



Community  
Volunteer

# COVID-19 PANDEMIC: NEEDS ASSESSMENT FOR RESPONSE AND RECOVERY ASIA PACIFIC

NOVEMBER 2020

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*Cover photo: Ayesha Siddiqua (22) is a community volunteer of Bangladesh Red Crescent Society (BDRCS) in Cox's Bazar. She is one of the team members who has been heavily involved with door-to-door visit in the community during COVID-19. They have been going from door to door promoting hygiene practices and supporting the community members with food and other necessities. Bangladesh: Cox's Bazar, 11 October 2020.*

# **COVID-19 PANDEMIC: NEEDS ASSESSMENT FOR RESPONSE AND RECOVERY ASIA PACIFIC**

**NOVEMBER 2020**

## Condolences

All members of the Needs Assessment Team and Leadership Group express their deepest condolence to those who have lost family, friends, colleagues and community members to this pandemic. It is through our work, the work of our colleagues and partners that we can mobilize resources and communities to limit the destructive impacts of COVID-19. This needs assessment, along with plans, tools and actions taken by National Societies and supporting Red Cross Red Crescent agencies form the strategic way forward to minimize the impacts of COVID-19 on the populations we work with, particularly those most at risk. We hope all of you remain safe during these challenging days and months ahead.

## Acknowledgements

The development of this needs assessment was facilitated by the Needs Assessment Team and Leadership Group whose team members consisted of staff from IFRC and National Societies.

We are grateful to all National Societies (management, staff and volunteers) and IFRC staff (CCST, country offices, technical and thematic leads) who participated in the context analysis and took the time to meet and share their perspectives through key informant interviews (KIIs) and focus group discussions. Much appreciation also extends to those who participated in the survey from 25 out of 38 countries in the region.

Members of the Planning, Monitoring, Evaluation and Reporting (PMER) team, located throughout the Asia Pacific region, provided invaluable support with data management and analysis required to develop the findings for this needs assessment. Information management staff also provided vital support for analysis and the development of charts and graphics. A special thanks goes to the M&E Officer, APRO who coordinated the PMER team support and provided ongoing support throughout the development of this needs assessment.

Technical review of draft findings and recommendations by all participants of the technical review team provided indispensable support for revisions and refinement to this needs assessment. A huge thanks and appreciation go to the Emergency Operations Coordination Manager, APRO for the consistent support from initial briefings to conclusion of this needs assessment. Also, many thanks to the Head of DCPRR Disaster and Crisis, APRO and COVID-19 Operations Coordinator, APRO for their ongoing support.

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## Acronyms

ACAPS	Assessment Capacities Project	IMF	International Monetary Fund
ADB	Asian Development Bank	KII	Key informant interview
APRO	Asia Pacific Regional Office	MHPSS	Mental health and psychosocial support
BOCA	Branch Organizational Capacity Assessment	NCD	Non-communicable disease
CBHFA	Community-based Health and First Aid	NFI	Non-food items
CCST	Country Cluster Support Team	NS	National Society
CEA	Community engagement and accountability	NSD	National Society Development
CO	Country Office	OCAC	Organizational and Capacity Assessment Certification
COVID-19	Coronavirus disease 2019	PFA	Psychological first aid
CVA	Cash and voucher assistance	PGI	Protection, gender and inclusion
DPRK	Democratic People's Republic of Korea	PMER	Planning, monitoring, evaluation and reporting
DREF	Disaster Relief Emergency Fund	PNG	Papua New Guinea
EA	Emergency Appeal	PPE	Personal protective equipment
EPoA	Emergency Plan of Action	PRCS	Pakistan Red Crescent Society
FGD	Focus group discussion	RCCE	Risk communication and community engagement
GDP	Gross domestic product	SGBV	Sexual and gender-based violence
ICRC	International Committee of the Red Cross	SIBAT	Community-based Action Team
IFRC	International Federation of Red Cross and Red Crescent Societies	SOP	Standard operating procedure
IDP	Internally displaced person	TB	Tuberculosis
IEC	Information, education and communication	UN	United Nations
ILO	International Labour Organization	VCA	Vulnerability and Capacity Assessment
		WASH	Water, sanitation and hygiene
		WHO	World Health Organization

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# Executive summary

## Overview

This COVID-19 needs assessment aims to support effective regional planning by IFRC, National Societies, Partner National Societies and partners. It provides an overview of the contextual factors and impacts of COVID-19's systemic and rapid spread throughout much of the region. Identification and analysis of the impacts resulting from the pandemic have been aligned with the three priority areas of the Regional Emergency Plan of Action (EPoA) and these are:

- Priority 1: Sustaining health and WASH
- Priority 2: Addressing socio-economic impact
- Priority 3: Strengthening National Societies

Risks, opportunities and recommendations for action are provided with the enabling actions which can be utilized to develop an approach to strengthen National Societies throughout the region and maximize outcomes for populations at risk.

The needs assessment followed a utilization-focused approach, ensuring the participation of key stakeholders and information users in the process of information gathering, analysis and formulating recommendations. Elaboration on methodology, limitations and sources of information are included in Appendix 2, along with selected reports from National Societies that participated in the context analysis.

## Main findings

The findings determined that both primary and secondary impacts across the Asia Pacific region have been extremely diverse and profound. A summary of the main findings is provided below.

### Health

- High prevalence and deaths from COVID-19 in some Asian countries, including high rates of infection and deaths of health workers.
- Widespread disruption to health services, some totally overburdened, with many critical services cancelled.
- Reduction in people utilizing health services due to issues of access and fear.
- Significant increase in mental health concerns.
- Extreme risks of COVID-19 infection for millions of people due to inadequate access to water, sanitation and hygiene.

### Socio-economic

- Enormous job losses throughout the region.
- Sharp declines on remittances for families.
- Disproportionate socio-economic impacts on at-risk populations.

### National Societies

- Sharp increase in risk to sustainability and continuity of services and programmes.
- Reduced efficiency to respond to emergencies.
- Opportunity to establish or formalize strategic partnerships with stakeholders.

## Key recommendations

The detailed report includes 17 high-level recommendations. These encompass a range of possible pathways that National Societies may utilize to improve organizational effectiveness, sustain core services and enhance the level of support they can provide to communities. All recommendations are essential for ensuring efficient, sustainable and safe National Societies and services to support at-risk populations.

**The ten most critical recommendations** listed below (not ranked in order) are based on the criterion: 1) the level of impact incurred; 2) risks that populations and National Societies are exposed to; and 3) potential benefits for medium-term programming.

1. Increase investment in **community health** to address impacts on health services and changes in population needs.
2. Plan for the roll-out of a **COVID-19 vaccine** (COVAX) including CEA.
3. **Strengthen mental health and psychosocial support services** for staff, volunteers and communities.
4. Scale up **WASH** programming.
5. Strengthen **household economic security** programming, including **Cash and Voucher Assistance**.
6. Strengthen epidemic and **pandemic preparedness**, including risk communication and community engagement approaches.
7. **Plan for recovery** with contingency for providing effective response capability.
8. Strengthen duty of care approaches that mitigate risks to staff, volunteers and community.
9. Develop and formalize **relationships with stakeholders** to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.
10. Strengthen **financial sustainability of National Societies**.

It is critical that the secretariat and National Societies take a **whole-of-organization approach** to implementing these recommendations: leveraging existing programmes to support needs and gaps created by COVID-19, and using COVID-19 funds to strengthen and stabilize critical functions.

Recommendations developed for this needs assessment encapsulate the spirit and intent of the [Manila Call for Action](#) and are aligned with its recommendations under the theme of **“Engage Local Humanitarian Action in a Fast-Changing World”**. Recommendations in this report, based entirely on identified needs, intersect with the Manila Call for Action recommendations – most prominently:

- Develop a formal partnership framework and mechanisms for both Movement and external partners that enhance localization of aid and National Society sustainability.
- Develop sustainable and relevant connectivity technologies to reduce the gap created by the digital divide.
- Encourage National Societies to adopt cash programming as an important tool to maintain dignity for affected populations.
- Work in partnership with communities and other organizations to prepare, prevent and respond to outbreaks, epidemics and pandemics at a local level.
- Adopt a community-centred approach that focuses on strengthening engagement with partners, branches and communities.
- Decentralize management and resources allocation by National Societies, in line with localization.

# 1 Introduction

**បង្ការជំងឺដូចជាកូវីដ ធ្វើដោយច្បាស់តាមវិធីសាស្ត្រ!**

1. លាងដៃជាប្រចាំ និងទឹក  
 2. ខ្ទប់មាត់-ច្រមុះ នៅពេលក្អក ឬកណ្តាល  
 3. នៅឱ្យឆ្ងាយយ៉ាងតិច ២ម៉ែត្រ ពីអ្នកជំងឺផ្តាសាយ  
 4. ដាក់អ្នកជំងឺឱ្យនៅដាច់ ដោយឡែក  
 5. ទុកដាក់-បោះចោល សំរាមឱ្យបានត្រឹមត្រូវ

សម្រាប់ព័ត៌មានបន្ថែម សូមទូរស័ព្ទទៅលេខ  
 ១១៥ ដោយឥតគិតថ្លៃ



Volunteers from Cambodian Red Cross Society place posters with messages on preventing COVID-19, in public spaces in Preah Sihanouk province. Cambodia, April 2020.

## 1.1 Background and context

There is a growing body of literature focused on social determinants of health which increasingly demonstrate that social inequalities profoundly, and unevenly, impact COVID-19 morbidity<sup>1</sup> and mortality. Contextual attributes of the region and of individual countries (such as economics, culture, recent history of epidemics, demographics, geography, strength of health services, migration and people movement) provide some important insights into factors that are likely to have influenced or shaped the course of the pandemic, scale of impact and efficacy of the response.

Many countries in Asia Pacific have attributes that expose them to COVID-19 risk and may exacerbate challenges to control the outbreaks. These include weak health systems, large populations with co-morbidities, high poverty rates, overcrowded urban settlements and populations that have poor access to water, sanitation and hygiene.

Several countries across the region have inherent risk factors that are associated with mass movement of populations (domestic and international) including open or porous borders, armed conflicts, refugees and IDPs (e.g. Bangladesh hosting the world's largest displaced population), economic opportunities that attract migrant workers, and people movement associated with tourism.

Conversely, some countries have attributes that may reduce vulnerability to COVID-19 transmission, limit primary impacts and expedite recovery. These include strong community-based health services, recent experience with managing disease outbreaks and epidemics, geographic isolation (e.g. Pacific Island states), young population, strong public support and compliance with safety measures.

The INFORM COVID-19 Risk Index provides insight into countries' exposure to risk and level of vulnerability based on a composite of factors, some of which are described above. The index shows that most Pacific Island countries are extremely vulnerable to an outbreak, though they have thus far been shielded from the worst impacts due to their geographic isolation.



*Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the COVID-19 virus. Whether on social media, direct conversations or through mobile health camps, Red Crescent volunteers are reaching out to thousands of people with important hygiene information and awareness raising activities. Pakistan, July 2020*

1 UN News. (3 May 2020). COVID-19 pandemic exposes global 'frailties and inequalities': UN deputy chief. Available at: <https://news.un.org/en/story/2020/05/1063022>

Figure 1: INFORM COVID-19 Risk Index (except Pacific Island countries)

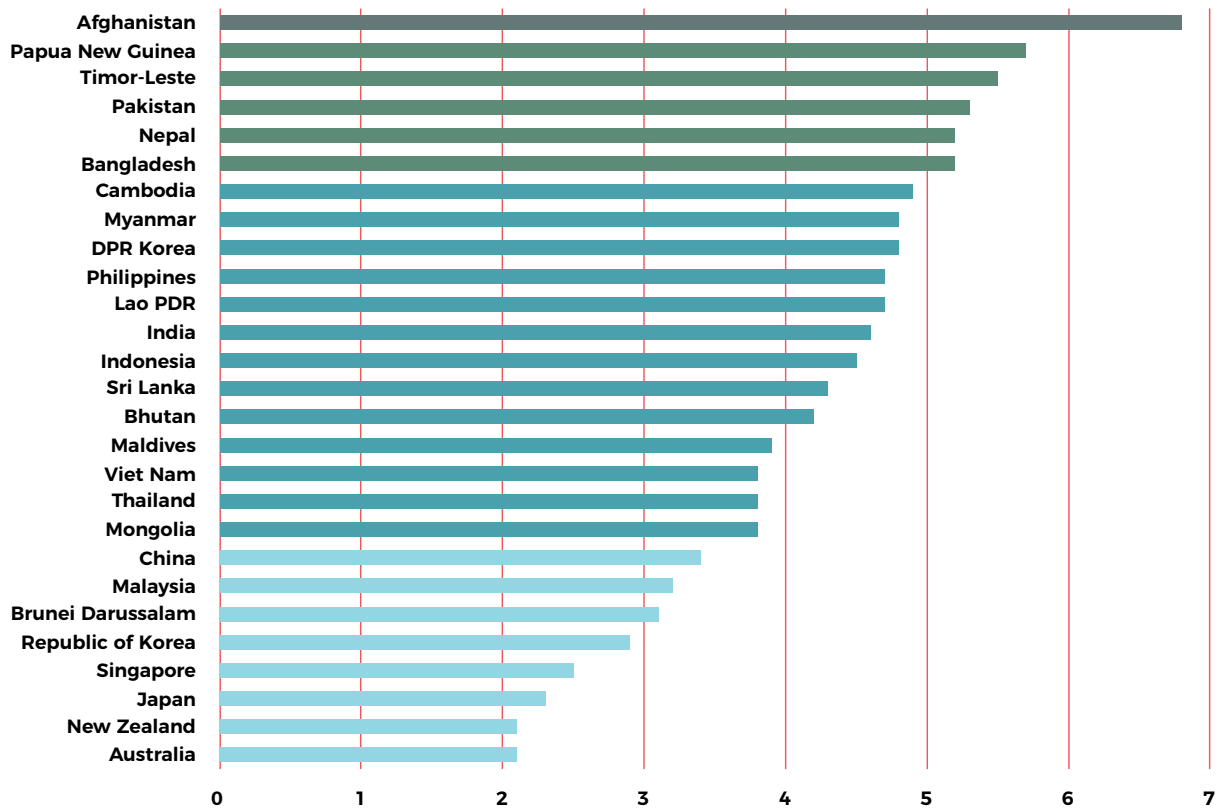
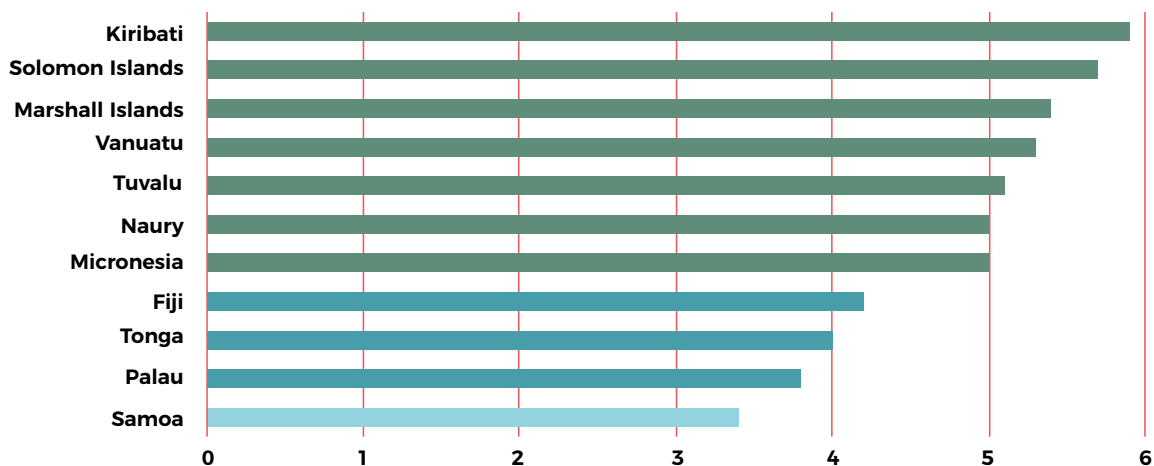


Figure 2: INFORM COVID-19 Risk Index (Pacific Island countries only)



## 1.2 Overview of the COVID-19 response

On 31 December 2019, Wuhan city in China reported cases of pneumonia of unknown origin, which was later confirmed to be caused by a new coronavirus. The disease caused by this new coronavirus, COVID-19, continues to spread throughout the region – with over six million confirmed cases by September 2020 and in excess of 100,000 deaths.

The COVID-19 operation is a unique response for the IFRC. The IFRC-wide approach reflects both the local and global nature of the operation. As a part of the IFRC Emergency Appeal (EA), Global: COVID-19 outbreak (MDRCOVID19), launched on 31 January 2020 and currently with a 450 million Swiss francs funding requirement, the IFRC is supporting National Societies in every region on preparedness and response actions to this pandemic. The [donor response](#) to the global appeal saw contributions from 123 partners and channels, including from 31 Red Cross and Red Crescent Movement members, which covers 51 per cent of the appeal requirement to date.

The IFRC in the Asia Pacific, launched its first Emergency Plan of Action (EPoA) on 31 January with a focus on preparedness actions in countries most vulnerable to the ongoing outbreak within the region, and where National Societies were preparing to respond or already responding in coordination with their national health authorities and other actors.

For this operation in the Asia Pacific, the IFRC has a regional budget of approximately 75 million Swiss francs, of which 42.4 Swiss francs (56.5 per cent) has been secured as of November 2020. 34 National Societies in the Asia Pacific have been allocated funds to support their actions.

Since the onset of the outbreak, the IFRC Asia Pacific Regional Office (APRO) has been providing guidance and coordination support to all 38 National Societies through the 5 Country Cluster Support Teams (CCSTs) and 8 Country Offices. National Societies have continued to develop their containment and response plans, including several countries with substantial clinical interventions.

All 38 National Societies in the Asia Pacific region are working in the Health and WASH priority for the COVID-19 response. The Asia Pacific Regional Office continues to provide technical support to National Societies by updating the technical guidance according to the evolving scenario.

