc.org
- Katja Kotkavaara, Regional Pandemic Preparedness Delegate, RRPanPred.Europe@ifrc.org
- Anssi Anonen, Regional Information Management (IM) Coordinator, anssi.anonen@ifrc.org
- Dorottya Patko, Planning, Monitoring, Evaluation and Reporting (PMER) Manager, dorottya.patko@ifrc.org
- Boglarka Bojtor, PMER Officer for COVID-19, boglarka.bojtor@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

# ANNEX: National Society Reach Heatmap – Level of activity in priority areas*

| Country / National Society | Health and Wash | Socioeconomic Impacts | NS Strengthening |
|---|---|---|---|
| Albania - Albanian RC** | 1 | 1 | 0 |
| Andorra - Andorran RC | 11 | 5 | 4 |
| Armenia - Armenian RCS | 5 | 4 | 3 |
| Austria - Austrian RC | 10 | 3 | 3 |
| Azerbaijan - Azerbaijan RCS | 5 | 2 | 3 |
| Belarus - Belarus RC | 8 | 4 | 3 |
| Belgium - Belgian RC | 9 | 5 | 2 |
| Bosnia and Herzegovina - Bosnia and Herzegovina RCS | 6 | 2 | 2 |
| Bulgaria - Bulgarian RC | 5 | 3 | 3 |
| Croatia - Croatian RC | 7 | 4 | 5 |
| Cyprus - Cyprus RC | 2 | 2 | 3 |
| Czech Republic - Czech RC** | 2 | 3 | 1 |
| Denmark - Danish RC** | 2 | 3 | 0 |
| Estonia - Estonian RC | 1 | 0 | 0 |
| Finland - Finnish RC | 4 | 4 | 3 |
| France - French RC | 8 | 4 | 2 |
| Georgia - Georgia RCS | 8 | 4 | 4 |
| Germany - German RC | 7 | 1 | 3 |
| Greece - Hellenic RC | 8 | 3 | 3 |
| Hungary - Hungarian RC** | 3 | 2 | 1 |
| Iceland - Icelandic RC | 6 | 3 | 3 |
| Ireland - Irish RC | 5 | 2 | 3 |
| Israel - Magen David Adom of Israel | 6 | 0 | 1 |
| Italy - Italian RC | 12 | 4 | 4 |
| Kazakhstan - Kazakh RC | 2 | 2 | 4 |
| Kyrgyzstan - Kyrgyzstan RCS | 8 | 3 | 3 |
| Latvia - Latvian RC** | 1 | 3 | 0 |
| Lithuania - Lithuanian RCS** | 1 | 3 | 0 |
| Luxembourg - Luxembourg RC | 1 | 1 | 1 |
| Malta - Malta RCS** | 2 | 1 | 0 |
| Republic of Moldova - Moldova RCS | 6 | 3 | 3 |
| Monaco - The Monaco RC | 9 | 5 | 1 |
| Montenegro - Montenegro RC | 2 | 3 | 2 |
| Netherlands - The Netherlands RC | 8 | 4 | 3 |
| Norway - Norwegian RC | 4 | 3 | 3 |
| North Macedonia - Republic of North Macedonia RC | 9 | 5 | 4 |
| Poland - Polish RC | 4 | 4 | 3 |
| Portugal - Portuguese RC | 8 | 4 | 3 |
| Romania - Romanian RC | 4 | 2 | 2 |
| Russian Federation - The Russian RCS** | 2 | 3 | 0 |
| San Marino - Republic of San Marino RC** | 4 | 2 | 0 |

| | | | |
|---|---|---|---|
| Serbia - Serbia RC | 5 | 4 | 3 |
| Slovakia - Slovak RC** | 2 | 2 | 0 |
| Slovenia - Slovenian RC | 8 | 4 | 4 |
| Spain - Spanish RC | 10 | 5 | 2 |
| Sweden - Swedish RC | 4 | 4 | 3 |
| Switzerland - Swiss RC | 10 | 4 | 3 |
| Tajikistan - Tajikistan RCS | 11 | 4 | 3 |
| Turkey - Turkish RCS | 8 | 3 | 3 |
| Turkmenistan - Turkmenistan RCS** | 1 | 0 | 1 |
| Ukraine - Ukrainian RCS | 6 | 1 | 0 |
| United Kingdom - British RC | 5 | 5 | 4 |
| Uzbekistan - Uzbekistan RCS** | 1 | 2 | 2 |

**Main source of information: National Society activities as reported in public COVID-19 GO field reports as of 30th Nov*

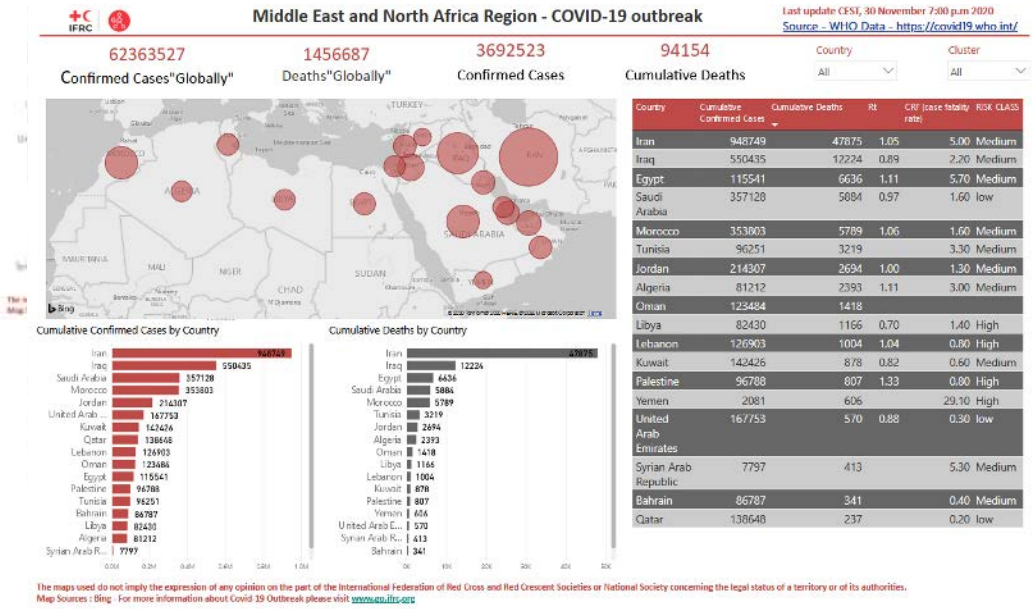
*** Information is taken from National Society update provided for regional Situation Update, but not via (*

# Situation Update

**3,692,523** confirmed cases in MENA Region

**94,154** confirmed deaths in MENA Region

reported by WHO as at 7:00 pm CEST, 30 November 2020.




| Country | Cumulative Confirmed Cases | Cumulative Deaths | Rt | CRF (case fatality rate) | RISK CLASS |
|---|---|---|---|---|---|
| Iran | 948749 | 47875 | 1.05 | 5.00 | Medium |
| Iraq | 550435 | 12224 | 0.89 | 2.20 | Medium |
| Egypt | 115541 | 6636 | 1.11 | 5.70 | Medium |
| Saudi Arabia | 357128 | 5884 | 0.97 | 1.60 | low |
| Morocco | 353803 | 5789 | 1.06 | 1.60 | Medium |
| Tunisia | 96251 | 3219 | | 3.30 | Medium |
| Jordan | 214307 | 2694 | 1.00 | 1.30 | Medium |
| Algeria | 81212 | 2393 | 1.11 | 3.00 | Medium |
| Oman | 123484 | 1418 | | | |
| Libya | 82430 | 1166 | 0.70 | 1.40 | High |
| Lebanon | 126903 | 1004 | 1.04 | 0.80 | High |
| Kuwait | 142426 | 878 | 0.82 | 0.60 | Medium |
| Palestine | 96788 | 807 | 1.33 | 0.80 | High |
| Yemen | 2081 | 606 | | 29.10 | High |
| United Arab Emirates | 167753 | 570 | 0.88 | 0.30 | low |
| Syrian Arab Republic | 7797 | 413 | | 5.30 | Medium |
| Bahrain | 86787 | 341 | | 0.40 | Medium |
| Qatar | 138648 | 237 | | 0.20 | low |

# National Society Response

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

**Health and WASH** 12

**Socioeconomic Interventions** 12

**NS Institutional Strengthening** 12

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

| | |
|---|---|
| 4 | Ambulance services for COVID-19 cases |
| 3 | Community-based surveillance (CBS) |
| 5 | Epidemic control measures |
| 8 | IPC and WASH (community) |
| 6 | IPC and WASH (health facilities) |
| 5 | Isolation and clinical case management for COVID-19 cases |
| 8 | Maintain access to essential health services (clinical and paramedical) |
| 7 | Maintain access to essential health services (community health) |
| 1 | Management of the dead |
| 6 | MHPSS |
| 10 | Risk communication, community engagement, and health and hygiene promotion |

**SOCIOECONOMIC INTERVENTIONS**

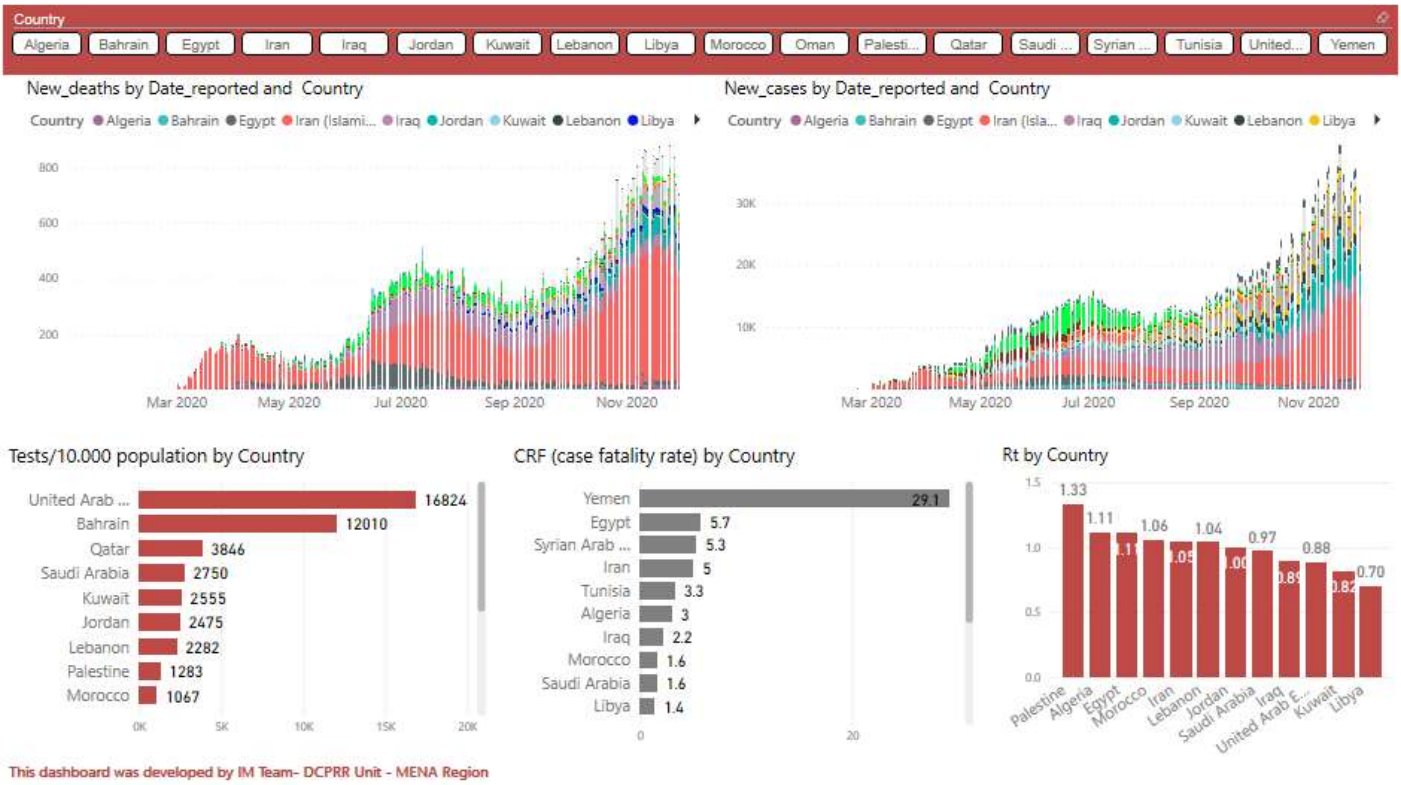
| | |
|---|---|
| 6 | CEA, including community feedback mechanisms |
| 10 | Livelihoods, cash support & food aid |
| 3 | Shelter and urban settlements |
| 7 | Social care and cohesion, and support to vulnerable groups |

**NS INSTITUTIONAL STRENGTHENING**

| | |
|---|---|
| 7 | National Society readiness |
| 5 | National Society sustainability |
| 11 | Support to volunteers |

# Regional overview

MENA region continue to face a new peak of coronavirus cases which has forced many governments to reintroduce strict confinement measures, including new lockdowns, curfews, bans on meetings and the closure of many businesses, notably in the hospitality and tourism sectors.




As of November 1st, more than of 3 million cases (7% of the global cases), and more than 80.000 deaths (7% of the global deaths) have been reported in the region since the start of the outbreak. One country from MENA is included in the top 20 countries with the highest new cases; Iran (Islamic Republic of) with occupies the 17th position. Two countries are included in the top 20 countries with the highest new deaths: Iran (Islamic Republic of) occupies the 7th position and Tunisia occupies the 19th position. Four countries surpassed the Regional CFR of 2.5% - Yemen (29.1%), Egypt (5.8%) and Syria (5%).

The new restriction has a devastating socio-economic impact with a lot of families and communities across the Middle East and North Africa (MENA) region have witnessed unprecedented challenges to their health, livelihoods, and personal wellbeing.

## Priority 1: Sustaining Health and WASH

The Health and Care unit focused on supporting NSs to deliver their quality services and protection of staff and volunteers in the frontline. Since MENA NSs' health and WASH activities are immense from community bases activities to the hospital care; the unit has been providing technical supports through different platforms and mechanisms. Since the operation has started, the team has been providing relevant guidelines and promoting peer to peer exchange between RCRC NSs, through the pre-existing coordination platform: Health and WASH forum or in thematic webinars with the aim to share information and increase NSs skills and knowledge. In total, more than 20 technical platforms and meetings have been organised with RCRC partners and external partners such as WHO EMRO and UNICEF. Additionally, peer to peer technical support has been exchanged by Egyptian RC, Libyan RC, Qatar RCS, Kuwait RC and Lebanese RC. Members outside of the region, such as Italian RC and Canadian RC have been organised to promote timely sharing of their expertise and knowledge. Topics covered include Epidemiology for COVID-19 ( behind the numbers ), Care in Community, Public Health Emergency, e-learning platform, WASH, Green response and COVID-19, Glossary, MHPSS,

Community based surveillance, First Aid and COVID-19 and COVID-19 for exchanging experiences, scaling up and assuring minimum standards of the COVID-19 operation.

For the COVAX facility and COVID-19 vaccination roll out, the MENA RO has held a series of meetings and workshops in different levels in coordination with the PRD and GVA community health team. For instance, the high-level conference on COVDI-19 hosted by IFRC Vice President Dr. Chen. Zhu to initiate dialogues with MENA NS leaders. MENA health & care team has been actively participating at WHO EMRO led COVID-19 technical working group meeting on COVID-19 and COVAX and sub-technical working group on RCCE.

Movement Surge support from Netherlands RC, NorCross and German RC is a good practice to compliment the Health and Care unit's technical support structure for MENA NSs.

## Epidemic control

With regards to epidemic control efforts, a COVID-19 glossary was developed by the Health & care unit, with support from the headquarters. This glossary was shared to be utilized by all regions, based on WHO and IFRC guidelines. The aim of this glossary is to unify terminology, definitions and relevant tools used in health activities in COVID-19 response, in order to facilitate the reporting process for the NSs. Translation into Arabic was done to technical guidance information and materials from WHO and IFRC Geneva, and the dissemination of learning took place from previous IFRC pandemic response operations.

National Societies received support from the Health & Care unit in adapting and reactivating community-based health tools used in preventing the spread of diseases, encourage positive behaviour changes, and promote health in the community (CBHFA, PHAST, ECV, CEA etc.). Four NSs: Iraqi RC, Libyan RC, Algerian RC and Yemeni RC had benefited from individual technical webinars and e-learning training were organised in the region to boost and build their pandemic and epidemic control technical capacity.

- Almost all the NSs in the MENA region have been playing an auxiliary role to their government by being engaged in working on pandemic and epidemic control measures. Some of the activities that NSs have been engaged in as part of the pandemic control include: Supporting point of entry/point of control screening, contact tracing, active surveillance or other activities to assist in case detection and outbreak prevention. For example, Iranian RC is performing a National wide temperature check at the public premises, entrance of cities where more than 21 million people so far benefitted from these services. Also, more than 14,000 individuals were referred to clinical centres for further examinations.
- Support enhancing, the understanding and acceptance of key containment actions (i.e., IPC, quarantine, point of control screening, isolation, and treatment). For example, Syrian Arab Red Crescent (SARC) conducted sterilization campaigns for SARC facilities, public facilities, shelters, and points of entry. Egyptian RC was also involved in the sterilization of public institutions.
- Transporting suspected and confirmed COVID-19 cases, as well as transporting test samples from multiple locations to laboratories for analysis. For example, the Lebanese Red Cross (LRC), has completed more than 3,500 COVID-19 transport missions to medical facilities, and more than 38,500 PCR tests to designated laboratories.

The IFRC shows its commitment to its Duty of Care for volunteers and staff and its focus on their safety, security and protection through the provision of PPEs. IFRC MENA Regional Office had provided NSs in the region with PPE estimated at more than CHF 4.5 Million as part of the COVID-19 preparedness plan initiative.

Moreover, the emergency health team supported in medical procurement, medical evacuation protocol, airport entry protocol development, MoH requested field hospital operation for COVID-19 response for Egyptian RC and Jordan RC and the first hybrid (in class and remote) PHiE training in MENA implemented by NS in Yemen RC in support with WHO Yemen and Medical Surge delegate from German RC.

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

In terms of Community Engagement and Accountability, and in order to abide by the actions listed within the Emergency Plan of Action and operational plan 2021, the IFRC at the regional office focused on planning to provide technical support for National Societies including Libyan RC (LRCS) and the North Africa where meeting had been held that resulted in planning for up-coming CEA/RCCE workshops. In addition to the case study finalized by IFRC for LRCS around the

"volunteers in every street initiative" which was presented by the LRCS supported by Geneva colleagues in an IFRC RedTalk, another case study tackling the engagement of municipalities supported by Lebanese Red Cross to mitigate the COVID-19 spread was finalized and translated into Arabic.

The CEA unit translated the RCCE e-learning course to Arabic which will be shared with MNEA National Societies once finalized. The CEA unit also worked on a two pager COVID-second wave fatigue consideration in coordination with CEA unit in Geneva, the materials are under Arabic translation and will be shared with the NSs.
The CEA unit in coordination with BRC and ICRC also worked on finalizing the Terms of Reference for the RCCE perception study which will be funded by BRC and Geneva, this study is supposed to be implemented in January in countries with protracted conflict and crisis.

IFRC MENA Risk Comms, IM and CEA worked closely to translate into Arabic and to share IFRC messages, infographics, and other resources daily through regional communications and social media channels. The team is working closely with National Societies, supporting them in adapting and using these resources in their public communications as well as in their risk communication and community outreach.

In terms of RCCE interagency which is co-chaired by WHO, UNICEF and IFRC, the Community Health and CEA focal points are integrated in the Vaccination and Data RCCE sub-working groups, presenting the role of the RCRC Movement with its wide Community Health volunteers' network in routine immunization, and how it can translate into delivering COVID-19 vaccination through empowering and mobilize their communities, and tackle the behaviour change challenges. In addition, the RCCE regional guiding framework for country planning is approved and shared with all interagency partners, where the next step is to translate it and share it with NS's to adapt their RCCE country plans.

**Capacity strengthening**: 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 interventions for COVID19 response training package provided by the CBHFA teams to different national societies within the MENA region including Algeria, Iraq, Yemen, and Libyaria.

**Coordination** with Headquarters in Geneva is maintained through calls with the global CEA group and the RCCE global focal point to be updated about next plans to avoid duplication and to provide feedback from regional perspective.

The new Global tools developed by IFRC for Health Programming in Emergencies and MHM which has been developed with RCRC National Societies have been translated into Arabic by the MENA WASH team and adapted to the context of MENA NSs.

## Community-based surveillance (CBS)

MENA Health and Care Unit, together with IFRC emergency health unit in Geneva, had different discussions with NSs in the region to help them support public authorities in their efforts to identify potential clusters through passive and active CBS and contact tracing. Coordination with WHO EMRO and RCRC partners was taking place to promote joint technical collaboration across the region on CBS and identify potential areas and countries of collaboration.

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

## Infection prevention and control and WASH at the community level and in health facilities

The MENA WASH team supported the National Societies and IFRC Country Offices information needs for COVID-19 response and Infection prevention and control (IPC) and WASH related materials through its established platform. All materials are available in Arabic and English and have the objective of WASH scaling-up to reach vulnerable communities

such as camps, informal settlements and urban slums. 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.

The Health and WASH team have collaborated on mapping and procurement of Personal Protective Equipment (PPE) and COVID-19 Hygiene kits for the National Societies in the region as part of the COVID-19 preparedness plan initiative. The WASH team is coordinating with WASH Working Groups and ICRC WASH Focal points in MENA and is liaising with Geneva WASH team concerning WASH guidelines and further linking WASH to CASH, WASH to PGI particularly the HIF project with IFRC Geneva and Lebanese Red Cross for MHM and disability-friendly facilities.

The team is also developing a guidance list for COVID-19 Hygiene kit distribution in MENA countries, based on IFRC standard specifications, and advising NSs not to promote large scale outdoor spraying, as there is no evidence to support efficacy against COVID-19, but rather to encourage selective spraying (following Vector Control Guidelines) and to disinfect in-door settings such as high-density homes; health structures, public transport, supermarkets, pharmacies, care homes for the elderly, police and military establishments etc. WASH Technical support on mass spraying/disinfection has also been provided as part of the COVID-19 rapid training including about the main steps of disinfection at home. The WASH team also developed a guidance related to handwashing hardware considerations amid COVID-19 and Water quality testing guidance for MENA NSs. The WASH team also conducted a throughout technical review and on-going discussions for MENA country plans for 2021 operations

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, up-scale of WASH activities in MENA between the WASH focal points in MENA region National societies and partners, household water treatment and storage, WASH in emergencies kits and ERU with an experience sharing from LRC and SARC (19 participants). Furthermore, the WASH team attended the Global WASH Cluster meeting on UNICEF's response to COVID-19.

E-learning webinars in cooperation with Community Health, WASH, RCCE and MHPSS teams have been implemented for 4NSs: Iraqi Red Crescent Society (NS complementary approach/activities between Community health and WASH departments/teams ), Libya Red Crescent Society (Behaviour Change in Emergency, protection and migration), Algerian Red Crescent (community health interventions covering COVID-19 health information and behavior change, WASH, MHPSS, RCCE, volunteer management; with 16 participants from the Community Health branches), and Yemeni Red Crescent (WASH in emergencies/ IPC as part of Public health in emergencies training). A discussion is ongoing with Egyptian RC especially on WASH support to ERCS that includes addressing ERCS WASH needs and WASH programming.

A guidance note on WASH scaling-up for COVID-19 was formulated and disseminated to NSs. During the MENA WASH working group meeting with National societies, PNSs and ICRC in the region, some important topics have been covered: challenges faced in maintaining WASH services amid COVID-19, potential scale-up of activities and MHM experience sharing with Iraqi Red Crescent and French RC.

## Mental health and psychosocial support services (MHPSS)

MHPSS intervention is required for all countries and all populations since fear and stigma caused by COVID-19 could be a bigger and long-term issue than its physical symptoms; healthcare workers and front-liners such as ambulance team and volunteers can be overstressed and mentally collapse by long working hours under extreme pressure; and many people could not say “good bye” to their loved one. COVID-19 pandemic can result in more people distress and increasing suicide attempt due to social isolation.

MENA MHPSS network, chaired by IFRC MENA health and care unit, continues to take the lead on enhancing co-operation and supporting NSs technically in the development and dissemination of contextualized MHPSS tools for the MENA region. A platform for sharing the materials had been established to collect all the documents and MHPSS messages developed, such as Introduction for Psychological First Aid (PFA), Social Stigma associated with COVID-19 (including Video) and Rapid Training for community response and guidance. The network’s 6 months achievements were shared with MENA NSs focal points during the Regional COVID19 working group meeting and health and WASH forum (with 40 participants from 9 NSs, 6 PNSs, ICRC and IFRC) and disseminated IFRC reference Centre newly developed materials.

MHPSS e-Learning webinars were conducted with Algeria RC, Iraq RC, Libyan RC, Morocco RC, Egypt RC, and Bahrain RC. MHPSS focal point facilitated also a session during the special Scouts 'Jamboree on the Internet' webinar hosted by the World Organization of the Scout Movement, with around 1000 participants to address their experience on the impact of COVID-19 on their mental health and wellbeing.

The team was also coordinating with RCRC Movement partners in MENA (ICRC, IFRC PSS RC, GRC, DRC) to shape the modality of interventions on the caring for staff and volunteers, including the support platform, which is a system to be run for MENA NSs, and concerning development of the ToR. After that, the network started the preparation to deliver a webinar about Staff and volunteers wellbeing in November, in collaboration with MENA youth network.