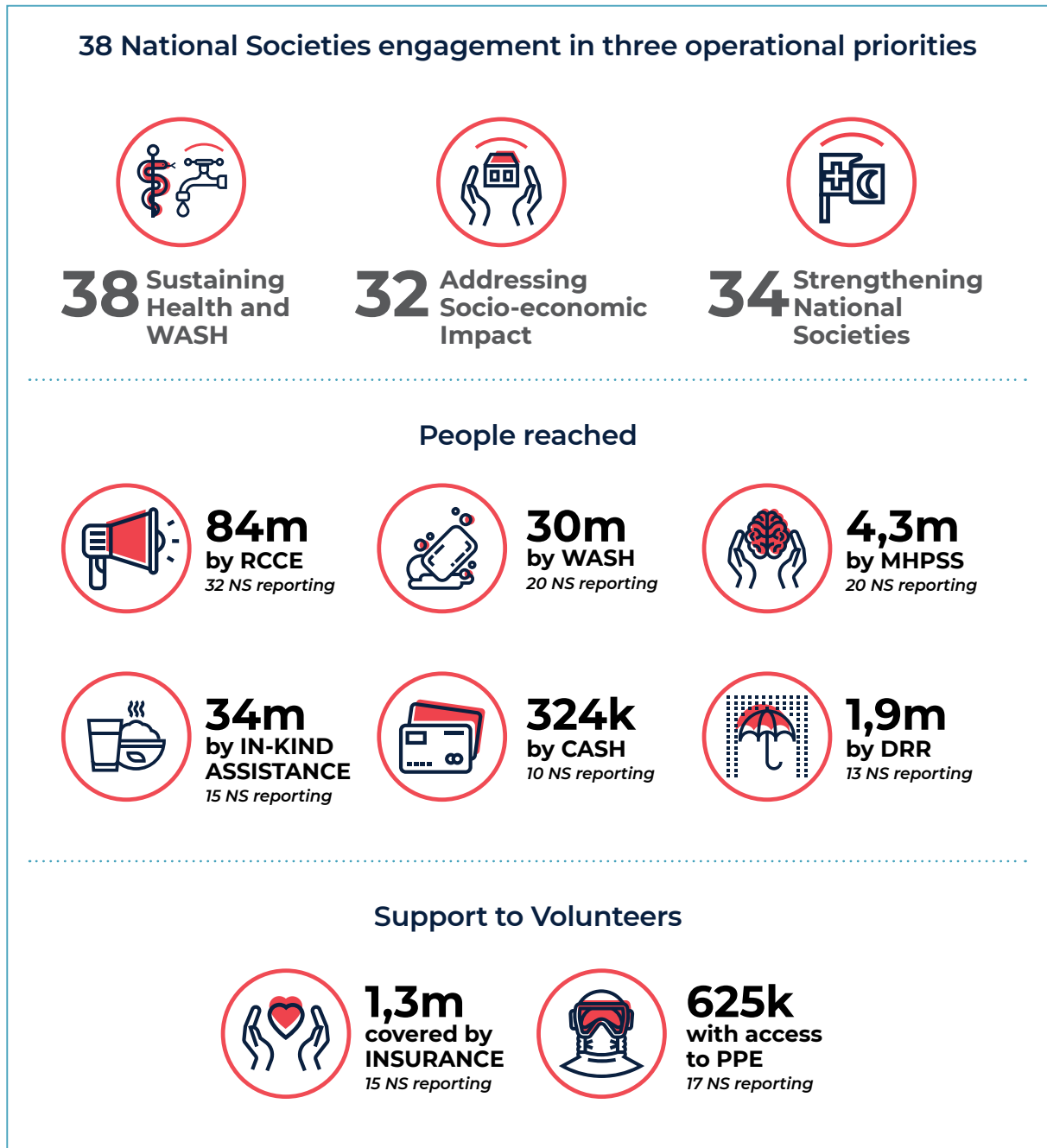
In terms of epidemic control, National Societies in the region are working with the Ministry of Health to suppress the pandemic. 34 National Societies in the region are actively involved in epidemic control with public health interventions.

Other health programmes and activities that National Societies have been involved with across the region include: awareness-raising sessions on COVID-19; community-based surveillance, identification and reporting of cases from the community, disseminating health awareness messages, mental health and psychosocial support (MHPSS) response, isolation and clinical case management for COVID-19 cases, ambulance services for COVID-19 cases, maintaining access to essential health services (community health/clinical/paramedical), blood services and management of the dead in close coordination with the Ministry of Health.

The socio-economic repercussions of the pandemic are being widely felt across Asia Pacific. 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. IFRC has provided remote technical support and guidance to National Societies in drafting framework to address socio-economic impact. 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.

Other activities the National Societies have been involved in across the region include shelter and settlements preparedness and response activities that 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.

Figure 3: National Society response



Source: COVID-19 Outbreak Asia Pacific Region Operational Update #20 (published 16 October 2020)

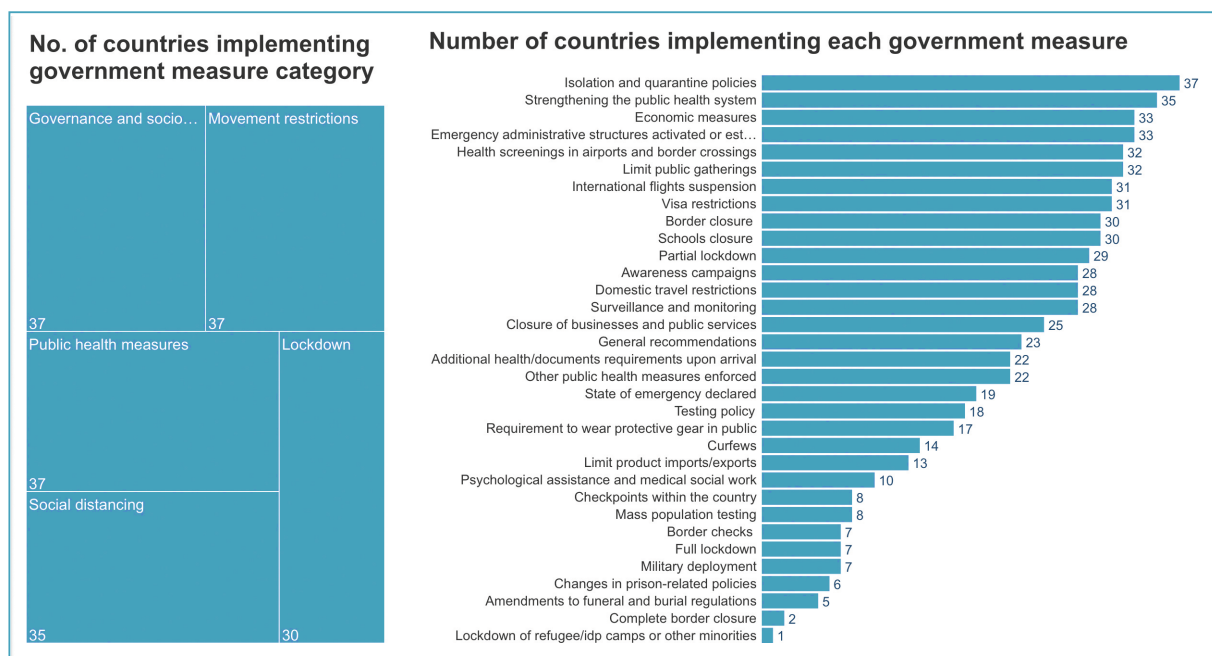
Partner National Societies have presence in various countries throughout the region. If outbreaks or emergencies are declared in specific countries, Partner National Societies with expertise and experience in managing similar emergencies are encouraged to extend support to the respective host National Societies. In Asia Pacific, 25 Rapid Response members have been deployed or providing remote support as of 25 November.

Other partner organizations actively involved in the operation included World Health Organization (WHO), UNICEF, public authorities of countries at-risk (mainly through Ministries of Health) and humanitarian country teams.

**The International Committee of the Red Cross (ICRC)** has joined the massive efforts being carried out by governments, international community and humanitarian organizations to fight the spread of COVID-19 across the Asia Pacific. They have massively adjusted, and where necessary, launched new initiatives to support national authorities, healthcare facilities, places of detention and local Red Cross and Red Crescent Societies to respond to the pandemic. The key focus of ICRC support to countries throughout the region is on supporting healthcare facilities, infection control in detention facilities, humanitarian forensics (management of the dead) and support to Red Cross and Red Crescent National Societies.

**Governments** throughout the region have implemented a wide range of measures to restrict or contain the spread of COVID-19 and to flatten the curve of the number of cases to prevent health systems from becoming overwhelmed. ACAPS has compiled a data set providing data sets and graphics, depicting government responses, such as figure 4.

**Figure 4: Countries implementing government measures**



Source: [OCHA](#)



Wuhan RC and Hubei RC transported the donated items with volunteers. China, 2020

# 코로나-19 자가격리자 지원 비상식량세트 제작

## 2

### Purpose and Scope

‘함께하면 극복할 수 있습니다.’

대한적십자사  
경상남도지사



The Korean Red Cross is actively supporting in dealing with the COVID-19 outbreak in the country. Red Cross staff and volunteers are in the communities distributing emergency relief items such as rice, water, masks and hand sanitizers to vulnerable people and those who have chosen to self-quarantine. Red Cross teams also provide psychosocial support and share life-saving information on how to protect oneself from the virus. Korean Red Cross is also supporting authorities at medical centres and hospitals. Korea, COVID-19, 2020.

## Purpose

To proactively shape the next phase of COVID-19 relief and recovery programming and to mitigate COVID-19 impact on National Society capacity and sustainability.

## Objectives

1. Determine the impacts of COVID-19 on Asia Pacific countries and examine the severity of conditions.
2. Identify priority needs, affected groups, geographic areas and enabling factors to be prioritized.
3. Identify the impact of COVID-19 on National Society capacity (at branch and chapter levels as well) including implications for implementing the current response and the feasibility of achieving 2021 plans.
4. Provide recommendations for adjustments to IFRC and National Society approaches for short and medium-term programming in Asia and the Pacific for COVID-19 response and recovery.

## Scope

**Figure 5: Needs assessment scope**



# 3

## Methods



*The Philippine Red Cross volunteers are working overtime to deliver basic essential non-food items like hygiene and sleeping kits, tarpaulins, jerry cans to Super Typhoon Goni affected communities while observing health protocols to prevent the spread of COVID-19. Volunteers are also conducting hygiene promotion and providing hot meals to affected people. Philippine, 2020.*

## Methods

The needs assessment followed a utilization-focused approach<sup>2</sup>: ensuring the participation of key stakeholders and information users in the process of information gathering, analysis and formulating recommendations.

The process used mixed methods – qualitative and quantitative data, sourced from primary and secondary sources (context analysis, survey, literature review) – to answer four key questions:

1. What has been the impact of COVID-19 on each country?
2. What are the vulnerabilities and capacities of each country in terms of COVID-19?
3. Which areas of vulnerability is Red Cross Red Crescent best positioned to tackle in 2021?
4. What adjustments to IFRC and National Society approaches may be required to maximize implementation of activities throughout 2021?

## Analysis

- Qualitative data was coded and sorted in accordance with thematic areas based on questions, additional themes were added as recurring topics were reported by respondents.
- Quantitative data was transferred from KoBo to Excel and then interrogated, results then analysed.
- Literature was sourced and reviewed for importance and relevance, then summarized and entered into an Excel matrix. Reoccurring themes, ideas, issues and topics were then analysed.

## Limitations

A limitation of the utilization-focused approach is that it relies upon the collaboration of stakeholders and information users. The massive scale and scope of this review, as well as the intense pressure upon many National Societies and IFRC offices, meant that people's time was limited. As such, though most countries contributed to the assessment, there have been varying levels of participation from many of the countries under review.

Further details on methodology are available in Appendix 2 below.



Afghanistan, 2020

2 Patton, M.Q. (2008). *Utilization-focused evaluation*, 4th edition. Thousand Oaks, CA: Sage

4 Findings



**BDRT**  
GALLE BRANCH



**ඔබට COVID-19**  
(නව කොරෝනා වෛරසය)  
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Volunteers and staff of Sri Lanka Red Cross are on the move to raise awareness to fight against the spread of COVID-19 across the country. They are distributing posters and leaflets with life-saving information among the community people. Sri Lanka, March 2020.

Whilst the findings have been organized into three distinct sections, the impacts, risks and opportunities are inextricably connected given that socio-economic determinants to health play a vital role on infection risk and severity of illness. Factors including demographics, population density, healthcare access, the presence of conflict, living conditions as well as several other susceptibilities influenced the spread and severity of COVID-19 on individuals, communities, and populations across the Asia Pacific region.

## 4.1 Priority 1: Sustaining Health and WASH

Figure 6: Deaths, deaths per million

Country	Deaths	Death per million	Country	Deaths	Death per million
Bhutan	0	0	Brunei Darussalam	3	7
Cambodia	0	0	Malaysia	271	8
Laos	0	0	Republic of Korea	475	9
Marshall Islands	0	0	Japan	1,799	14
Mongolia	0	0	Myanmar	1,330	24
Solomon Islands	0	0	Pakistan	6,893	31
Timor-Leste	0	0	Nepal	1,034	35
Vietnam	35	0	Australia	907	36
Papua New Guinea	7	1	Bangladesh	6,004	36
Thailand	59	1	Afghanistan	1,548	40
Sri Lanka	24	1	Indonesia	14,259	52
Fiji	2	2	Philippines	7,367	67
China	4,747	4	Maldives	38	70
Singapore	28	5	India	124,315	90
New Zealand	25	5			

**The impact across Asia Pacific countries has been diverse** with 92 per cent of active COVID-19 cases in Asia Pacific being attributed to 5 countries (India, Bangladesh, Indonesia, Nepal and Philippines).<sup>3</sup>

Conversely, the impact on several East Asian countries (e.g. Republic of Korea) has been starkly contrasting, largely due to effective responses, digital tools and lessons learnt from previous pandemic experience (e.g. MERS, SARS).<sup>4</sup>

Several South-East Asian countries have also experienced minimal health impacts, some with no or less than ten deaths, such as Cambodia, Laos, Timor-Leste and Brunei Darussalam.

In the Pacific region, health impacts have been extremely limited, mainly due to their geographic remoteness and rapid response for border closure.

**The primary impact on health** (morbidity, mortality, impact on health services) as a result of the pandemic has ranged from minor disruptions to health services to devastating impact on populations and overburdened health systems that are unable to meet demand from the sick and dying. Furthermore, countries that have

3 IFRC. (6 November 2020). IFRC Asia Pacific: COVID-19 Outbreak dashboard

4 Johns Hopkins University. (14 May 2020). *East Asia Offers Mixed Lessons in COVID-19 Response*. Available at: <https://hub.jhu.edu/2020/05/13/east-asian-response-to-coronavirus/>

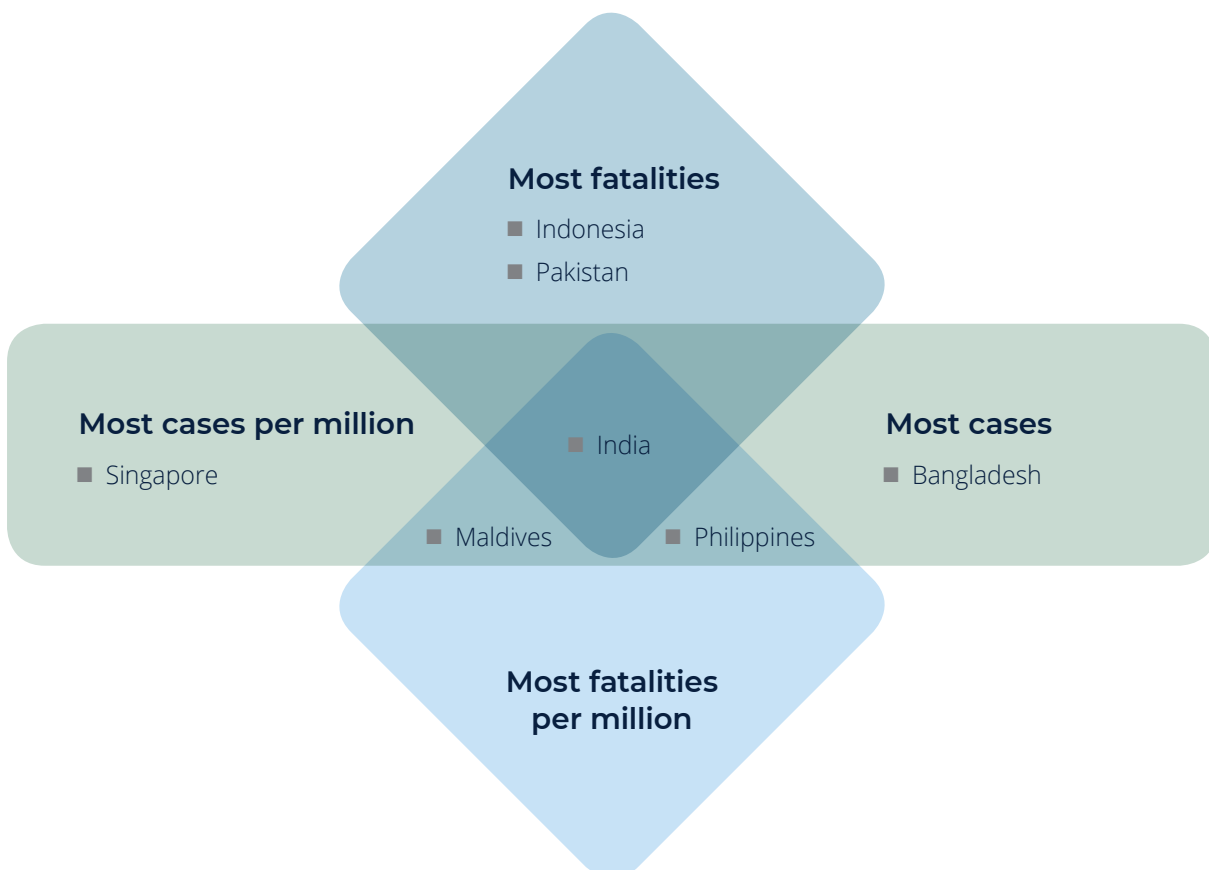
experienced high impact on health services have tragically experienced high prevalence rates and deaths amongst healthcare workers and other front-line workers. Approximately ten countries across the region have had or continue to have their health services overwhelmed by demand from COVID-19 infected patients requiring medical intervention.

**Several Asian countries have experienced devastating health impacts**, and these include, ranked by deaths per million, India, Maldives, Philippines, Indonesia and Afghanistan. **India has recorded the second-highest number of confirmed cases** in the world 8,313,876 and second-highest recorded cases during a 24-hour period 97,874.<sup>5</sup> The health system has been totally overwhelmed. The **Maldives**, with a comparatively small population of 531,000<sup>6</sup>, ranks second to India on deaths per million. The Philippines comes close third.<sup>7</sup>

**Figure 7: Top 5 countries impacted ranked by deaths per million**

Country	Confirmed cases	Deaths	Death per million
India	8,313,876	123,611	89
Maldives	11,796	38	70
Philippines	387,161	7,318	66
Indonesia	418,375	14,146	51
Afghanistan	41,814	1,548	40

**Figure 8: Most affected countries by metrics: most cases, most cases per million, fatalities, fatalities per million**



5 WHO. (5 November 2020). WHO Coronavirus Disease (COVID-19) Dashboard. Available at: <https://covid19.who.int/>

6 UN News. (2019). Maldives Data Population. Available at: <https://data.un.org/en/iso/mv.html>

7 Ibid

### Thousands of health workers across Asian countries impacted hardest have risked their lives

as they attempted to manage an unprecedented surge of patients. It is challenging to obtain credible and accurate information to quantify rates of health workers who have become infected with COVID-19 or died; however, information obtained during the implementation of this needs analysis is consistent with reports of high incidences of infection and associated deaths of front-line health workers.

Sources for this information include responses to questions during the context assessments, survey responses, media publications, humanitarian aid agency and government reports. Information is extremely limited, but there are some reports that initial crucial shortages of personal protective equipment (PPE) for health workers (shortages have been leaving doctors, nurses and other frontline workers dangerously ill-equipped to care for COVID-19 patients<sup>8</sup>) have been alleviated in some countries. For example, an article published by Associated Press reported that the Indonesian government has been able to provide PPE to healthcare workers after an initial shortage that saw doctors wearing plastic raincoats while working.<sup>9</sup>

In the Australian state of Victoria, which has recently recovered from a protracted COVID-19 outbreak, the total cumulative number of healthcare workers who have been infected is 3,581.<sup>10</sup> Victoria has a comparatively highly resourced health service compared with many countries in the Asia Pacific.

**Figure 9: Health worker deaths by country (source: Amnesty International<sup>11</sup>)**

Country	Number of health worker deaths	Updated
India	573	30 Aug 2020
Indonesia	181	3 Sept 2020
Philippines	34	12 Aug 2020
China	29	12 Aug 2020
Bangladesh	19	12 Aug 2020
Pakistan	18	12 Aug 2020
Afghanistan	4	12 Aug 2020
Malaysia	2	12 Aug 2020
Australia	1	12 Aug 2020
Republic of Korea	1	12 Aug 2020

Some epidemiological studies conducted in the region indicated that the number of confirmed cases may diverge from the reality. For example, in the Dharavi slum in Mumbai, India, a seroprevalence survey conducted in June 2020 by the government's Institute of Fundamental Research found a seroprevalence rate of 57 per cent from the people tested. This indicated that the virus had spread more widely than was earlier believed in the city's slums and the expectation was that similar prevalence rates would be found across other areas of the city.<sup>12</sup>

8 WHO. (3 March 2020). *Shortage of personal protective equipment endangering health workers worldwide*. Available at: <https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>

9 Associated Press. (9 September 2020). *As Indonesia cases soar, medical workers bear the burden*. Available at: <https://apnews.com/article/jakarta-indonesia-asia-virus-outbreak-archive-960175dc021340a9d6f9a3bec904c255>

10 Victoria Department of Health and Human Services. (25 October 2020). *Coronavirus update for Victoria – Sunday 25 October 2020*. Available at: <https://www.dhhs.vic.gov.au/coronavirus-update-victoria-25-october-2020>

11 Amnesty International. (August 2020). *Mapping health worker deaths from COVID-19*. Available at: [www.amnesty.org/en/latest/news/2020/09/mapping-covid19-health-worker-deaths/](http://www.amnesty.org/en/latest/news/2020/09/mapping-covid19-health-worker-deaths/)

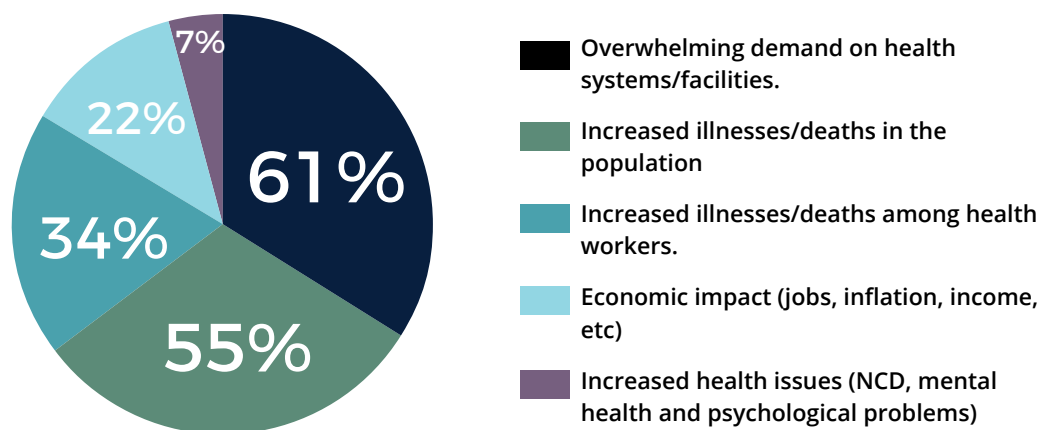
12 BBC. (29 July 2020). *India coronavirus: 'More than half of Mumbai slum-dwellers had Covid-19'*. Available at: <https://www.bbc.com/news/world-asia-india-53576653>

In Afghanistan, a seroprevalence survey conducted with the support of the WHO and Johns Hopkins University found that 31 per cent of people (9,500 people from across the country) tested positive for SARS-CoV-2 antibodies. Acting Health Minister noted that 53 per cent of the capital city's nearly 5 million residents have contracted the coronavirus.<sup>13</sup>

In October, the Director of the WHO's Health Emergencies Programme stated that "Our current best estimates tell us that about 10 per cent of the global population may have been infected by this virus."<sup>14</sup> Extrapolating from this estimate to populations of countries in the region gave a vastly different prevalence rate compared with the data published by agencies involved with the pandemic response. For example, Indonesia with an approximate population of 267 million, would potentially had almost 27 million cumulative cases which was extremely contrasting to the current count of 418,375 cases.

**In the Pacific, the primary impact was economic.** The epidemiological situation in the Pacific is extremely contrasting to most Asian countries; health impacts have, to date, not been significant in the Pacific, and several Pacific countries have managed to remain free of COVID-19 infections. This has been fortunate given the extreme vulnerability of most Pacific nations due to weak health services and high rates of comorbidities (e.g. obesity and non-communicable diseases).

**Figure 10: Survey findings – primary impacts of COVID-19 pandemic in Asia and the Pacific**



**Secondary health impacts** affecting the region are diverse and complex as are the causes. Government responses aimed at containing the pandemic are a major contributing factor to secondary health impacts which continue to affect populations, to an unknown extent, across the region as the pandemic remains uncontrolled in many countries.

**Populations affected: Secondary health impacts** of COVID-19 have also affected at-risk populations disproportionately compared to the rest of the population, typically exacerbating their already dire situation. For example, older people and people with some forms of disabilities are more vulnerable to health risks due to their pre-existing health conditions and/or not having equal access to health-related information and preventative measures.

**Migrants, particularly irregular migrants, displaced people** and stateless people are also disproportionately at risk due to a vast range of issues. Some of these include: formal and informal barriers to preventative measures (e.g. testing, treatment and information), exclusion to healthcare facilities for treatment,

13 Afghan Voice Agency. (August 2020). *Turkmenistan president sends COVID-19 tests to Afghanistan*. Available at: <https://avapress.com/en/news/216224/turkmenistan-president-sends-covid-19-tests-to-afghanistan>

14 Aljazeera. (5 October 2020). *Ten percent of world's population may have had COVID-19, WHO says*. Available at: [www.aljazeera.com/news/2020/10/5/who-10-percent-of-worlds-population-may-have-had-coronavirus](http://www.aljazeera.com/news/2020/10/5/who-10-percent-of-worlds-population-may-have-had-coronavirus)

limited access to crucial hygiene items, language barriers hindering communication with providers, anxiety linked with being stranded and potential arrest or victim of xenophobic acts.<sup>15</sup>

The needs assessment identified a diverse range of secondary impacts on health services and health impacts on populations throughout the region. COVID-19 and its associated impacts have diverted routine health programming resources to COVID-19 responses including immunization services, reduced in the demand for health services, disrupted blood supply services, disrupted medical resources supply, increased mental health issues and increased sexual and gender-based violence (SGBV).

**The diversion of routine health programming** resources to COVID-19 responses has disrupted routine health services, many of them critical, such as immunization, maternal and child health, nutrition and vector-borne disease control programmes.<sup>16</sup> According to WHO, **at least 80 million children globally under one are at risk of contracting vaccine preventable diseases** such as measles and polio as COVID-19 disrupts vaccination programmes.<sup>16</sup> The disruption to immunization combined with disruption to disease control programmes increase the risk of concurrent disease outbreaks in addition to the challenges presented by COVID-19. In addition, the politicization of the virus, including the future roll-out of a COVID vaccine, may further reduce people's trust in immunization services.

A rapid assessment of 25 essential services carried out by WHO in May 2020 showed significant disruptions to essential health services across the world, including WHO South-East Asia Region. Routine immunization and supplementary measles and rubella campaigns were disrupted in 8 of the region's 11 countries. Both outpatient and in-patient services for non-communicable diseases such as diabetes, high blood pressure, heart diseases and cancer have been greatly affected.

*"The pandemic has put immense strain on health systems across the South-East Asia Region. The previous disease outbreaks have shown that disruption to essential services caused by an outbreak can be more deadly than the outbreak itself. We must fast track efforts and do all we can to avoid that happening, while continuing efforts to break COVID-19 transmission chains,"* [WHO news release – Dr Poonam Khetrpal Singh, Regional Director WHO South-East Asia Region, 6 August 2020].<sup>17</sup>

**The same rapid assessment found that disruptions (from partial to severe) impacted** reproductive, maternal, newborn, child and adolescent health services. Such disruptions may lead to unintended pregnancies, sexually transmitted diseases, and increased health risks for mothers and their newborn babies, and for children and adolescents.

In Nepal, a major research study found that institutional childbirth reduced by more than half during lockdown, with increases in institutional stillbirth rate and neonatal mortality, and decreases in quality of care. Specifically, institutional stillbirth rate increased from 14 per 1000 total births before lockdown to 21 per 1000 total births during lockdown; institutional neonatal mortality increased from 13 per 1000 livebirths<sup>18</sup> to 40 per 1000 livebirths. This identified an urgent need to protect access to intrapartum care (*care* of women and their babies during labour and immediately after the birth) and prevent excess deaths for the most vulnerable health system users during this pandemic period.

15 IOM. (2020). *Migrants and the COVID-19 pandemic: An initial analysis*. Available at: <https://publications.iom.int/system/files/pdf/mrs-60.pdf>

16 WHO. (22 May 2020). *At least 80 million children under one at risk of diseases such as diphtheria, measles and polio as COVID-19 disrupts routine vaccination efforts, warn Gavi, WHO and UNICEF*. Available at: <https://www.who.int/news/item>

17 WHO. (6 August 2020). *Maintain essential health services during COVID-19 response: WHO*. Available at: <https://www.who.int/southeastasia/news/detail/06-08-2020-maintain-essential-health-services-during-covid-19-response-who>

18 Ashish KC et al. (1 October 2020). *Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study*. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30345-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30345-4/fulltext)

19 UNICEF. (April 2020). *The impact of COVID-19 on routine vaccinations: Reflections during World Immunization Week 2020*. Available at: [www.unicef.org/eap/stories/impact-covid-19-routine-vaccinations](http://www.unicef.org/eap/stories/impact-covid-19-routine-vaccinations)

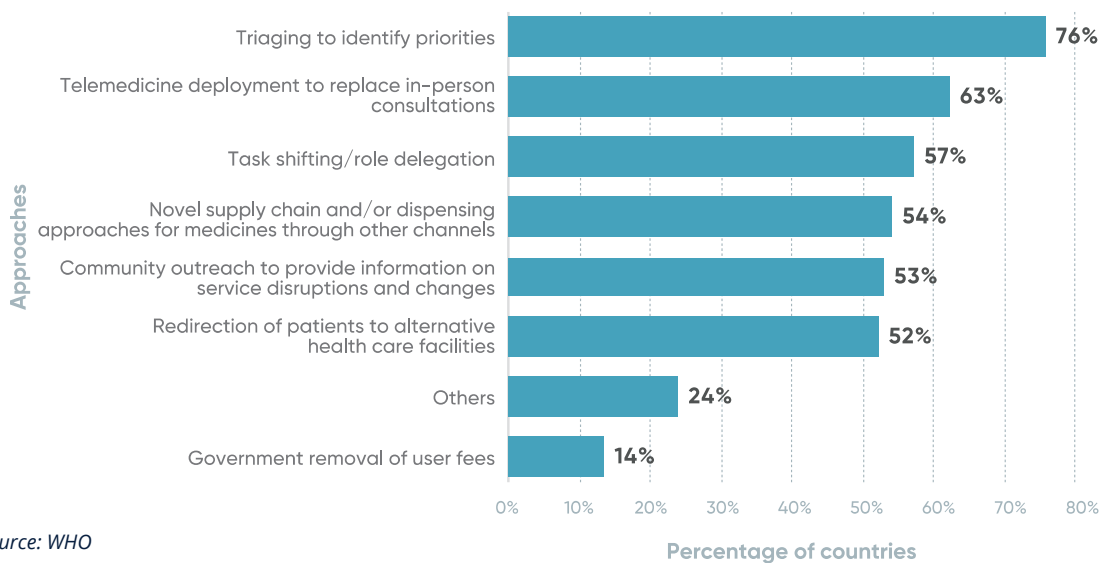
## Reduction in the demand for health services

In addition to disruptions to vital routine health services due to cancellation and scaling back of services, the impact of COVID-19 has resulted in reduced demand for health services across the region. This has been caused by several factors including transportation limitations due to movement restrictions and fear of infection while travelling to health facilities. Another factor impacting on health is that of people being afraid to attend healthcare services due to fear of contracting the virus.<sup>19</sup>

*“Pregnant women were unable to go to the hospital due to the cultural context and fear of COVID-19, and ended up missing on important check-up and immunization – which were usually provided at home through Lady Health Volunteers (LVH)”. [KII interview respondent, Pakistan]*

According to findings from a WHO survey<sup>20</sup> conducted across five WHO regions, health ministries have used a range of approaches to overcome service disruptions caused by COVID-19, some of which may be adaptable to National Societies health programmes or be utilized by National Societies to support health ministries to address health service disruptions. These approaches are summarized in figure 11 below.

**Figure 11: Approaches for overcoming disruptions**



Source: WHO

## Disruption to blood supply services

**Major impact to blood supply services managed by National Society** has been reported during KIIs and FGDs held with health technical leads and in many IFRC reporting documents. Causes for the disruption to blood supply include: 1) transport restrictions preventing the means to reach donation sites; 2) fear of infection from travelling to the blood donation site; 3) fear of infection associated with the process of donating blood. Consequently, a lack of voluntary, non-remunerated donations has impacted supply of blood to blood banks. During June 2020, IFRC reported that blood donations in Indonesia had dropped by 98 per cent. Lack of supply impacted blood stocks and, in some locations, limiting the number of surgical procedures being conducted.

*“Pregnant women were unable to go to the hospital due to the cultural context and fear of COVID-19, and ended up missing on important check-up and immunization – which were usually provided at home through Lady Health Volunteers (LVH)”. [KII interview respondent, Pakistan]*

20 WHO. (27 August 2020). *Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020*. Available at: [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1)

The reduction of blood supply also has had implications on income generation for National Societies involved in blood supply services.

### Increase in mental health issues, decrease in services

Mental health impact on staff, volunteers (workforce and mental health issues are addressed further under National Society Development section) and communities has been strongly reported by KII and FGD respondents. Causes mentioned included extended periods in quarantine, movement restrictions preventing access to social/family support, economic uncertainty and health concerns (fear of COVID-19 infection).

**This impact may have been exacerbated** by the closure or scaled back operation of mental health facilities in the region. During KIIs conducted during this assessment, a respondent from the Philippines mentioned that mental health support from government health services was either missing or extremely limited during the response. In the WHO 'Pulse survey on continuity of essential health services during the COVID-19' (included Western Pacific and South-East Asia regions), treatment for mental health disorders was also disrupted in more than half of countries (61 per cent), with 3 per cent of those countries reporting severe/complete disruptions.<sup>21</sup>

**Reasons for disruptions** to mental health services included an insufficient number or redeployment of health workers to the COVID-19 response (in 30 per cent of countries), use of mental health facilities as COVID-19 quarantine or treatment facilities (in 19 per cent of countries), and insufficient supply of personal protective equipment (in 28 per cent of countries). It is likely that government mental health services have been totally unprepared for and overwhelmed by demand generated by COVID-19 impacts.<sup>22</sup> In Indonesia, both government and other organizations concerned with mental health have responded to disruptions to mental health services and the increased demand by, among other measures, launching online consultations hotline.<sup>23</sup>

It is beyond the scope of this needs assessment to delve deep into the epidemiology of mental illness in the region however when considering the impact on mental health issues, it is important to bear in mind the possibility of heightened impact on people with existing common mental disorders (e.g. anxiety, depression and panic disorder). South Asian countries report the highest prevalence of CMDs globally with a prevalence rate of 14.2 per cent.<sup>24</sup> At the global level, a major review of 36 studies across the world has found that around one in three people are suffering from stress, anxiety, or depression during this pandemic.<sup>25</sup>



*During the epidemic, volunteers Cruz Vermelha de Timor-Leste (CVTL) toured the village and took a down-to-earth approach to disseminating information and knowledge regarding co-19 prevention. Timor Leste, CVTL, 9 June 2020.*

21 Ibid

22 The Lancet Infectious Diseases. (8 October 2020). The intersection of COVID-19 and mental health. Available at: [www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30797-0/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30797-0/fulltext)

23 Jakarta Post. (8 October 2020). Mental health services disrupted in 93% of countries during COVID-19 pandemic: WHO. Available at: <https://www.thejakartapost.com/news/2020/10/08/mental-health-services-disrupted-in-93-of-countries-during-covid-19-pandemic-who.html>

24 Naveed S. et al. (September 2020). Prevalence of Common Mental Disorders in South Asia: A Systematic Review and Meta-Regression Analysis. Available at: <https://www.frontiersin.org/articles/10.3389/fpsy.2020.573150/full>

25 IFRC. (19 October 2010). How can we tackle a growing COVID-19 caused mental health crisis? Available at: <https://media.ifrc.org/ifrc/2020/10/19/can-tackle-growing-covid-19-caused-mental-health-crisis/>

## Violence and abuse

Globally, preliminary evidence from the impacts of this pandemic showed that SGBV has been rising rapidly.<sup>26</sup> In China, police reports showed domestic violence had tripled during the epidemic.<sup>27</sup> Organizations focused on SGBV prevention have reported observations of increased household tension and domestic violence due to forced coexistence, economic stress, and fears of the virus.

KII and FGD respondents, engaged with discussions about secondary impacts from COVID-19, reported increases in SGBV in eight countries (Bangladesh, Fiji, India, Myanmar, Nepal, Pakistan, Philippines, PNG). This included reports of domestic violence, violence against children, sexual abuse and violation of child rights (early marriage and child labour). In Pakistan and India, interview respondents mentioned that women were being abused both within the house and out of the house. A KII respondent commented that SGBV should have been pre-empted.