RO and 3 NSs (Bahrein RCS, SARC & LRCS) were engaged with IFRC PS centre in the feedback process of pilot phase for the community of practice platform for MHPSS, that translates the work of the Movement MHPSS policy, resolution and road map with NSs.

RO with Cluster and Country offices are conducting MHPSS capacity needs assessment for Libya and Moroccan RC to stand up on the current gabs and shape the way forward of support.

## Isolation and clinical case management for COVID-19 cases

Isolation and clinic care management response and guidelines in Arabic, English and French were shared with National Societies and IFRC Country Offices using a shared platform. IFRC worked closely with NSs managing health facilities including isolation and quarantine facilities to support their response (i.e. PRCS, PRCS/L, Iraq RC, Egypt RC, Iran RC, Yemen RC).

Primary Health Care (PHC) package including a list of standard medicine has been worked on collecting necessary information from Blue Book and tools in order to support NSs with the health facilities. This work will continue for coming months to be completed.

## Ambulance services for COVID-19 cases

The Emergency Medical Services (EMS) protocol and readiness checklist for COVID-19 were developed and translated into Arabic. 4 MENA NSs (SARC, PRCS, YRCS and Libyan RCS) were trained by the medical officer (Surge from NorCross) using these newly developed materials. Moreover, the emergency health team with the surge medical coordinator were providing support for a possible mobile field unit for COVID-19 response for Egyptian RC from planning to the movement coordination.

## Maintain access to essential health services (community health)

Community Health, in cooperation with RCCE, WASH, MHPSS, and Comms have translated into Arabic and sharing IFRC messages, infographics and other resources through regional communications and social media channels. The team is working closely with National Societies, supporting them in adapting and using these resources in their public communications as well as in their risk communication and community outreach. Most of materials are available in English, Arabic and French for the 17 MENA NSs.

## Maintain access to essential health services (clinical and paramedical)

IFRC MENA RO continues to support NSs' information needs for COVID-19 response and health care services (clinical, paramedical, transport), through the dissemination of technical materials and guidelines in Arabic, English and French and through the technical support to scale up NSs' medical interventions to address secondary impacts of COVID-19 to increase access to essential health care services through Mobile health units and pre-existing health facilities.

After providing the technical support for provision of PPEs for 17 NSs, medical equipment for Iraq RC, the team was 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.

MENA RO Health & Care unit was coordinating with WHO and UN and other partners through WHO EMRO weekly COVID-19 partner meeting. The unit was part of discussion on Immunization including COVAX working group which is IFRC co-organized with GAVI and WHO. This contributes to the high level online side event during the UN General

Assembly on equitable access to vaccines in the time of COVID-19 which objective is to safeguard interrupted immunization campaigns, outline key infrastructure that needs to be in place by the time COVAX is developed, and highlight the need for equitable access to a COVID-19 vaccine.

## Priority 2: Addressing Socio-economic impact

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

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 socioeconomic impacts of COVID19 in urban settings.

**Capacity Building:**
• Online session on CVA to interested National Societies. Feasibility studies for Cash and Voucher Assistance planed in several countries.
• 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.

### Community engagement and accountability

The IFRC CEA unit has started in coordination with the ERC a case study to look into the impact of the cash distribution activity following the floods in Egypt affecting around 4,000 families. In addition, the CEA unit contributed to the review of the ToR and the questions script of a video case study to be implemented by the Lebanese Red Cross around the impact of the cash distribution to the people affected by Beirut Explosion.

### Social care, cohesion and support to vulnerable groups

As COVID-19 situation is exacerbating across the region, and resulting in increase of the protection risks among different groups; MENA PGI has started it efforts in re-introducing the Protection Gender and Inclusion file and providing technical support to different National Societies. As a startup, a coordination mechanism among different internal Movement actors and external actors is established. With the aim to provide better support, PGI MENA started leading a mapping exercise to identify plans and priorities for different Partner National Societies and highlight the PGI needs and gaps. In addition, direct technical support was provided to different national societies and for Libyan Red Crescent close support is provided and efforts were made to enhance the collaboration with UNICEF for COVID response. For increased awareness about the Protection Gender and Inclusion; under the Global revision process of the Gender and Diversity strategic framework a survey was disseminated among all MENA national societies and to ensure proper and active participation a MENA team was formed from IFRC regional office different units and three representatives from IRCS, SARCS, and PRCS.

**Migration and Displacement**
In MENA, a migration delegate supports IFRC offices, sharing best practices among National Societies. A regional webinar on "Migration and Displacement with a focus on the impact of COVID-19 on Trafficking in Persons" was rolled out end-July. A technical guidance note was published on trafficking in persons (TiP) in the context of COVID-19, including what operational approaches can be adopted by Movement actors. Country-level IFRC multilateral-funded programmes

are starting. Funds from the appeal have been allocated to Libya and will be reported in subsequent reports. Egyptian Red Crescent has reported on their services specifically targeting migrant communities.

## Priority 3: Strengthening National Societies

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

The MENA Region emphasized the priority to support the National Societies to respond effectively during this major crisis. The IFRC finance units located at countries, clusters, and regional offices are investing quality time to support not only the IFRC team leading the response, but also they are in close communications with the National Societies. The technical support is mainly focused on the advice on financial related matters such as budgeting, and reporting. The IFRC MENA is currently supporting several finance staff positions within the National Societies. The team strengthened this investment through a dedicated finance specialist who will be in periodic contact with the National Societies to provide advice and coordinate the technical support provided through the countries and clusters offices.

The Information and Technology Unit in the MENA region supported the Yemen RC, Libyan RC, Jordan RC and PRCS in the subscription and activation of Microsoft Office365 cloud services– hence activating and training NS staff on the usage of the digital workplace, which has increased their capacities and enhanced their remote operation by introducing new collaboration and coordination tools such as Microsoft team, SharePoint, besides to the support provided to Jordan RC in the implementation of the Emergency Operation Centre (EOC), which enhances NS response to emergencies and COVID-19 cases.

As can be seen throughout this COVID-19 update, National Society capacity to respond is being built across many components of the Mechanism. The resources of IFRC, PNS, national authorities and external actors augment NS resources. MENA RO is mapping all these developments to focus additional support particularly with potential winter seasonal events, responder fatigue and additional waves of cases needing support.

During the reporting period some MENA NSs due to COVID-19 responses that required the NSs to step in much more within their country settings have started engaging and continuing implementing systematic response readiness and preparedness through Preparedness for Effective Response (PER) process. To this end, two MENA NSs continue implementing the PER plan of action, two are in the assessment phase and two initiated the discussion on response preparedness strategic priorities in line with the COVID-19 related as well as other response experiences and existing plans of actions, policies and strategies in place. There is now an established communications channel on Teams site only for the NSs to exchange their progress and share experiences on response readiness and preparedness processes, as well as for IFRC to provide technical guidance and tools required.

To provide coordinated support to this approach, two regional webinars took place to sensitise MENA IFRC offices on this process, these actions were supported by the Rapid Response personnel on PER. In addition, given the operational planning period which coincided with the reporting period, 2 CCSTs mentioned about the PER engagement with their NSs, four country offices (Cos) noted in their 2021 operational plans to support PER process in their pertinent NSs

**Information Management:**
Information Management has become increasingly essential, with an increasing reliance on data and digitalization, particularly with COVID-19 travel restrictions that put an emphasis on digital platforms. During the reporting period, technical experts in the IFRC MENA Regional Office have supported the membership through:

Providing IM technical support and overall coordination at the regional and country-level on the reporting and analysis of the Covid-19 operations in MENA including GIS maps, infographics, dashboards – MENA Covid-19 Dashboard – Iraq Covid – 19 Emergency Page – Syria Covid – 19 Emergency Page.

Providing technical support and development of IM products at the regional and country level as well as the different technical units (PRD, PMER, Comms, Health, Finance) for the operations to facilitate decision making senior management – Visit Covid-19 Health Dashboard

Reference documents, communications materials, and health awareness messages (online package) created and managed by the IM during the covid-19 outbreak available in three languages (Arabic, English, and French) and have been shared with National Societies. The full package can be found here: https://drive.google.com/drive/folders/1tmeRQFroSz5G4A6bVsK7FfR7VZ5Aisr7.

Training and guiding MENA National Societies on the Federation Wide reporting tools. MENA NSs are familiar with the IFRC reporting tools and mechanisms mainly GO Platform and Covid-19 Epi-field, 3Ws, and Financial Reporting.
Developing, facilitating trainings and translating training materials and learning resources both in English and Arabic including the 3 Surge Information Management training and video (HIAC, ENAP, MDC).

More than 100 Staff and volunteers from National Societies, Partner National Societies, and Regional Office were trained on the use and navigation of GO Platform. During the reporting period 11 out of 17 MENA National societies submitted a public Covid-19 field report on GO Platform and so far and 80 3Ws entries are reported on the MENA 3Ws page on GO https://go.ifrc.org/regions/4#3w.

Translation of the GO Platform to Arabic: Click here to visit go in Arabic also, all the guide users, reporting templates, and needs are developed and translated in Arabic and shared with NSs.

**E-learning:** Video tutorials, webinars, 1-1 meeting, and online workshops done. Secondary Data Review online training is translated and available on our IFRC learning Platform in Arabic and English.

Working closely with SIMS and the different PNS in the region including NLRC and SpRC to connect the different collaborative IM initiatives in the region - IM Training package is developed with SpRC for training on IM for PRCS. The regional IM team is managing and coordinating with the 510-team support on VCA, GIS, EWEA Systems for (Iraq, Egypt, Jordan, Syria, and Yemen).

Supported the CEA , PGI and Communication team and develop RCCE and CEA and social media posters, flyers, and awareness messages and Anti-Stigma campaign about Covid-19 both in Arabic and English using Canva and Adobe Illustrator softwares – Anti-Stigma , SolidarityNotStigma

**Planning, Monitoring, Evaluation and Reporting:**
The MENA PMER network which was established at the beginning of the COVID-19 response operation in April 2020, with its weekly meeting with a focus during this reporting period to enhance data collection and analysis. The one-hour weekly sessions attended regularly by at least 7 National Societies have provided the participants with knowledge and skills on the following:

- COVID-19 Operational framework with indicators
- COVID-19 EPoA Logframe and M&E plan
- COVID-19 Mobilization Plan
- IFRC Go Platform
- The Federation-wide Databank and Reporting System (FDRS)
- Information Management/Data Collection Methods
- Remote Data Collection Tools
- COVID-19 Indicator Tracking Table (ITT) & Financial overview

PMER support different NS on the EPoA M&E framework by help in logframes, M&E plans, Indicators Tracking Tables development to improve accountability and data quality. Also, data collection templates and tools development to collect accurate data against the indicators.

**Logistics, Procurement and Supply Chain Management**:
The operational LPSCM unit provided support to the NS with technical review of the files with regards to the local procurements. Additionally, support was provided to the NS staff in developing of standard procurement documents,

dissemination of Directive Simplified for Procurement under COVID-19 with proper training and coaching of NS Logistics, Procurement and Supply Chain Management resources within the NS.

### National Society sustainability

MENA National Societies have availed themselves of the IFRC '*Guidance and Toolkits for NS Financial Sustainability in response to COVID-19 and its economic impact*' rolled out to NSs in during the reporting period.

To assist national societies in creating their own business continuity plans (BCP), A template has been developed by the BCP helpdesk. It is meant to enhance operational sustainability and ensure vital humanitarian services while addressing the duty of care for staff and volunteers. MENA regional colleagues have initiated testing and roll out.

### Support to volunteers

During the reporting period, the IFRC volunteering unit in the RO continued its support to the National Societies mainly in areas related to Volunteer management in emergencies and management of spontaneous volunteers during COVID crisis.
With context tailored webinars to 5 national societies (Libya, Egypt, Iraq, Yemen, and Algeria). Guidelines and documents related to volunteer management during COVID were also disseminated. Additionally, the regional Solidarity Funding for Volunteers 'coverage mechanisms were established at the National and Regional level.

## Enabling Actions

### **Coordination** for quality programming

The IFRC MENA regional office continues to provide guidance and support to National Societies with regular communication and coordination.

The MENA Regional Office and the Saudi Arabia government have signed an MOU for funding IFRC COVID operation in MENA for 6 countries.

Movement Coordination mechanisms are in place at the regional level to enable the operation to capitalize on the full capacity of all Movement partners and ensure a coordinated, holistic, and integrated response.

In terms of strengthening the communication with governments and external partners in the region, in the context of COVID 19, several high-level dialogues were organised to make sure that partners are up to date with the realities from the field, from the front line workers as MENA National societies are. 3 webinars with the government's representatives were organised across MENA region and a set of policy recommendations for MENA authorities in dealing with COVID 19 have been produced.

The IFRC MENA Regional Office (MENA RO) has set up a high-level Strategic Dialogue that took place with the Vice President from Asia Dr. Chen Zhu and MENA NS Leadership, with the presence of partners such as UNICEF and WHO on how to better prepare for a possible second wave of COVID-19.

As part of the BMZ funding pertinent to National Society Financial Sustainability, the IFRC identified 4 MENA National Societies (Egypt, Iraq, Syria, and Palestine) to undergo a Market Study in their respective countries to analyze their Markets and develop a Resource Mobilization Strategy based on identified emerging opportunities and analyzed risks.

The IFRC MENA Regional Office coordinated the Third Webinar on the International Red Cross and Red Crescent Movement Response to the COVID-19 pandemic in the Middle East and North Africa region. There was significant interest and high-level participation with the focus on Yemen.

In MENA region, the IFRC is actively engaged with both WHO and UNICEF to ensure synergy and complementarity of the preparedness and response taking into consideration fragile and complex settings. The IFRC MENA Regional office is enhancing the MENA dialogue on vaccination at three levels: MENA National Societies technical and leadership level, PNS and external actors in the framework of regional Working group co-chaired by WHO and UNICEF.

## Evidence-based insights, communications and advocacy

### 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.

**During the reporting timeframe, we have received 64 public COVID-19 field reports from 11 National Societies and so far and 80 3Ws entries are reported on MENA 3Ws page on GO https://go.ifrc.org/regions/4#3w.**

The COVID-19 field reports provide National Societies a streamlined reporting process to the IFRC network while allowing a platform for National Societies 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.

**"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 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. The 3Ws information that is filled by National Societies and Partners is auto-generated on GO into a regional and country-specific visualisations such as this.

**Communications:**

Content received from National Societies highlighting their response activities is shared across all national society platforms. A COVID-19 communications surge focal point was recruited to support development of COVID-19 related key messages and to reach out to media. Moreover, the Communication Department has provided technical support to National Societies on the verification and amelioration of their content production in English and Arabic languages. Coordination with WHO and UNICEF has been established to align health and other COVID-19-related content. Links to COVID- related products:

• **Suffering from COVID-19 in Utter Isolation, An ERCS Volunteer Tells His Story (30.07.20)**
https://media.ifrc.org/ifrc/2020/07/30/suffering-covid-19-utter-isolation-ercs-volunteer-tells-story/

• **Syria: Dying from hunger, conflict or COVID-19 (28.07.20)**
https://media.ifrc.org/ifrc/2020/07/28/syria-dying-hunger-conflict-covid-19/
https://twitter.com/IFRC_MENA/status/1288071658113249281?s=20

• **Interview on Aljazeera English with MENA RD about the effects of COVID19 on MENA (24.07.20)**
https://twitter.com/IFRC_MENA/status/1286733114719580167?s=20
https://twitter.com/IFRC_MENA/status/1286734034387836929?s=20

https://twitter.com/IFRC_MENA/status/1286735339932078080?s=20

• **PRCS introduces children with disabilities and their families to distance learning (09.07.20)**
https://media.ifrc.org/ifrc/2020/07/09/prcs-introduces-children-disabilities-families-distance-learning/

• **Video: How can we support people with disabilities during emergencies like COVID19 (22.07.20).**
Professor Dalal-Al-Taji from Palestine RC. Full story on https://bit.ly/2WjEb2l
https://twitter.com/IFRC_MENA/status/1285875460702904325?s=20
https://twitter.com/IFRC_MENA/status/1285876388575182848?s=20

• **Awareness Campaigns and Rumors' Busting about COVID-19 Throughout All Governorates in Yemen (22.06.20)**
https://media.ifrc.org/ifrc/2020/06/22/awareness-campaigns-rumors-busting-covid-19-throughoutgovernorates-yemen/
https://twitter.com/IFRC_MENA/status/1275169783177240581?s=20

• **How to keep some normality while COVID19 is spreading (18.06.20)**
https://twitter.com/IFRC_MENA/status/1273582325520048128?s=20

• **In Support of Nomadic Bedouins During COVID-19: Algerian Red Crescent Sends Aids to Al-Oued (10.06.20)**
https://media.ifrc.org/ifrc/2020/06/10/support-nomadic-bedouins-age-covid-19-algerian-red-crescentsends-convoys-aids-al-oued/
https://bit.ly/31kxvEm

• Latest Video: Emergencies don't stop during a pandemic (10.06.20)
https://twitter.com/IFRC_MENA/status/1270680887445917696?s=20

**Health Awareness:**
https://twitter.com/IFRC_MENA/status/1265574384095432712?s=20

Preparations for a joint WHO UNICEF public positioning: Routine vaccination and COVID19.
Five health awareness video messages have been produced and published in coordination with the CBHFA regional team:

1. Smoking during COVID19 (EGYPT RC): https://twitter.com/IFRC_MENA/status/1260917315471900672?s=20
2. Stay active and eat healthy (Algeria RC): https://twitter.com/IFRC_MENA/status/1260546504139386880
3. Physical distancing during Ramadan (Algeria RC): https://twitter.com/IFRC_MENA/status/1260115081179922433?s=20
4. Physical distancing and washing hands (Egypt RC):
https://twitter.com/IFRC_MENA/status/1260107053495959552
5. Washing hands and proper hygiene (Syria RC) https://twitter.com/IFRC_MENA/status/1259743829248409600

**TikTok:**
https://vm.tiktok.com/KX4Jqx/
https://vm.tiktok.com/KXcg7v/
https://vm.tiktok.com/KXw8oR/
https://vm.tiktok.com/KXGF6y/

**Press releases:**
• **Press release: COVID-19: Red Cross and Red Crescent urge more support for displaced people in the Middle East North Africa region (19.06.20)**
https://media.ifrc.org/ifrc/press-release/covid-19-red-cross-red-crescent-urge-support-displaced-peoplemiddle-east-north-africa-region/
https://bit.ly/31cNjcv

• **Press release: UN and partners launch guidelines to address the needs of most vulnerable groups during COVID-19**
https://media.ifrc.org/ifrc/2020/06/15/press-release-un-partners-launch-guidelines-address-needsvulnerable-groups-covid-19/
https://bit.ly/3hY7xfZ

## International support and resourcing

**Logistics, Procurement and Supply Chain**

As reported, four global requisitions were completed for the procurement of 12.5 million PPE. Thanks to global efforts, IFRC procured 13.8 million PPE for a budget of only10.2 million CHF. To deliver these PPE, IFRC has used a global framework agreement signed with a freight forwarding company. IFRC has also transported 81,9 MT/ 495.33 CBM using WFP services, amounting to a total savings of 1,003,484 USD. In total, IFRC has initiated transport purchase orders for MENA region amounting to USD 1,885,253 from China to Dubai and Dubai to MENA countries.

The majority of the PPE's ordered are procured and delivered to respective countries in MENA Region. To date all the PPE's (including in-kind donations – IKDs) are delivered into countries. There have been some specific challenges with shipping to certain countries as Yemen, Tunisia, Iraq, Iran and Palestine. There have been challenges with getting the required documentation in countries like Iraq where IRCS had to support with the letter from MoFA and based on the MoFA letter, there documents as Invoice, Packing list and other to be attested by Iraqi Embassy at the place of departing country. However, we have managed to get all the approvals and we are able to deliver all the PPE's to respective countries. The last shipment was to Tunis and we are waiting for the GRN.

Technical support and file reviews / validation is also provided to the Country Teams / Country Cluster Teams and NS with local procurement of PPE's where required by the Mena Regional Logistics (LPSCM) Unit.

Procurements planned at Country level / Country Cluster level and at Regional level are initiated and in progress, including items such as Food Parcels, Hygiene Parcels, Hygiene Materials, Medical Equipment / ICU Equipment and Drugs. MENA Shipments Covid-19.
- 29 shipments +1 IKD shipment (Swiss RC to Iran) to 9 MENA countries
- Majority of shipments ex Dubai, 3 direct shipments from suppliers to Lebanon, 1 direct shipment to Iran

Delivery fulfilment:
- 3 shipments under clearance in Iraq
- 1 in Tunisia

**Items delivered, including in- kind as below:**

| Item Description | Quantity |
|---|---|
| Surgical Mask | 2,850,000 |
| Surgical Mask | 459,400 |
| Face Shield | 15,500 |
| Infrared Thermometer | 940 |
| Coverall with hood | 49,290 |
| Surgical Gloves | 10,950 |
| Goggles | 14,000 |
| N95/FFP2 respirators | 464,000 |
| Examination Gloves (KL) | 384,000 |
| Examination Gloves (China) | 650,000 |
| Examination Gloves (KL) | 776,900 |
| Examination Gloves (China) | 527,500 |
| Examination Gloves (China) | 500,000 |
| Isolation Gown | 101,350 |
| Surgical Cap | 64,400 |
| **Total** | **6,868,230** |

In terms of resources, additional HR support was requested as one Surge Supply Chain Coordinator was requested for 3 months (June – August) and one staff on loan logistics delegate was requested for 3 months (Sep – Nov) to support the Logistics and Supply Chain Management of PPE's. In addition one Procurement Delegate was hired for 6 months to support the COVID-19 procurement within Mena Regional Office for regional procurement and to support the local

procurement at country level, country cluster level and to support with technical review of the files for the procurement conducted at NS level.

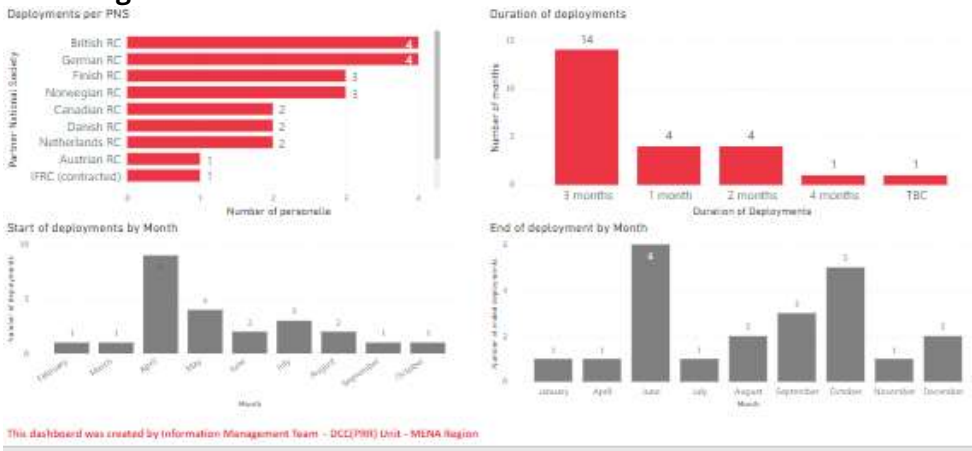
Under the German Grants funding, more PPE's are procured. These will be sent to Iran, Iraq and for contingency stocks to be preposition at Dubai Warehouse.

**Rapid Response Surge human resource deployment**

By the end of the reporting period, the surge team had deployed 24 people from different National Societies with different technical expertise to provide support to IFRC MENA regional, country, and country cluster offices in addition to MENA National Societies.

The support is a mixture of remote, on-site, and attachment of in-country partner human resources. Although even on-site surge support is constrained by office closures and travel restrictions, however the remote modality has proven to be effective in technical areas that have managed to adapt their activities accordingly. The regional surge capacity team has worked together with the global surge desk in Geneva to guarantee support, yet the global demand for some profiles has proven to be a challenge.

**Surge – Rapid Response Surge – COVID-19**




## Financial Analysis

The COVID-19 Outbreak Global Appeal totals 450 million swiss francs out of which the donors contributed so far with 267 million swiss francs which represents 59 percent of the total overall appeal. Out of the 450 million swiss francs, the total funding requirement for the Middle East and North Africa region is equivalent to 70 million swiss francs. The Secretary General approved a total operating budget equivalent to 37 million swiss francs based on the proposed funding plan. The Middle East and North Africa region will implement the approved operating budget from Mar 2020 until Dec 2021.

A total of 18.4 million swiss francs are spent at the end of Oct 2020 which represents 50 percent of the biannual budget as follows:

**II. IFRC Operating Budget Implementation**

| Thematic Area Code | Budget | Expenditure | Variance |
|---|---|---|---|
| AOF1 - Disaster risk reduction | 0 | 0 | 0 |
| AOF2 - Shelter | 0 | 0 | 0 |
| AOF3 - Livelihoods and basic needs | 3,702,958 | 989,509 | 2,713,449 |
| AOF4 - Health | 22,302,419 | 16,133,914 | 6,168,505 |
| AOF5 - Water, sanitation and hygiene | 1,281,418 | 206,946 | 1,074,472 |
| AOF6 - Protection, Gender & Inclusion | 63,900 | 17,822 | 46,078 |
| AOF7 - Migration | 89,225 | 0 | 89,225 |
| SFI1 - Strenghten National Societies | 4,067,215 | 495,517 | 3,571,698 |
| SFI2 - Effective international disaster management | 3,825,264 | 337,182 | 3,488,083 |
| SFI3 - Influence others as leading strategic partners | 657,602 | 38,345 | 619,257 |
| SFI4 - Ensure a strong IFRC | 1,190,581 | 244,462 | 946,119 |
| **Grand Total** | **37,180,584** | **18,463,697** | **18,716,886** |

The implementation of the operating budget is made of 19.4 million swiss francs allocated to the National Societies direct implementation out of which the actuals expenditures total 12.0 million swiss francs (62 percent). There is a total of 2.9 million unreported by the National Societies. The remaining part of the operating budget represents 17.7 million swiss francs out of which there is a total of 8.2 million spent at the end of Oct 2020 (46 percent). The income, and budget allocations as well as the actual expenditures is as follows:

**MDR80002 COVID-19 Outbreak - MENA**

| Regional Appeal | National Society Implementation | | IFRC Implementation | | Indirect & Pledge | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| Project name | BUDGET | ACTUALS | BUDGET | ACTUAL | BUDGET | ACTUAL | BUDGET | ACTUAL |
| MENA Regional Office | 1,195,550 | | 4,392,050 | 565,570 | 400,642 | 38,692 | 5,988,242 | 604,261 |
| Algeria RC | 844,474 | 416,389 | 340,728 | 292,257 | 87,929 | 40,723 | 1,273,132 | 749,369 |
| Egypt RC | 1,162,037 | 230,943 | 89,882 | 12,773 | 93,383 | 18,164 | 1,345,302 | 261,881 |
| Iraq | 740,207 | | 2,478,695 | 824,847 | 234,459 | 61,668 | 3,453,360 | 886,514 |
| Iran | 1,569,924 | 1,026,600 | 1,115,937 | 1,202,157 | 199,481 | 156,452 | 2,885,343 | 2,385,209 |
| Jordan | 617,100 | 330,892 | 671,684 | 498,945 | 96,108 | 62,065 | 1,384,891 | 891,901 |
| Lebanon - LRC | 3,122,720 | 2,872,720 | 1,835,080 | 1,373,665 | 372,176 | 260,410 | 5,329,975 | 4,506,796 |
| Lebanon - PRC | 857,702 | 681,887 | 162,752 | 148,515 | 77,396 | 44,005 | 1,097,850 | 874,407 |
| Libya | 815,937 | 246,245 | 340,465 | 128,507 | 85,619 | 23,688 | 1,242,021 | 398,440 |
| Morocco | 1,166,387 | 344,200 | 45,485 | 7,016 | 90,832 | 12,218 | 1,302,704 | 363,434 |
| Palestine | 2,124,398 | 1,852,754 | 79,068 | 56,468 | 164,737 | 116,899 | 2,368,202 | 2,026,121 |
| Syria | 3,887,034 | 3,748,836 | 602,503 | 686,871 | 335,333 | 331,800 | 4,824,870 | 4,767,507 |
| Tunisia RC | 476,983 | 235,621 | 742,618 | 733,374 | 91,001 | 72,472 | 1,310,602 | 1,041,467 |
| Yemen | 891,281 | 80,665 | 2,251,055 | 456,058 | 231,752 | 36,020 | 3,374,089 | 572,743 |
| COVID-19 Outbreak - MENA | CHF 19,471,733 | CHF 12,067,752 | CHF 15,148,002 | CHF 6,987,022 | CHF 2,560,849 | CHF 1,275,276 | CHF 37,180,684 | CHF 20,330,049 |

*Note: Budget - Full Operating Budget 2019-2021, Actual per Reporting Period*

The following table shows the classification of the actual expenditures of the National Societies split in Cash Transfers, Funds Transfers, Vouched expenditures, and Unvouched expenditures through the Working Advance Systems:

| Regional Appeal | National Society Implementation | | | | | |
|---|---|---|---|---|---|---|
| Project name | BUDGET | *Cash Trf NS* | *Cash Trf NS (WWPP)* | *WANS Unvouched* | *WANS Vouched* | ACTUALS |
| MENA Regional Office | 1,195,550 | | | | | |
| Algeria RC | 844,474 | | | *416,389* | | 416,389 |
| Egypt RC | 1,162,037 | | | *230,943* | | 230,943 |
| Iraq | 740,207 | | | | | |
| Iran | 1,569,924 | | | *1,026,600* | | 1,026,600 |
| Jordan | 617,100 | | | *92,171* | *238,721* | 330,892 |
| Lebanon - LRC | 3,122,720 | | *2,872,720* | | | 2,872,720 |
| Lebanon - PRC | 857,702 | | *681,887* | | | 681,887 |
| Libya | 815,937 | | | *246,245* | | 246,245 |
| Morocco | 1,166,387 | | | *242,535* | *101,665* | 344,200 |
| Palestine | 2,124,398 | *1,852,754* | | | | 1,852,754 |
| Syria | 3,887,034 | | | *469,208* | *3,279,628* | 3,748,836 |
| Tunisia RC | 476,983 | | | *235,621* | | 235,621 |
| Yemen | 891,281 | | | *7,387* | *73,279* | 80,665 |
| COVID-19 Outbreak - MENA | CHF 19,471,733 | *CHF 1,852,754* | *CHF 3,554,607* | *CHF 2,967,099* | *CHF 3,693,292* | CHF 12,067,752 |

The Palestine RCS is under the Cash Transfer System. The National Society submitted the expected financial report. The Lebanon-LRC and Lebanon -PRC are under the Transfer of Funds System – Working with Project Partners approach (WWPP) for which the IFRC is expecting to receive the requested financial reports before the end of the year. All the other National Societies operates under the Working Advance System in which the IFRC expects to receive a financial report together with all the supporting documentation. The IFRC transferred a total of 6.6 million swiss francs under the Working Advance System out of which the National Societies submitted both, financial reports, and the supporting documentation, amounting to 3.7 million swiss francs. There is still 2.9 million swiss francs unreported working advances which are expecting to receive soon or are in the process of IFRC approval and validation.

The following table shows the implementation of the overall budget compared to the YTD expenditures from Mar to Oct 2020:

## Budget Implementation by Budget Group/Category

| Account Group Name | Annual Operating Budget | Expenditure YTD | % Implementation | Commitments | Expenses & Commitments |
|---|---|---|---|---|---|
| Clothing & Textiles | 0 | 844 | | | 844 |
| Food | 617,632 | 0 | | 252,114 | 252,114 |
| Water, Sanitation & Hygiene | 164,372 | 323,069 | 197% | 155,492 | 478,561 |
| Medical & First Aid | 7,245,520 | 4,494,902 | 62% | 584,334 | 5,079,236 |
| Other Supplies & Services | 184,650 | 0 | | | |
| Cash Disbursment | 573,938 | 0 | | | |
| **Relief items, Construction, Supplies** | **8,786,112** | **4,818,815** | **55%** | **991,941** | **5,810,755** |
| Land & Buildings | 20,000 | 0 | | | |
| Vehicles | 441,000 | 0 | | | |
| Computers & Telecom | 36,200 | 12,326 | 34% | 55,063 | 67,390 |
| Office & Household Equipment | 0 | 4,619 | | | 4,619 |
| **Land, vehicles & equipment** | **497,200** | **16,945** | **3%** | **55,063** | **72,009** |
| Storage | 726,330 | 12,315 | 2% | 14,192 | 26,507 |
| Distribution & Monitoring | 642,831 | 1,143,723 | 178% | 13,083 | 1,156,806 |
| Transport & Vehicles Costs | 18,195 | 11,591 | 64% | | 11,591 |
| Logistics Services | 0 | 73,772 | | | 73,772 |
| **Logistics, Transport & Storage** | **1,387,356** | **1,241,401** | **89%** | **27,275** | **1,268,676** |
| International Staff | 1,465,461 | 459,354 | 31% | 520,831 | 980,186 |
| National Staff | 1,515,305 | 131,643 | 9% | | 131,643 |
| **Personnel** | **2,980,766** | **590,998** | **20%** | **520,831** | **1,111,829** |
| Consultants | 113,905 | 61,107 | 54% | 57,488 | 118,595 |
| Professional Fees | 79,750 | 81 | 0% | | 81 |
| **Consultants & Professional Fees** | **193,655** | **61,189** | **32%** | **57,488** | **118,676** |
| Workshops & Training | 464,000 | 181 | 0% | | 181 |
| **Workshops & Training** | **464,000** | **181** | **0%** | | **181** |
| Travel | 151,078 | 4,397 | 3% | | 4,397 |
| Information & Public Relations | 226,803 | 7,614 | 3% | 36,555 | 44,169 |
| Office Costs | 185,850 | 49,483 | 27% | 30,384 | 79,867 |
| Communications | 1,849 | 3,905 | 211% | | 3,905 |
| Financial Charges | 106,516 | 32,516 | 31% | | 32,516 |
| Other General Expenses | 0 | 42 | | | 42 |
| Shared Office and Services Costs | 166,817 | 159,536 | 96% | 2,249 | 161,785 |
| **General Expenditure** | **838,913** | **257,493** | **31%** | **69,187** | **326,681** |
| Cash Transfers National Societies | 7,802,319 | 5,407,361 | 69% | | 5,407,361 |
| Covid-19 Working Advances to Nat.Soc | 11,669,414 | 6,660,391 | 57% | | 6,660,391 |
| **Contributions & Transfers** | **19,471,733** | **12,067,752** | **62%** | | **12,067,752** |
| Programme & Services Support Recover | 2,250,283 | 1,111,860 | 49% | | 1,111,860 |
| **Indirect Costs** | **2,250,283** | **1,111,860** | **49%** | | **1,111,860** |
| Pledge Earmarking Fee | 305,666 | 162,773 | 53% | | 162,773 |
| Pledge Reporting Fees | 4,900 | 643 | 13% | 2,875 | 3,518 |
| **Pledge Specific Costs** | **310,566** | **163,416** | **53%** | **2,875** | **166,291** |
| **Total** | **CHF 37,180,584** | **CHF 20,330,049** | **55%** | **CHF 1,724,661** | **CHF 22,054,709** |

The management team will address the material variances while comparing the total budget vs. actuals in the following budget lines:

- Water and Sanitation,
- Distribution and Monitoring, and
- Communications

# National Society response – key highlights

## Algeria Red Crescent

Algeria recorded 83,199 cases (1,883cases/ 1M pop) with a recovery rate of 65% and a decrease in the number new daily cases compared to the first wave. However, the COVID-19 test rate remains unreported for Algeria.

The Ministry of Health, recently, announced that two tasks forces will be established to manage the vaccine campaign that is now imminent. In fact, the first one, related to health, will work on setting a the strategy for the acquisition of the vaccine, the vaccination plan to be implementation, as well as prepare the users who are invited to enlist in the vaccination campaign. The second one headed by the Minister of Interior, Local Groups and Urban Planning, is tasked with preparing the necessary logistical organization for transporting, storing, and distributing the vaccine.

**Algerian Red Crescent (ARC) succeeded to ensure a safe back-to-school season for children. Indeed, they participated in a peer-to-peer exchange experience with the Egyptian Red Crescent to improve their intervention and they conducted awareness campaign, disinfection, and mask distribution operations in several schools across the country.**

**ARC COVID-19 Response plan**: Since COVID-19 outbreak, the Algerian Red Crescent aims to strengthen the community resilience and assist local authorities in their response to the pandemic through community awareness operations and manufacturing and distributing PPEs to the population.

*Photo 1: ARC's back-to-school program*

**Health and PSS**: To assist local authorities and to help the community cope with the pandemic, ARC launched a door-to-door awareness campaign in 11,372 areas across the country and 51,312 media campaigns. It has also launched the manufactory of 434,620 masks out of 1M planned (43% progress towards the target).
Besides, Hygiene Kits were distributed to 13,555 families and 64,587 disinfection operations were conducted, including, governmental and public institution, and Schools preparing the back-to-school season.
Medical caravans have, in addition, took place and reached 459 beneficiaries.

**Socioeconomic intervention**: During COVID-19 lockdown, ARC distributed food kits for 65,838 families out of 100,000 expected (66% progress) and hot meals for another 70,788 families.

**IFRC appeal**: For the Algerian Red Crescent, the IFRC funds disbursement was delayed due to bank transfers issues, however ARC handled to conduct, so far, the following activities in the 48 wilayas (governorates) under the COVID Emergency appeal:

- Masks and protective gowns fabrication: 1,000 out of 2,500 planned.
- Disinfection kits distribution in 48 wilayas and disinfection operations.
- Door to Door and mass media sensitization ins 48 wilayas.

**USAID additional support for COVID-19 response plan**

With the additional support of the USAID, ARC intend enhance its COVID response plan by:

- Training 960 volunteers.
- Reaching 1,080,000 persons with RCCE actions including PSS and hygiene promotion.
- Food Kits distribution for 10,000 families.

ARC finalized the planning revision for the program and will start the implementation during December, knowing that the program will end by March 2021 as per the agreement with the USAID.

## Bahrain Red Crescent Society

Bahrain has set up a committed National Taskforce "Team Bahrain" to handle the spread of the Covid-19 virus and took measures to guarantee that testing and isolated facilities were set up immediately. Bahrain has one of the highest testing rates per capita, obtaining the acknowledgment of the World Health Organization (WHO) for its professional reaction.

The Bahrain Red Crescent (BRC) provided a distance training program for its volunteers through Skype in cooperation with the trainers of the International Committee of the Red Cross. The program lasted for four days and discussed many topics and workshops that benefit and empower the volunteers. BRC also distributed "Ramadan aids" to abstinent families in 73 regions around the Kingdom with the participation of the director and the journalist Muhammad Al-Saffar. The campaign of" Ramadan aid" had reached to 4,500 families. This year and as part of precautionary measures to prevent Coronavirus Covid-19, the in-kind assistance was delivered to needed families at their homes, instead of inviting them to come to the association's headquarters as usual. The BRC also created a webpage devoted mainly to submitting social aid requests electronically, through the association's website, after which the Social Services Committee would evaluate requests and follow up with the necessary procedures in order to ensure social distancing. As well to reduce the number of visitors and to ensure their safety of spread of the Coronavirus.

The Bahrain Red Crescent participated in the "Solidarity Not Stigma" campaign launched by the Red Cross and Red Crescent Societies in the Middle East and North Africa region, and through its social platforms, BRC participated in a movie "A Day in the Volunteer's life" that reflects solidarity against all who work in the field of medicine and volunteering to limit the spread of Corona.
The National Society announced that it has included in its annual emergency training sessions, (for hundreds of Bahrainis and residents) information about how to deal with suspected people or being infected with the Coronavirus, and all the symptoms associated with this virus, and the necessary precautions to deal with them.

The Bahrain Red Crescent shared awareness-raising photos on the Instagram highlighting the importance of caring for the elderly to protect them from the risk of mental health disorders during the periods of closure and social isolation of the COVID pandemic on the occasion of World Mental Health Day.

## Egyptian Red Crescent

Egypt recorded 102,718 cases (1,124 cases/ 1M pop) with a recovery rate of 88% and a decrease in the number new daily cases compared to the first wave. In fact, the Ministry of Health affirmed the state's full readiness to confront the second wave of COVID-19, referring to the training of health staff to apply scientific protocols to treat the cases and to follow infection control standards procedures, and to ensure the provision of adequate strategic stocks of medicines and medical supplies.

The Ministry of Health also, confirmed the cooperation with GAVI to provide 20 million doses of the emerging corona virus vaccine as soon as its effectiveness is proven, in addition to cooperating with Sinopharma and Sinovac to produce the vaccine as soon as its effectiveness is proven.

As part of the initiative of President Abdel Fattah El-Sisi, "a decent life", 63 free medical convoys continue to provide free medical services to citizens in remote and deprived areas of health services, from mid-October till the end of the month, in all governorates of the Republic.

**Through Its growing network of volunteers, ERC is expanding its reach and guaranteeing that the services we offer (including, yet not limited to: health services, health awareness, psychosocial support, and social protection) are reaching those who need it the most. Through multiple partnerships and projects, ERC is**

**determined to reach the vulnerable and marginalized communities such as blue-collar individuals, medically compromised, and those requiring special care. It has also provided rent assistant to more than 200 migrant and host community families who were threatened by forcible eviction during COVID-19, in addition to distributing MHPSS kits, hygiene kits and food parcels to migrant families.**

**ERC COVID-19 Response plan:** Since COVID-19 outbreak ERC aims built on ERC community-based approach that is aligned with the National Response approach to stop COVID-19's spread. Indeed, ERC planned for health and hygiene promotion plan and Psychosocial support to the community. Messages on social media and online platforms and launched "Virtual Corona Clinic to address the question of the citizens via WhatsApp and a dedicated Hotline.

**Health and PSS:** ERC launched the health promotion plan and started e-CBHFA online and presential training for 276 volunteers and start the monitoring visits to the beneficiaries.
In addition, ERC organized a Health promotion seminar for 105 participants to whom 105 hygiene kits were distributed. As part of the back-to-school program, ERC conducted awareness campaigns regarding health protocol and preventive behavior for student and teachers in 990 schools nationwide where 350, 000 students were reached. It has also, conducted disinfection operations in schools and launched a campaign to recruit more volunteers.

Broadly, in terms of Health, Wash and PSS, ERC proceeded as follow:

- 2,938 disinfection operations in governmental and public institutions, including, orphanages, elderly care homes, and some vital facilities such as: post offices, social solidarity directorates, Egypt Railway Station, Al Ahram Newspaper, Public Transport Authority, East and West Delta Company for public transportation.
- Psychosocial support for over 10,020 beneficiaries via the hotline for psychosocial support through Help line services.
- Health awareness campaigns targeting over 1,000,825 beneficiaries via hotline for inquiries regarding COVID19.
- 117 orphanages centers benefited from (awareness campaigns, distribution of hygiene and personal protection materials) that benefited 4,327 persons.
- 736 missions to organize individuals while receiving solidarity and dignity pensions.

*Photo 1: ERC distributing relief aids during COVID-19*

The procurement of two mobile clinics that are planned to provide primary health care services to migrants and refugees and their hosting communities in 6 areas in Greater Cairo Zone. (Expected to be operational in December 2020).

**Socioeconomic intervention:** ERC covered 866 areas with relief aid and reached 74,040 beneficiaries. It has also provided rent assistant to migrants and host community during COVID-19.

**National Society Capacity Building:** To reinforce its efforts on the 2nd wave preparedness

- 4,222 recruited volunteers through the volunteer in every street campaign.
- 9,223 volunteers trained to respond to COVID -19 with a total number of 19,095 volunteers who engaged in COVID19 interventions and a total of 151,160 working hours.

## Emirates Red Crescent

The government of the United Arab Emirates has taken significant steps to address the complex public health and economic impacts of the COVID-19 pandemic. UAE government ministries are providing additional services to all citizens

and residents who live, work, and learn in the UAE. Actions have also been taken to support the most vulnerable members of society. In the light of the pandemic's impact on supply chains, logistics and transportation, the Emirates Food Security Council has developed mechanisms to ensure a steady and sustainable food supply to the UAE.

The Emirates Red Crescent, and in cooperation with the Preventive Medicine Center, supported "the first-line protectors initiative" by providing the required assistance to limit the spread of the new Coronavirus. 100,000 food and health parcels were distributed by the ERC's volunteers during the month of Ramadan, for the benefit of nearly one million people of all nationalities in the UAE, due to the bad conditions caused by the Covid-19 virus. The "Emirates National Humanitarian Fund" was established to unify the national efforts to deal with the COVID-19 epidemic.

Emirates Red Crescent (ERC) announced that it would be a patron and provide care to the families of those who died of COVID-19, irrespective of their nationality. The gesture which is part of the country's initiative 'You are among your Families' includes several vital steps and enhances the philanthropic organisation's programmes in the social services field.

The initiative mirrors the ERC's keenness to express solace to families that have lost one of their members due to COVID-19 and alleviate its humanitarian repercussions and negative impacts on their lives. The ERC will provide everything that these families need and contribute to enhancing their ability to overcome the ordeal of losing a loved one.

UAE Government, The Emirates Red Crescent, and in cooperation with the Preventive Medicine Center, supported "the first-line protectors initiative" by providing the required assistance to support in stopping and limiting the spread of the new Coronavirus.

Emirates Red Crescent volunteers distributed face masks and balloons for the children in Al Dhafra Region on the occasion of the Children's World Day, and instructed them on how to keep precautionary measures, this came as a part of the "Labeh Ya Watan" initiative
The General Administration of Customs in Abu Dhabi, in cooperation with the Emirates Red Crescent Authority, distributed a number of blood glucose monitors for diabetic patients from low-income families in the Emirate of Abu Dhabi.

## Iranian Red Crescent Society

Iran announced the first confirmed cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection on February 19, 2020, during the 2019–2020 coronavirus pandemic. Iran has a high number of coronavirus disease (COVID-19) cases in the world and is the hardest-hit country in the Middle East.

The Iranian Red Crescent Society (IRCS) is a member of the Coronavirus Response Headquarters in Iran.
The Iranian Red Crescent (IRCS) staff and volunteers have been on the frontline of the response to the COVID-19 epidemic in Iran since its outbreak in February 2020. The response operation covers the following key areas:

**Part A: public donations**

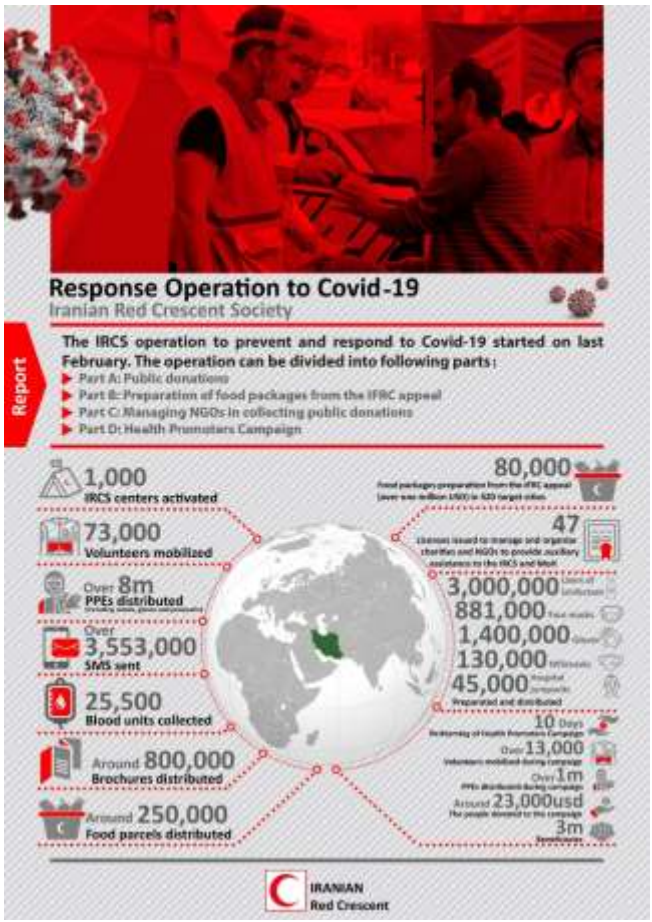
1) 1,000 IRCS centers activated, and 73,000 volunteers mobilized.
2) Over eight PPEs distributed (including masks, gloves and jumpsuits).
3) Around 250,000 food parcels distributed.
4) 25,500 blood units collected.
5) Over 3,553,000 SMS sent.
6) Around 800,000 awareness brochures distributed.

**Part B: Preparation of 80,000 food packages supported by the IFRC Emergency Appeal (more than one million USD) in 420 target cities**

**Part C: Managing NGOs in collecting public donations**
The IRCS issued 47 licenses to manage and organize charities and NGOs) to provide auxiliary assistance to the IRCS and MoH including support to the 24 hospitals in Tehran, 261 hospitals and medical centers throughout the country, preparation and distribution of 130,000 N95 masks, over 881,000 face masks, 1,400,000 gloves, 3,000,000 liters of disinfectant, 45,000 hospital jumpsuits.

**Part D: Health Awareness Campaign**
Due to the increase of new cases and deaths, in order to advise the public to observe health protocols and social distancing, IRCS launched the Health Promotion Campaign in line with its mandate to protect the most vulnerable people. During the 10-day campaign, over 13,000 volunteers were mobilized and distributed more than 1 million PPEs to 3 million beneficiaries.

**Part E: Providing temporary equipment to the non-hospitalised patients**
Due to the increasing number of COVID-19 confirmed cases, and lack of hospital beds for the COVID-19 patients, the IRCS medical equipment (i.e. oxygen cylinder and oxygen concentrator) will be delivered to the non-hospitalised patients for 2 weeks. This is as an auxiliary role to the MoH.




## Iraqi Red Crescent Society

Funding through the appeal has helped the Iraqi Red Crescent (IRCS) through the following summary of activities.

**1. PSS Campaigns**
Given the circumstances that Iraq is going through in the current situation, the Iraqi Red Crescent Society decided to directly implement psychological support campaigns to reduce the impact caused by COVID-19. Those campaigns included the dissemination of advice that would reduce psychological stress, whether at home or at work, in addition to its role in reducing the multiple forms of violence in all aspects of life.

The Iraqi Red Crescent Society has formed teams and strengthened their skills by enrolling them in courses, seminars and virtual workshops. It has drawn up an integrated plan for building and strengthening capacities in the local community, especially the groups suffering from HIV infection and all members of the community. The capacity of 253 staff and volunteers were strengthened through 19 online sessions.

**2. IRCS Plan to alleviate the impact of COVID-19**

**A. IRCS Response to COVID-19**
- Establish an emergency committee, to manage and evaluate the plans, activities and to mobilize resources.
- IRCS increase its warehouses storage (hygiene gel, gloves, sterile, etc).
- IRCS developed action plan with partners from International Movement RC/RC.
- Recruit 900 staff and volunteers in HQ and Branches to manage and implement field campaigns.
- Design and Print health awareness (533,448 posters, flex and brochures).
- Sanitized the building of IRCS and its hospitals and branches daily and distribute gloves and masks.
- Train 370 staff and volunteers to build their capacity in different areas.