*“SGBV issues should have been anticipated and awareness programmes should have been initiated beforehand”*  
[KII respondent, Nepal]

Evidence in the literature regarding SGBV attributable to COVID-19 is limited, but a growing body of evidence is now emerging that suggests there is a heightened risk of SGBV against health workers. There have also been reports documented of physical and verbal attacks against front-line healthcare workers in several other countries in the region. The incidents included doctors at a hospital in Pakistan being verbally and physically attacked after a patient died of COVID-19 and relatives entered a high-risk area while shouting that coronavirus was a hoax. In Bangladesh, bricks were thrown at the house of a doctor after he tested positive for COVID-19 in a bid to force him and his family to move from the area.<sup>28</sup>

Possibly the most disturbing report was that of a woman, who was staying at a COVID-19 quarantine facility in Kailali, Nepal who was allegedly gang-raped by three volunteers at the facility.<sup>29</sup> The facility was an adapted school building with reportedly no gender segregated accommodation provided. This was an extremely tragic and high-profile case that occurred in a public facility and was reported to the police. Incidents of SGBV often occur in private settings (e.g. households) and go largely unreported. This factor likely contributed to underreporting of SGBV during the pandemic and therefore impact of SGBV related to COVID-19 cannot yet be ascertained.

## Epidemic and pandemic preparedness

National Societies were generally not adequately prepared for the impact of the pandemic and the response required, nor are many of them prepared for COVID-19 outbreaks or future pandemics. This was based on findings from KIIs and FGDs held with health technical leads as well as documents reviewed during this needs assessment.

Several respondents interviewed stated that pandemic preparedness was crucial for managing further COVID-19 outbreaks, which they considered inevitable (some citing media and WHO reports of the threat of further waves of the pandemic), and for managing other communicable disease outbreaks.

Many respondents mentioned that their National Societies did not have adequate capacity (skills and dedicated human resources – staff, volunteers, equipment and infrastructure) required to implement pandemic

26 IFRC. (2020). *Prevention and response to Sexual and Gender-Based Violence in COVID-19 – A Protection, Gender & Inclusion (PGI) Technical guidance note*. Available at: <https://go.ifrc.org/emergencies/3972#additional-information>

27 Fraser, E. (16 March 2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*. Available at: <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf>

28 Devi, S. (5 September 2020). *COVID-19 exacerbates violence against health workers*. Available at: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31858-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31858-4/fulltext)

29 Chhatyal, D. B. (15 June 2020). *Woman in quarantine in Kailali gang raped*. Available at: <https://myrepublica.nagariknetwork.com/news/woman-in-quarantine-in-kailali-gang-raped/>

preparedness strategies. Some indicated that significant capacity building support will need to be provided by IFRC; others suggested that existing capacity, particularly in community health, could be better utilized. Some respondents flagged National Society organizational issues as a limiting factor to response and preparedness, indicating that a lack of integration of sectors (disaster preparedness and health) could be improved. The need to include pandemic preparedness into annual and emergency response planning was also raised.

*“we better to plan how to respond on unexpected epidemic. We have other disasters response plan, but we do not have the disaster plan related with health”.* [KII respondent, Nepal]

Others flagged the need for outbreak contingency plans to be established and for the funds to finance them be allocated, so as to expedite access to finances should future outbreak/pandemic responses be required.

*“For future pandemics, contingency funds are needed, approval took about 3 months, 5 months in dilemma”* [KII respondent, Nepal]

The need for a medical response team was suggested by a respondent from Pakistan, stating that this was an inadequacy of their National Society that should be strengthened. They suggested that it should consist of a network of trained health volunteers and nominated health staff who are ready to respond to outbreaks/pandemics.

There was an abundance of data received that supported localization as an important aspect of pandemic preparedness and this fits well with the comparative advantage of National Societies with their expansive reach throughout populations including urban, rural and remote and populations who may have been isolated by transport or movement restrictions.

Many respondents suggested that community level engagement is vital for pandemic preparedness and that investing capacity and resources at the branch level would strengthen pandemic preparedness significantly. Other respondents mentioned that branch and district level planning has been a significant weakness of the present plan and should be strengthened.

*“Need bottom-up approach, it was missing, need of the District Chapters were not included in the present plan which is ineffective”* [KII respondent, Nepal]

A respondent from Indonesia mentioned that Indonesia has several district-based government agencies that rely on community mobilization and action, and that collaboration with organizations such as Community-based Action Team (SIBAT) could strengthen pandemic preparedness.

## WASH

Millions of people across the region are without access to basic handwashing facilities with soap, safe water and sanitation facilities at their homes. This includes several countries that have been severely impacted by the pandemic such as India (542 million) and Bangladesh (107 million).<sup>30</sup> Across the region, 1.6 billion people<sup>31</sup> lack access to basic sanitation; an estimated 260 million also lack access to clean water at home.<sup>32</sup> Socio-economic impacts may exacerbate at-risk populations access to hygiene resources such as soap that is essential for good hygiene.

30 WHO and UNICEF. (23 April 2020). *Hygiene Baselines pre-COVID-19 Global Snapshot*. Available at: <https://washdata.org/sites/default/files/documents/reports/2020-05/JMP-2020-COVID-global-hygiene-snapshot.pdf>

31 UNESCAP. (2020). *Impact and Policy Responses for COVID-19 in Asia and the Pacific*. Available at: [https://www.unescap.org/sites/default/files/COVID%20\\_Report\\_ESCAP.pdf](https://www.unescap.org/sites/default/files/COVID%20_Report_ESCAP.pdf)

32 Caruso B. A. and Freeman M. C. (May 2020). *Shared sanitation and the spread of COVID-19: risks and next steps*. Available at: [www.thelancet.com/journals/lanph/article/PIIS2542-5196\(20\)30086-3/fulltext](http://www.thelancet.com/journals/lanph/article/PIIS2542-5196(20)30086-3/fulltext)

Millions of people in the region use shared sanitation facilities. When used by infected individuals, shared facilities could become sources of both airborne and contact exposures to COVID-19 exposure, especially in the absence of adequate water and soap for hygiene purposes.<sup>33</sup>

The provision of safe water, sanitation and good hygiene is essential for preventing disease and for protecting human health during all infectious disease outbreaks, including COVID-19.<sup>34</sup> However, water, sanitation and hygiene (WASH) **programmes are often planned and implemented independently of public health** programmes. In the COVID-19 context, providing WASH services is considered crucial to COVID-19 interventions.<sup>35</sup>

Consistent with impacts to many health services, WASH programmes have been disrupted due to a range of reasons including resources diverted to COVID-19 interventions. Discussion with an IFRC technical adviser informed that many WASH programmes in the region had been cancelled due to programme resources being redirected. Some of the cancelled WASH programmes involved interventions to address the transmission of communicable diseases such as cholera which shares some common prevention methods to COVID-19.

Many KII and FGD respondents commented that integrating COVID-19 into normal programming as opposed to sector specific programming is needed so the range of vital non-COVID-19 activities that National Societies provide, can proceed during the COVID-19 response and recovery.

*“All upcoming programmes should have an integrated COVID-19 component focusing more on a pandemic and epidemic response planning. In disaster management, we have never factored in pandemic and epidemic in the planning/strategy and it is now being considered in it.” [KII respondent, Pakistan]*

## COVID-19 vaccine

Development towards the successful testing and production of a COVID-19 vaccine has progressed with several vaccines currently in phase 3 trials. In anticipation of a vaccine becoming available in 2020, IFRC has moved forward with plans for creating demand for the uptake of the vaccination.

National Societies have potential to make a significant contribution to the roll-out of the COVID-19 vaccination when it becomes available through their expansive volunteer and community networks. This potential can be utilized for a range of purposes including being a communication channel for clear, consistent, person-to-person spread of accurate information about the vaccine, countering misinformation and rumours that may be generated about safety concerns, and supporting health services to extend access to ensure that even the most remote and at-risk population groups have access to the vaccine. Most National Societies throughout the region have a proven track record of providing effective risk communication and community engagement (RCCE) and are the obvious partner for health services to support the roll-out with strategic RCCE. Furthermore, recently conducted IFRC community perceptions surveys in South-East Asia, indicated that National Societies volunteers are highly trusted by the community.<sup>36</sup> Other potential roles that National Societies may have with the vaccine roll-out will depend on their capacity and support requirements determined by respective health ministries.

Several National Societies from the Asia Pacific region have engaged with Global Working Groups and are progressing plans for the roll-out. Information from context assessment reports indicated that National Societies are motivated to engage with and support governments with COVID-19 mass vaccination activities.

33 Ibid

34 WHO and UNICEF. (29 July 2020). *Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19: Interim guidance, 29 July 2020*. Available at: <https://apps.who.int/iris/handle/10665/333560>

35 Lal, A. (24 July 2020). *Water access as a required public health intervention to fight COVID-19 in the Pacific Islands*. Available at: [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(20\)30006-7/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(20)30006-7/fulltext)

36 IFRC. (September 2020). *COVID-19: Community Insights from the Asia Pacific Region Indonesia, Malaysia, Myanmar, and Pakistan*. Available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19\\_CommunityInsights\\_sept2020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityInsights_sept2020.pdf)

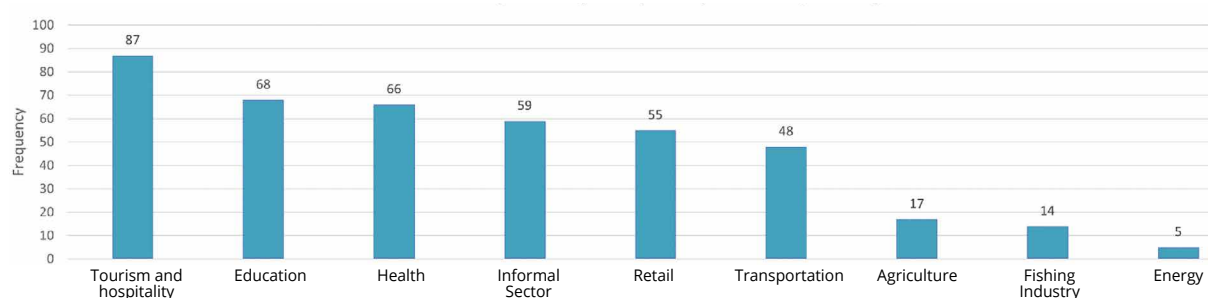
National Societies plan to utilize existing auxiliary roles to provide awareness campaigns on COVID-19 vaccine and administer the vaccine to health workers and vulnerable populations through its nationwide coverage and volunteers. More information available in Appendix 9 below.

Findings from the survey, COVID-19 Community Insights from Asia Pacific, suggested that people are interested to learn about what is being done to find treatments and vaccines against COVID-19.<sup>37</sup> This presents an opportunity for National Societies to be in the forefront with their community engagement and accountability (CEA) strategies to not only inform the public about development on COVID-19 vaccine and treatment, but also to take the initiative to mitigate against misinformation or negative rumours that may be circulating.

## 4.2 Priority 2: Addressing Socio-economic impacts

The economic impact across the region has been devastating and spans the entire Asia Pacific region. As mentioned previously, many of the countries that were fortunate to have avoided the primary impacts of the devastating health consequences of the pandemic have borne the worst economic consequences and the cascade of socio-economic impacts including job losses and insecurity, displaced populations, loss of livelihoods and food insecurity. Flow-on effects from the economic recession have impacted livelihoods and household economic security and job losses continue to permeate throughout the region.

**Figure 12: Survey findings – main sectors disrupted by COVID-19 in your country**



**Most countries were not adequately prepared for a pandemic** on the unprecedented scale of COVID-19. The socio-economic context prior to the pandemic was dire for many vulnerable populations, with approximately 400 million people living below the international poverty line (US\$1.90 a day) and 1 billion living on less than US\$3.20 a day.<sup>38</sup>

**Asia Pacific is the most disaster-prone region** in the world.<sup>39</sup> In 2019, the region was punctuated with multiple disasters in Afghanistan, Indonesia, Philippines and Papua New Guinea. Populations in many disaster-affected areas were still recovering from these and earlier disasters including the socio-economic cost. Recovery efforts for the 2018 Indonesian earthquake slowed significantly due to the pandemic, further delaying recovery. The impact of COVID-19, combined with a massive population of vulnerable people, many residing in disaster prone areas and with weak health systems, created a composite of factors that were likely to significantly exacerbate challenges to contain the pandemic.

37 Ibid

38 Ibid

39 UNDP. (1 October 2020). *Recovering from Covid-19: Lessons from Past Disasters in Asia and The Pacific*. Available at: <https://www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/recovering-from-COVID-19-lessons-from-past-disasters-in-asia-pacific.html>

## Economic impact

Survey and interview responses indicated that supporting long-term recovery with livelihoods programming will be a valuable investment for programming in 2021.

The pandemic has shocked the Asia Pacific region through 1) the impact of health consequences; 2) through the economic impacts resulting from efforts to contain the virus; and 3) from the ensuing global recession. Border closures, movement restrictions and other unprecedented and unpredicted mitigating actions taken by governments have severely impacted most commercial sectors of economies. Many of the impacted sectors rely largely upon incoming tourists and outgoing migrant workers for a significant proportion of their GDP.

Migrant workers have been heavily impacted by movement restrictions and border closures in terms of curtailed options to migrate for work in other places, and for migrants abroad or away from home being unable to return to their place of origin.

Economic impacts have impacted rural and urban areas in a variety of ways. An interview respondent from Fiji commented that many people returned to villages as they had been laid off from their town and city-based jobs. Villages, which under normal situations would supply agricultural produce to urban areas, could not do so while travel restrictions were in place.

*“Because rural areas depend on transportation which was cut off during restrictions, many had to walk to work and some were laid off. Hospitality and airline workers badly affected. The informal market vendors in urban areas have been greatly affected, and rural farmers were affected because markets were closed.” [KII respondent, PNG]*

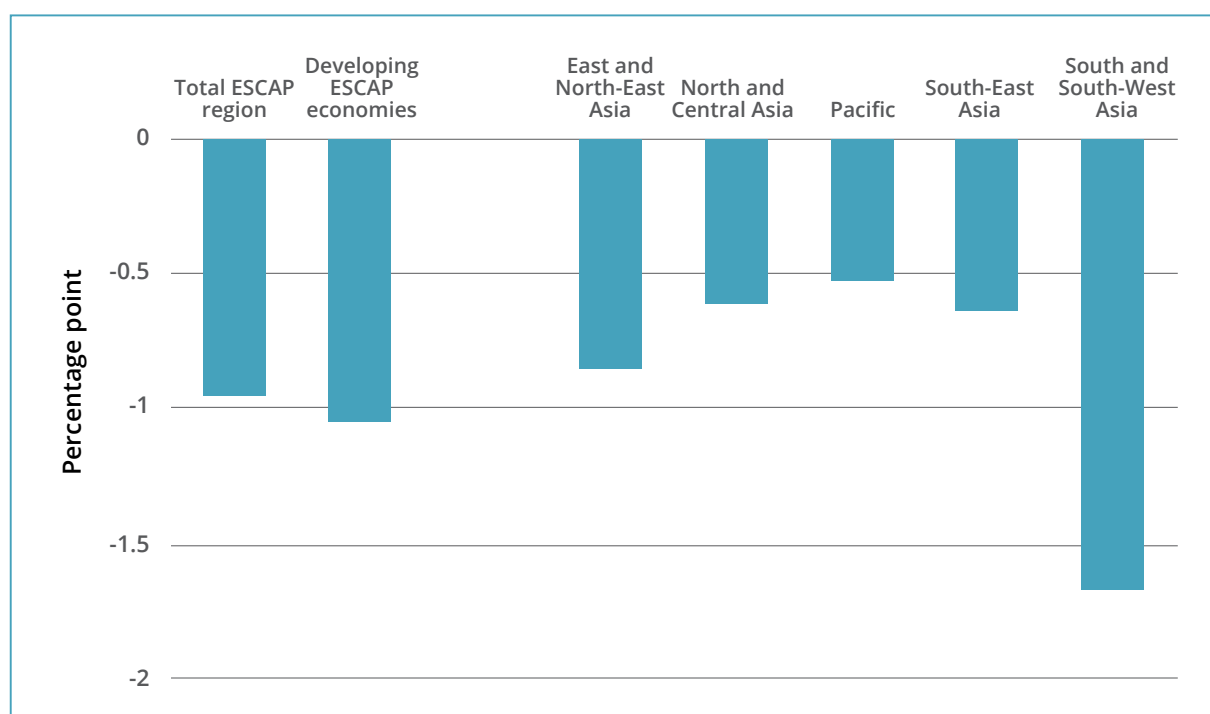


On 23rd June 2020, the Thai Red Cross Society (TRCS) launched a project to protect migrant workers from COVID-19 by providing them with protective equipment (reusable cloth face masks, alcohol gel), information materials and relief kits including food and personal hygiene items. Nearly 400,000 people will benefit from this project which is being implemented in collaboration with IFRC, ICRC, UNICEF and the Migrant Working Group, Thailand.

An interview respondent from Bangladesh commented that the economic downturn had impacted urban dwellers significantly including slums residents, day labourers, small businesses owners, garment employees, kindergarten school teachers and street beggars. Similar to other countries throughout the region, many people have relocated from urban areas to rural villages as they had lost their income generating opportunities. Similar descriptions of the economic impacts were made by respondents in Malaysia and Nepal.

The region as a whole is expected to grow by only 0.9 per cent in 2020, the lowest rate since 1967.<sup>40</sup> Prospects for the region are brighter in 2021 with growth expected to rebound to 6.8 per cent in 2021. The main risk to this optimistic outlook, consistent across much of the literature, is the prospect of a prolonged COVID-19 pandemic, which could derail the recovery. China's economy receded by 6.8 per cent during the first quarter of the year, but in the July to September quarter, there was an economic rebound with growth of 4.9 per cent.<sup>41</sup>

**Figure 13: GDP growth decline in Asia and Pacific due to COVID-19, published 10 March 2020**



Source: ESCAP estimates.

Note: The GDP growth differences are based on GDP growth forecasts on 27 November 2019 to March 2020.

Commercial sectors that have been impacted most severely in the region, according to survey information gleaned during this assessment, are tourism and hospitality, informal sector, retail, transportation and agriculture.