**B. Awareness and Sanitization Campaigns**

- Almost 2,920,653 individuals were reached.
- IRCS used speakers in public spaces in Baghdad and other provinces to raise awareness among the public.
- IRCS toured supermarkets, institutions, roads, and different places and cities to raise awareness about how to limit the spread of the virus.
- IRCS distributed flexes and Posters in public places, roads, stores and supermarkets in Baghdad and other provinces.
- IRCS distributed Protection kits (137,303) to local community (individuals and institutions) and personal hygiene equipment boxes (Hygiene Kits) (9,914) to local community.

**PSS Campaigns**
IRCS provided Psychosocial support to 178,373 individuals, targeting different groups (local communities, health staff and armed forces) in order to mitigate and support communities to alleviate the impact of COVID-19.

**Sanitization Campaigns**
IRCS disinfected a total number of 52,254 institutions, houses, stores, buildings, and holly shrines.

**Food Assistance**
IRCS distributed 58,224 food parcels for 58,224 people in need across the country.

**C. Social Media**

- IRCS gives speeches to media/ local channels / Broadcasts / News agencies about the ways for protection and limiting prospect of infection and IRCS activities.
- 13,648,925 outreaches for social media
- IRCS design and produce awareness video and share on social media.
- IRCS design health awareness brochures and share it on IRCS website, Facebook, Instagram, twitter and staff'

**3. Sanitization Campaigns**
This report highlights the efforts of the Iraqi Red Crescent Society (IRCS) in limiting the spread of COVID-19, by conducting Sanitization campaigns in all provinces. IRCS's teams have sanitized the most crowded institutions and places, including holy shrines, supermarkets, camps, jails and others. IRCS's team were able to sanitized 52,254 places. Trucks sprayed disinfectant through neighbourhoods, streets and shops. Also, 2,900 Examination centers were sterilized on daily basis since 1/9/2020 in coordination with the Ministry of Education.

**4. Disinfecting correctional facilities**
IRCS through its staff and volunteers have disinfected the most crowded institutions and places, specially prisons. IRCS's team
were able to sanitize 191 places.

**5. Medical Consultation**
Due to the increasing number of Covid-19 infections, which has led to an increase in pressure on Health institutions (hospitals) beyond its capacity. Iraqi Red Crescent Society (IRCS) has launched the "your Doctor" program by assigning a team of doctors to provide medical consultation to cases that do not needs hospital treatment, to be reviewed for simple and underdeveloped cases that can quarantine and treat them home by guiding them to the appropriate treatment and provide them with oxygen cylinders. as for advanced cases, IRCS instructed the patients to check with the relevant government hospital that receiving corona pandemic cases.

**6. IRCS Support to the Governmental Institutions (Ministry of Health)**

- PCR Device and Corona virus test kits
- C.T Scan Device
- Corona virus protection kits
- Multiple Medical supplies for COVID-19
- 50 Oxygen cylinder and regulator
- 20,000-liter liquid Oxygen

## Jordanian Red Crescent Society

Since the launch of the operation against COVID-19 on 25 March 2020, the Jordan Red Crescent Society (JRCS) has implemented activities under four main sectors of intervention: HEALTH, WASH, LIVELIHOODS and NS strengthening. The total number of people reached is 169,825.

**HEALTH 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 at disseminating information on COVID-19, mobilize CHVs and build their capacity to develop and conduct RCCE activities countrywide. Protection issues- related to the potential stigma that communities affected by COVID-19 could experience- were covered as well. the following are results achieved under the same sector:

- From August 2020 to October, a total of 12,950 individuals were reached through awareness sessions (2,715 home visits, 333 FGDs, 49 school visits, and 81 campaigns).
- A total of 3,637 Personal hygiene kits were distributed during the awareness sessions.
- A total of 4,205 individuals were reached through Medicine distribution assistance, in coordination with: The National Center for Diabetes, UNRWA Health Center, MoH- Aqaba Health Center.

**WASH sector of intervention:**
A total of 5 public schools were renovated and maintained under School Renovation Projects; to improve the basic sanitation facilities. Maintenance work included- installation of water tanks and pipes, door maintenance, installation of water flashes, provision of soap dispensers, trash cans and toilet paper holders.

**LIVELIHOODS sector of intervention:**
During the past months JRCS's efforts have also revolved around planning for urgent cash transfers under the Livelihoods sector. According to the needs addressed, the assistance will focus on education (distance learning), providing tablet devices and wi-fi devices in form of vouchers. The planning process is still ongoing. Moreover, from March 25th to June 30th, food parcels were distributed to 9,866 households, and vouchers to 20,435 households.

*Distribution of vouchers to vulnerable people affected by COVI*
***Photo: JRCS***

**NS strengthening:**
In line with JRCS's Institutional Strengthening Plan, the JRCS has envisaged the set-up of a centralized and well-equipped Emergency Operation Center. In June, needs assessment was conducted, as a result, Emergency Operations Room establishment work has started.

**The Operations Room will enhance JRCS's Disaster Response Capacity, enabling more rapid analysis of evolving situations, along with the ability for real-time decision-making and collaboration with governmental sectors and specially with the Civil Defense**.

## Kuwait Red Crescent Society

The World Health Organization (WHO) praised Kuwait for the measures the country has been taking to combat and contain the spread of coronavirus, an official from the organization said during a press conference. Kuwait advised its

citizens to avoid traveling as a precautionary measure to stop the spread of the coronavirus. Kuwait makes up 14 per cent of all confirmed cases in MENA.

Within the framework of the efforts provided by the Kuwaiti Red Crescent (KRC) to support the National Societies to confront the spread of COVID-19, the Society distributed food parcels for workers and people in need.

In July 2,000 meals and 8,000 loaves of bread were distributed by KRC to workers in the Shuwaikh Industrial Area. In addition to distributing 1,000 food baskets and 1,000 cartons of milk to workers and residents of the isolated Farwaniya area, as a precaution, in the context of confronting the spread of the new Corona virus (Covid-19), in cooperation with the Ministry of Interior.

Food baskets were distributed to most needed families in the Sulaibiya and Jahra areas. The KRC also distributed prayer mats, masks and sterilizers to worshipers in several mosques in the Kuwaiti governorates, after reopening the mosques at the end of June, as a precaution to confront the emerging corona virus.

As part of the precautionary measures taken by the Kuwait Red Crescent Society to confront the emerging corona virus the society distributed masks and sterilizers to the worshipers at the Imam Al-Sadiq Mosque after its opening.

In October 2020, the Kuwaiti Red Crescent held an awareness lecture on diabetes and how to take care of diabetes patients during the Covid-19 crisis.

KRC had shown their appreciation to the nurses and midwives in the region who play a vital role in the health care system. Asked for one request for everyone to: “Protect and Respect them”.

## Lebanese Red Cross

COVID-19 pandemic has been exacerbating in Lebanon, especially over the last 3 months after the port explosion on August 4. The Lebanese Red Cross (LRC) plays a critical role in this response and is one of the key members in the Governmental committee formed to manage and follow up on the national response against COVID-19. In fact, when the first COVID-19 cases were announced in Lebanon, the LRC has been mandated by the Ministry of Health (MoPH) to take the lead in transporting suspected and confirmed COVID-19 cases. Over the past months, LRC has been playing a distinctive role in effectively responding to this pandemic, and its response goes beyond the transportation of cases. The NS’s response is built around six strategic objectives:

- Ensure the safe and efficient transportation of suspected and confirmed cases in addition to transportation of PCR samples to be tested.
- Support in case detection and identification at community level.
- Support risk communication, community engagement and public awareness.
- Maintain provision of LRC services to beneficiaries in a safe and effective manner while ensuring safety of LRC staff and volunteers.
- Provide and manage shelter for vulnerable families living in informal tented settlement (ITS) who require quarantine.
- Provide vulnerable quarantined families with quarantine packages of food and hygiene materials to cover their needs for 14 days.

*LRC volunteers responding to COVID-19 mission*

On the 5th of February 2020, LRC transported the first COVID-19 mission, and until this day through 48 responding EMS stations and 1,607-trained EMTs, LRC has succeeded in transporting 7,314 suspected and confirmed COVID-19 patients to hospitals.
The number of COVID-19 missions increased post the Beirut blast in August whereby the number reached up 4,061 in comparison to 3,372 missions during February 5 and August 3. In addition, 166 volunteers have been trained on PCR transportation, and until the end of October, 53,398 PCR tests have been transported from and to hospitals across the 8 Lebanese governorates. Since February 2020, EMTs have used up to 5,702 advanced COVID-19 kits and 56,635 intermediate ones; a total of 62,337, half of which were consumed between August and October.

Throughout the past 9 months, LRC also supported quarantined households by providing 1,720 quarantine kits to 9,221 individuals. In addition, 32,840 vulnerable beneficiaries received in-kind and food parcels in response to COVID-19. Moreover, 741 entities were disinfected by LRC and 193,908 PPEs, disinfection, hygiene as well as medical equipment were distributed to the targeted entities at the governorate level such as the Lebanese University, LRC centers, quarantine centers etc. Under the community engagement component, a package of innovative interventions was developed to address the different groups in the community. Different communication channels and tools were selected based on the needs and role of the targeted groups as well as the phase of the pandemic. These channels include awareness sessions (face to face and online), IEC material, hotline etc. The on-line platforms are the E-learning platform (awareness.redcross.org.lb) and child-focused games on COVID-19 that can be accessed throughkidsgame.redcross.org.lb.

***Summary of progress made under Risk communication***

Moreover, one of the main community engagement approaches was supporting and training municipalities on establishing response committees, assigning roles and responsibilities, mobilizing resources and linking municipalities with other governmental institutions. Since the beginning of the response, 942 municipalities and local institutions received municipal response plan trainings. Participants included head of municipalities, municipal council members and municipal police, in addition to personnel representing local institutions. Through these trainings, LRC is building the capacity of the municipalities on setting municipal response and action plans, based on the jointly developed response plan document and in collaboration with other national actors. These response and action plans aim at establishing municipal response committees, explaining and assigning roles and responsibilities, mobilizing resources, linking municipalities with the governmental institutions within the hierarchy and shedding light on COVID-19

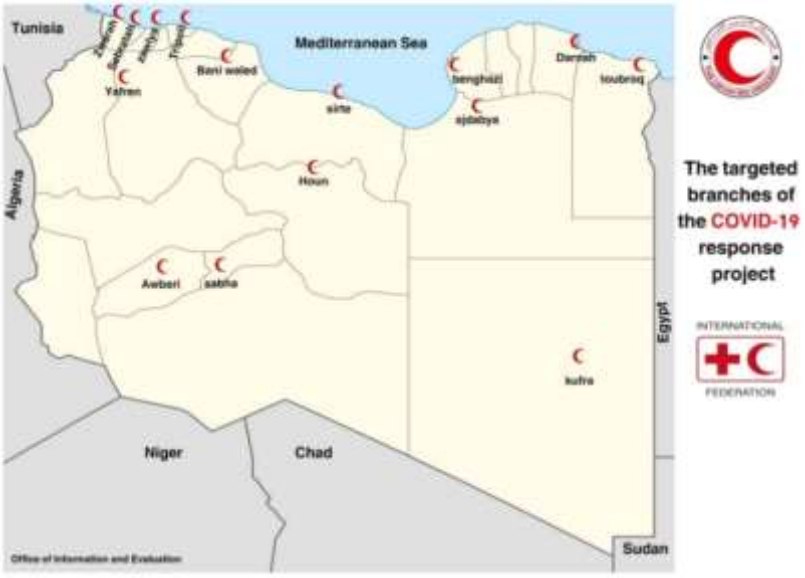
prevention and response instructions. Consequently, a unified municipal response plan is established by municipalities and LRC follows up on the roll out of the plan and ensures tacking the progress.

**LRC also delivered quarantine guidelines trainings since August to 50 municipalities and quarantine centers based on material developed by national actors responding to the COVID-19. Out of the 50-targeted entities, 11 were quarantine centers designated for COVID-19 cases, where the personnel received the training highlighting best practices to be adopted at the centers.**

**As part of preparing to the re-opening of schools** in Lebanon (hybrid learning), 74 Lebanese health supervisors at public schools aged above 30 years, with the majority (73%) being females, were trained on COVID-19 awareness dissemination specifically on effectively raising awareness at their respective entities and share the information and knowledge gained with the administrative bodies, teachers and students at schools. This would contribute to safe return and minimize the risk of transmission at educational institutions. LRC also contributed in the provision of masks, disinfectants and hand sanitizers at public schools.

## Libyan Red Crescent Society

Following the initial RCCE trainings organized in March-April by IFRC, Libyan Red Crescent has implemented subsequent trainings through its Headquarter technical staff and branch master trainers. While focus should be country wise to all 15 branches covered by the appeal including HQ, the restrictions in movement country wide has not allowed for in situ sessions, and simultaneously Libya Red Crescent is also struggling with sufficient internet capacity to ensure distance training and monitoring.




The identified branches on the map are therefore unequally services, despite high humanitarian needs in the southern branches. Psychosocial (PSS)trainings have only been administered in the northern part of the country in Sirte and Houn, The PSS have since been accompanied by awareness videos produced by the PSS specialist to prevent rumors and bad habits or inappropriate behavior, i.e. lack of distancing and promotion of frequent hygiene measures for the communities to fully understand the seriousness of the disease and engage in self-protective measures.

**The start-up mobile service point activities for migrants in Benghazi has been a piloting success in which the team reached out to 150 migrants. More service points are being prepared for in Benghazi and next step is reaching out to Kufra in the South and Zuwara in the North-West, where similar activities should be implemented, when LRCS staff and volunteers have acquired sufficient expertise.**

The first steps have been taken in applying the recent humanitarian service point tool kit, but until the communication and internet connections with cities like Kufra have been improved or Libya opens up for internal flights it is not realistic to undertake such demanding training, which needs on the spot coaching.

Many efforts have been done to reinforce Libya Red Crescent managerial capacities of bigger projects with important financial volumes. New financial procedures have been set in place in a series of training sessions in finance, procurement and monitoring with a view to efficiently utilize the operating cost for trainings at branch level as well as in the daily management of activities in a strong and smooth coordination between the LRCS and the IFRC.

As shown in the photo, the LRCS staff and its 3,000 volunteers, especially the ERT team, continue to mobilize all efforts to focus on field implementation, while still waiting for procurement of hygiene kits and food parcels for communities in quarantine or under lock-down due to the epidemic.

Food parcels are being procured for 1200 families and individual migrants and hygiene kits for 1100 families. Hygiene kits are simultaneously procured for 800 male migrants, 400 female migrants and 300 children.

**Personal Protection Equipment PPEs has been delivered to LRCS Benghazi Central Warehouse. To date, the IFRC has delivered 100 Face shields, 30 Thermometer Infra-Red, 100 glasses, 8,900 surgical mask type IIR, 6000 Mask Respirators, N95/FFP2 and 100 hooded coveralls (L+XL). The distribution to the branches started in September following the immediate and urgent needs and requests from branches. The PPEs were the most important element that could ensure protection to trainers and to 50 volunteers, who attended the Psychosocial support trainings. The PPEs will further be used to protect the groups of volunteers in the upcoming Stay Safe and protection trainings.**

## Moroccan Red Crescent

Morocco exceeded 300,000 new cases and 5,000 deaths with an average of almost 100 death per day. Incidence rate of reported COVID-19 cases/100,000 population exceeded 50 cases per 100 000 population. Most of the cities in the country are orange or red coronavirus risk zones. Only Fes and Mekness region continues to be in green coronavirus risk zones with an incidence rate of less than 20/100 000 populations.

King Mohammed VI chaired a high-level meeting at the Royal Palace in Rabat to discuss the upcoming vaccination campaign. In fact, a national vaccination campaign against COVID-19 will be launched “in the upcoming weeks,” a statement from the Royal Office announced. ‘It was not clear; however, what vaccine would be used or when the campaign would start, according to the statement, which only said it would be launched in the coming weeks.’

According to the Royal Office’s statement, the campaign will cover citizens aged 18 and over. Health authorities will schedule two separate injections for the beneficiaries. The campaign will prioritize frontline workers, such as medical staff, public authorities, security officers, and education staff, as well as the elderly and people with chronic conditions. The rest of the population will benefit from the COVID-19 vaccine after health authorities serve people at high risk.

**During the COVID-19 pandemic, Moroccan Red Crescent (MRC) strengthened its auxiliary role by playing a major role in assisting the national medical and health system with triage operation in 6 major airports across the country and providing 750 beds field hospital in Tangier.**

**MRC COVID-19 Response plan:** Since COVID-19 outbreak, The Moroccan Red Crescent aims to build community resilience to overcome the pandemic through awareness sessions in COVID-19 preventive behavior and Psychosocial support for the population and economic support to vulnerable families.

**Health and PSS:** As an auxiliary to the government, MRC support the national medical health system in engaging in screening and triage operations.

*Photo 1: MRC volunteers conducting community awareness campaigns*

In fact, MRC managed to provide **750 beds field hospital** in Tangier and a laboratory to perform COVID-19 tests. In addition, it conducted welcoming and triage operations of Moroccans citizens in different airports, namely, Tetouan, Tangier, Marrakech, Oujda, Berkane and Agadir. This correspond to **3,605 working days** out of 6,500 targeted (65% of progress).
It also organized blood donation campaigns in **10 regions** (10 branches) which correspond to 33 % of the expected target.
As per Psychosocial Support and community awareness, MRC supported **370 volunteers** in 30 branches (50% of progress) and conducted awareness campaigns for the communities nationwide thanks to 3, 584 volunteers mobilized in that purpose.
**Socioeconomic intervention:** MRC supported **300,000 vulnerable families** with food parcels which represent the triple of what expected.
**IFRC Emergency Appeal**: IFRC resources under the appeal contributed to strengthen MRC PSS and community awareness interventions and building capacity of the volunteers.

Henceforth, MRC conducted virtual and face-to-face trainings for trainers in PSS in the emergency epidemiology unit, the purchase of PPEs for volunteers and masks distribution for the population.
Recorded results, to date, are as follow:

- Awareness-raising activities carried out by MRC volunteers in the 14 provinces of Casablanca.
- Awareness Campaigns on COVID and PSS in the provinces across the country (80,300 families reached out of 750,000 expected).
- Mask distribution and public awareness (110,000 families out of 750,000 expected).
- Training of PSP face-to-face trainers (G1): 20 Trainers trained.
- Training of PSP virtual trainers (G1): 52 trainers trained.
- Training of virtual trainers in epidemiology in emergency situations (ESU) (G1): 50 trainers trained.
- Training of virtual trainers in epidemiology in emergency situations (ESU) (G2): 144 trainers trained (exceeding target of 20 trainers).
- ESU face-to-face trainer training (G2): 22 trainers trained (exceeding target of 20 trainers).
- ESU virtual trainer training (G3): 16 trainers trained out of 20.
- ESU face-to-face trainer training (G3): 17 trainers trained out of 20.
- Training of volunteers and CRM intervention teams: 55 volunteers out of 400.

**National Society Capacity Building:** To strengthen the National Society capacity in communications, MRC conducted several communication and media training for 73 of its volunteers, in collaboration with IFRC communication team.

## Palestine Red Crescent Society

Throughout the reporting period The Palestine Red Crescent Society (PRCS) has continued to reach out to the most vulnerable affected by the pandemic specifically People With Disabilities, for example Mou'men Khalifeh (36) is a volunteer facilitator at the Rehabilitation Department's Open Studio in the Gaza Strip. Together with his colleagues, he reached out to students via social media during the COVID-19 pandemic and ensuing lockdown to ensure they have continuous access to skills and ability development activities. Mou'men facilitates a number of artistic activities including Palestinian popular dance (dabkeh) sessions at the Open Studio. "Around 200 children from the local community, some with disabilities, usually take part in these activities. When the lockdown started, the Rehabilitation Department asked us to provide students with tutorials on how to create art. Given that brushes and colors were not readily available, I sent out tutorials on how to make homemade brushes and paint using straw, toothpaste, plastic cups, food coloring and flour. This way, students kept busy and also had fun during lockdown", Mou'men said.

PRCS continues to provide EMS, Health & Relief, PSS, services provided through its extensive network of volunteers, in both the West Bank in Gaza and the West Bank. Additionally through its RCCE activities PRCS has continued to raise awareness through social media on the need for Palestinians to remain proactive in following public health measures to prevent the transmission of the virus, this has been a challenge as COVID19 'fatigue' is evident with the exponential rise of COVID19 cases. To date 59014 people have been reached through PRCS medical services and PHC centers including 4 mobile clinics in the Gaza strip since August. Emergency Medical Services also transferred 3,682 confirmed and suspected COVID19 cases to MoH centers.

Additionally a network of 25 staff and 250 volunteers provided psychosocial support for people in quarantine, individuals and families affected by COVID-19, as well as to PRCS staff and volunteer network of 25 staff and 250 volunteers provided psychosocial support for people in quarantine, individuals and families affected by COVID-19, as well as to PRCS staff and volunteer PSS was provided mainly through phone calls and virtual meetings.

*PRCS Rehabilitation Department in the Gaza Strip Adopts Creative Ways to Communicate Amid COVID-19*
***Photo: PRCS***

PRCS has also introduced the Multi-Disciplinary Mobile Response Team (MDMRT) due to increased demand in providing safe and unhindered access to health services for people impacted by the COVID19 in the West Bank and Gaza. The key activities of the MDMRT are; a) Family visits for temperature checks, and periodical follow-up on patient's condition, b) Disinfection of areas and localities in case the area has confirmed COVID patient identified, c) Psychosocial service and counselling, d) Referral and transport service to critical cases, e) Awareness raising, f) Distribution of hygiene articles and food parcel to resource-poor families in quarantine, and isolation.

## Palestine Red Crescent Society – Lebanon Branch

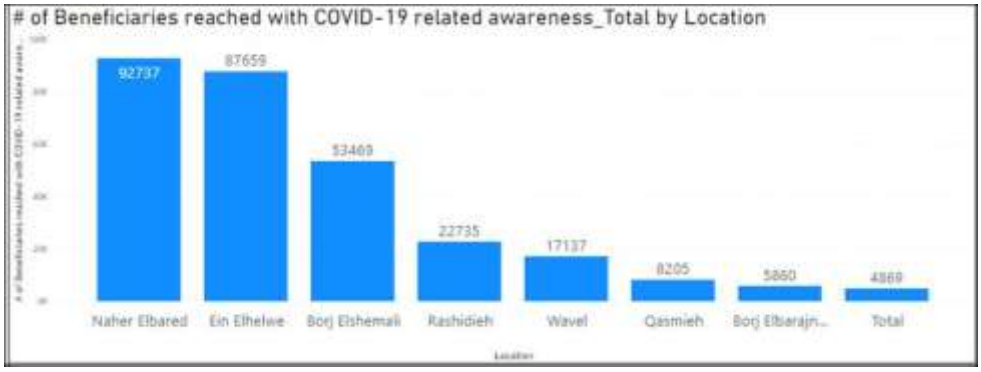
Palestine Red Crescent Society - Lebanon Branch (PRCS-L) was also heavily engaged in the COVID-19 response in the respective areas of operation within the Palestinian camps. The interventions focused on two levels: hospitals/health centers and community level; thus ensuring availability of the health services and well prepared staff coupled with awareness at community level.

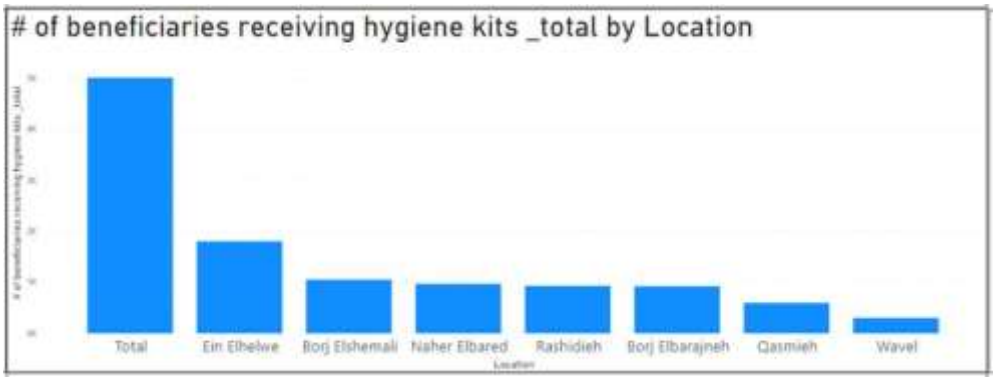
**At the level of hospitals and health centers:**
Direct action taken in the 5 PRCS-L hospitals was limiting admissions to the cases classified as emergency cases. Triage rooms have been created in the entrances of hospitals and health centers. In addition to that, isolation rooms have been prepared. Throughout the reporting period, there has been an emphasis on the procurement of Personal Protective Equipment (PPEs) and the use of sterilization materials for staff and volunteers who are at higher risk of exposure.
PRCS-L staff (88 up till end of September) had participated in many trainings related to infection control and on how to deal with PPEs with the support of some other partners even from outside movement.
Procedures were set and were being continuously updated, especially as more cases were being detected within the hospitals.
Moreover, an understanding was established with the Lebanese RC to accompany them when there is a case inside the camp. Hospitals are always in communication with the Lebanese RC in case of receiving of suspected cases that need transportation.

**At community level:**
Since the end of February 2020, PRCS-L has initiated tailored awareness activities to fit with COVID-19 related Awareness for the communities residing in the Palestinian camps and gatherings. Volunteers who are providing awareness were well aware and trained about the diseases.

In the beginning, awareness campaigns were provided through sessions for small groups of people, accompanied by the distribution of leaflets including information on the disease and the best ways to prevent it. After that, gatherings were avoided, so other customized activities were planned and implemented, including street and sector awareness, checkpoints in the camp to examine body temperature and raise awareness on COVID, door to door awareness communication, distribution of brochures, and spreading awareness on social media (informative videos, flashes, posters, ...). Also, hygiene kits distribution is part of it that was procured under the support of Norwegian RC and distributed in the communities.

The figures below show the number of people reached in awareness and distribution of kits until end of September.




It is also important to highlight providing psychosocial support to affected families by volunteers and staff after being trained on psychosocial support adapted to COVID-situation**.** In total, 26,409 were reached with PSS. **Moreover, with the Support of the Danish Red Cross, Recreational PSS Kits were distributed in seven Camps to 780 children who were followed up by our Social workers with online awareness. It has shown significant impact on children as they were deprived from Recreational tools due to the economic crises as it came on time for them to enjoy their times at home instead from going out.**

## Qatar Red Crescent Society

The Government nor the Qatar Red Crescent Society (QRC) did not request any International Assistance.

Qatar has focused on developing infrastructure to enable people to better work and/or study remotely. They are also focusing on developing infrastructure to minimize the spread of the coronavirus and are prepared to accommodate at least 18,000 people in a quarantine compound, if needed.

The Qatar Red Crescent was among the top ten names most contributing to the Qatari community during the COVID-19 crisis, according to a survey conducted by the researching firm IPSOS. The Qatari Scientific Club delivered the second batch of medical face shield to the Qatar Red Crescent, to be used by the Red Crescent staff working in the field of combating the risk of the spread of the Corona virus, as part of supporting the state's efforts to combat the spread of the virus. There were great efforts by Qatar Red Crescent volunteers on several levels during the month June, including

the visit to the Makenis Health Stone, where they provided support to all medical and volunteer cadres and gave them all greetings and appreciation for their efforts to control the emerging of Corona virus Covid-19. The volunteers also carried out awareness campaigns about the consumer complexes for shoppers. As part of QRC future activities as they are planning to launch 26 medical convoys in 10 countries who are in need, as part of its efforts to combat the emerging corona virus.

The Qatar Red Crescent supports poor Peruvian families in facing the Coronavirus, as part of a support program for 22 fellow National Societies. An initiative by the Qatar Red Crescent to support the response to the Coronavirus (Covid-19) in 22 countries around the world, in partnership with the National Red Cross and Red Crescent Societies in these countries.

## Saudi Red Crescent Authority

Kingdom of Saudi Arabia has taken firm decisions aimed at ensuring the safety of citizens, residents, and foreigners alike. The most important of those executive decisions is preventing travel to countries where the pandemic is spreading, in addition to taking curfew measures. Saudi Arabia Ministry of Health announced the implementation of four precautionary measures to confront COVID-19. The first measure related to medical resources, as it prepared 25 hospitals to receive confirmed cases. Moreover, it provided 80 thousand beds in all health sectors, 8 Thousand of intensive care beds, and 2,200 isolation beds. This procedure is also related to ports, where 6 thousand medical examinations were performed in the air and land ports. MOH applied quarantine to suspected cases, passport disclosure to all arrivals at international ports and health awareness at airplanes.

The volunteer team of the Saudi Red Crescent in Madinah participated in the thermal detection and visual screening of the worshipers in the Prophet's Mosque and at the major mosques in Medina to help detect and protect worshipers from the outbreak and limit the emerging of corona virus. An initiative was presented in the Qasam region, and in cooperation with the volunteer team, to thank the security men for their great efforts during the curfew imposed to confront the Coronavirus.

***Saudi Red Crescent secure sorting points to check for Covid-19.***
***Photo: SRCA***

The SRC, in cooperation with the emirate of the Al-Baha region and Islamic Affairs, established a sorting point in the mosques of the region and its governorates, as part of the initiative "we return with caution" as part of the organization's efforts to limit the spread of Coronavirus. The ambulance teams and the volunteer team also participated in the presence with preliminary examination points and sterilization for the worshipers during Friday prayers in Makkah, Tabuk and Jazan, in order to protect the worshipers from the outbreak of Coronavirus and to ensure their safety. There were concrete efforts by the SRC to limit the spread of the Coronavirus, in which emergency teams and volunteer teams participated by sorting out preliminary examination points, sterilizing and organizing the Friday prayers in each of eastern Riyadh, in order to preserve the health of the worshipers from any infection.

The volunteers implemented visual screening points and participates in the implementation of precautionary measures during Friday prayers as part of the authority's efforts to limit the spread of the Corona virus in the areas of: Al-Qassim Al-Jawf, Al-Baha, the northern border.
The Saudi Red Crescent Authority is on the nominated list of Saudi technical initiatives in the field of awareness training as the best initiatives to confront the Corona pandemic

Statistics for the Saudi Red Crescent show that more than 300 lectures and training courses were presented by the authority during the month of October so many of them concentrating on Covid-19 awareness campaigns.

## Syrian Arab Red Crescent

**Situation report:**
By the end of November, the number of people confirmed by the Ministry of Health (MoH) to have COVID-19: **7,797** (including **413** fatalities, **3,500** recovered, **3,884** active).

Starting in mid-August, the Coronavirus swabs were conducted for those wishing to travel in the city of Al-Galaa and Tishreen Sports City, in addition to adopting new points for taking the swabs for the PCR analysis for diagnosing the Corona virus in Damascus, Latakia and Aleppo. as of August 22nd, two flights a week from Damascus International Airport have been operated to repatriate Syrians stranded abroad. The Ministry of Health assigns a four-digit number to book an appointment for the Corona detection test for travel. The first Syrian study on (Covid-19) was issued in August and included that the Corona virus had not previously passed through the Syrian society, and adherence to the precautionary measures is essential to address it. A 30-year-old pregnant woman in the seventh month of Corona was cured in Damascus on August 25th.

On September 2nd, Syrian youths form voluntary team to participate in tackling coronavirus. On 7th of September, the Ministry of Health puts into service the first laboratory specialized in testing (PCR) in Damascus countryside. On 9 September, Education Ministry continues training doctors of School Health to ensure implementing approved health protocol. Despite her infection with Corona, a woman from Qamishli gives birth to a healthy baby On September 14th. At the end of the month of September, The Ministry of Health sets controls and procedures for arriving and departing from airports and border crossings. Pharmaceutical companies are entering the Corona treatment line with azithromycin.

On 27th of October 2020 a Workshop carried out on comprehensive health coverage in Syria with participant of Health, People's Assembly and WHO representatives along with Scientific forum to raise skills of nursing staff to confront Coronavirus at Damascus Hospital on 28th October 2020.

**Actions taken by the National Society:**

**HEALTH:**

**Risk communication and community engagement:**
**400,742** awareness activities and campaigns to promote awareness and personal hygiene of society on the pandemic of the Corona virus in various Syrian governorate were conducted by The Syrian Arab Red Crescent, in its various programs and through its **8,305** employees and volunteer that they involved in this response, carried out from 1st of April to 31st of October, where The number of beneficiaries reached **2,075,906** disaggregated as 23% children, 32% men and 45% women, and most of these campaigns were concentrated in the governorates of Homs and Aleppo. followed by Hama and Rural Damascus. It is worth mentioning that most of the campaigns were carried out by health department with its various programs As the number of beneficiaries of awareness-raising activities carried out by the Health Department in its various programms reached **1,229,615** out of the full beneficiaries during the reported period It was followed by the Relief Department, whose reached **456,786** beneficiaries among the awareness activates that numbered **435**. The individual awareness sessions dominated the largest number of these Campaigns with a total of **214,353** activities.

*Flyer shared on SARC social media to raise awareness About the importance of the personal protection behaviour. Photo: SARC*

**357,833** Hygiene kits were distributed to the beneficiaries through the periodic distributions in the reported period.
**351,441** hygiene kits distributed to **541,878** beneficiaries from the 1st of April to 31st of October 2020 during awareness campaigns carried out by various programms in SARC**.**
Printed Awareness materials like posters and brochures were distributed to raise the level of society awareness of the Corona pandemic numbering **127,334** materials.
In addition to the various awareness campaigns carried out by the Syrian Arab Red Crescent departments, the Media Department has spread awareness about this pandemic through educational pictures and videos that reached more than **1,373,800** people through the official social media pages of SARC.

**The cash assistance project which is a project that is being implemented in Homs Governorate also carried out activities in the COVID-19 response as they distributed hygiene kits to the 4,278 beneficiaries.**

**Infection prevention and control (IPC) and WASH (health facilities-community):**
SARC has performed a large number of sterilization activities that numbered **95,385** carried out by the WASH, Health, Relief and Protection departments including **15,874** sterilization campaigns for SARC centers that numbered 150 facilities. Besides **5,917** sterilization campaigns for streets and public facilities, **437** sterilization campaigns for shelters, **2,090** sterilization campaign in hospitals, **1,761** within a school, along with **66,359** Personal sterilizations. **52** sterilizations campaign conducted within quarantine center In Rural Damascus. **7** sterilizations campaign conducted within health isolation center In Rural Damascus.

**Mental health and psychosocial support services (MHPSS):**
The mental health of the society specially of The most vulnerable groups, and psychological support, always been a priority for SARC specially 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.

*SARC continued FA and health services to people in need during COVID-19, in Homs – **Photo: SARC***

**Medical Referrals:**
During the reported period which is from (April 2020 to October 2020) SARC Health programms transferred **3,855** cases, and the distribution of cases was **1,524** men, **1,925** women, and **406** children.

**Maintain access to essential health services (clinical and paramedical):**
SARC is continuing to provide assistance to people in need of the Syrian Crisis while maintaining protection procedures. Health department with 150 Facilities and relief distributions ensure that the services doesn't stop during this situation cause its importance to the beneficiary's wellbeing, therefore SARC has reached more than **1,113,626** beneficiaries in 150 health facilities all over governorates in July 2020.

**SOCIOECONOMIC INTERVENTIONS:**

**Livelihoods, cash support & food aid:**
The disaster management team didn't stop working in the light of the virus crisis but rather was keen to provide its usual services from distributions to maintain food security for the beneficiaries, taking into account the virus prevention procedures and ensuring safety in the distribution processes.
**3,353,640** food items were distributed during the whole response and for vulnerable families through regular distribution, while **66,038** food items were distributed through multiple awareness activities.

**Shelter and urban settlements:**

SARC conducted **437** sterilization campaigns in shelter centers, and **67,548** different items were distributed in them for 68,045 beneficiaries.
**13,454** Beneficiaries within shelter in Quneitra, Hama, Rural Damascus, and Aleppo benefited from **2,947** hygiene kits Distribution activities that WASH, Health, and DM departments carried out through the reported period.

**NS INSTITUTIONAL STRENGTHENING**

**Support to volunteers:**

SARC has conducted 552 Training about COVID-19, **7,757** Staff and volunteers benefited from these training with a disaggregation percent of 58% females and 42 % males. The training was not limited to staff and volunteers but included health educators and local communities.
SARC sets its employees 'and volunteers' safety as a high priority. Thus, the logistics department, in collaboration with Partners and programs 'management, ensure to deliver personal protection equipment to the first responders.

## Tunisian Red Crescent

Tunisia witnessed an increase in the number of deaths, which reached 3,260 since the beginning of this pandemic. In fact, despite the significant stability recorded in the number of hospitalized patients, there are still 19 governorates above the alarming level. The Ministry of Health announced that a new peal is expected if individuals fail to adhere to the collective prevention measures and health protocols.
The MoH announced, also, that Tunisia will work to provide free vaccination against the Coronavirus as soon as the vaccination becomes available in the global market, with the aim of vaccinating at least 20 % of Tunisians in the first phase during the second trimester of next year. The elderly, carriers of chronic diseases, and health sector workers will be prioritized.

*Photo 1: TRC preparing for PPEs distribution to regional committees in the HQ's warehouse*

**The Tunisian Red Crescent managed to reach over 10 million people through awareness campaign. In fact, since the beginning of COVID-19 outbreak, volunteers were involved, daily, in streets' campaign to sensitize the community on the preventive measures and behaviors to adopt to avoid COVID-19 spread. This including displaying posters in schools, managing queues in front of public facilities (Post offices, ministries…) and different stores and distributing masks and hygiene kits**

**TRC COVID-19 Response plan**: Since the beginning of COVID-19 outbreak, Tunisian Red Crescent assisted local authority to strengthen community resilience through enhancing the knowledge of the community regarding the pandemic, working on reducing the spread and the contamination risks and alleviating the psychosocial and economic impact on the vulnerable population especially in remote areas.

**Health and PSS:** As an auxiliary to the local government, TRC provided the Tunisian Ministry of Health protective equipment for medical and health workers including:

- 7,000 protective gowns
- 6,000 single-use gowns.
- 3,000 medical gloves (pairs)
- 150, 000 cleaning gloves (pairs)
- 13,000 chirurgical masks
- 600 liter of disinfection liquid

Besides, TRC provided health and PSS services for the community through more than 2,500 volunteers mobilized under the COVID-19 response plan. Indeed, TRC managed to reach over 10 million people by its awareness campaigns (Including schools) across the country, since the beginning of COVID operations which represent almost 90% of Tunisia

population. It has, also, conducted 212,340 disinfection operations including governmental, public institutions and schools (Which represents 51% progress toward target) and 885 persons benefited from TRC PSS services.
In addition, 4,381 L of gel were distributed to the population (in schools and public places), 766,000 forehead temperature check were performed, 1,626 soap bars distributed with 299 ,000 masks.

**Socioeconomic intervention**: TRC distributed 130,000 food kits for vulnerable families and 33,300 hot meals. It also supported 144 migrants with accommodation and food vouchers.

**IFRC Emergency Appeal**: IFRC resources under the appeal contributed to strengthen TRC Health interventions mainly the procurements of PPEs for volunteers and medical equipment.
The procurement process is still ongoing. Whereas 1,400 liters of Hydroalcoholic gel were purchased and 516 L distributed.

## Yemen Red Crescent Society

The Yemen Red Crescent Society (YRCS) COVID-19 response plan focuses on Health, WASH, Risk Communication and Community Engagement (RCCE), provision of food and household items as well as referral and community detection.

Supported by Movement partners, YRCS works closely with the Ministry of Public Health and Population (MOPHP).

YRCS provided 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 boots.
The support covered the governorates of Sanaa, Sadaa, Dhamar, Amran, Taiz, Raymah, Shabwa, Hodeidah, Ibb, Mahwit, Aden, Hadramout, Dhale, Mareb, Hajjah, and Sanaa city.

During the reporting period YRCS also achieved the following:

- 760 volunteers and 340 health workers were trained in 19 governorates.
- 40 volunteers in Sanaa city have been trained on shielding and conducted shielding registration process for 1,250 high-risk HHs 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:** Awareness campaign broadcasting messages on C-19 using loudspeakers on YRCS ambulances in 12 governorates were conducted. 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.

*reness session conducted at a water distribution point in a vil*
***Photos: YRCS***

**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 4,000 exams centres. 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.

## Contact information in the IFRC Regional Office for MENA


- Dr. Hosam Faysal, Head of Disaster, Climate and Crisis (Prevention, Response and Recovery); phone +961 71 802 916; e-mail: hosam.faysal@ifrc.org
- Fidel Peña, Operations Coordinator; phone: +961 76 174 465; e-mail: fidel.pena@ifrc.org
- Dr. Aymen Jarboui, Head of Health and Care; phone +961 71 802 915; e-mail: 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
- Rana Sidani Cassou, Head of Communications; phone: +961 71 80 2779; e-mail: rana.cassou@ifrc.org


## ANNEX: National Society Reach Heatmap – Level of activity in priority areas

| National Society | Health and Wash | Socioeconomic Impacts | NS Strengthening |
|---|---|---|---|
| Yemen Red Crescent Society | 6 | 2 | 3 |
| The Palestine Red Crescent Society | 7 | 3 | 2 |
| Syrian Arab Red Crescent | 7 | 4 | 2 |
| Red Crescent Society of the United Ara... | 6 | 3 | 3 |
| Moroccan Red Crescent | 6 | 4 | 5 |
| Jordan National Red Crescent Society | 4 | 2 | 1 |
| Iraqi Red Crescent Society | 8 | 4 | 3 |

**Data source:** Public COVID-19 Field Reports submitted to GO Platform by National Societies

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## I. Emergency Appeal Funding Requirements

| Thematic Area Code | Requirements CHF |
|---|---|
| AOF1 - Disaster risk reduction | 8,954,000 |
| AOF2 - Shelter | 10,232,000 |
| AOF3 - Livelihoods and basic needs | 87,706,000 |
| AOF4 - Health | 159,960,000 |
| AOF5 - Water, sanitation and hygiene | 25,984,000 |
| AOF6 - Protection, Gender & Inclusion | 8,741,000 |
| AOF7 - Migration | 8,376,000 |
| SFI1 - Strenghten National Societies | 52,556,000 |
| SFI2 - Effective international disaster management | 59,321,000 |
| SFI3 - Influence others as leading strategic partners | 9,632,000 |
| SFI4 - Ensure a strong IFRC | 18,538,000 |
| **Total Funding Requirements** | **450,000,000** |
| **Donor Response* as per 08 Dec 2020** | **266,609,725** |
| **Appeal Coverage** | **59.25%** |

## II. IFRC Operating Budget Implementation

| Thematic Area Code | Budget* | Expenditure | Variance |
|---|---|---|---|
| AOF1 - Disaster risk reduction | 162,401 | 89,493 | 72,909 |
| AOF2 - Shelter | 770,034 | 377,434 | 392,600 |
| AOF3 - Livelihoods and basic needs | 17,422,345 | 5,167,507 | 12,254,838 |
| AOF4 - Health | 131,941,656 | 75,496,484 | 56,445,173 |
| AOF5 - Water, sanitation and hygiene | 6,161,437 | 1,786,014 | 4,375,422 |
| AOF6 - Protection, Gender & Inclusion | 1,142,807 | 88,236 | 1,054,571 |
| AOF7 - Migration | 509,751 | 367,432 | 142,319 |
| SFI1 - Strenghten National Societies | 18,024,462 | 4,746,549 | 13,277,912 |
| SFI2 - Effective international disaster management | 22,827,501 | 7,115,595 | 15,711,906 |
| SFI3 - Influence others as leading strategic partners | 4,901,692 | 1,222,657 | 3,679,035 |
| SFI4 - Ensure a strong IFRC | 10,214,476 | 4,023,655 | 6,190,821 |
| **Grand Total** | **214,078,561** | **100,481,055** | **113,597,506** |

## III. Operating Movement & Closing Balance per 2020/10

| | |
|---|---|
| Opening Balance | 0 |
| Income (includes outstanding DREF Loan per IV.) | 178,149,858 |
| Expenditure | -100,481,055 |
| **Closing Balance** | **77,668,803** |
| Deferred Income | 38,513,552 |
| Funds Available | 116,182,355 |

## IV. DREF Loan

| | | | | | |
|---|---|---|---|---|---|
| * not included in Donor Response | Loan : | 1,000,000 | Reimbursed : | 1,000,000 | **Outstanding :** **0** |

*Budget figures are up to the period of 31 October 2020. Budget figures will be revised in line with new income figure after the reporting period.

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## V. Contributions by Donor and Other Income