### Tourism

Disruption to air and cruise ship travel has decimated tourist dependent economies across Asia and the Pacific. Tourism dependant industries such as hospitality, transport and service industries have also been severely impacted. Foreign visitors to the Asia and Pacific region fell by an estimated 96 per cent in April 2020.<sup>42</sup>

40 World Bank. (October 2020). *Containment to Recovery: Economic Update for East Asia and the Pacific*, October 2020. Available at: <https://www.worldbank.org/en/region/eap/publication/east-asia-pacific-economic-update>

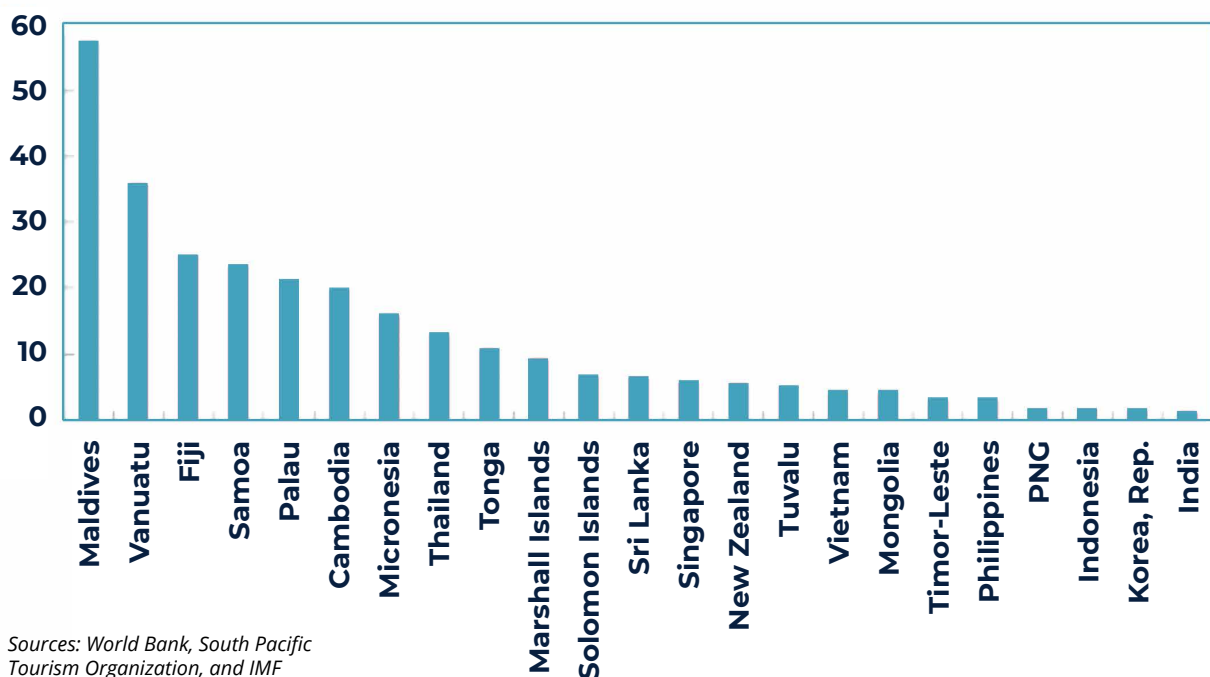
41 BBC. (19 October 2020). *China's economy continues to bounce back from virus slump*. Available at: <https://www.bbc.com/news/business-54594877>

42 IMF. (22 July 2020). *Tourism Tracker: Asia Pacific Edition*, Issue 5. Available at: <https://www.imf.org/~media/Files/Countries/ResRep/pis-region/tourism-tracker/july-2020-tourism-tracker.ashx>

In the Pacific, tourism is crucial for many countries. For some, it offers one of the few opportunities for economic diversification. For others, tourism is the nation's economic lifeblood. For Palau, Vanuatu and Fiji, it represents around 40 per cent of GDP and often employs a significant proportion of people in formal employment.<sup>43</sup>

There have been some signs of economic resilience and diversification. An interview respondent, from the Pacific, mentioned that some communities have changed to alternative income generating activities such as local agriculture. Another respondent commented that Pacific Islands governments are attempting to reskill by diversifying economy away from tourism, but this strategy is challenging and is anticipated to take a long time.

**Figure 14: Tourism share of GDP of Asia and Pacific countries with largest tourism sectors (in per cent)**



Sources: World Bank, South Pacific  
Tourism Organization, and IMF  
staff estimates



*Nepal Red Cross Society has been distributing shelter materials, blankets, water buckets and other relief items in Sindhupalchok district where flooding Bhotekoshi river washed away 36 homes, leaving the families without shelter, dry clothes or food. The local Red Cross volunteers were among the first ones to assess the situation and support the affected families.*

*Monsoon season has been causing a lot of harm in Nepal as the number of casualties of landslides and floods for the past month is already bigger than the total number of casualties for COVID-19. Nepal, July 2020.*

43 Dayant A. and Pryke, J. (16 March 2020). *Anticipating Covid-19 in the Pacific*. Available at: [www.lowyinstitute.org/the-interpreter/anticipating-covid-19-pacific](http://www.lowyinstitute.org/the-interpreter/anticipating-covid-19-pacific)

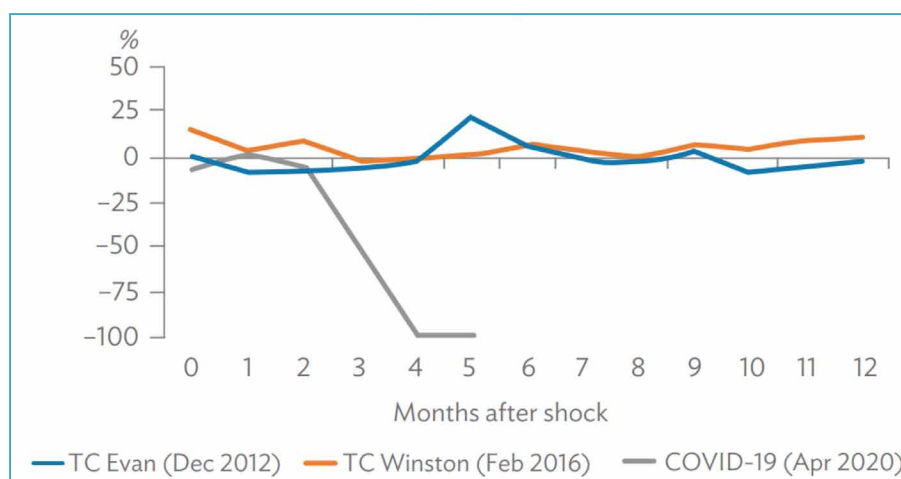
**Figure 15: Visitor arrivals by destination country (12-month percentage change), latest available official data and tracking estimates (bold)**

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Fiji	2.5	-4.9	-52.8	-99.1	-99.0	-99.5
Micronesia	-1.1	-10.3	-57.4	-96.7	-96.1	-97.7
Palau	33.4	-42.6	-69.7	-95.8	-95.8	-97.6
PNG	3.7	-3.5	-53.9	-98.0	-97.7	-98.7
RMI	-2.0	-2.7	-55.2	-98.7	-98.3	-99.0
Samoa	-24.0	-22.0	-62.7	-100.0	-100.0	-100.0
Solomon Islands	6.1	-22.2	-68.4	-98.5	-98.2	-98.9
Tonga	17.7	-23.8	-85.5	-100.0	-100.0	-100.0
Tuvalu	-4.9	-3.9	-54.6	-98.7	-98.2	-99.0
Vanuatu	25.0	13.0	-51.1	-100.0	-100.0	-100.0
Cambodia	-15.3	-35.8	-64.7	-99.1	-97.8	-96.7
India	1.3	-6.6	-66.4	-100.0	-100.0	-96.8
Indonesia	5.9	-30.5	-64.9	-87.4	-86.9	-87.2
Korea	15.2	-43.0	-94.6	-98.2	-97.9	-94.9
Maldives	14.4	-11.1	-63.4	-100.0	-100.0	-100.0
Mongolia	-9.7	-36.6	-68.5	-96.7	-97.0	-98.2
New Zealand	1.7	0.0	-10.0	-99.3	-99.1	-98.6
Philippines	-13.5	-34.0	-69.5	-96.9	-96.9	-98.2
Singapore	4.0	-51.1	-84.7	-100.0	-99.9	-96.8
Sri Lanka	-0.9	-10.8	-56.0	-96.9	-96.4	-97.9
Thailand	2.5	-42.8	-76.4	-100.0	-100.0	-100.0
Timor-Leste	1.0	-16.3	-56.0	-94.8	-93.5	-96.3
Vietnam	32.8	-21.7	-68.1	-98.2	-98.0	-99.2

Sources: World Bank, South Pacific Tourism Organization, and IMF staff estimates.

From a historic disaster recovery perspective, the Asian Development Bank (ADB) conducted comparisons on two cyclone disasters that impacted visitor arrivals on Fiji and the post-disaster recovery duration, represented on the chart below. The impact from COVID-19 on visitor arrivals was starkly contrasting compared to the impact from cyclone events.

**Figure 16: Fiji visitor arrivals: post-disaster recovery comparisons**



COVID-19 = coronavirus disease, TC = tropical cyclone.  
 Notes: Series starts in the month that precedes the shock and covers 12 months after. Month 0 = month before the shock. For COVID-19 impact, month 0 refers to December 2019.  
 Sources: Government of Fiji, Bureau of Statistics; and author's calculations.

Recent economic reports indicated the early start of recovery in some countries in Asia Pacific. The International Monetary Fund (IMF) announced on 21 October that the **economy of the Asia and Pacific region had started to recover “tentatively, but at multiple speeds”**. It stated that the region’s economy is expected to contract by 2.2 per cent in 2020 but rebound by 6.9 per cent in 2021. The spokesperson qualified the statement with the mention that “the forecasts remain highly uncertain, with significant downside risks”.

In terms of regional snapshot, the Indian economy is expected to contract deeply by 10.3 per cent this year and rebound by 8.8 per cent next year. The Philippines, Thailand, Malaysia and Sri Lanka were other countries which are expected to post worst GDP drop with 8.3 per cent, 7.1 per cent, 6 per cent and 4.6 per cent, respectively. Pacific Island countries and other small states are expected to see minus 7.5 per cent GDP growth rate in 2020 and positive 4.2 per cent next year.

Exceptions to the negative growth forecasts for this year are only Nauru and Bhutan’s economies, which are projected to post positive growth with 0.7 per cent and 0.6 per cent, respectively, while **Fiji (minus 21 per cent), Maldives (minus 18.6 per cent) and Palau (minus 11.4 per cent)** will see the largest decline on their GDP.<sup>44</sup>

## Informal sector

Although exact data of the impact of the pandemic on employment is not yet available, the impact is likely to be substantial as services and labour-intensive manufacturing comprise over 80 per cent of the region’s informal sector and small and medium enterprises (SMEs) and contribute to most of the jobs in the region.<sup>45</sup>

Of the total workforce of Asia and the Pacific estimated at 1.9 billion in 2019, around two thirds or 1.3 billion people, are informally employed.<sup>46</sup> Employment in the informal sector are characterized by low skills, low productivity, and low capital investment, and subjected to a higher risk of job losses. Developing countries, where 50 to 90 per cent of total employment works in the informal economy, will be hard hit because of lower healthcare capacity, poor governance, and less fiscal space. These informal workers, migrants and displaced people, who are facing a stark trade-off between safeguarding their lives and their livelihoods, are the most vulnerable since they have no protection and are not covered by government benefits nor reached by rescue packages.

Disruptions to the agricultural employment have been significant across the region. Domestically, disruptions in the upstream food supply chains have arisen from mobility restrictions and worker illnesses during planting and harvesting, in addition to hindered operations in processing, trucking, logistics and trading.<sup>47</sup> Almost all of agricultural employment (94.7 per cent) is informal in the region, and it reaches a high of 99.3 per cent in South Asia. Informal employment represents a higher share in the industrial sector (68.8 per cent) than in the services sector (54.1 per cent).<sup>48</sup>

## Food security

Findings from the survey indicated that food security was an issue common across the region. Several reoccurring themes were established for multiple responses to an open question asking for secondary impacts. These themes included reduced income so could not afford food, reduced food supply, increased food price.

44 Anadolu News Agency. (21 October 2020). *IMF expects multi-speed recovery in Asia-Pacific region*. Available at: <https://www.aa.com.tr/en/economy/imf-expects-multi-speed-recovery-in-asia-pacific-region/2014126>

45 Ibid

46 ILO. (2020). *More than 68 per cent of the employed population in Asia-Pacific are in the informal economy*. Available at: [https://www.ilo.org/asia/media-centre/news/WCMS\\_627585/lang-en/index.htm](https://www.ilo.org/asia/media-centre/news/WCMS_627585/lang-en/index.htm)

47 Asia Development Bank. (June 2020). *Food Security in Asia and the Pacific amid the COVID-19 Pandemic*. Available at: <https://www.adb.org/publications/food-security-asia-pacific-covid-19>

48 ILO. (2 May 2018). *More than 68 per cent of the employed population in Asia-Pacific are in the informal economy*. Available at: [https://www.ilo.org/asia/media-centre/news/WCMS\\_627585/lang-en/index.htm](https://www.ilo.org/asia/media-centre/news/WCMS_627585/lang-en/index.htm)

*“Food security and scarcity was and is being experienced. Due to loss of livelihood, many people continue to not be able to access food without assistance. With the economic situation, pricing continues to increase making the commodity even more unaffordable” [survey respondent]*

The impact on the agriculture sector intersects the heightened food security risks across Asia Pacific. Disruptions to food supply chains (international and domestic), caused by health risks necessitating stringent travel restrictions, have undermined food availability and access.<sup>49</sup>

Domestically, disruptions in the upstream food supply chains have arisen from mobility restrictions and worker illnesses during planting and harvesting, in addition to hindered operations in processing, trucking, logistics and trading. Losses of employment and income are also reducing food consumption, leaving vulnerable groups at risk of hunger and malnutrition. Basic food handouts are often limited and may not meet the nutritional needs of children, pregnant and breastfeeding women. Internationally, border closures and export restrictions could imply limited availability and affordability of certain food items for countries that rely on imports.

People suffering from extreme poverty in Asia and the Pacific predominantly live in rural areas and are engaged in agricultural activities.<sup>50</sup> In this backdrop, the impact of the COVID-19 pandemic on the agricultural sector has brought unprecedented challenges.

## Impact on migrants and displaced people

**Migrants, refugees and internally displaced people (IDPs) across the region have been severely impacted by the pandemic and in a variety of ways.** Migrants generally travel to earn money and tend to send more funds to their families back home than they keep themselves. The COVID-19 pandemic, unlike the usual disasters with localized effect, simultaneously impacts migrants and their families and communities in their countries of origin.<sup>51</sup>

There are **widespread reports of stigma and discrimination towards migrants and refugees.** The IFRC COVID-19 Community Insights Survey found that migrants are commonly discriminated against and that some respondents believed a specific group is responsible for spreading COVID-19. “Foreigners” are mentioned frequently with respondents specifically naming “Chinese people”, returning migrants, foreign tourists, “illegal foreigners”, migrant workers and foreigners in general.<sup>52</sup> In Malaysia, 69 per cent of respondents surveyed, believed that a specific group is responsible for spreading COVID-19. Respondents from urban areas agreed slightly more (3 per cent) than from rural Malaysia. In Indonesia, a large proportion (65 per cent) of respondents believed COVID-19 is spread by a specific group.

There are also increasing serious concerns regarding migrants (both international and internal migrants), who are stranded both in the region and outside of it, facing significant risks including their ability to access essential basic services. Furthermore, hundreds of thousands of migrants have lost their jobs and are particularly vulnerable to the socio-economic impacts of COVID-19.

**Internally displaced people (IDPs) are likely to be particularly affected by the pandemic,** owing to their circumstances. Internally displaced people are more at risk of contracting COVID-19 and are more susceptible to complications, owing to cramped living conditions in camps, camp-like settings and urban slums; poor nutritional and health status; limited access to sanitation, healthcare and reliable information; lack of support networks; and language barriers and other social and cultural obstacles.<sup>53</sup> Barriers to accessing

49 Ibid

50 UNESCAP. (18 June 2020). *Impact of COVID-19 on Agriculture in the Asia Pacific Region and Role of Mechanization*. Available at: <https://www.unescap.org/news/impact-covid-19-agriculture-asia-pacific-region-and-role-mechanization>

51 Asian Development Bank. (August 2020). *COVID-19 Impact on International Migration, Remittances, and Recipient Households in Developing Asia*. Available at: <https://www.adb.org/publications/covid-19-impact-migration-remittances-asia>

52 Ibid

53 IFRC. (April 2020). *Reducing the impact of the COVID-19 pandemic on internally displaced people (IDPs)*. Available at: <https://media.ifrc.org/ifrc/document/reducing-impact-covid-19-pandemic-internally-displaced-people-idps/>

information about COVID-19 risk reduction and infection prevention and control, are particularly acute for migrants as well as IDPs due to language and cultural diversity. Many National Societies have produced and shared information, education and communication (IEC) materials in many migrants' languages. These resources have been catalogued and made accessible for relevant stakeholders to access.<sup>54</sup>

FGD and KII respondents mentioned key issues affecting IDPs as a result of COVID-19 as being WASH, access to PPE, vulnerability to COVID-19 infection, limited access to livelihoods, mental health issues and misinformation spread about COVID-19. Cash programme support, disrupted by the pandemic, has further exacerbated issues of livelihoods in IDP camps in Cox's Bazar.

*"Cash-for-work is the only means by which displaced people can earn a living. However, due to COVID-19, unfortunately cash-for-work programming has been paused, causing a decline in the purchase power of people and forcing them to rely completely on aid."* [IFRC staff member, Bangladesh]

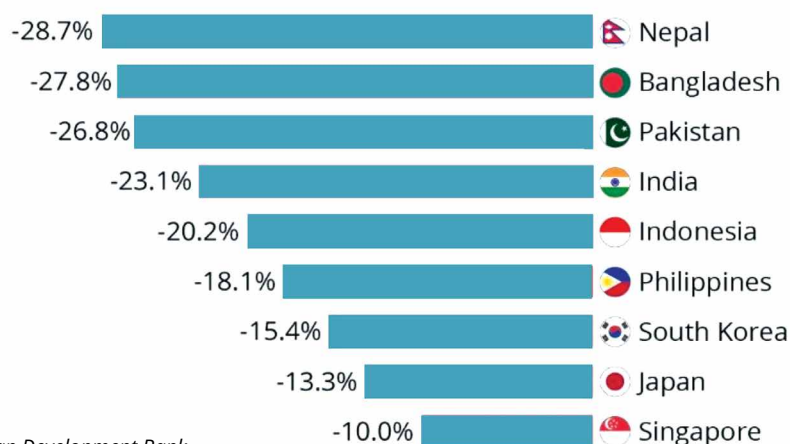
For refugees, aside from the economic impact on possible income generating activities, all countries in the regions have implemented border closures and movement restrictions, which has in turn, impacted international protection, especially the ability of people to seek asylum. Furthermore, all international refugee resettlement has been paused.