| Opening Balance | 0 |
|---|---|

| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | *Deferred Income* |
|---|---|---|---|---|---|---|
| Airbus Corporate Foundation (Employees of Airbus) | 12,969 | | | | **12,969** | |
| Alter Domus Participations S.ar.l | 216,474 | | | | **216,474** | |
| American Red Cross | 9,819,333 | | 28,929 | | **9,848,262** | |
| Andorran Red Cross | 16,134 | | | | **16,134** | |
| Asian Football Confederation | 192,323 | | | | **192,323** | |
| Australian Government | 30,314 | | | | **30,314** | |
| Australian Red Cross | 90,905 | | 30,907 | | **121,811** | |
| Australian Red Cross (from Australian Government*) | 2,059,204 | | | | **2,059,204** | |
| Austrian Red Cross | | | 44,129 | | **44,129** | |
| Austrian Red Cross (from Austrian Government*) | 1,365,386 | | | | **1,365,386** | |
| Bahrain Red Crescent Society | 20,000 | | | | **20,000** | |
| BeiGene | 10,100 | | | | **10,100** | |
| Belgian Federal Government | 416,624 | | | | **416,624** | *4,944,501* |
| Boston Scientfic | 209,773 | | | | **209,773** | |
| Bristol-Myers Squibb Company | 456,497 | | | | **456,497** | |
| British Red Cross | 435,987 | | 56,061 | | **492,048** | |
| British Red Cross (from Aviva Plc.*) | 169,463 | | | | **169,463** | |
| British Red Cross (from British Government*) | 42,961,048 | | | | **42,961,048** | |
| British Red Cross (from HSBC - HongKong & Shanghai Bar | 937,485 | | | | **937,485** | |
| British Red Cross (from M&G Prudential Services Limited*) | 59,186 | | | | **59,186** | |
| British Red Cross (from Standard Chartered Bank*) | 3,225,221 | | | | **3,225,221** | |
| Canadian Government | 0 | | | | **0** | *137,645* |
| Charities Aid Foundation | 101,929 | | | | **101,929** | |
| Charities Aid Foundation (from Cisco*) | 7,148 | | | | **7,148** | |
| Coca-Cola | 189,668 | | | | **189,668** | |
| Coca Cola Foundation | 2,415,765 | | | | **2,415,765** | |
| Danish Red Cross | | | 104,439 | | **104,439** | |
| Danish Red Cross (from Danish Government*) | 396,972 | | | | **396,972** | |
| Electrolux Food Foundation | 530 | | | | **530** | |
| Ericsson | 178,706 | | | | **178,706** | |
| Estonia Government | 26,533 | | | | **26,533** | |
| European Commission - DG ECHO | 5,158,860 | | | | **5,158,860** | |
| European Investment Bank Institute | 157,829 | | | | **157,829** | |
| FIA Foundation | 1,063,078 | | | | **1,063,078** | |
| Finnish Red Cross | 373,653 | 146,246 | 167,557 | | **687,456** | |
| Finnish Red Cross (from Finnish Government*) | 1,492,132 | | | | **1,492,132** | |
| Finnish Red Cross (from Huhtamaki*) | 494,125 | | | | **494,125** | |
| French Red Cross (from L'Oreal*) | 1,058,843 | | | | **1,058,843** | |
| German Government | 3,601,957 | | | | **3,601,957** | *7,166,703* |
| German Red Cross | 4,842 | | | | **4,842** | |
| Goldman Sachs | 663,839 | | | | **663,839** | |
| Great Britain - Private Donors | 20 | | | | **20** | |
| Icelandic Red Cross | 54,000 | | 51,933 | | **105,933** | |
| Icelandic Red Cross (from Icelandic Government*) | 146,000 | | | | **146,000** | |
| ICRC | 15,000 | | | | **15,000** | *100,000* |
| ICRC (from DirecTV*) | 27,538 | | | | **27,538** | |
| IQVIA Inc | 29,058 | | | | **29,058** | |
| Irish Government | 946,736 | | | | **946,736** | |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | *Deferred Income* |
|---|---|---|---|---|---|---|
| Islamic Committee of the International Crescent | 9,649 | | | | **9,649** | |
| Islamic Development Bank IsDB | 400 | | | | **400** | *638,696* |
| Italian Government Bilateral Emergency Fund | 641,410 | | | | **641,410** | |
| Italian Red Cross | | | 46,360 | | **46,360** | |
| Italy - Private Donors | 12 | | | | **12** | |
| Japanese Government | 20,490,680 | | | | **20,490,680** | *3,761,774* |
| Japanese Red Cross Society | 88,665 | | | | **88,665** | |
| Japan - Private Donors | 42,011 | | | | **42,011** | |
| Johnson & Johnson foundation | 2,433,750 | | | | **2,433,750** | |
| Kaspersky Lab | 15,000 | | | | **15,000** | |
| Kenya - Private Donors | 2,038 | | | | **2,038** | |
| Kuwait Red Crescent Society | 97,167 | | | | **97,167** | |
| Lithuania Government | 105,340 | | | | **105,340** | |
| London Stock Exchange Group (LSEG) | 1,184,388 | | | | **1,184,388** | |
| Marriott International Inc. | 7,407 | | | | **7,407** | |
| Medtronic Foundation | 6,398 | | | | **6,398** | |
| Morgan Stanley | 26,597 | | | | **26,597** | |
| Nestle | 3,130,154 | | | | **3,130,154** | |
| Netherlands - Private Donors | 3,401 | | | | **3,401** | |
| New Balance | 22,883 | | | | **22,883** | |
| New Zealand Government | 304,650 | | | | **304,650** | |
| New Zealand Red Cross | | | 41,800 | | **41,800** | |
| Norwegian Red Cross | 112,337 | | | | **112,337** | |
| Norwegian Red Cross (from Norwegian Government*) | 1,516,704 | | | | **1,516,704** | |
| Novartis | 115,101 | | | | **115,101** | |
| Olympus Corporation | 177,183 | | | | **177,183** | |
| On Line donations | 28,653 | | | | **28,653** | |
| PPG Coatings (HongKong) Co.Ltd | 97,416 | | | | **97,416** | |
| PPG Industries Europe Sarl | 288,856 | | | | **288,856** | |
| Procter & Gamble | 488,615 | | | | **488,615** | |
| Qatar Red Crescent Society | 9,130 | | | | **9,130** | |
| Red Crescent Society of Turkmenistan | 2,933 | | | | **2,933** | |
| Red Cross of Monaco | 158,432 | | | | **158,432** | |
| Red Cross of Viet Nam | 29,182 | | | | **29,182** | |
| Red Cross Society of China | 950,017 | | | | **950,017** | |
| Republic of Korea - Private Donors | 11,486 | | | | **11,486** | |
| Siemens Gamesa Renewable Energy | 89,364 | | | | **89,364** | |
| Singapore Red Cross Society | 2,302,238 | 34,430 | | | **2,336,668** | |
| Société Générale Foundation | 1,069,017 | | | | **1,069,017** | |
| Spanish Government | 516,041 | | | | **516,041** | *3,469,924* |
| Supreme Master Ching Hai | 1,016,831 | | | | **1,016,831** | |
| Swedish Red Cross | 857,969 | | | | **857,969** | |
| Swiss Government | 5,300,000 | | | | **5,300,000** | |
| Swiss Red Cross | 858,743 | 158,725 | 26,413 | | **1,043,881** | |
| Swiss Red Cross (from Philip Morris Int.*) | 185,310 | | | | **185,310** | |
| Switzerland - Private Donors | 2,100 | | | | **2,100** | |
| T1 Entertainment & Sports | 10,956 | | | | **10,956** | |
| Taiwan Red Cross Organisation | 61,163 | | | | **61,163** | |
| Telekom Austria AG | 21,587 | | | | **21,587** | |
| The Burberry Foundation | 101,124 | | | | **101,124** | |
| The Canadian Red Cross Society (from Canadian Governm | 14,874,702 | | | | **14,874,702** | |
| The Netherlands Red Cross | 24,000 | | | | **24,000** | |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | *Deferred Income* |
|---|---|---|---|---|---|---|
| The Netherlands Red Cross (from Heineken International B | 15,912,000 | | | | **15,912,000** | |
| The Netherlands Red Cross (from Netherlands Governmen | 6,842,445 | | | | **6,842,445** | |
| The Republic of Cyprus | 29,251 | | | | **29,251** | |
| The Republic of Korea National Red Cross | 550,000 | | | | **550,000** | |
| The Republic of Korea National Red Cross (from Republic ( | 280,944 | | | | **280,944** | |
| The Republic of the Philippines | 94,134 | | | | **94,134** | |
| Thermo Fisher Scientific | 706 | | | | **706** | |
| Tokyo Electron Limited (TEL) | 904,231 | | | | **904,231** | |
| Tory Burch UK | 11,575 | | | | **11,575** | |
| Turkish Red Crescent Society | 20,000 | | | | **20,000** | |
| UNICEF - United Nations Children's Fund | 5,119 | | | | **5,119** | *350,924* |
| United States Government - PRM | 123,235 | | | | **123,235** | *1,450,768* |
| United States Government - USAID | 11,136,639 | | | | **11,136,639** | *14,014,544* |
| United States - Private Donors | 1,065 | | | | **1,065** | |
| Université de Management de Suisse | 53,942 | | | | **53,942** | |
| UPS foundation | 73,744 | | | | **73,744** | |
| Vanguard | 90 | | | | **90** | |
| WHO - World Health Organization | 4,523 | | | | **4,523** | *292,193* |
| World Bank | 19,633 | | | | **19,633** | *2,185,881* |
| Write off & provisions | | | | -50,000 | **-50,000** | |
| YourCause LLC | 275 | | | | **275** | |
| **Total Contributions and Other Income** | **177,261,929** | **339,402** | **598,528** | **-50,000** | **178,149,858** | ***38,513,552*** |
| **Total Income and Deferred Income** | | | | | **178,149,858** | *38,513,552* |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Africa | Budget | | 231,582 | 3,991,095 | 24,077,094 | 825,938 | 157,443 | 21,184 | 5,713,788 | 8,066,939 | 190,505 | 617,216 | 43,892,784 |
| | Expenditure | | 133,640 | 1,325,795 | 10,998,215 | 162,924 | 34,493 | 13,252 | 2,645,210 | 2,752,091 | 1,273 | 457,247 | 18,524,139 |
| | Variance | 0 | 97,942 | 2,665,300 | 13,078,879 | 663,014 | 122,950 | 7,932 | 3,068,578 | 5,314,848 | 189,232 | 159,969 | 25,368,645 |
| Americas | Budget | 29,930 | 161,174 | 2,788,534 | 21,193,585 | 2,536,751 | 110,386 | 94,738 | 4,504,901 | 3,393,672 | 455,840 | 59,282 | 35,328,793 |
| | Expenditure | 3,323 | 97,636 | 301,841 | 11,161,382 | 533,471 | 6 | 34,882 | 542,670 | 524,823 | 16,700 | 6,990 | 13,223,724 |
| | Variance | 26,607 | 63,537 | 2,486,693 | 10,032,203 | 2,003,280 | 110,381 | 59,856 | 3,962,231 | 2,868,848 | 439,140 | 52,291 | 22,105,069 |
| Asia Pacific | Budget | 100,521 | 207,304 | 4,316,395 | 23,003,063 | 1,517,329 | 66,921 | 230,054 | 2,742,890 | 5,672,596 | 1,311,836 | 3,223,940 | 42,392,850 |
| | Expenditure | 72,735 | 77,592 | 1,880,421 | 13,948,247 | 882,673 | 35,915 | 319,217 | 735,273 | 2,649,183 | 486,224 | 1,757,825 | 22,845,307 |
| | Variance | 27,786 | 129,712 | 2,435,974 | 9,054,815 | 634,656 | 31,006 | -89,164 | 2,007,617 | 3,023,413 | 825,612 | 1,466,116 | 19,547,543 |
| Europe | Budget | | | 1,928,282 | 39,357,299 | 0 | 38,700 | | 669,671 | 238,366 | 678,470 | 762,677 | 43,673,465 |
| | Expenditure | 5,234 | | 207,989 | 20,490,413 | | | 80 | 236,255 | 36,094 | 10,245 | 324,837 | 21,311,146 |
| | Variance | -5,234 | 0 | 1,720,293 | 18,866,886 | 0 | 38,700 | -80 | 433,416 | 202,272 | 668,225 | 437,840 | 22,362,320 |
| MENA | Budget | | | 3,702,958 | 22,302,419 | 1,281,418 | 63,900 | 89,225 | 4,067,215 | 3,825,264 | 657,602 | 1,190,581 | 37,180,584 |
| | Expenditure | | | 989,509 | 16,133,914 | 206,946 | 17,822 | | 495,517 | 337,182 | 38,345 | 244,462 | 18,463,697 |
| | Variance | 0 | 0 | 2,713,449 | 6,168,505 | 1,074,472 | 46,078 | 89,225 | 3,571,698 | 3,488,083 | 619,257 | 946,119 | 18,716,886 |
| Geneva | Budget | 31,950 | 169,974 | 695,080 | 2,008,196 | | 705,456 | 74,550 | 325,997 | 1,630,664 | 1,607,439 | 4,360,780 | 11,610,085 |
| | Expenditure | 8,201 | 68,566 | 461,952 | 2,764,312 | | | | 91,625 | 816,223 | 669,871 | 1,232,294 | 6,113,043 |
| | Variance | 23,750 | 101,408 | 233,128 | -756,116 | 0 | 705,456 | 74,550 | 234,372 | 814,441 | 937,568 | 3,128,486 | 5,497,042 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| **Africa** | | | | | | | | | | | | | |
| Africa regional office | Budget | | 5,325 | 263,278 | 4,411,835 | | 84,242 | 5,325 | 46,258 | 261,055 | 83,782 | | **5,161,100** |
| | Expenditure | | | 101 | 1,009,543 | | | | 46,258 | 167,068 | | | **1,222,969** |
| | Variance | 0 | 5,325 | 263,177 | 3,402,292 | 0 | 84,242 | 5,325 | 0 | 93,987 | 83,782 | 0 | **3,938,131** |
| Angola | Budget | | | | 46,698 | | | | 52,538 | 879 | | | **100,115** |
| | Expenditure | | | | 9,910 | | | | | | | | **9,910** |
| | Variance | 0 | 0 | 0 | 36,788 | 0 | 0 | 0 | 52,538 | 879 | 0 | 0 | **90,205** |
| Benin | Budget | | | | 53,631 | | | | 17,061 | 155,528 | | | **226,219** |
| | Expenditure | | | | 183,352 | | | | 13,612 | 29,652 | | | **226,616** |
| | Variance | 0 | 0 | 0 | -129,721 | 0 | 0 | 0 | 3,448 | 125,876 | 0 | 0 | **-396** |
| Botswana | Budget | | 10,685 | 510,463 | 152,478 | | 10,247 | | 335,413 | 350,435 | | | **1,369,720** |
| | Expenditure | | 10,062 | 81,411 | 112,389 | | 6,263 | | 153,797 | 17,202 | | | **381,122** |
| | Variance | 0 | 623 | 429,052 | 40,089 | 0 | 3,985 | 0 | 181,616 | 333,233 | 0 | 0 | **988,598** |
| Burkina Faso | Budget | | 63,688 | 120,945 | 203,400 | | | 3,980 | 92,728 | 61,355 | | 7,076 | **553,173** |
| | Expenditure | | | 7,801 | 159,674 | | | 1,170 | 30,654 | 37,775 | | 2,080 | **239,155** |
| | Variance | 0 | 63,688 | 113,143 | 43,726 | 0 | 0 | 2,810 | 62,075 | 23,580 | 0 | 4,996 | **314,018** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Burundi | Budget | | | | 356,110 | | | | 46,005 | | | 12,284 | 414,399 |
| | Expenditure | | | | 266,217 | | | | | | | | 266,217 |
| | Variance | 0 | 0 | 0 | 89,892 | 0 | 0 | 0 | 46,005 | 0 | 0 | 12,284 | 148,182 |
| Cameroon | Budget | | | 55,213 | 424,838 | | | 123 | 303,642 | 235,619 | | 15 | 1,019,451 |
| | Expenditure | | | 54,838 | 288,338 | | | 123 | 132,801 | 101,710 | | 15 | 577,825 |
| | Variance | 0 | 0 | 375 | 136,501 | 0 | 0 | 0 | 170,841 | 133,910 | 0 | 0 | 441,626 |
| Cape Verde | Budget | | | 14,367 | 246,856 | 6,783 | | 221 | 90,776 | 43,204 | | | 402,206 |
| | Expenditure | | | 8,201 | 68,284 | 6,831 | | 126 | 29,352 | 15,966 | | | 128,760 |
| | Variance | 0 | 0 | 6,166 | 178,572 | -48 | 0 | 95 | 61,424 | 27,238 | 0 | 0 | 273,446 |
| Central Africa CCST | Budget | | | | | | | | | 423,180 | | | 423,180 |
| | Expenditure | | | | 22,832 | | | | 779 | 160,591 | | | 184,202 |
| | Variance | 0 | 0 | 0 | -22,832 | 0 | 0 | 0 | -779 | 262,589 | 0 | 0 | 238,978 |
| Central African Republic | Budget | | 10,288 | 83,589 | 1,361,946 | 60,570 | | | 7,010 | 104,215 | | | 1,627,618 |
| | Expenditure | | 8,127 | | 92,926 | 50,702 | | | 3,435 | 61,835 | | 2,366 | 219,391 |
| | Variance | 0 | 2,161 | 83,589 | 1,269,020 | 9,869 | 0 | 0 | 3,575 | 42,380 | 0 | -2,366 | 1,408,227 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Chad | Budget | | 21,984 | 43,034 | 86,461 | | | | 30,760 | 97,526 | | | 279,766 |
| | Expenditure | | 17,054 | 16,692 | 64,952 | | | | 23,981 | 37,874 | | | 160,552 |
| | Variance | 0 | 4,931 | 26,343 | 21,508 | 0 | 0 | 0 | 6,779 | 59,652 | 0 | 0 | 119,213 |
| Comoro Islands | Budget | | | | 439,140 | | 1,438 | | 98,901 | 9,361 | | | 548,840 |
| | Expenditure | | | | 41,085 | | 1,672 | | 29,292 | 22,125 | | | 94,173 |
| | Variance | 0 | 0 | 0 | 398,054 | 0 | -234 | 0 | 69,609 | -12,764 | 0 | 0 | 454,666 |
| Cote d'Ivoire | Budget | | | 390,821 | 313,974 | | | | 449,778 | 314,085 | | 234,758 | 1,703,416 |
| | Expenditure | | | 145,794 | 108,271 | 6,376 | | | 7,500 | 20,743 | | | 288,684 |
| | Variance | 0 | 0 | 245,027 | 205,703 | -6,376 | 0 | 0 | 442,278 | 293,341 | 0 | 234,758 | 1,414,731 |
| Democratic Republic of Congo | Budget | | | 193 | 1,857,775 | | 808 | | 512,494 | 2,134,227 | 20,837 | 228,535 | 4,754,869 |
| | Expenditure | | | 193 | 402,049 | | | | 305,486 | 297,989 | | 2,823 | 1,008,541 |
| | Variance | 0 | 0 | 0 | 1,455,726 | 0 | 808 | 0 | 207,007 | 1,836,238 | 20,837 | 225,712 | 3,746,329 |
| Djibouti | Budget | | | | 276,945 | | | | | 2,115 | | | 279,060 |
| | Expenditure | | | | 182,694 | | | | | 1,601 | | | 184,295 |
| | Variance | 0 | 0 | 0 | 94,251 | 0 | 0 | 0 | 0 | 514 | 0 | 0 | 94,765 |
| | Budget | | | | 603,998 | | | | | 60,058 | 36,180 | | 700,235 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Expenditure | | | | 269,643 | | | | | 27,826 | | | **297,469** |
| | Variance | 0 | 0 | 0 | 334,354 | 0 | 0 | 0 | 0 | 32,232 | 36,180 | 0 | **402,766** |
| **Equatorial Guinea** | Budget | | | 10,502 | 70,242 | | | | 22,064 | 17,804 | | | **120,612** |
| | Expenditure | | | | 47,833 | | | | 4,409 | | | | **52,242** |
| | Variance | 0 | 0 | 10,502 | 22,410 | 0 | 0 | 0 | 17,655 | 17,804 | 0 | 0 | **68,371** |
| **Ethiopia** | Budget | | | | 403,871 | | | | 9,859 | | 12,686 | 9,584 | **436,000** |
| | Expenditure | | | | 424,533 | | | | | 7,262 | | | **431,795** |
| | Variance | 0 | 0 | 0 | -20,663 | 0 | 0 | 0 | 9,859 | -7,262 | 12,686 | 9,584 | **4,205** |
| **France** | Budget | | | | 160,176 | | | | | | | | **160,176** |
| | Expenditure | | | | 103,621 | | | | | | | | **103,621** |
| | Variance | 0 | 0 | 0 | 56,554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **56,554** |
| **Gabon** | Budget | | | | 465,531 | | | | 107,705 | 265,057 | | | **838,294** |
| | Expenditure | | | | 179,981 | | | | 51,029 | 181,633 | | | **412,643** |
| | Variance | 0 | 0 | 0 | 285,550 | 0 | 0 | 0 | 56,677 | 83,424 | 0 | 0 | **425,651** |
| **Gambia** | Budget | | | 170,543 | 565,036 | | | | 411,820 | 173,594 | | | **1,320,993** |
| | Expenditure | | | 56,023 | 290,258 | | | | 546,518 | 72,777 | | | **965,576** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Variance | 0 | 0 | 114,520 | 274,778 | 0 | 0 | 0 | -134,699 | 100,817 | 0 | 0 | **355,416** |
| **Ghana** | Budget | | | 151,143 | 126,568 | 500,199 | | | 320,815 | 250,845 | | | **1,349,570** |
| | Expenditure | | | 51,368 | 123,694 | 59,191 | | | -12,926 | 68,141 | | | **289,468** |
| | Variance | 0 | 0 | 99,775 | 2,874 | 441,008 | 0 | 0 | 333,741 | 182,704 | 0 | 0 | **1,060,102** |
| **Guinea** | Budget | | | 105,417 | 181,975 | | 8,236 | | 93,765 | 62,252 | | | **451,645** |
| | Expenditure | | | 37,980 | 151,045 | | 2,967 | | 33,920 | 22,368 | | | **248,281** |
| | Variance | 0 | 0 | 67,437 | 30,930 | 0 | 5,269 | 0 | 59,845 | 39,884 | 0 | 0 | **203,364** |
| **Guinea Bisau** | Budget | | 31,786 | 42,857 | 55,893 | | | | 26,716 | 27,054 | | | **184,306** |
| | Expenditure | | 31,786 | 42,857 | 55,860 | | | | 26,839 | 27,094 | | | **184,436** |
| | Variance | 0 | 0 | 0 | 33 | 0 | 0 | 0 | -122 | -41 | 0 | 0 | **-130** |
| **Indian Ocean Islands CCST** | Budget | | | | 200,072 | | | | | | | | **200,072** |
| | Expenditure | | | | 105,329 | | | 2,080 | | 55,312 | | 1,103 | **163,824** |
| | Variance | 0 | 0 | 0 | 94,742 | 0 | 0 | -2,080 | 0 | -55,312 | 0 | -1,103 | **36,247** |
| **Kenya** | Budget | | | | 3,054,681 | | | | 190,269 | | | 107 | **3,245,056** |
| | Expenditure | | | | 1,331,505 | | | | 190,317 | | | | **1,521,822** |
| | Variance | 0 | 0 | 0 | 1,723,176 | 0 | 0 | 0 | -48 | 0 | 0 | 107 | **1,723,234** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Lesotho | Budget | | | 79,451 | 98,973 | | 1,083 | | 62,079 | 30,004 | | | 271,590 |
| | Expenditure | | | 53,274 | 99,896 | | 1,093 | | 38,777 | 18,413 | | | 211,453 |
| | Variance | 0 | 0 | 26,177 | -922 | 0 | -10 | 0 | 23,302 | 11,591 | 0 | 0 | 60,137 |
| Liberia | Budget | | | | 529,608 | 74,846 | 5,553 | | 183,771 | 138,565 | | 1,193 | 933,536 |
| | Expenditure | | | | 161,511 | 39,765 | 1,973 | | 6,886 | 39,096 | | 302 | 249,533 |
| | Variance | 0 | 0 | 0 | 368,097 | 35,081 | 3,580 | 0 | 176,884 | 99,469 | 0 | 891 | 684,003 |
| Madagascar | Budget | | | | 237,480 | | | | 110,273 | 0 | 13,438 | | 361,191 |
| | Expenditure | | | | 192,208 | | | | 63,702 | 57,866 | 102 | | 313,878 |
| | Variance | 0 | 0 | 0 | 45,273 | 0 | 0 | 0 | 46,571 | -57,866 | 13,335 | 0 | 47,313 |
| Malawi | Budget | | 4,430 | 105,930 | 69,280 | | 8,997 | | 95,290 | 81,587 | | | 365,513 |
| | Expenditure | | 1,892 | 77,733 | 73,203 | | 2,270 | | 47,947 | 32,676 | | | 235,720 |
| | Variance | 0 | 2,538 | 28,197 | -3,923 | 0 | 6,727 | 0 | 47,343 | 48,911 | 0 | 0 | 129,793 |
| Mali | Budget | | 3,571 | 110,462 | 164,402 | | | | 48,649 | 32,232 | | | 359,316 |
| | Expenditure | | 1,434 | 44,366 | 105,127 | | | | 19,539 | 13,010 | | | 183,476 |
| | Variance | 0 | 2,137 | 66,096 | 59,275 | 0 | 0 | 0 | 29,110 | 19,223 | 0 | 0 | 175,840 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Mauritania | Budget | | | 47,700 | 86,849 | | | 11,029 | 36,098 | 28,455 | | | 210,131 |
| | Expenditure | | | 43,300 | 76,717 | | | 9,753 | 40,937 | 40,048 | | | 210,755 |
| | Variance | 0 | 0 | 4,399 | 10,132 | 0 | 0 | 1,276 | -4,839 | -11,593 | 0 | 0 | -624 |
| Mauritius | Budget | | | 11,180 | 313,686 | | | | | 271,303 | 2,260 | | 598,428 |
| | Expenditure | | | | 164,707 | | | | | 27,584 | 1,036 | | 193,326 |
| | Variance | 0 | 0 | 11,180 | 148,978 | 0 | 0 | 0 | 0 | 243,719 | 1,224 | 0 | 405,102 |
| Mozambique | Budget | | | | 203,827 | | | | 172,130 | 27,690 | 28 | 1,608 | 405,283 |
| | Expenditure | | | | 167,442 | | | | 30,482 | 25,805 | 28 | 1,608 | 225,364 |
| | Variance | 0 | 0 | 0 | 36,386 | 0 | 0 | 0 | 141,648 | 1,885 | 0 | 0 | 179,919 |
| Namibia | Budget | | | 135,503 | 74,126 | | 3,842 | | 86,935 | 93,639 | | 1,726 | 395,770 |
| | Expenditure | | | 63,219 | 49,813 | | 536 | | 31,283 | 40,840 | | 1,726 | 187,416 |
| | Variance | 0 | 0 | 72,284 | 24,313 | 0 | 3,306 | 0 | 55,652 | 52,799 | 0 | 0 | 208,354 |
| Niger | Budget | | | 74,360 | 34,937 | 183,539 | 6,475 | | 64,554 | 46,731 | 3,225 | | 413,821 |
| | Expenditure | | | | 24,778 | | | | | | | 380,769 | 405,546 |
| | Variance | 0 | 0 | 74,360 | 10,159 | 183,539 | 6,475 | 0 | 64,554 | 46,731 | 3,225 | -380,769 | 8,275 |
| | Budget | | | 812,236 | 626,632 | | | | 309,574 | 125,541 | | | 1,873,982 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Expenditure | | | 24,874 | 682,153 | | | | 105,123 | 40,495 | | | **852,645** |
| | Variance | 0 | 0 | 787,361 | -55,521 | 0 | 0 | 0 | 204,451 | 85,045 | 0 | 0 | **1,021,337** |
| **Republic of Congo** | Budget | | | | 138,984 | | | | 56,069 | 53,205 | | | **248,258** |
| | Expenditure | | | | 162,278 | | | | 20,043 | 31,387 | | | **213,708** |
| | Variance | 0 | 0 | 0 | -23,294 | 0 | 0 | 0 | 36,026 | 21,818 | 0 | 0 | **34,551** |
| **Rwanda** | Budget | | | | 576,543 | | | | 65,729 | 38,313 | 2,083 | 107 | **682,775** |
| | Expenditure | | | | 264,289 | | | | 14,224 | | | | **278,513** |
| | Variance | 0 | 0 | 0 | 312,254 | 0 | 0 | 0 | 51,505 | 38,313 | 2,083 | 107 | **404,261** |
| **Sahel CCST** | Budget | | | | 8,788 | | | | | 565,490 | | 87,170 | **661,448** |
| | Expenditure | | 18,723 | 44,446 | 70,791 | 58 | | | 3,552 | 280,767 | | 24,875 | **443,214** |
| | Variance | 0 | -18,723 | -44,446 | -62,004 | -58 | 0 | 0 | -3,552 | 284,723 | 0 | 62,295 | **218,234** |
| **Sao Tome and Principe** | Budget | | 26,566 | | 43,652 | | | | 29,194 | 92,725 | | | **192,137** |
| | Expenditure | | 1,410 | | 19,301 | | | | 5,258 | 52,200 | | | **78,170** |
| | Variance | 0 | 25,156 | 0 | 24,350 | 0 | 0 | 0 | 23,936 | 40,525 | 0 | 0 | **113,967** |
| **Senegal** | Budget | | 47,412 | 141,820 | 103,212 | | | | 67,872 | 152,411 | | | **512,727** |
| | Expenditure | | 43,151 | 129,075 | 164,209 | | | | 70,917 | 156,111 | | | **563,463** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| | Variance | 0 | 4,261 | 12,746 | -60,997 | 0 | 0 | 0 | -3,045 | -3,700 | 0 | 0 | **-50,735** |
| Seychelles | Budget | | | | 38,659 | | | | 9,741 | 18,107 | 3,996 | | **70,503** |
| | Expenditure | | | | 28,578 | | | | 9,821 | 30,259 | | | **68,658** |
| | Variance | 0 | 0 | 0 | 10,080 | 0 | 0 | 0 | -81 | -12,152 | 3,996 | 0 | **1,845** |
| Sierra Leone | Budget | | | | 300,941 | | | | 219,599 | 106,585 | | | **627,126** |
| | Expenditure | | | | 143,859 | | | | 106,987 | | | | **250,845** |
| | Variance | 0 | 0 | 0 | 157,082 | 0 | 0 | 0 | 112,613 | 106,585 | 0 | 0 | **376,280** |
| Somalia | Budget | | | | 655,812 | | 4,421 | | 15,271 | 142,645 | | 597 | **818,746** |
| | Expenditure | | | | 383,091 | | 4,421 | | 16,975 | 126,277 | | 597 | **531,361** |
| | Variance | 0 | 0 | 0 | 272,720 | 0 | 0 | 0 | -1,704 | 16,368 | 0 | 0 | **287,385** |
| South Africa | Budget | | | 139,122 | 290,106 | | 6,245 | | 103,708 | 54,974 | | | **594,155** |
| | Expenditure | | | 127,541 | 109,435 | | | | 45,038 | 53,345 | | | **335,360** |
| | Variance | 0 | 0 | 11,581 | 180,671 | 0 | 6,245 | 0 | 58,670 | 1,629 | 0 | 0 | **258,795** |
| Southern Africa CCST | Budget | | | | 541,459 | | 5,289 | | 9,712 | 5,528 | | 3,332 | **565,320** |
| | Expenditure | | | | 128,355 | | 5,289 | | 9,690 | 36,880 | | 6,471 | **186,684** |
| | Variance | 0 | 0 | 0 | 413,104 | 0 | 0 | 0 | 22 | -31,352 | 0 | -3,138 | **378,636** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| South Sudan | Budget | | | | 31,925 | | | | 91,600 | 661,696 | | 26,591 | 811,812 |
| | Expenditure | | | | 26,506 | | | | 56,010 | 135,513 | | 32,512 | 250,542 |
| | Variance | 0 | 0 | 0 | 5,418 | 0 | 0 | 0 | 35,590 | 526,183 | 0 | -5,921 | 561,270 |
| Sudan | Budget | | | | 371,967 | | | | 53,729 | | 8,265 | 227 | 434,187 |
| | Expenditure | | | | 374,598 | | | | 56,134 | 1,583 | 107 | | 432,423 |
| | Variance | 0 | 0 | 0 | -2,632 | 0 | 0 | 0 | -2,406 | -1,583 | 8,158 | 227 | 1,764 |
| Swaziland | Budget | | 5,847 | 156,984 | 49,531 | | 2,632 | 506 | 88,035 | 71,333 | | | 374,868 |
| | Expenditure | | | 127,056 | 23,436 | | | | 11,399 | 4,478 | | | 166,368 |
| | Variance | 0 | 5,847 | 29,929 | 26,095 | 0 | 2,632 | 506 | 76,636 | 66,855 | 0 | 0 | 208,500 |
| Tanzania | Budget | | | | 372,432 | | | | 147,157 | 11,808 | | 417 | 531,813 |
| | Expenditure | | | | 438,345 | | | | 68,388 | 9,081 | | | 515,814 |
| | Variance | 0 | 0 | 0 | -65,914 | 0 | 0 | 0 | 78,769 | 2,727 | 0 | 417 | 15,999 |
| Togo | Budget | | | | 126,228 | | | | 34,936 | 65,705 | | | 226,869 |
| | Expenditure | | | | 78,214 | | | | 14,993 | 26,771 | | | 119,977 |
| | Variance | 0 | 0 | 0 | 48,014 | 0 | 0 | 0 | 19,943 | 38,934 | 0 | 0 | 106,891 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Uganda | Budget | | | | 362,555 | | | | 70,988 | | | 214 | 433,756 |
| | Expenditure | | | | 362,514 | | | | 71,193 | | | | 433,707 |
| | Variance | 0 | 0 | 0 | 41 | 0 | 0 | 0 | -205 | 0 | 0 | 214 | 49 |
| West Coast CCST | Budget | | | | 616,940 | | | | | | | | 616,940 |
| | Expenditure | | | | 73,552 | | | | | | | | 73,552 |
| | Variance | 0 | 0 | 0 | 543,388 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 543,388 |
| Zambia | Budget | | | 100,124 | 84,865 | | 7,934 | | 149,551 | 64,392 | | 1,674 | 408,540 |
| | Expenditure | | | 87,651 | 74,943 | | 8,008 | | 62,863 | 37,064 | | | 270,529 |
| | Variance | 0 | 0 | 12,473 | 9,922 | 0 | -75 | 0 | 86,687 | 27,328 | 0 | 1,674 | 138,010 |
| Zimbabwe | Budget | | | 113,860 | 802,571 | | | | 65,171 | 36,827 | 3,725 | | 1,022,155 |
| | Expenditure | | | | 178,549 | | | | | | | | 178,549 |
| | Variance | 0 | 0 | 113,860 | 624,022 | 0 | 0 | 0 | 65,171 | 36,827 | 3,725 | 0 | 843,606 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| **Americas** | | | | | | | | | | | | | |
| Americas regional office | Budget | | | | 4,841,032 | | | | | | | | 4,841,032 |
| | Expenditure | | | | 1,563,923 | | | | 11,589 | 10,354 | | 899 | 1,586,765 |
| | Variance | 0 | 0 | 0 | 3,277,109 | 0 | 0 | 0 | -11,589 | -10,354 | 0 | -899 | 3,254,267 |
| Antigua and Barbuda | Budget | 5,375 | | 72,025 | 127,630 | | 632 | | 196,725 | 4,769 | | | 407,156 |
| | Expenditure | 899 | | 17 | 130,415 | 12,569 | | | 20,584 | | 2,568 | | 167,051 |
| | Variance | 4,476 | 0 | 72,008 | -2,784 | -12,569 | 632 | 0 | 176,141 | 4,769 | -2,568 | 0 | 240,106 |
| Argentina | Budget | | | 137,600 | 57,641 | 139,750 | | | | | | | 334,991 |
| | Expenditure | | | | 186,989 | 95,180 | | | | 37 | | | 282,207 |
| | Variance | 0 | 0 | 137,600 | -129,348 | 44,570 | 0 | 0 | 0 | -37 | 0 | 0 | 52,784 |
| Bahamas | Budget | | | 97,597 | 474,015 | 139,726 | | | 86,435 | 74,414 | | | 872,186 |
| | Expenditure | | | 109,759 | 101,120 | 24,380 | | | 21,890 | 15,617 | | | 272,766 |
| | Variance | 0 | 0 | -12,162 | 372,894 | 115,346 | 0 | 0 | 64,545 | 58,797 | 0 | 0 | 599,420 |
| Barbados | Budget | | | 42,191 | 47,215 | 2,484 | 2,069 | | 60,580 | | | | 154,540 |
| | Expenditure | | | 2,153 | 54,916 | 265 | | | 3,106 | | | | 60,440 |
| | Variance | 0 | 0 | 40,038 | -7,701 | 2,219 | 2,069 | 0 | 57,475 | 0 | 0 | 0 | 94,100 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Belize | Budget | 2,561 | | 126,420 | 142,006 | 44,149 | | | 50,748 | | | | 365,884 |
| | Expenditure | | | 37,184 | 233,004 | 5,541 | | | 2,212 | -176 | | | 277,765 |
| | Variance | 2,561 | 0 | 89,236 | -90,997 | 38,608 | 0 | 0 | 48,536 | 176 | 0 | 0 | 88,119 |
| Bolivia | Budget | | 38,562 | 114,015 | 482,807 | 112,230 | 17,200 | 4,300 | 0 | | 99,692 | 24,725 | 893,532 |
| | Expenditure | | | | 419,955 | | | | | | | | 419,955 |
| | Variance | 0 | 38,562 | 114,015 | 62,853 | 112,230 | 17,200 | 4,300 | 0 | 0 | 99,692 | 24,725 | 473,577 |
| Brazil | Budget | | | 48,570 | 143,217 | 74,883 | 3,236 | | 49,195 | 108,679 | | | 427,781 |
| | Expenditure | | | | 77,583 | 12,304 | | | 6,683 | | | | 96,570 |
| | Variance | 0 | 0 | 48,570 | 65,635 | 62,579 | 3,236 | 0 | 42,512 | 108,679 | 0 | 0 | 331,211 |
| Caribbean CCST | Budget | | | | 1,559,303 | | | | | | | | 1,559,303 |
| | Expenditure | | | | 90,481 | | | | | 3,946 | | | 94,427 |
| | Variance | 0 | 0 | 0 | 1,468,822 | 0 | 0 | 0 | 0 | -3,946 | 0 | 0 | 1,464,877 |
| Central America CCST | Budget | | | | | | | | | 741,201 | | | 741,201 |
| | Expenditure | | | | | | | | | 75,341 | | | 75,341 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 665,860 | 0 | 0 | 665,860 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Chile | Budget | | 64,500 | 79,013 | 66,504 | 33,325 | | | 132,909 | | | | 376,250 |
| | Expenditure | | 62,632 | | 150,617 | 26,463 | | | 4,175 | | | | **243,886** |
| | Variance | 0 | 1,868 | 79,013 | -84,113 | 6,862 | 0 | 0 | 128,733 | 0 | 0 | 0 | 132,364 |
| Colombia | Budget | | | 236,777 | 609,224 | 34,980 | | | 175,647 | 374,750 | | | 1,431,378 |
| | Expenditure | | | | 498,749 | | | | 13,644 | 64,422 | | | **576,815** |
| | Variance | 0 | 0 | 236,777 | 110,475 | 34,980 | 0 | 0 | 162,002 | 310,328 | 0 | 0 | 854,563 |
| Costa Rica | Budget | | | 16,982 | 531,676 | 55,832 | 5,264 | 9,478 | 19,721 | | | | 638,953 |
| | Expenditure | | | | 303,571 | | | | | | | | **303,571** |
| | Variance | 0 | 0 | 16,982 | 228,105 | 55,832 | 5,264 | 9,478 | 19,721 | 0 | 0 | 0 | 335,382 |
| Cuba | Budget | | | | 329,914 | | | | 0 | | | | 329,914 |
| | Expenditure | | | | 145,144 | | | | | 600 | | | **145,744** |
| | Variance | 0 | 0 | 0 | 184,769 | 0 | 0 | 0 | 0 | -600 | 0 | 0 | 184,169 |
| Cuba, Haiti and Dominican Republic CCST | Budget | | | | 0 | | | | | 956,250 | | 0 | 956,250 |
| | Expenditure | | | | | | | | | 157,654 | | | **157,654** |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 798,596 | 0 | 0 | 798,596 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dominica | Budget | 3,225 | | 31,605 | 76,170 | 24,725 | | | 186,775 | | | | 322,500 |
| | Expenditure | 2,425 | | 691 | 154,016 | 12,286 | | | 21,978 | -286 | | | 191,110 |
| | Variance | 800 | 0 | 30,914 | -77,846 | 12,439 | 0 | 0 | 164,796 | 286 | 0 | 0 | 131,390 |
| Dominican Republic | Budget | | | 62,565 | 1,005,207 | 238,994 | | | 463,841 | | | | 1,770,607 |
| | Expenditure | | | 68 | 412,677 | 146,905 | | | 97,706 | -663 | | | 656,693 |
| | Variance | 0 | 0 | 62,497 | 592,530 | 92,089 | 0 | 0 | 366,135 | 663 | 0 | 0 | 1,113,914 |
| Ecuador | Budget | | | 215,000 | 749,592 | 215,000 | 32,250 | | 320,759 | | | | 1,532,601 |
| | Expenditure | | | 25,467 | 480,550 | 33,995 | | | 56,174 | 38,985 | | | 635,171 |
| | Variance | 0 | 0 | 189,533 | 269,042 | 181,005 | 32,250 | 0 | 264,584 | -38,985 | 0 | 0 | 897,430 |
| El Salvador | Budget | | | 439,521 | 1,076,825 | 25,628 | 4,876 | | 169,611 | | | 3,159 | 1,719,620 |
| | Expenditure | | | | 878,186 | | | | | | | | 878,186 |
| | Variance | 0 | 0 | 439,521 | 198,639 | 25,628 | 4,876 | 0 | 169,611 | 0 | 0 | 3,159 | 841,434 |
| Grenada | Budget | 2,150 | | 16,048 | 102,355 | 14,900 | | | 226,261 | 1,290 | | | 363,004 |
| | Expenditure | | | 14,385 | 94,529 | | | | 24,352 | | | | 133,266 |
| | Variance | 2,150 | 0 | 1,663 | 7,827 | 14,900 | 0 | 0 | 201,909 | 1,290 | 0 | 0 | 229,738 |
| | Budget | | | 151,866 | 1,229,160 | 15,974 | 3,753 | 72,360 | 271,408 | 18,257 | | | 1,762,778 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Expenditure | | | | 816,374 | | | 34,882 | 42,295 | 3,194 | | | **896,745** |
| | Variance | 0 | 0 | 151,866 | 412,786 | 15,974 | 3,753 | 37,478 | 229,113 | 15,063 | 0 | 0 | **866,033** |
| **Guyana** | Budget | | | 29,025 | 210,121 | 37,705 | | | 85,553 | | | | **362,403** |
| | Expenditure | | | 195 | 155,605 | 16,114 | | | 9,476 | | | | **181,389** |
| | Variance | 0 | 0 | 28,830 | 54,516 | 21,591 | 0 | 0 | 76,077 | 0 | 0 | 0 | **181,014** |
| **Haiti** | Budget | | | | 869,769 | 204,626 | | | 196,566 | | | | **1,270,961** |
| | Expenditure | | | | 523,969 | 106,201 | | | 31,562 | | | | **661,732** |
| | Variance | 0 | 0 | 0 | 345,799 | 98,425 | 0 | 0 | 165,004 | 0 | 0 | 0 | **609,228** |
| **Honduras** | Budget | | | 174,150 | 1,093,167 | 26,310 | 39,775 | 8,600 | 186,398 | | | | **1,528,400** |
| | Expenditure | | | | 446,766 | | 6 | | 24,802 | | | | **471,573** |
| | Variance | 0 | 0 | 174,150 | 646,401 | 26,310 | 39,769 | 8,600 | 161,596 | 0 | 0 | 0 | **1,056,826** |
| **Jamaica** | Budget | | | 190,247 | 839,611 | 63,233 | | | 222,448 | | | | **1,315,539** |
| | Expenditure | | | 44,480 | 327,253 | 2,722 | | | 34,303 | | | | **408,758** |
| | Variance | 0 | 0 | 145,767 | 512,358 | 60,511 | 0 | 0 | 188,145 | 0 | 0 | 0 | **906,781** |
| **Mexico** | Budget | | | | 887,148 | | | | 6,935 | 15,194 | | 20,647 | **929,925** |
| | Expenditure | | | | 792,216 | | | | 4,002 | 1,301 | | 6,092 | **803,611** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| | Variance | 0 | 0 | 0 | 94,932 | 0 | 0 | 0 | 2,933 | 13,893 | 0 | 14,555 | **126,314** |
| **Nicaragua** | Budget | | | 134,542 | 835,467 | 88,715 | | | 124,574 | | | | **1,183,297** |
| | Expenditure | | | | 532,761 | 385 | | | 2,449 | | | | **535,594** |
| | Variance | 0 | 0 | 134,542 | 302,706 | 88,330 | 0 | 0 | 122,125 | 0 | 0 | 0 | **647,703** |
| **Panama** | Budget | | | | 247,051 | | | | 173,890 | | | | **420,940** |
| | Expenditure | | | 3,787 | 238,761 | | | | 4,601 | | | | **247,149** |
| | Variance | 0 | 0 | -3,787 | 8,290 | 0 | 0 | 0 | 169,288 | 0 | 0 | 0 | **173,792** |
| **Paraguay** | Budget | | | | 160,754 | 28,246 | | | 189,803 | | | | **378,803** |
| | Expenditure | | | | 164,904 | | | | 842 | | | | **165,745** |
| | Variance | 0 | 0 | 0 | -4,149 | 28,246 | 0 | 0 | 188,961 | 0 | 0 | 0 | **213,058** |
| **Peru** | Budget | | 29,086 | 135,002 | 542,376 | 27,442 | 0 | 0 | 58,982 | | | | **792,887** |
| | Expenditure | | 22,104 | 20,236 | 201,163 | 20,127 | | | 4,061 | | | | **267,692** |
| | Variance | 0 | 6,982 | 114,766 | 341,212 | 7,315 | 0 | 0 | 54,920 | 0 | 0 | 0 | **525,195** |
| **Saint Kitts and Nevis** | Budget | 11,030 | | 58,377 | 181,459 | 13,803 | 1,330 | | 24,671 | | | | **290,670** |
| | Expenditure | | | | 64,540 | | | | 5,651 | | | | **70,191** |
| | Variance | 11,030 | 0 | 58,377 | 116,919 | 13,803 | 1,330 | 0 | 19,019 | 0 | 0 | 0 | **220,479** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Saint Lucia | Budget | | 11,825 | 16,770 | 69,477 | 3,225 | | | 16,953 | | | | 118,250 |
| | Expenditure | | | | 92,115 | | | | | | | | 92,115 |
| | Variance | 0 | 11,825 | 16,770 | -22,638 | 3,225 | 0 | 0 | 16,953 | 0 | 0 | 0 | 26,135 |
| South America CCST | Budget | | | | 101,595 | | | | | 815,968 | | | 917,563 |
| | Expenditure | | | | | | | | 842 | 60,603 | | | 61,446 |
| | Variance | 0 | 0 | 0 | 101,595 | 0 | 0 | 0 | -842 | 755,365 | 0 | 0 | 856,118 |
| Southern Cone CCST | Budget | | | | | | | | 193,378 | 16,125 | 356,148 | 10,750 | 576,401 |
| | Expenditure | | | | 89 | | | | 3,979 | 29,118 | 14,132 | | 47,318 |
| | Variance | 0 | 0 | 0 | -89 | 0 | 0 | 0 | 189,400 | -12,993 | 342,015 | 10,750 | 529,083 |
| St Vincent and Grenadines | Budget | | 4,300 | 18,006 | 75,241 | 14,741 | | | 70,462 | | | | 182,750 |
| | Expenditure | | | 8,910 | 94,759 | 5,572 | | | 12,548 | | | | 121,788 |
| | Variance | 0 | 4,300 | 9,096 | -19,518 | 9,169 | 0 | 0 | 57,914 | 0 | 0 | 0 | 60,962 |
| Suriname | Budget | 2,688 | | | 97,530 | 16,662 | | | 81,963 | | | | 198,843 |
| | Expenditure | | | | 77,541 | 1,331 | | | 702 | | | | 79,575 |
| | Variance | 2,688 | 0 | 0 | 19,988 | 15,331 | 0 | 0 | 81,261 | 0 | 0 | 0 | 119,268 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trinidad and Tobago | Budget | 2,903 | | 102,125 | 128,409 | 88,580 | | | 73,100 | 17,899 | | | **413,015** |
| | Expenditure | | | 34,341 | 139,214 | 6,562 | | | 10,406 | 1,646 | | | **192,170** |
| | Variance | 2,903 | 0 | 67,784 | -10,806 | 82,018 | 0 | 0 | 62,694 | 16,252 | 0 | 0 | **220,845** |
| Uruguay | Budget | | 12,900 | 42,495 | 403,628 | 66,542 | | | 136,029 | 0 | | | **661,594** |
| | Expenditure | | 12,900 | 168 | 111,990 | 4,570 | | | 4,761 | | | | **134,389** |
| | Variance | 0 | 0 | 42,327 | 291,638 | 61,972 | 0 | 0 | 131,268 | 0 | 0 | 0 | **527,205** |
| Venezuela Country Office | Budget | | | | 799,289 | 684,343 | | | 252,582 | 248,875 | | | **1,985,089** |
| | Expenditure | | | | 404,938 | | | | 61,292 | 63,131 | | | **529,361** |
| | Variance | 0 | 0 | 0 | 394,351 | 684,343 | 0 | 0 | 191,290 | 185,745 | 0 | 0 | **1,455,728** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Asia Pacific** | | | | | | | | | | | | | |
| Afghanistan | Budget | | | 749,589 | 2,070,839 | | | | 0 | 133,429 | 18,266 | 228,049 | **3,200,172** |
| | Expenditure | 10,756 | | 752,464 | 1,263,942 | | | | | 53,242 | 20,511 | 229,550 | **2,330,465** |
| | Variance | -10,756 | 0 | -2,875 | 806,897 | 0 | 0 | 0 | 0 | 80,187 | -2,245 | -1,501 | **869,707** |
| Asia Pacific regional office | Budget | | | | 162,021 | | | | 295,115 | 1,257,715 | 109,449 | 735,035 | **2,559,335** |
| | Expenditure | | | | 126,395 | | | | 17,808 | 477,651 | 35,186 | 313,223 | **970,263** |
| | Variance | 0 | 0 | 0 | 35,626 | 0 | 0 | 0 | 277,307 | 780,064 | 74,263 | 421,813 | **1,589,072** |
| Bangkok CCST | Budget | | | | 1 | | | | 0 | 428,305 | 19 | 60,665 | **488,989** |
| | Expenditure | | | | 1,983 | | | | | 24,612 | 19 | 60,665 | **87,279** |
| | Variance | 0 | 0 | 0 | -1,983 | 0 | 0 | 0 | 0 | 403,693 | 0 | 0 | **401,710** |
| Bangladesh | Budget | 1,491 | | | 5,929,278 | 266,365 | 16,909 | 12,315 | 25,143 | | | | **6,251,501** |
| | Expenditure | 1,491 | | | 2,766,367 | 249,837 | 2,021 | 15,781 | | | | | **3,035,497** |
| | Variance | 0 | 0 | 0 | 3,162,912 | 16,528 | 14,888 | -3,466 | 25,143 | 0 | 0 | 0 | **3,216,003** |
| Beijing CCST | Budget | | | | 0 | 0 | 0 | 0 | 0 | 4,405 | 0 | 225,127 | **229,532** |
| | Expenditure | | | | 11,570 | | | | | 686 | | 140,776 | **153,033** |
| | Variance | 0 | 0 | 0 | -11,570 | 0 | 0 | 0 | 0 | 3,719 | 0 | 84,351 | **76,499** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Bhutan | Budget | 12,612 | | | 89,067 | | | | 82,672 | | | 8,600 | 192,950 |
| | Expenditure | | | | 139,776 | | | | | | | | 139,776 |
| | Variance | 12,612 | 0 | 0 | -50,709 | 0 | 0 | 0 | 82,672 | 0 | 0 | 8,600 | 53,174 |
| Brunei Darussalam | Budget | | | | 50,001 | | | | | | | | 50,001 |
| | Expenditure | | | | 31,987 | | | | | | | | 31,987 |
| | Variance | 0 | 0 | 0 | 18,013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18,013 |
| Cambodia | Budget | | | | 60,861 | | | | | 162,590 | 3,180 | | 226,632 |
| | Expenditure | | | | 52,719 | | | | | 111,705 | | | 164,423 |
| | Variance | 0 | 0 | 0 | 8,142 | 0 | 0 | 0 | 0 | 50,886 | 3,180 | 0 | 62,209 |
| China | Budget | | | | 2,243,902 | 0 | 0 | 0 | 501,719 | 332,382 | 55,480 | 99,315 | 3,232,798 |
| | Expenditure | | | | 1,975,400 | | | | | 205,873 | 7,038 | 31,337 | 2,219,649 |
| | Variance | 0 | 0 | 0 | 268,502 | 0 | 0 | 0 | 501,719 | 126,509 | 48,442 | 67,978 | 1,013,149 |
| Cook Islands | Budget | | 213 | 5,591 | 55,534 | 320 | 533 | | 26,455 | 3,591 | | | 92,235 |
| | Expenditure | | | | 22,722 | 64 | | | 2,352 | 1,703 | | | 26,841 |
| | Variance | 0 | 213 | 5,591 | 32,812 | 255 | 533 | 0 | 24,103 | 1,888 | 0 | 0 | 65,395 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Democratic People Republic of Korea | Budget | 35,508 | 67,381 | | 260,869 | 220,414 | | | 45,437 | 52,185 | 221,206 | 3,195 | **906,195** |
| | Expenditure | 34,123 | 68,014 | | 294,684 | 45,951 | | | 22,716 | 3,470 | 153,134 | | **622,092** |
| | Variance | 1,384 | -633 | 0 | -33,815 | 174,464 | 0 | 0 | 22,720 | 48,715 | 68,072 | 3,195 | **284,103** |
| Fed. States of Micronesia | Budget | | | | 79,558 | | 2,580 | | 12,029 | 21,846 | 1,075 | 10,390 | **127,478** |
| | Expenditure | | | | 29,294 | 9,958 | 90 | | 771 | 2,603 | | 16,888 | **59,604** |
| | Variance | 0 | 0 | 0 | 50,264 | -9,958 | 2,490 | 0 | 11,258 | 19,243 | 1,075 | -6,498 | **67,874** |
| Fiji | Budget | | | | 135,349 | | | | 28,522 | 81,602 | 3,556 | | **249,030** |
| | Expenditure | | | | 54,654 | 2,364 | 2,719 | | 20,915 | 4,280 | | | **84,931** |
| | Variance | 0 | 0 | 0 | 80,696 | -2,364 | -2,719 | 0 | 7,607 | 77,322 | 3,556 | 0 | **164,099** |
| India | Budget | | | 107,033 | 604,187 | | | 27,649 | 95,533 | | 4,686 | | **839,087** |
| | Expenditure | | | | 37,163 | | | 60,697 | 32,116 | | | 1,794 | **131,770** |
| | Variance | 0 | 0 | 107,033 | 567,024 | 0 | 0 | -33,048 | 63,416 | 0 | 4,686 | -1,794 | **707,317** |
| Indonesia | Budget | | | 251,668 | 2,098,930 | | | | 62,196 | 608,363 | 261,999 | 111,835 | **3,394,990** |
| | Expenditure | | | | 687,706 | | | | 7,010 | 153,955 | 51,449 | 4,953 | **905,073** |
| | Variance | 0 | 0 | 251,668 | 1,411,223 | 0 | 0 | 0 | 55,186 | 454,407 | 210,550 | 106,882 | **2,489,917** |
| | Budget | | | | 100,000 | | | | | | | | **100,000** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Expenditure | | | | 59,825 | | | | | 2 | | 2,315 | **62,142** |
| | Variance | 0 | 0 | 0 | 40,175 | 0 | 0 | 0 | 0 | -2 | 0 | -2,315 | **37,858** |
| **Kiribati** | Budget | | | 6,020 | 67,045 | 15,574 | | | 61,348 | 27,313 | | | **177,299** |
| | Expenditure | | | | 34,257 | 938 | | | 10,015 | 18,782 | | | **63,991** |
| | Variance | 0 | 0 | 6,020 | 32,788 | 14,636 | 0 | 0 | 51,334 | 8,531 | 0 | 0 | **113,308** |
| **Laos** | Budget | | | | 114,307 | | | | 4,435 | 43,531 | 688 | | **162,961** |
| | Expenditure | | | | 114,669 | | | | 1,369 | 33,841 | 688 | | **150,566** |
| | Variance | 0 | 0 | 0 | -361 | 0 | 0 | 0 | 3,065 | 9,690 | 0 | 0 | **12,395** |
| **Malaysia** | Budget | | | 373,227 | 853,872 | 186,160 | 22,769 | | 119,892 | 328,190 | 154,684 | | **2,038,794** |
| | Expenditure | | | | 875,952 | | 16 | | 56,254 | 127,924 | 10,132 | | **1,070,278** |
| | Variance | 0 | 0 | 373,227 | -22,080 | 186,160 | 22,753 | 0 | 63,638 | 200,266 | 144,552 | 0 | **968,515** |
| **Maldives** | Budget | 45,815 | | 248,145 | 84,813 | | 3,225 | 41,388 | 40,329 | 0 | | 36,210 | **499,924** |
| | Expenditure | 25,048 | | | 68,567 | | 3,225 | 41,388 | 27,549 | 2,150 | | | **167,926** |
| | Variance | 20,768 | 0 | 248,145 | 16,245 | 0 | 0 | 0 | 12,780 | -2,150 | 0 | 36,210 | **331,998** |
| **Marshall Islands** | Budget | | | | 45,725 | | 645 | | 42,006 | 19,081 | 1,075 | 43,000 | **151,532** |
| | Expenditure | | | | 39,819 | 8,719 | | | 2,977 | 539 | | 41,275 | **93,328** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| | Variance | 0 | 0 | 0 | 5,906 | -8,719 | 645 | 0 | 39,029 | 18,543 | 1,075 | 1,725 | **58,204** |
| **Mongolia** | Budget | | | 93,316 | 39,129 | 29,139 | | | 48,495 | 124,666 | | 65,264 | **400,008** |
| | Expenditure | | | 70,401 | 24,829 | 135,736 | -49,464 | | 56,359 | 7,676 | | 19,695 | **265,232** |
| | Variance | 0 | 0 | 22,915 | 14,299 | -106,597 | 49,464 | 0 | -7,864 | 116,990 | 0 | 45,569 | **134,776** |
| **Myanmar** | Budget | | | 249,386 | 233,422 | 91,429 | | 301 | 444,960 | 836,184 | 23,044 | 249,776 | **2,128,502** |
| | Expenditure | | | 13 | 5,027 | 313,370 | | | 20,164 | 783,829 | -225 | 141,955 | **1,264,133** |
| | Variance | 0 | 0 | 249,373 | 228,395 | -221,941 | 0 | 301 | 424,797 | 52,355 | 23,270 | 107,821 | **864,369** |
| **Nepal** | Budget | | 139,710 | | 230,264 | 40,614 | 271 | | 62,144 | 49,414 | 24,369 | 128,215 | **675,000** |
| | Expenditure | 1,317 | 9,577 | | 111,635 | 62,429 | 77,308 | | 60,721 | 16,873 | 511 | 92,494 | **432,865** |
| | Variance | -1,317 | 130,132 | 0 | 118,628 | -21,814 | -77,037 | 0 | 1,422 | 32,541 | 23,858 | 35,722 | **242,135** |
| **New Delhi CCST** | Budget | | | | 26,093 | | | | 6,630 | 25,017 | | 199,256 | **256,995** |
| | Expenditure | | | | 5,257 | | | | 8,900 | 1,111 | | 167,882 | **183,151** |
| | Variance | 0 | 0 | 0 | 20,835 | 0 | 0 | 0 | -2,270 | 23,906 | 0 | 31,373 | **73,844** |
| **Pakistan** | Budget | | | 104,131 | 2,719,335 | 343,798 | 12,845 | 12,853 | | | 0 | 623,209 | **3,816,170** |
| | Expenditure | | | | 1,391,463 | | | | 101,994 | | | 242,978 | **1,736,434** |
| | Variance | 0 | 0 | 104,131 | 1,327,872 | 343,798 | 12,845 | 12,853 | -101,994 | 0 | 0 | 380,231 | **2,079,736** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Palau | Budget | | | 2,580 | 60,915 | 20,436 | 430 | | 69,510 | 6,949 | 1,613 | 31,170 | **193,601** |
| | Expenditure | | | | 53,985 | 2,603 | | | 3,878 | 3,756 | | 25,660 | **89,883** |
| | Variance | 0 | 0 | 2,580 | 6,930 | 17,833 | 430 | 0 | 65,632 | 3,192 | 1,613 | 5,509 | **103,718** |
| Papua New Guinea | Budget | | | | 242,799 | | | | 0 | 0 | | 0 | **242,799** |
| | Expenditure | | | | 193,586 | | | | 11,582 | | | 47,555 | **252,723** |
| | Variance | 0 | 0 | 0 | 49,213 | 0 | 0 | 0 | -11,582 | 0 | 0 | -47,555 | **-9,924** |
| Philippines | Budget | | | 1,770,281 | 2,266,536 | 202,912 | | 301 | 770 | 452,422 | 47,042 | 78,404 | **4,818,667** |
| | Expenditure | | | 718,089 | 2,035,225 | 33,778 | | 301 | 770 | 252,662 | 24,230 | 33,740 | **3,098,794** |
| | Variance | 0 | 0 | 1,052,192 | 231,312 | 169,134 | 0 | 0 | 0 | 199,760 | 22,812 | 44,664 | **1,719,874** |
| Samoa | Budget | | | | 71,361 | 24,767 | 1,485 | | 65,912 | 14,950 | 724 | | **179,199** |
| | Expenditure | | | | 50,545 | | | | 1,548 | 6,434 | | | **58,528** |
| | Variance | 0 | 0 | 0 | 20,816 | 24,767 | 1,485 | 0 | 64,364 | 8,515 | 724 | 0 | **120,671** |
| Singapore | Budget | | | 15,975 | | | | 127,800 | 28,535 | 27,690 | | | **200,000** |
| | Expenditure | | | | | | | 197,100 | | | | | **197,100** |
| | Variance | 0 | 0 | 15,975 | 0 | 0 | 0 | -69,300 | 28,535 | 27,690 | 0 | 0 | **2,901** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Solomon Island | Budget | | | | 150,219 | 16,651 | 1,032 | | 75,442 | 72,802 | | | 316,146 |
| | Expenditure | | | | 90,209 | 762 | | | 15,373 | 22,066 | 19,086 | | 147,496 |
| | Variance | 0 | 0 | 0 | 60,010 | 15,889 | 1,032 | 0 | 60,069 | 50,735 | -19,086 | 0 | 168,650 |
| Sri Lanka | Budget | | | | 330,341 | | | | 293,392 | 58,235 | | 139,290 | 821,257 |
| | Expenditure | | | | 62,555 | | | | 235,585 | 6,145 | 4,171 | 67,026 | 375,482 |
| | Variance | 0 | 0 | 0 | 267,786 | 0 | 0 | 0 | 57,806 | 52,090 | -4,171 | 72,264 | 445,775 |
| Suva CCST | Budget | | | | 116,781 | | | | 21,108 | 9,772 | 346,548 | 125,047 | 619,256 |
| | Expenditure | | | | 77,345 | | | | 11,563 | 12,113 | 139,262 | 65,111 | 305,393 |
| | Variance | 0 | 0 | 0 | 39,436 | 0 | 0 | 0 | 9,546 | -2,341 | 207,286 | 59,937 | 313,863 |
| Thailand | Budget | | | | 654,020 | | | 7,447 | | 118,237 | | | 779,704 |
| | Expenditure | | | | 642,038 | | | 3,951 | | 60,428 | | | 706,417 |
| | Variance | 0 | 0 | 0 | 11,981 | 0 | 0 | 3,496 | 0 | 57,809 | 0 | 0 | 73,287 |
| Timor-Leste | Budget | | | | 167,502 | | | | 29,896 | 26,543 | 33,003 | 13,900 | 270,843 |
| | Expenditure | | | | 71,404 | | | | 312 | 9,547 | 20,903 | 1,963 | 104,130 |
| | Variance | 0 | 0 | 0 | 96,098 | 0 | 0 | 0 | 29,583 | 16,996 | 12,100 | 11,936 | 166,713 |
| | Budget | | | | 28,147 | 30,224 | 1,102 | | 32,424 | 28,193 | | | 120,090 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| | Expenditure | | | | 19,026 | 15,215 | | | 169 | | | | **34,410** |
| | Variance | 0 | 0 | 0 | 9,120 | 15,009 | 1,102 | 0 | 32,256 | 28,193 | 0 | 0 | **85,680** |
| | Budget | | | | 32,911 | 5,762 | 3,097 | | 37,173 | 10,736 | | | **89,679** |
| **Tuvalu** | Expenditure | | | | 12,196 | | | | | | | | **12,196** |
| | Variance | 0 | 0 | 0 | 20,715 | 5,762 | 3,097 | 0 | 37,173 | 10,736 | 0 | 0 | **77,484** |
| | Budget | 5,096 | | | 96,962 | 22,764 | | | 82,947 | 41,735 | | | **249,504** |
| **Vanuatu** | Expenditure | | | | 49,970 | 950 | | | 3,781 | 13,626 | | | **68,327** |
| | Variance | 5,096 | 0 | 0 | 46,992 | 21,814 | 0 | 0 | 79,167 | 28,109 | 0 | 0 | **181,177** |
| | Budget | | | 339,454 | 430,171 | | | | 723 | 264,525 | 129 | 8,990 | **1,043,993** |
| **Viet Nam** | Expenditure | | | 339,454 | 362,501 | | | | 723 | 229,900 | 129 | 8,990 | **941,698** |
| | Variance | 0 | 0 | 0 | 67,670 | 0 | 0 | 0 | 0 | 34,625 | 0 | 0 | **102,295** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| **Europe** | | | | | | | | | | | | | |
| Albania | Budget | | | | 495,360 | | | | | | | | **495,360** |
| | Expenditure | | | | 112,829 | | | | | | | | **112,829** |
| | Variance | 0 | 0 | 0 | 382,531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **382,531** |
| Armenia | Budget | | | | 2,413,447 | 0 | | | | | | | **2,413,447** |
| | Expenditure | | | | 1,187,707 | | | | | | | | **1,187,707** |
| | Variance | 0 | 0 | 0 | 1,225,740 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1,225,740** |
| Azerbaijan | Budget | | | | 1,754,882 | | | | | | | | **1,754,882** |
| | Expenditure | | | | 476,573 | | | | | | | | **476,573** |
| | Variance | 0 | 0 | 0 | 1,278,309 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1,278,309** |
| Belarus | Budget | | | | 1,337,389 | | | | | | | | **1,337,389** |
| | Expenditure | | | | 952,658 | | | | | | | | **952,658** |
| | Variance | 0 | 0 | 0 | 384,731 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **384,731** |
| Bosnia and Herzegovina | Budget | | | | 1,050,417 | | | | | | | | **1,050,417** |
| | Expenditure | | | | 205,686 | | | | | | | 3,242 | **208,927** |
| | Variance | 0 | 0 | 0 | 844,731 | 0 | 0 | 0 | 0 | 0 | 0 | -3,242 | **841,489** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Bulgaria | Budget | | | | 414,125 | | | | 2,056 | | | 32,890 | 449,071 |
| | Expenditure | | | | 416,261 | | | | | | | | **416,261** |
| | Variance | 0 | 0 | 0 | -2,137 | 0 | 0 | 0 | 2,056 | 0 | 0 | 32,890 | **32,810** |
| Croatia | Budget | | | | 146,867 | | | | | | | | 146,867 |
| | Expenditure | | | | 143,309 | | | | | | | | **143,309** |
| | Variance | 0 | 0 | 0 | 3,558 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **3,558** |
| Cyprus | Budget | | | | 253,905 | | | | | | | | 253,905 |
| | Expenditure | | | | 247,281 | | | | | | | | **247,281** |
| | Variance | 0 | 0 | 0 | 6,623 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **6,623** |
| Europe regional office | Budget | | | 662,778 | 1,421,804 | | 38,700 | | 104,133 | 225,466 | 678,470 | 546,769 | 3,678,121 |
| | Expenditure | | | 23,382 | 429,556 | | | | | 36,094 | 10,245 | 100,332 | **599,609** |
| | Variance | 0 | 0 | 639,396 | 992,248 | 0 | 38,700 | 0 | 104,133 | 189,372 | 668,225 | 446,437 | **3,078,512** |
| France | Budget | | | | 776,348 | | | | | | | | 776,348 |
| | Expenditure | | | | | | | | | | | | **0** |
| | Variance | 0 | 0 | 0 | 776,348 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **776,348** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Georgia | Budget | | | | 1,781,423 | | | | | | | | 1,781,423 |
| | Expenditure | | | | 1,208,250 | | | | | | | 37,223 | **1,245,474** |
| | Variance | 0 | 0 | 0 | 573,173 | 0 | 0 | 0 | 0 | 0 | 0 | -37,223 | 535,950 |
| Greece | Budget | | | | 1,035,469 | | | | | | | | 1,035,469 |
| | Expenditure | | | | 129,849 | | | 80 | | | | 30,216 | **160,145** |
| | Variance | 0 | 0 | 0 | 905,620 | 0 | 0 | -80 | 0 | 0 | 0 | -30,216 | 875,324 |
| Ireland | Budget | | | | 209,888 | | | | 12,416 | | | 2,363 | 224,668 |
| | Expenditure | | | | 220,237 | | | | | | | | **220,237** |
| | Variance | 0 | 0 | 0 | -10,348 | 0 | 0 | 0 | 12,416 | 0 | 0 | 2,363 | 4,431 |
| Israel | Budget | | | | 271,821 | | | | | | | | 271,821 |
| | Expenditure | | | | 232,216 | | | | | | | | **232,216** |
| | Variance | 0 | 0 | 0 | 39,605 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39,605 |
| Italy | Budget | | | | 10,893,146 | | | | | | | | 10,893,146 |
| | Expenditure | | | | 6,554,913 | | | | | | | | **6,554,913** |
| | Variance | 0 | 0 | 0 | 4,338,232 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,338,232 |
| | Budget | | | | 827,857 | | | | | | | 63,873 | 891,730 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Expenditure | 113 | | 69,648 | 232,995 | | | | | | | 76,955 | **379,711** |
| | Variance | -113 | 0 | -69,648 | 594,862 | 0 | 0 | 0 | 0 | 0 | 0 | -13,082 | **512,018** |
| **Kyrgyzstan** | Budget | | | 431,732 | 781,167 | | | | 61,920 | | | | **1,274,819** |
| | Expenditure | | | 76,755 | 299,855 | | | | 12,013 | | | | **388,623** |
| | Variance | 0 | 0 | 354,977 | 481,312 | 0 | 0 | 0 | 49,907 | 0 | 0 | 0 | **886,196** |
| **Moldova** | Budget | | | | 347,009 | | | | | | | | **347,009** |
| | Expenditure | | | | 206,744 | | | | | | | | **206,744** |
| | Variance | 0 | 0 | 0 | 140,266 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **140,266** |
| **Montenegro** | Budget | | | | 1,210,106 | | | | | | | | **1,210,106** |
| | Expenditure | | | | 898,111 | | | | | | | | **898,111** |
| | Variance | 0 | 0 | 0 | 311,994 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **311,994** |
| **Poland** | Budget | | | | 143,000 | | | | | | | | **143,000** |
| | Expenditure | | | | 141,438 | | | | | | | | **141,438** |
| | Variance | 0 | 0 | 0 | 1,562 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1,562** |
| **Portugal** | Budget | | | | 98,534 | | | | | | | 1,102 | **99,636** |
| | Expenditure | | | | 82,201 | | | | | | | | **82,201** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| Region | | AOF1 Disaster risk reduction | AOF2 Shelter | AOF3 Livelihoods and basic needs | AOF4 Health | AOF5 Water, sanitation and hygiene | AOF6 Protection, Gender & Inclusion | AOF7 Migration | SFI1 Strenghten National Societies | SFI2 Effective international disaster management | SFI3 Influence others as leading strategic partners | SFI4 Ensure a strong IFRC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Variance | 0 | 0 | 0 | 16,333 | 0 | 0 | 0 | 0 | 0 | 0 | 1,102 | **17,435** |
| Republic of North Macedonia | Budget | | | | 710,089 | 0 | | | 6,719 | | | 13,054 | **729,861** |
| | Expenditure | | | | 707,581 | | | | | | | | **707,581** |
| | Variance | 0 | 0 | 0 | 2,508 | 0 | 0 | 0 | 6,719 | 0 | 0 | 13,054 | **22,280** |
| Romania | Budget | | | | 723,045 | | | | | | | 2,258 | **725,303** |
| | Expenditure | | | | 664,329 | | | | | | | | **664,329** |
| | Variance | 0 | 0 | 0 | 58,717 | 0 | 0 | 0 | 0 | 0 | 0 | 2,258 | **60,974** |
| Russia | Budget | | | | 865,777 | | | | | | | 60,973 | **926,750** |
| | Expenditure | | | | 454,164 | | | | | | | 46,575 | **500,740** |
| | Variance | 0 | 0 | 0 | 411,613 | 0 | 0 | 0 | 0 | 0 | 0 | 14,398 | **426,010** |
| Serbia | Budget | | | | 836,791 | | | | | | | 4,494 | **841,285** |
| | Expenditure | | | | 815,769 | | | | | | | | **815,769** |
| | Variance | 0 | 0 | 0 | 21,022 | 0 | 0 | 0 | 0 | 0 | 0 | 4,494 | **25,515** |
| Slovenia | Budget | | | | 171,673 | | | | 1,065 | | | 533 | **173,271** |
| | Expenditure | | | | 166,174 | | | | | | | | **166,174** |
| | Variance | 0 | 0 | 0 | 5,500 | 0 | 0 | 0 | 1,065 | 0 | 0 | 533 | **7,097** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Spain | Budget | | | | 730,125 | | | | | | | | 730,125 |
| | Expenditure | | | | | | | | | | | | 0 |
| | Variance | 0 | 0 | 0 | 730,125 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 730,125 |
| Tajikistan | Budget | | | 565,022 | 1,607,304 | | | | | | | | 2,172,326 |
| | Expenditure | 5,121 | | 38,046 | 557,371 | | | | | | | | 600,538 |
| | Variance | -5,121 | 0 | 526,976 | 1,049,933 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,571,788 |
| Turkey | Budget | | | | 4,387,717 | | | | | | | | 4,387,717 |
| | Expenditure | | | | 2,406,048 | | | | | | | | 2,406,048 |
| | Variance | 0 | 0 | 0 | 1,981,669 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,981,669 |
| Turkmenistan | Budget | | | | 421,954 | | | | | | | | 421,954 |
| | Expenditure | | | | 99,716 | | | | | | | | 99,716 |
| | Variance | 0 | 0 | 0 | 322,238 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 322,238 |
| Ukraine | Budget | | | 107,500 | 483,174 | | | | 466,829 | 12,900 | | 34,370 | 1,104,773 |
| | Expenditure | | | | 108,148 | | | | 48,462 | | | 30,294 | 186,903 |
| | Variance | 0 | 0 | 107,500 | 375,026 | 0 | 0 | 0 | 418,367 | 12,900 | 0 | 4,076 | 917,869 |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| United Kingdom | Budget | | | | 243,375 | | | | | | | | **243,375** |
| | Expenditure | | | | | | | | | | | | **0** |
| | Variance | 0 | 0 | 0 | 243,375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **243,375** |
| Uzbekistan | Budget | | | 161,250 | 512,311 | | | | 14,533 | | | | **688,094** |
| | Expenditure | | | 157 | 132,442 | | | | 175,780 | | | | **308,379** |
| | Variance | 0 | 0 | 161,093 | 379,869 | 0 | 0 | 0 | -161,247 | 0 | 0 | 0 | **379,715** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| **MENA** | | | | | | | | | | | | | |
| **Algeria** | Budget | | | | 756,177 | | | | 51,764 | 343,899 | 12,820 | 108,471 | **1,273,132** |
| | Expenditure | | | | 532,514 | | | | | 10,023 | | 49,229 | **591,766** |
| | Variance | 0 | 0 | 0 | 223,664 | 0 | 0 | 0 | 51,764 | 333,876 | 12,820 | 59,242 | **681,366** |
| **Egypt** | Budget | | | | 842,313 | 238,650 | | | 156,401 | 19,067 | | 88,870 | **1,345,302** |
| | Expenditure | | | | 250,060 | | | | | 1,429 | | 10,392 | **261,881** |
| | Variance | 0 | 0 | 0 | 592,254 | 238,650 | 0 | 0 | 156,401 | 17,638 | 0 | 78,478 | **1,083,421** |
| **Iran** | Budget | | | 989,508 | 1,889,105 | | | | | | 5,660 | 1,070 | **2,885,343** |
| | Expenditure | | | 989,509 | 1,285,138 | | | | | | | | **2,274,646** |
| | Variance | 0 | 0 | -1 | 603,967 | 0 | 0 | 0 | 0 | 0 | 5,660 | 1,070 | **610,697** |
| **Iraq** | Budget | | | 296,304 | 2,112,065 | 8,267 | | | 474,381 | 538,557 | | 23,785 | **3,453,360** |
| | Expenditure | | | | 862,742 | | | | | | | 23,564 | **886,306** |
| | Variance | 0 | 0 | 296,304 | 1,249,323 | 8,267 | 0 | 0 | 474,381 | 538,557 | 0 | 221 | **2,567,054** |
| **Jordan** | Budget | | | 150,433 | 627,727 | 258,699 | | | 321,798 | 10,750 | 10,538 | 4,945 | **1,384,891** |
| | Expenditure | | | | 650,920 | 187,023 | | | 28,428 | 10,819 | 158 | 14,550 | **891,899** |
| | Variance | 0 | 0 | 150,433 | -23,193 | 71,676 | 0 | 0 | 293,371 | -69 | 10,380 | -9,605 | **492,993** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Lebanon | Budget | | | 190,476 | 4,256,708 | 281,973 | | | 234,852 | 296,378 | 23,428 | 46,162 | **5,329,975** |
| | Expenditure | | | | 3,650,842 | | | | 35,221 | 16,878 | 23,428 | 17,168 | **3,743,535** |
| | Variance | 0 | 0 | 190,476 | 605,866 | 281,973 | 0 | 0 | 199,631 | 279,500 | 0 | 28,994 | **1,586,440** |
| Libya | Budget | | | 174,150 | 175,131 | 195,113 | | 89,225 | 268,730 | 82,308 | 6,950 | 250,414 | **1,242,021** |
| | Expenditure | | | | 340,970 | | | | 4,832 | 19,090 | | 25,948 | **390,839** |
| | Variance | 0 | 0 | 174,150 | -165,839 | 195,113 | 0 | 89,225 | 263,898 | 63,218 | 6,950 | 224,466 | **851,181** |
| MENA regional office | Budget | | | 661,060 | 1,289,768 | 31,950 | 63,900 | | 1,384,094 | 1,599,009 | 598,206 | 360,255 | **5,988,242** |
| | Expenditure | | | | 243,579 | 19,923 | 17,822 | | 19,115 | 276,351 | 14,759 | 20,489 | **612,038** |
| | Variance | 0 | 0 | 661,060 | 1,046,188 | 12,027 | 46,078 | 0 | 1,364,979 | 1,322,658 | 583,447 | 339,766 | **5,376,204** |
| Morocco | Budget | | | | 530,053 | | | | 229,029 | 494,784 | | 48,838 | **1,302,704** |
| | Expenditure | | | | 26,503 | | | | 140,755 | 276 | | 6,234 | **173,769** |
| | Variance | 0 | 0 | 0 | 503,550 | 0 | 0 | 0 | 88,274 | 494,507 | 0 | 42,604 | **1,128,936** |
| Palestine | Budget | | | 689,189 | 2,372,058 | 37,410 | | | 235,799 | 42,189 | | 89,406 | **3,466,053** |
| | Expenditure | | | | 2,270,266 | | | | | | | 41,527 | **2,311,793** |
| | Variance | 0 | 0 | 689,189 | 101,792 | 37,410 | 0 | 0 | 235,799 | 42,189 | 0 | 47,879 | **1,154,259** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| Syria | Budget | | | | 4,349,517 | | | | 309,800 | 47,303 | | 118,250 | **4,824,870** |
| | Expenditure | | | | 4,754,330 | | | | 12,885 | 292 | | | **4,767,507** |
| | Variance | 0 | 0 | 0 | -404,813 | 0 | 0 | 0 | 296,915 | 47,011 | 0 | 118,250 | **57,363** |
| Tunisia | Budget | | | 184,187 | 826,554 | 53,509 | | | 194,594 | 1,644 | | 50,114 | **1,310,602** |
| | Expenditure | | | | 750,886 | | | | 253,293 | 1,922 | | 35,361 | **1,041,462** |
| | Variance | 0 | 0 | 184,187 | 75,668 | 53,509 | 0 | 0 | -58,699 | -278 | 0 | 14,754 | **269,140** |
| Yemen | Budget | | | 367,650 | 2,275,243 | 175,849 | | | 205,972 | 349,375 | | | **3,374,089** |
| | Expenditure | | | | 515,165 | | | | 989 | 101 | | | **516,256** |
| | Variance | 0 | 0 | 367,650 | 1,760,078 | 175,849 | 0 | 0 | 204,983 | 349,274 | 0 | 0 | **2,857,833** |