### Impact on people and families dependent on remittances will be high

According to the World Bank, the Asia Pacific region received 41 per cent of all world remittances sent in 2019.<sup>55</sup> The top three recipient economies were also all in the region: China, India and the Philippines. The World Bank expects a 20 per cent decline (100 Billion US dollars) in 2020, the sharpest decline in recent history. Studies has shown that remittances alleviate poverty in lower- and middle-income countries, improve nutritional outcomes, are associated with higher spending on education and reduce child labour in disadvantaged households.<sup>56</sup>

**Figure 17: COVID-19 impact on remittances**

#### Expected percent change in size remittances payments from 2018 to 2020 to selected Asian countries



Source: Asian Development Bank

54 National Red Cross Red Crescent Societies. (2020). Global Repository of COVID-19 IEC materials for public access. Available at: [https://drive.google.com/drive/folders/1hhaqaSC2IG\\_N9eOfGRU3nO4UxTPQUzCt](https://drive.google.com/drive/folders/1hhaqaSC2IG_N9eOfGRU3nO4UxTPQUzCt)

55 Ratha, D. et al. (16 October 2019). Data release: Remittances to low- and middle-income countries on track to reach \$551 billion in 2019 and \$597 billion by 2021. Available at: <https://blogs.worldbank.org/peoplemove/data-release-remittances-low-and-middle-income-countries-track-reach-551-billion-2019>

56 World Bank. (22 April 2020). World Bank Predicts Sharpest Decline of Remittances in Recent History. Available at: <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>

### Impact on women

Given that significantly more women engage in informal employment than men, they are exposed to greater risk of unemployment and therefore higher risk of falling into poverty during the COVID-19 pandemic. Even in “normal” times, women in Asia and the Pacific experience high levels of violence.<sup>57</sup> Women also face a labour market that offers lower wages and lower quality jobs than those their male counterparts.<sup>58</sup> In addition to exposure to greater employment risks and less remuneration, women are often caregivers for children and older persons and may therefore suffer from both financial and health-related impacts as they struggle to balance formal and non-formal care responsibilities during the crisis.<sup>59</sup>

### Impact on children

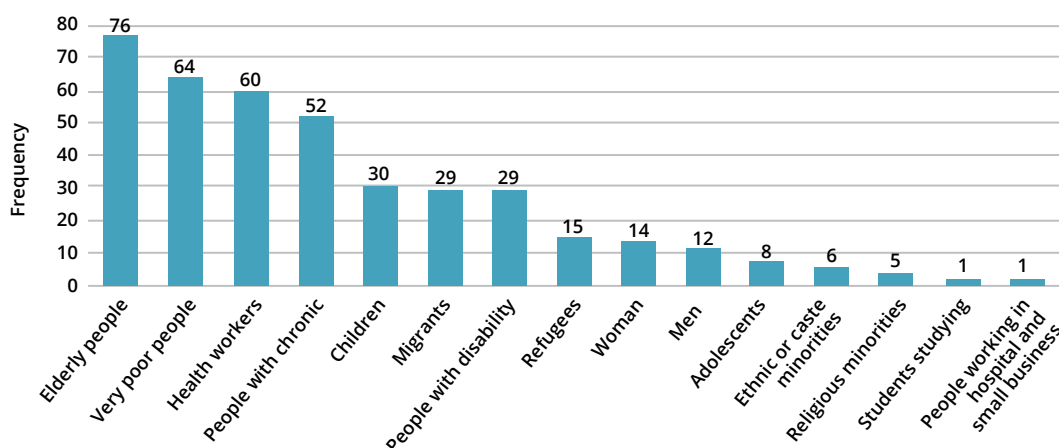
From a direct health impact perspective, the direct effects of COVID-19 on child health have been fortunately modest in comparison to adults. However, the indirect, long-term consequences for the morbidity and mortality resulting from the disruption to the distribution of humanitarian aid, vaccine programmes and reduced access to medical care for treatment of other common illnesses will be difficult to quantify.<sup>60</sup> In terms of education, with the education sector shut down in many countries in the region, the impact on children’s education will be significant. According to UNICEF, two-thirds of school going children do not have access to remote learning in Nepal.<sup>61</sup>

With the closure of schools, many children have been utilized by their families, who are desperate for income, as a source of cheap labour, forced to work in poor and dangerous conditions. For example, school-age children in India were reported to be performing all kinds of work, from rolling cigarettes and stacking bricks to serving tea outside brothels.<sup>62</sup>

In response to a survey question to glean data on vulnerabilities, “Which population groups are most vulnerable to COVID-19 infection in your country?”, the top five responses were elderly people, very poor people, health workers, people with chronic

## 4.3 Priority 3: Strengthening National Societies

**Figure 18: Survey findings – population groups most vulnerable to COVID-19 infection**



57 UN WOMEN. (2020). *Shadow Pandemic: EAW and COVID Response*. Available at: <https://asiapacific.unwomen.org/en/focus-areas/end-violence-against-women/shadow-pandemic-evaw-and-covid-response>

58 UN WOMEN. (29 April 2020). *Surveys show that COVID-19 has gendered effects in Asia and the Pacific*. Available at: <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>

59 Ibid

60 Fitzgerald, D. A. and Wong, G. W. K. (27 June 2020). *COVID-19: A tale of two pandemics across the Asia Pacific region*. Available at: <https://doi.org/10.1016/j.prrv.2020.06.018>

61 UNICEF. (29 October 2020). *Children in the poorest countries have lost nearly four months of schooling since start of pandemic – UNESCO, UNICEF and World Bank report finds*. Available at: <https://www.unicef.org/eap/press-releases/children-poorest-countries-have-lost-nearly-four-months-schooling-start-pandemic>

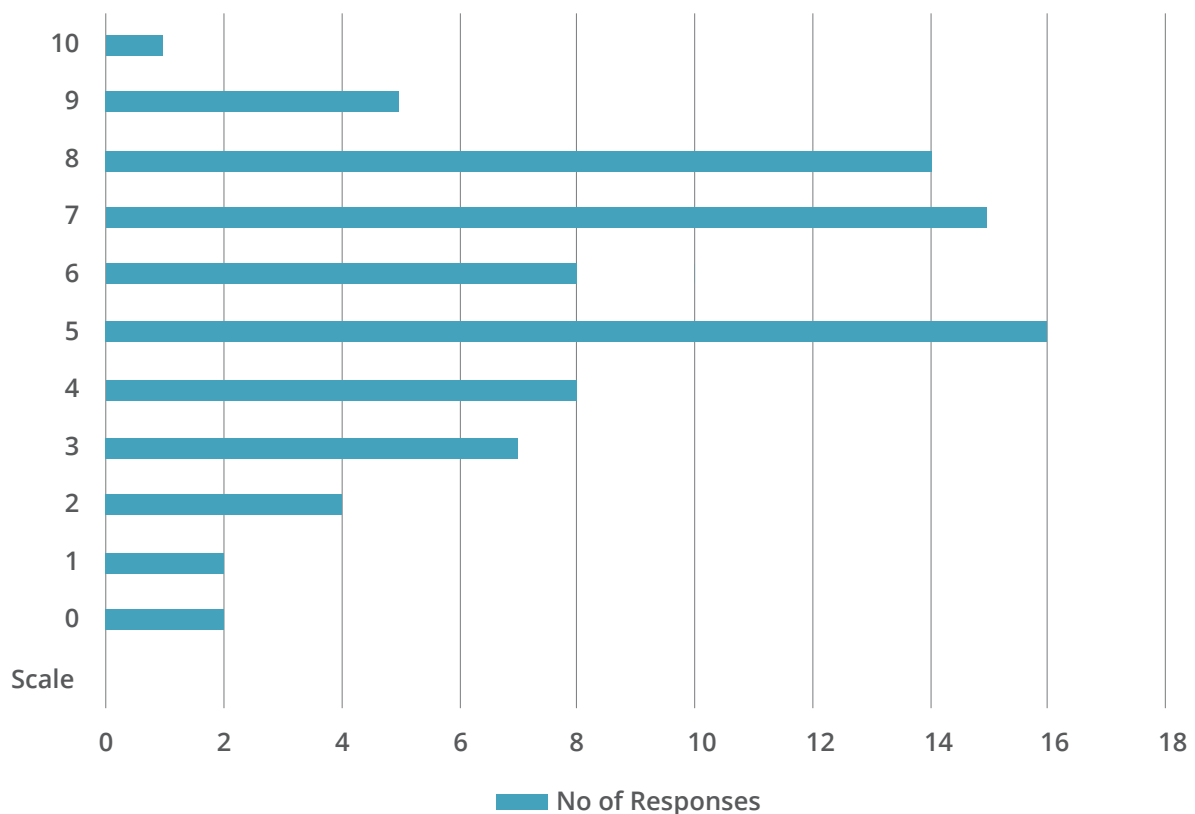
62 The New York Times. (27 September 2020). *As Covid-19 Closes Schools, the World’s Children Go to Work*. Available at: [www.nytimes.com/2020/09/27/world/asia/covid-19-india-children-school-education-labor.html](http://www.nytimes.com/2020/09/27/world/asia/covid-19-india-children-school-education-labor.html)

**National Societies have been and continue to be heavily impacted on a variety of fronts.** The COVID-19 pandemic was an unprecedented event, both in terms of devastating health impact and national response measures put in place by governments to contain it. Most National Societies were initially ill-equipped or unprepared to respond to requests for support by their governments.

The COVID-19 pandemic has significantly impacted all National Societies across the Asia Pacific region in a range of ways. The direct health impacts have been more severe on National Societies in Asia compared to those in the Pacific. Pacific National Societies have however shared a range of common impacts with their Asian National Societies.

Some positive development and opportunities have arisen as a result of COVID-19 impacts such as greater collaboration across sectors with National Societies and IFRC. Engagement by National Societies with government sectors was reported by interview respondents as a positive development and a foundation for establishing long-term organizational relationships.

**Figure 19: Survey findings – range: 0 being no significant negative impact, 10 being the most extreme negative impact**



### Impact on workforce

The impact on staff and volunteers has varied from what can be best described as moderate to totally overwhelming. Thousands of staff and volunteers have acted on the front line, directly operating in health and isolation facilities. Tragically, many have been infected and some have died. Respondents involved in research activities during this needs assessment have indicated that mental health issues such as stress and depression have been a common impact on the workforce across National Societies.

Figure 20: Survey findings – impact of COVID-19 on National Society staff

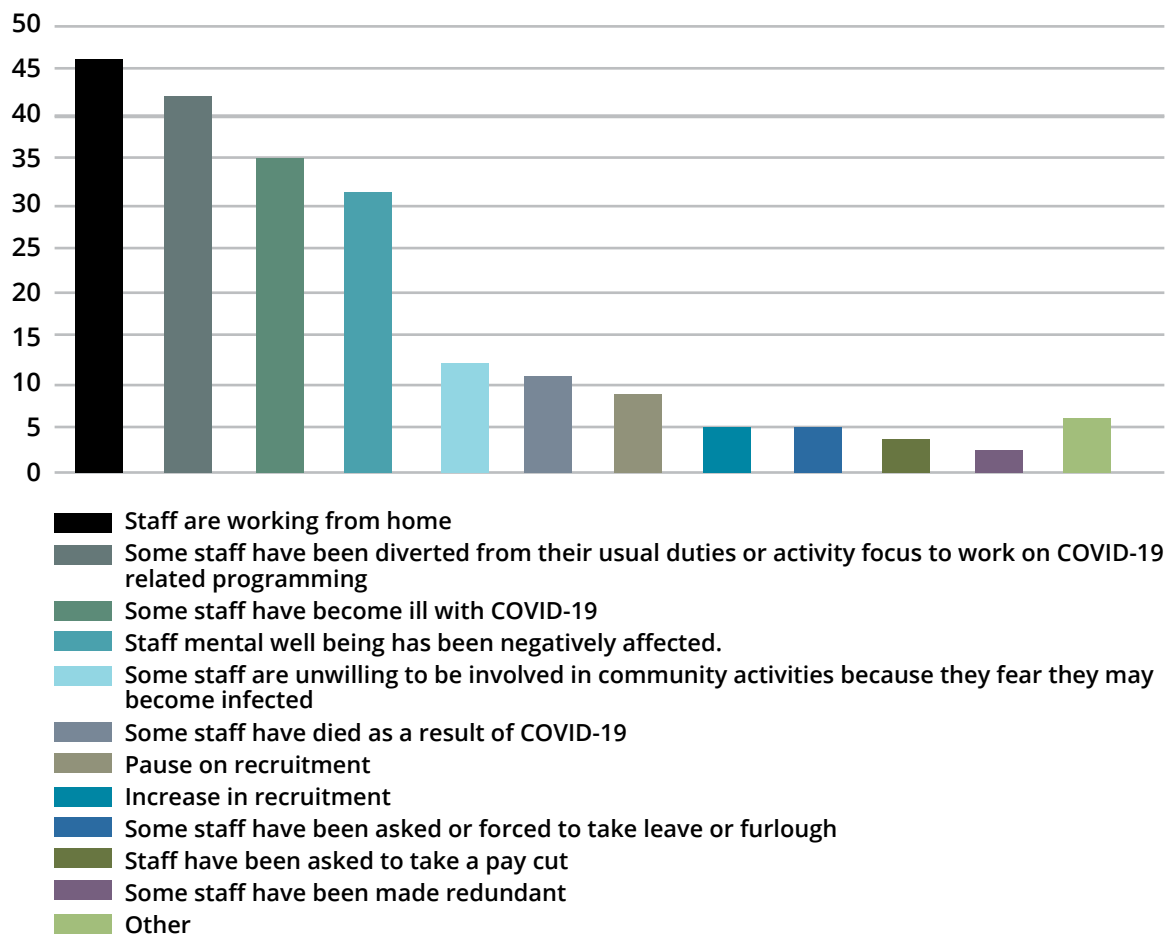
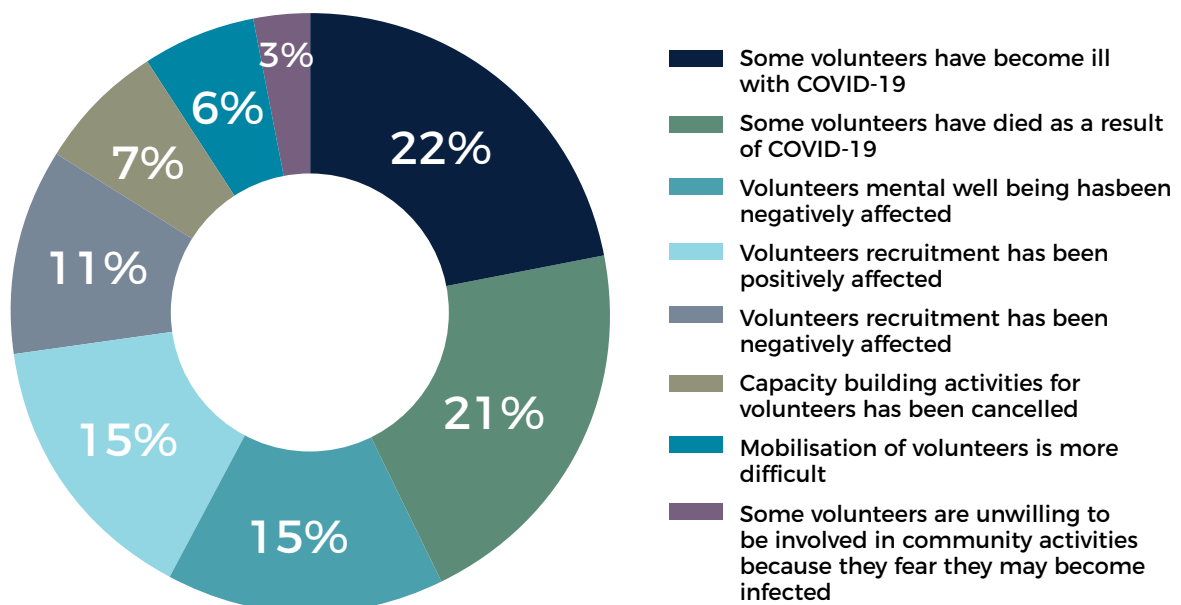


Figure 21: Survey findings – impact of COVID-19 on National Society volunteers

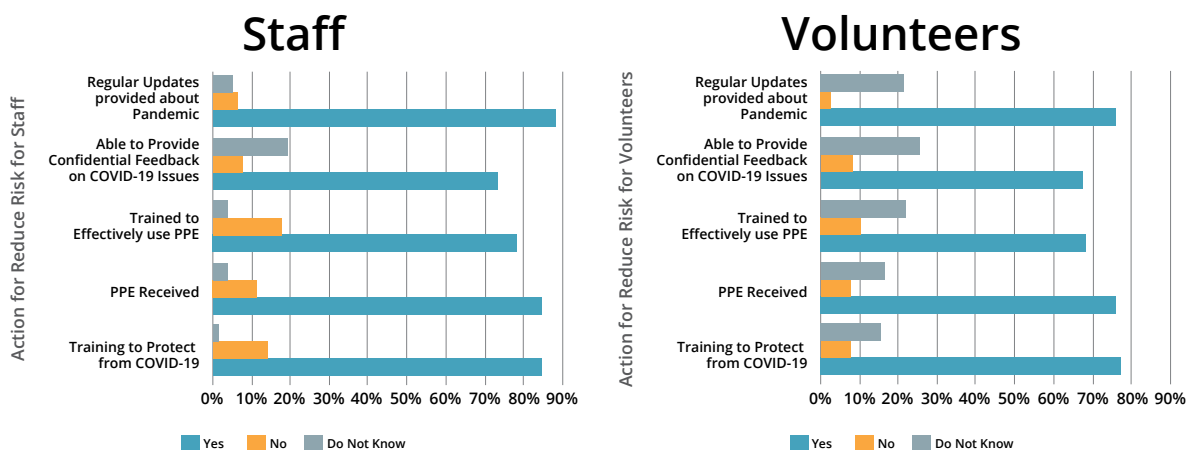


Interview respondents from 12 countries (Afghanistan, Bangladesh, DPRK, Fiji, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Philippines, PNG) mentioned duty of care and protection of staff and volunteers as being important issues. Foremost is the impact on mental health and wellbeing which was widely reported by KII and FGD respondents. Stress, depression and a lack of motivation have been commonly reported as a consequence of excessive workload pressures and separation from family and community. One respondent mentioned that a lack of staff and volunteers, absent due to COVID-19 infection, has resulted in staff and volunteers having to work overtime to cover for those absent. Disruption to MHPSS services during a time of heightened demand may have also exacerbated mental health issues.

KII and FGD respondents from seven countries commented that COVID-19 insurance coverage for volunteers was a vital need that should be addressed and, in some cases, insurance for staff also needed to be addressed. As of reporting date, only two National Societies (Bangladesh and Myanmar) provide insurance coverage for illnesses and all other National Societies provide insurance coverage for personal injuries only. Some indicated that financial barriers to providing insurance such as the lack of government policy to subsidize insurance cost and that earmarked donor funding did not extend to insurance coverage for volunteers. Two respondents indicated that they were in the process of obtaining insurance coverage for volunteers.

Information from the survey conducted suggested that infection risks to staff and volunteers were well addressed with the provision of PPE and relevant training. Discussions with some technical leads and information gleaned from the context assessments, however, suggested that unaddressed gaps and needs remained. For example, a technical lead commented that many staff were reusing PPE when it should be discarded daily.

**Figure 22 and 23: Survey findings – actions taken by National Societies to reduce risk of infection to staff and volunteers**



Stigma towards both staff and volunteers has been widely reported in the research findings. In some cases, it has been stated as a disincentive for volunteers to become involved in COVID-19 activities. Discrimination against healthcare workers has been widely reported in the literature and in some cases, acts of violence have been documented.<sup>63</sup>

*“Volunteers and their parents and relatives are reluctant to be involved in COVID-19 response. Volunteers were discriminated by their community; they fear of being infected by volunteers.” [KII Respondent, Myanmar]*

63 Santos, A.P. (2 April 2020). Attacked & underpaid: Medics in Philippines battle stigma, virus. Available at: <https://www.aljazeera.com/news/2020/4/2/attacked-underpaid-medics-in-philippines-battle-stigma-virus>

## Impact on capacity

Against the backdrop of a global pandemic crisis with massive humanitarian needs spanning the region, National Society capacity has been impacted by the pandemic, largely due to actions taken by governments to contain COVID-19's spread. As previously mentioned, volunteers and staff members have been incapacitated after becoming infected with COVID-19 and consequently, which has impacted human resource capacity. Further impact on National Society capacity included travel restrictions, which prevented surge support staff members to provide direct support. Similarly, capacity building activities such as training or workshops have also been cancelled. To some extent, especially regarding surge support, this has been overcome by utilizing digital technologies.

While capacity has been overwhelmingly impacted, conversely, there were also significant learning that National Societies have experienced. Innovations have been developed, challenges overcome, capacity and needs identified. Some of these positive developments have been identified during this needs assessment. Many others will be identified over the coming months and will be capitalized by National Societies and others to support the development of stronger National Societies.

*"Handling this pandemic itself is a learning, we learn a lot how to handle such pandemic" [KII respondent, Bangladesh]*

## Impact on programming has been complex

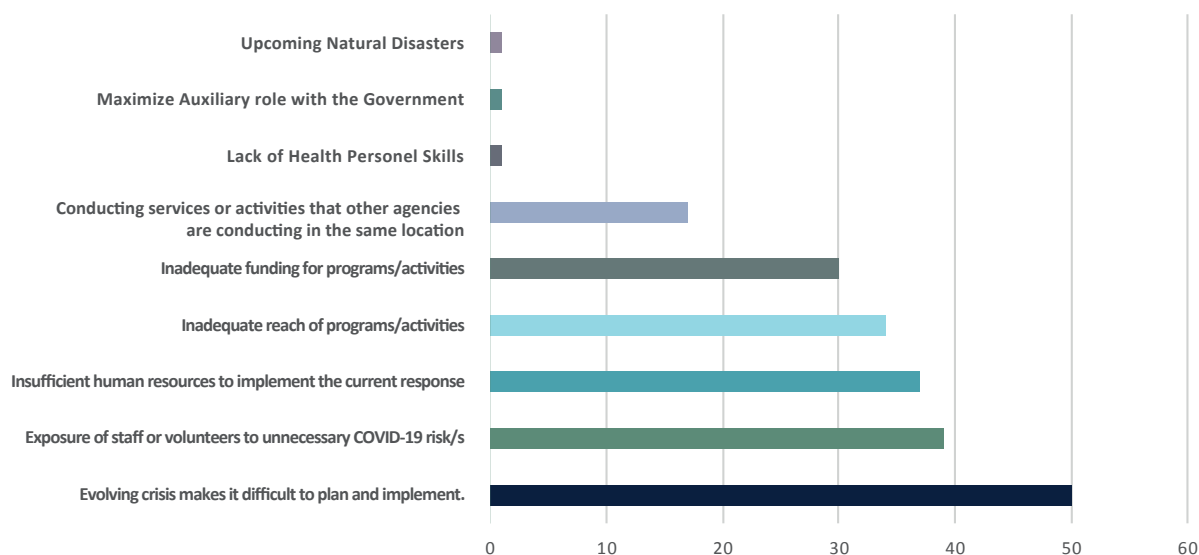
The dynamic nature of the pandemic and the uncertainties associated with its duration and unknown long-term impact are a challenge to National Societies, as they are to governments, stakeholders in the economy and the entire population. Respondents to the survey underscored this issue as being one of the most challenging impacts.

Programme resources (human and financial) have been diverted to support COVID-19 activities, resulting in cancelled or postponed non-COVID-19 activities. Some cancelled activities, such as disease prevention focused and WASH activities, as discussed previously, involved massive risk to populations. Disaster recovery programming has also been impacted. For example, suspension of disaster recovery operations such as the earthquake recovery in Indonesia, which has been suspended, will delay recovery support for beneficiaries. As discussed above under WASH, integrated programming approaches has been an identified need by respondents to ensure effective programme implementation and continuity throughout the COVID-19 response and recovery.



*Kingkham YANGNOUVONG is a 22 year old volunteer with the Laos Red Cross. She is responsible for raising awareness on the symptoms of COVID-19 and the means to protect oneself from it, in public places in the city of Vientiane, Laos. Here she is seen walking in one of the markets in Vientiane. She is currently a student of Social Work and spends her free time volunteering with the Laos Red Cross. Laos, 2020*

**Figure 24: Survey findings – key risks or weaknesses associated with the current response**



### Impact on National Society monitoring

Programme monitoring and reporting have been significantly impacted by COVID-19 related issues, as reported by countries involved with the context assessments including Bangladesh, Indonesia, Myanmar, Nepal, Timor-Leste, Pakistan and PNG.

A major disruption that was widely reported across all countries aforementioned was the restrictions, enforced or due to safety concerns, that prevented staff from travelling to sites where activities were being conducted or being able to meet staff face to face. Several respondents mentioned that there was an inadequate level of data, due to the disruption, to compile or develop useful reports at an acceptable quality. A respondent from Indonesia commented that this situation was particularly the case with reports provided from branches. In Pakistan, where Pakistan Red Crescent Society (PRCS) were involved with cash programming, a respondent mentioned that PRCS found it extremely challenging to assess, register and achieve cash disbursements to beneficiaries.

Two respondents commented that high pressure was experienced by staff to obtain monitoring data and compile reports due to the high demands placed on National Societies to implement COVID-19 activities. Developing new data coding and reporting formats for the new COVID-19 activities was also mentioned as a factor that increased workloads. One respondent commented that the arduous workloads eventually demotivated staff and volunteers.

Several respondents identified the need for developing an improved reporting system, that was complete with reporting formats and data requirements for the range of different emergencies experienced in the region including disease outbreaks and pandemics.

### Impact on National Society accountability and risk

Challenges associated with COVID-19 risks to achieve accountability to donors, partners and community were mentioned by respondents from six different countries.

National Society reputational risk and risk to continuity of funding from donors and partners were also mentioned. Respondents from India, Sri Lanka and Nepal mentioned that there was a high expectation by government and community on continuous service delivery of National Societies. The challenge on maintaining high levels of service delivery was said to be significant given the limited human resources available and uncertainty of funding duration for COVID-19 activities. Specific questions asked nor responses were given by respondents regarding risk mitigation strategies or approaches.

### Impact on emergency responses

The context assessments and discussions with sector leads indicated that while National Societies have the capacity to respond to concurrent emergencies during the COVID-19 pandemic, the response capability has been impacted with delays anticipated due to impacts from COVID-19. These include movement restrictions, lack of available workforce (National Society staff, volunteers and surge support) and administrative delays (finance and procurement). In addition, the COVID-safe approach in responding to emergencies has also slowed the response. For example, the Afghanistan DREF for flash floods planned to provide food assistance to 5,000 households, but has been delayed with an amended distribution time frame of August to December due to procurement and logistics issues impacted by COVID-19.

COVID-19 has introduced a further level of complexity to emergency responses, forcing the rapid development of emergency response procedures. For example, in June 2020 in the Philippines, Typhoon Vongfong made landfall while communities were in quarantine. The virus complicated the country's emergency response, with guidelines needing to be issued by the Government of Philippines to ensure minimum health standards were maintained, particularly in evacuation centres.

The pandemic has also necessitated adaptation of assets and resources to manage responses. In India, hundreds of cyclone shelters had recently been turned into COVID-19 quarantine centres for suspected patients and returning migrants. In the Philippines, gyms and schools have been converted into emergency shelters as typhoon Goni impacted the country and isolation tents have been erected inside buildings for patients being treated for COVID-19<sup>64</sup>

### Economic impact and National Society sustainability

Respondents involved in the context assessments reported that National Societies have experienced losses of income due to impact of the pandemic and containment measures taken by the governments; such losses, if sustained, may jeopardize operational capacity and sustainability. Income generating sources reported as having been affected include blood supply services, eye treatment programmes, first aid training, retail 'opportunity shops' and loss of rental income from National Society properties.

Many National Societies rely solely on donor funding, which exposes them to risk of financial sustainability should donor funding contribution recede, particularly during the current economic climate where many donor countries are suffering economic impacts and falls in tax revenue as well as requiring massive stimulus for their own economic sustainability.

In the short-term, National Societies may have the benefit of accessing funding opportunities in response to COVID-19 or utilize funding for non-COVID-19 related programmes. This, in turn, may challenge the National Society's ability to deliver non-COVID-19 related services once the programming environment transitions from response to recovery. Furthermore, this may create issues of donor accountability if donor funds earmarked for non-COVID-19 programming have been reallocated.

In the long-term, as the tide for funding generated for COVID-19 programming recedes, National Societies that rely on limited income streams or only donor funding may be faced with challenges that threaten sustainability of their services, or worse, threaten liquidity of the entire organization. Conversely, there is new opportunity

64 BBC. (2 November 2020). *Typhoon Goni: Fears after Philippine town said to be 90% damaged*. Available at: [www.bbc.com/news/world-asia-54775430](http://www.bbc.com/news/world-asia-54775430)

for some National Societies as several of them benefited from massive donations including from their governments and new donors. For National Societies which have cost recovery policies (and therefore charge administration costs), there are benefits to building core funding. Furthermore, there is opportunity for some new partnerships to be strengthened which may enable expanding the donor bases of National Societies.

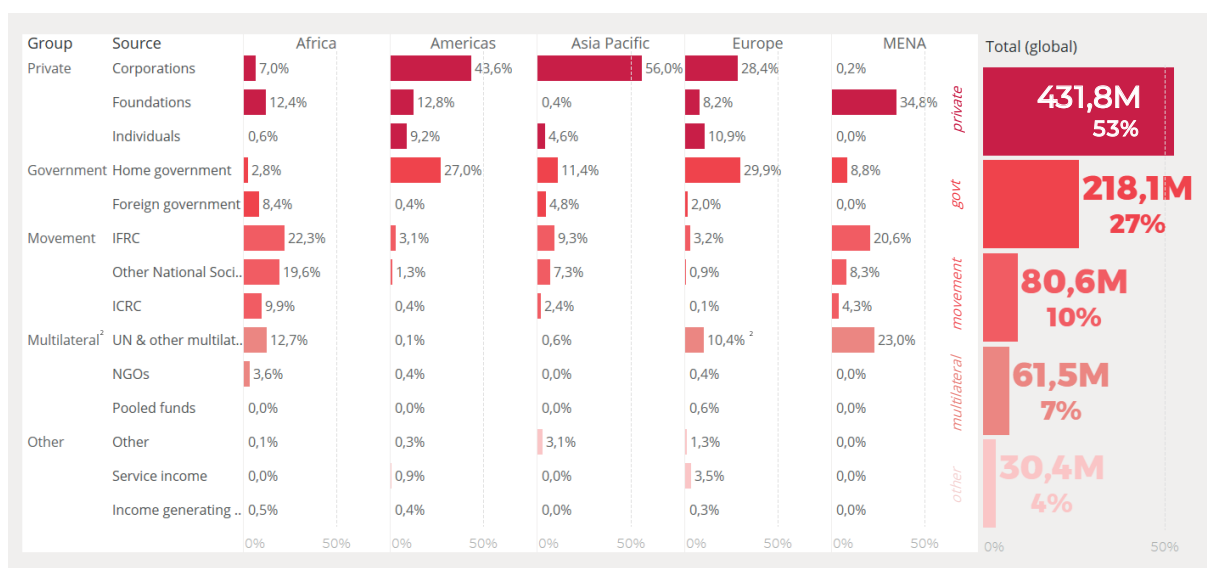
Some interview respondents commented that some National Societies, in a scenario where funding to sustain the organization is threatened, may decide to enter into loan agreements with high interest rates which they may not be able to service. Alternatively, they may be forced to reduce services or compromise quality, which expose them to reputational risk.

*“International partners unable to give the same level of support as before. National Societies taken on new things compared to before and hopefully that can be retained. Operations much more localized now – locally-led and has positive impact on national capacities”. [context assessment KII respondent, Pacific Islands]*



Hygiene kits distribution in Paramadina. Indonesia, 2020

Figure 25: National Society sources of income



Source: IFRC COVID-19 Pandemic Six Month Update – 31 January – 31 July 2020

### Government and National Society relationships

Positive development and extremely strong examples of engagement between National Societies and government relationships have been reported by KII and FGD respondents. For example, the Philippine Red Cross has a leading role on COVID-19 testing in the country through close collaboration with government agencies, and Malaysia Red Crescent Society is co-leading the Malaysia COVID-19 Coordination and Action Hub (MATCH) that brings together local civil society organizations, donors and relevant government agencies to coordinate COVID-19 response and recovery efforts. Furthermore, many National Societies reported working with ministries that they have not previously engaged with, particularly the health ministries.

Some respondents mentioned that while the strong National Society engagement with government had been an extremely positive development, there were inherent risks to be managed and opportunities that could be capitalized on. Some interview respondents commented that strong engagement with government attracts strong expectations and this may create reputation risk. For example, National Society may become overburdened with unsustainable demands and consequently service delivery or programme quality might suffer. This opinion was also extended to encompass community expectations and presented a risk that needs to be carefully monitored and managed accordingly.

Improved coordination, cooperation and better planning and regular programmatic information sharing with governments was a need, identified by interview respondents, that requires greater attention and support. It was suggested that this would reap dividends such as improved coordination (reducing duplication), greater efficiencies and improved government relationships. Another need that was identified by respondents was on formalizing relationships with governments, preferably through auxiliary role agreements.

Several benefits and opportunities have been identified by KII and FGD respondents such as the comparative advantage that National Societies have compared with other humanitarian agencies or government departments. This has become more apparent, specifically on volunteer capacity and community engagement.

## Areas of vulnerability Red Cross Red Crescent is best positioned to tackle in 2021

Respondents of KII and FGD were asked a range of questions about how Red Cross Red Crescent are best positioned to address areas of vulnerability that exist in their countries in 2021. Responses on programming included a strong focus on **addressing health vulnerabilities**. This was mentioned by respondents across the entire region (33 KII/FGDs from 14 countries or areas). Specific tasks and roles mentioned included managing health facilities, supporting COVID-19 testing, conducting community surveillance and supporting blood services. Other health programming activities that respondents mentioned included pandemic preparedness, rolling out COVID-19 vaccination campaigns and supporting MHPSS. Utilising CEAVRCCE was suggested by many respondents as a means to support strategies aimed at addressing COVID-19 associated issues such as stigma, fear and misinformation, and for hygiene promotion.

Respondents from eight countries recognized significant value in **supporting long-term recovery efforts with livelihoods** noted as a specific gap which requires attention, and some references to cash and voucher assistance (CVA) as a modality.

In regard to geographic locations Red Cross Red Crescent should focus on for greatest impact, many respondents seemed to find it challenging to identify specific locations to focus on. This limitation in response may be due to the unknown impact, including reach and severity of the pandemic. Some respondents mentioned that the response should be based on identified needs while others stated that the response should be on high density populations, mainly urban, which they considered be a high risk environment with greater potential for spread of COVID-19. Respondents involved with programmes in Bangladesh stated that Red Cross Red Crescent is best positioned to support populations at risk in disaster-prone areas and people living in camps at Cox's Bazar.

## Adjustments to IFRC/National Society approaches that may be required to maximize implementation of activities throughout 2021

In response to a question about withdrawing or reducing programme funding from any particular areas, about a third of respondents from across the region (9 countries) commented that it would be premature to withdraw or reduce investment in any sector or activity. On the contrary, it was said that more investment is needed in a few areas. There were, however, respondents from three locations that suggested the focus on NFI (including PPE in one case) should be reduced. Respondents from Pakistan and Bangladesh specifically gave a few examples of areas which could be reduced, but with no particular trend, including shelter, disinfection and education.

Responses by survey respondents to the question, "Are there key risks or weaknesses associated with the current response to COVID-19?", indicated several approaches that IFRC/National Society could adjust to improve implementation throughout 2021. Based on responses, the top five weaknesses are: the unpredictable nature of the pandemic challenges planning and implementation, COVID-19 infection risks to workforce, insufficient human resources, inadequate reach of programmes and lack of programme funding.



5  
Recommendations

National Societies throughout Asia Pacific are incredibly diverse in terms of capacity, opportunities, risks and vulnerabilities. As detailed throughout this needs assessment, National Societies have been impacted differently by the pandemic. Furthermore, uncertainties regarding crucial developments that will have a major bearing on the duration of the pandemic in many countries are currently in play. These include the development and effectiveness of COVID-19 vaccines and advances in therapeutics. Therefore, the following recommendations encompass a range of possible pathways that National Societies may utilize to improve organizational effectiveness, sustain core services and enhance the level of support provided to populations they engage with.

## Enhance Programming

### 1. Capitalize on digitalization – to gain efficiencies.

Enabling actions:

- Assess feasibility of digitalization systems for work locations – conduct cost benefit analysis (e.g. network capacity, office security and application of technology to services provided).
- Invest in digital hardware (e.g. networking, computers and monitors).
- Facilitate capacity of staff to utilize new equipment, systems and software – self learning, utilizing IFRC learning platform.

### 2. Strengthen and apply cross-cutting capacity – to strengthen response and recovery programmes.

Enabling actions:

- Utilize CEA and PGI staff and resources to ensure quality and effective services are developed and implemented.
- Ensure COVID-safe programme delivery.
- Integrate programming approaches to ensure effective programme implementation and continuity throughout the COVID-19 response and recovery.
- Invest resources in programme monitoring, evaluation and reporting resources, assessment and analysis.