# Emergency Appeal

INTERIM (9-month) FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2020/01-10 | Operation | |
| Budget Timeframe | 2020-2021 | Budget | APPROVED |

Prepared on 08 Dec 2020

All figures are in Swiss Francs (CHF)

## COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

| | | AOF1 | AOF2 | AOF3 | AOF4 | AOF5 | AOF6 | AOF7 | SFI1 | SFI2 | SFI3 | SFI4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | | Disaster risk reduction | Shelter | Livelihoods and basic needs | Health | Water, sanitation and hygiene | Protection, Gender & Inclusion | Migration | Strenghten National Societies | Effective international disaster management | Influence others as leading strategic partners | Ensure a strong IFRC | TOTAL |
| **Geneva** | | | | | | | | | | | | | |
| Geneva | Budget | 31,950 | 169,974 | 695,080 | 2,008,196 | | 705,456 | 74,550 | 325,997 | 1,630,664 | 1,607,439 | 4,360,780 | **11,610,085** |
| | Expenditure | 8,201 | 68,566 | 461,952 | 2,764,312 | | | | 91,625 | 816,223 | 669,871 | 1,232,294 | **6,113,043** |
| | Variance | 23,750 | 101,408 | 233,128 | -756,116 | 0 | 705,456 | 74,550 | 234,372 | 814,441 | 937,568 | 3,128,486 | **5,497,042** |