## Strengthen Health Programming

### 3. Invest in community health – to address impacted health services and changes in population needs.

Enabling actions:

- Coordinate with and support health ministries to recommence and scale up vital health services such as:
  - routine immunization activities
  - reproductive, maternal, newborn and child health services
  - procuring resources, logistics, vaccine storage/cold chain management, clinical support – depending on National Society capacity and health ministry needs
  - providing RCCE/CEA support
  - scaling up MHPSS to address increase in demand.
- Develop options to bridge disruptions to health services such as outreach services, increasing the number of trained health volunteers.

#### 4. Plan for the roll-out of a COVID-19 vaccine (COVAX) including CEA.

Enabling actions:

- National Society to engage with governments to:
  - ensure they are a partner of choice for COVID-19 vaccine introduction and roll-out
  - ensure fair and equitable access at all levels
  - support procuring resources, logistics, vaccine storage/cold chain management, clinical support – depending on National Society capacity and health ministry needs
  - address vaccine hesitancy and drive demand through RCCE/CEA and other activities.
- Develop plans to reach target populations for initial country-level COVID-19 vaccine allocation including:
  - front-line health workers, the elderly and people with underlying chronic health conditions
  - other vulnerable groups (e.g. migrants, displaced populations, those living in overcrowded/poorly served urban settlements and hard-to-reach rural populations).

#### 5. Strengthen MHPSS support services – for staff, volunteers, and communities.

Enabling actions:

- Develop the capacity of staff and volunteers trained in PFA who can provide psychological support to staff, volunteers and community members affected by disasters or emergencies.
- Establish MHPSS services (e.g. phone hotline for counselling, education services and provision of resources).
- Promote MHPSS services for staff, volunteers and communities stricken by disasters.

#### 6. Strengthen actions to address sexual and gender-based violence – prevent, mitigate and response.

Enabling actions:

- Utilize PGI technical guidance notes – Prevention and response to Sexual and Gender-Based Violence in COVID-19 and How to Consider Protection, Gender and Inclusion in the Response to COVID-19.
- Mainstream SGBV prevention and response into all activities.
- Assess needs and risks at facilities or for services used to manage the pandemic (e.g. site visits to quarantine facilities).
- Establish anonymous user feedback service for services managed or supported by Red Cross Red Crescent.
- Ensure that feedback received from women, girls and other groups is used to adjust programming.
- Monitor facilities and document all instances of violence (gender, location and circumstances).
- Provide psychosocial support to people who have experienced SGBV.
- Establish referral pathways for linking victims to health services.

#### 7. Scale up WASH programming.

Enabling actions:

- Resume routine WASH programming with COVID-19 safe precautions.
- Coordinate planning and service delivery with relevant sectors and partners.
- Engage with health services providers to provide and strengthen WASH support for health and treatment facilities.

- Collaborate with education sector to provide WASH support to schools.
- Scale up WASH services in vulnerable communities such as IDP and refugee camps, slums and poverty-stricken areas.
- Mainstream CEA and PGI throughout WASH programming to strengthen outcomes and extend reach.

## 8. Support recovery of blood supply services.

Enabling actions:

- Address fear of donating blood through CEA.
- Strengthen donor recruitment through CEA – education, awareness and campaigns.
- Increase mobile blood services (e.g. through purchase or lease of new equipment/vehicles and partnership with other stakeholders).

## Address Socioeconomic Needs

### 9. Strengthen capacity in livelihoods, cash and voucher assistance.

Enabling actions:

#### Build capacity where required.

- Identify and mobilize existing capacity (e.g. staff and volunteers previously trained) or train where no capacity exists.
- Identify possible partners to engage with and pursue/formalize partnerships.



Volunteers of Viet Nam Red Cross providing awareness and protective material to the public. Vite Nam, 2020

- Establish links to IFRC Livelihoods Resource Centre and/or other stakeholders with skills, experience and specialization in this area.
- Identify and secure financial and technical assistance sources.
- Strengthen or pilot early livelihood recovery programme paving a way for medium to long-term engagement.

### **Programme implementation.**

- Conduct assessments to determine – economic impact, most vulnerable, most impacted in collaboration with other players (e.g. UN, WFP, NGOs) and determine the scope (geographical targeting and vulnerability criteria).
- Conduct Household Economic Security Assessment and Market Assessment (drawing upon resources from Livelihood Resource Centre and/or other stakeholders with skills, experience, and specialization in this area to determine the livelihood and food security needs).
- Provide cash and voucher assistance to give recipient households the choice of prioritizing their own measures to address immediate socio-economic distresses.
- Provide consideration for livelihood recovery and restoration (e.g. in-kind assistance and conditional cash grant).
- Facilitate skills development support in partnership with skills/vocational training institutions/resources.
- Mainstream PGI and CEA throughout programming.
- Monitor, update and vision a medium to long-term Recovery to Resilience programme potential.

## **Increase Institutional Readiness**

### **10. Strengthen epidemic and pandemic preparedness in high risk communities, including risk communication and community engagement.**

Enabling actions:

- Establish the structure of a multisector pandemic preparedness team encompassing key sectors integral to response (e.g. WASH, disaster response, logistics, procurement, finance, communications, PGI, CEA, etc.).
- Develop team capacity through utilization of IFRC resources such as WASH technical guidance, Community-based Health First Aid (COVID-19 modules), Epidemic control for Volunteers Toolkit, technical guidance, twinning with other National Societies or with branches.
- Utilize capacity assessment tools to assess preparedness for effective response (e.g. OCAC, BOCA).<sup>65</sup>
- Recruit, where necessary, and develop the capacity of volunteers (e.g. volunteers from high risk communities to monitor and detect disease outbreaks and take early action in response to outbreaks and volunteers with relevant health/WASH experience or qualifications).
- Address organizational issues that may impede pandemic preparedness and response including assess areas for integration of sectors (e.g. disaster preparedness and health) and plan/implement strategies to address gaps – for example, include pandemic preparedness into annual and emergency response plans.
- Conduct stakeholder analysis to identify relevant stakeholders (HQ and branch level) that would be of value to pandemic preparedness including government, humanitarian agencies, private sector and faith-based organizations.
- Prepare vulnerable communities to ensure that they have adequate information about how COVID-19 (and other endemic diseases) spread, how to prevent them, simple outbreak detection methods and establishing effective communication channels with health services.

65 IFRC. (6 May 2019). *Overview of Key Assessment Tools*. Available at: <https://media.ifrc.org/ifrc/document/overview-key-assessment-tools/>

- Test preparedness capability periodically – e.g. simulation exercises.
- Other considerations – addressed in recommendations below including PMER, prepositioning of equipment and contingency planning including allocation of dedicated funds.

### **11. Plan for recovery with contingency for providing effective response capability.**

Enabling actions:

- Establish contingency funds.
- Preposition emergency resources close to vulnerable populations.
- Establish response funds, at branch level, dedicated for initiating pandemic/disaster response, including via VCA.
- Train national and branch disaster response teams for pandemic preparedness.
- Establish arrangements to exchange support between National Societies (such as regional and global rapid response mechanism) and between branches to capitalize on potential for peer-to-peer support.

### **12. Strengthen or adapt duty of care approaches – to mitigate risks to staff, volunteers and community.**

Enabling actions:

- Reduce infection risks (to staff, volunteers, community) including:
  - maintain continuity of PPE resources
  - provide training to reduce infection and transmission risks
  - adhere to COVID-19 safe approaches and for all programme activities
  - facilitate access to PCR testing for staff and volunteers working in locations with high exposure risk to COVID-19 (before commencing work and before returning to their families and communities).
- Explore insurance options for volunteers and staff including:
  - for volunteers – covering accidents and death while on duty by using IFRC Volunteer insurance mechanism (limited to accident and injury)
  - provide PPE kits and free medical care for front-line volunteers, in particular Red Cross Red Crescent volunteers, who have developed COVID-19.
  - obtain comprehensive insurance for both volunteers and staff by establishing a NS-operated solidarity mechanism.

### **13. Develop and formalize relationships with stakeholders – to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.**

Enabling actions:

- Progress legal recognition of the National Society under national laws or policies to enshrine their auxiliary role and to establish their mandate, roles and responsibilities.
- Formalize existing relationships (government and partners) by utilizing or adapting IFRC guidelines and tools to advocate for and progress service delivery agreements for areas where National Societies have comparative advantage – such as being best positioned to:
  - lead epidemic preparedness and control strategies with communities and relevant stakeholders
  - establish community-based surveillance



Volunteers of Malaysian Red Crescent promoting handwashing and distributing soaps in the local markets to fight against COVID19. Malaysia, May 2020.

- support case management (laboratory, isolation and treatment) of COVID-19
- lead the development and implementation of cash and voucher assistance strategies.
- Conduct stakeholder analysis to determine strategic and purposeful stakeholders to establish relationships with (e.g. district level disaster agencies, faith-based organizations, donor agencies and logistics service providers).
- Plan and implement engagement strategies.

## Strengthen National Societies

### 14. Streamline administrative processes – to expedite response and recovery programming.

Enabling actions:

- Assess, identify, and analyse constraints associated with administrative systems between and within National Society HQ and branches (e.g. paper-based acquittal systems causing delays for cash advances or acquittals, capacity constraints of finance staff).

- Explore options available for resolving constraints including IFRC capacity building projects (e.g. Red Ready, and National Societies Logistics Development).
- Shift National Societies working advance system to a more risk informed working modality (e.g. WWPP – Working with Project Partners).
- Assess feasibility of investing in electronic finance systems to streamline financial processes, increase readiness to provide effective response and increase National Society resilience.
- Utilize assessment tools of BOCA and OCAC to identify capacity gaps.
- Address capacity gaps identified.

### **15. Strengthen monitoring, quality assurance and accountability – within existing pandemic contextual limitations.**

Enabling actions:

- Assess monitoring systems for issues encountered during pandemic response – analyse any issues for root causes.
- Identify possible solutions that match the pandemic or similarly constrained scenarios – e.g. electronic transfer of data between branches and HQ/partners, develop monitoring and reporting templates to suit likely emergency scenarios, ensure branch staff are familiar with system and SOPs of data transfer mechanism.
- Establish Risk management strategy for National Society.
- Establish compliance and accountability controls, tools and processes.

### **16. Strengthen the financial sustainability of National Societies.**

Enabling actions:

- Develop capacity for fundraising and advocacy.
- Diversify the funding pipeline such as establishing capacity to provide commercial first aid.
- Develop/implement donor (private and government) engagement strategies .
- Build strategic partnerships with private sector and donor agencies.
- Build upon new partnerships established during COVID-19 to expand donor bases and to institutionalize longer-term partnerships.

### **17. Underpin recovery with strategic capacity building.**

Enabling actions:

- Focus IFRC and Partner National Society capacity building support on priorities identified in National Society annual plans and through capacity building assessments OCAC and BOCA.

## 6

Context  
Assessment  
Reports

*The economic slowdown due to hard lockdown that resulted in job cuts and unemployment has affected many Filipinos. Jobless, many are choosing to leave Metro Manila to return to the provinces and be with their families. However, the increasing COVID-19 cases in the provinces have prompted local government units to suspend travel and closed their borders stranding people wanting to be home at sea ports and airports. The Philippine Red Cross has been assisting locally stranded individuals with ready-to-eat food, hygiene kits, testing for COVID-19, mobile phone prepaid loads to restore family connection and sharing life-saving information to protect them from the disease. To manage the stress of children, Philippine Red Cross also creates child-friendly spaces for kids to express their art, play and learn proper handwashing. Philippines, 2020.*

## East Asia

# Red Cross Society of China (RCSC)



*Red Cross volunteers in Wuhan to help count, carry and transfer goods. China, Red Cross Society of China, 14 February 2020.*

### ■ Impact of COVID-19 and contextual factors

The COVID-19 pandemic has not only directly impacted people's health, life, and work, induced movement restrictions and social distancing, but also delivered an unprecedented blow to the economic and social development in the world. In many countries, the social economies were impacted, the global supply chain was disrupted, the financial markets experienced drastic fluctuations, the financial conditions deteriorated, and unemployment surged. In addition, economic instability and health concerns as a result of the pandemic have brought even greater impact to people's mental health. The outbreak of COVID-19 severely impacted transport, catering, retailing, tourism, education, labour intensive sectors as well as industry and agriculture.

In the beginning of the outbreak, the Chinese State Council established a Joint Prevention and Control Mechanism requiring "early detection, early reporting, early quarantine, and early treatment", and pooling experts and resources to treat the infected in centralized facilities, so as to treat as many infected cases as possible, improve the cure rate, reduce infections and curb the death toll. The Chinese government promptly put in place comprehensive and stringent public health policies, quarantined the entire city of Wuhan, and

set up check points in communities, with a view to minimising the movement of populations and preventing further spread of the pandemic.

A multi-tiered treatment system was adopted to treat the patients according to the severity of their symptoms: COVID-19 patients in critical conditions were admitted into designated hospitals; patients with moderate or mild symptoms were admitted in newly built module hospitals; and presumptive COVID-19 patients and their close contacts were quarantined and observed at community health centres. Both traditional Chinese and western medicines were practised for treatment.

Digital technologies were used to improve transparency. For example, big data and cloud computing technologies were used to record, publicize, and track donations received, leading to significant improvement of efficiency and outcome. Governments at all levels, communities, and the general public across China have been unwaveringly implementing the Central Government's unified policies and measures for pandemic prevention and control to ensure no population group is ignored and protect the achievements of the combat against the pandemic.

During the fight against COVID-19, RCSC has accumulated rich experience in disaster relief. For example, to fill the gap of quick response capacity to major public health emergencies, RCSC has developed a corresponding contingency plan based on its hands-on practices against the pandemic.

The pandemic has caused a global economic recession, disrupted the supply chains of many industries, and led to a dive in the income of individuals and institutions. Consequently, donations from them will be reduced, causing funding difficulties for National Society in post-COVID-19 period. In addition, the increase in online communication and the decrease in offline communication have brought challenges to project implementation.

#### ■ Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021

RCSC has fully engaged volunteers in pandemic prevention and control. In communities, volunteers engaged in publicity and education, health monitoring, door-to-door screening and psychological counselling. Chinese Red Cross Foundation (CRCF) also organized a volunteer-based team to disinfect medical facilities in Wuhan and Huanggang and built a volunteer-based ambulance team and transited more than 10,000 patients in critical conditions. The National Society could improve its approaches in engaging volunteers based on a better division of responsibility and provide greater support for them. These can be done through developing new channels for their participation, offering complete insurance, providing more efficient training, recognition and protection.

On pandemic prevention and control, CRCF has demonstrated a strong capability in mobilising humanitarian resources. It received RMB 25.6 billion worth of donations and sent them to regions in urgent need, setting a record in fund-raising scale, operation duration, and implementation efficiency. Furthermore, RCSC has made exchanges and cooperated internationally in the fight against the pandemic such as donating RMB 120 million worth of medical supplies and equipment to 44 countries, sending expert medical teams to Iran, Iraq, and Italy in response to their request, actively exchanging information and China's experience to ICRC, IFRC and other National Societies.

RCSC will further improve its supply chain and strengthen its capacities of reserving public health related resources, protecting and treating impacted population groups, and controlling the pandemic in communities; maintaining good cooperation relationships with government authorities, the public health system, hospitals and communities to optimise the emergency response process; putting more effort in implementing the Major Public Health Emergency Response Plan; improving information management of donations; and expanding the basic workforce for grassroots organizations.

RCSC has fully played its role as an auxiliary to the government in the humanitarian cause. According to the needs, the National Society has assisted the government in responding to the pandemic by sending emergency rescue teams to severely impacted regions and taking actions in communities. Red Cross and Red Crescent is best positioned to enhance National Society auxiliary role to the government in providing humanitarian aid and safeguarding people's health. This includes encouraging National Societies to join the emergency response systems of their governments and establish good cooperation relationships with government authorities, health rescue systems, medical institutions, communities, and civil rescue forces, thus get prepared before disasters take place.

Red Cross Red Crescent shall accelerate the digital transformation and promote the development of humanitarian work. To do so, it must strengthen its ability to use new technologies, give priority to develop "Internet + humanitarianism", and use IT integration and digital transformation to promote the development of humanitarian work in the post-pandemic era. Other than that, it should intensify its support to help National Societies where their IT is undeveloped, in their capacity building and pay attention to the specific needs and challenges of these National Societies, and avoid inequality caused by the "digital divide".

### ■ Adjustments to IFRC and National Society approaches for 2021

RCSC shall continue to improve its management of volunteers and provide greater support for them. These can be done through developing new channels for their participation, offering complete insurance, providing more support and guidance to local branches, strengthening their capacity building, expanding the basic workforce of grassroots organizations and accelerating the digital transformation, so as to respond to public health emergencies more efficiently and professionally.

The prevention and control of the pandemic has been normalized in China. Based on its response plans for major public health emergencies, RCSC will improve its response plans for other emergencies to manage concurrent emergencies. It will also circulate the Notice of RCSC on Partaking in Normalizing the COVID-19



*On the afternoon of February 10, the RCSC Inner Mongolia autonomous region Branch deployed a front-line rescue team to Hubei province to fight the outbreak of CNP in Wuhan. The team consists of 10 people, including 5 nurses and 5 drivers, who are from the International Mongolian Medicine Hospital, Maternal and Child Health Hospital, Hospital of Traditional Chinese Medicine, Third Hospital and Tumor Hospital. The oldest is 51, the youngest is 26, and there are eight party members and one league member. In the fight against the new coronavirus pneumonia epidemic, they volunteered to go and help Wuhan, China, Red Cross Society of China, 14 February 2020.*



*The young commando volunteer teams of Inner Mongolia Red Cross Branch at the front line of epidemic prevention, in the reception, allocation, distribution of epidemic prevention and control donated goods, on-site registration, inventory, storage, handling, delivery, and distribution. China, Inner Mongolia Red Cross Branch, February 2020.*

Pandemic Prevention and Control to provincial Red Cross Societies. At the same time, while RCSC carries out its core business such as emergency rescue, it will strengthen the communication with relevant authorities and cooperate with local governments on the prevention and control of the pandemic.

To adapt to movement restrictions and social distancing as a result of COVID-19, the National Society needs to change its conventional ways of action and utilize information technology to improve efficiency and outcome. To this end, RCSC will further improve its chain of command for emergencies and speed up its digital transformation, responding to public health emergencies more efficiently and professionally.

Volunteers have played an important role in community-level preparedness and mitigation during the pandemic. While the National Society continues to improve the job design and access of volunteers to various support, RCSC will also offer more effective training to enable them to provide recognized services. RCSC will also continue to strengthen its support for and command of local branches at grassroots-level, improving their capacity and enhancing their competences.



*CRCF disinfection in Leishenshan hospital, China 2020*



*Langfang City, Hebei Province, the Red Cross emergency rescue volunteer service team in the epidemic prevention and elimination work. China, Red Cross Society of China, 14 February 2020.*

## South Asia

# Bangladesh Red Crescent Society (BDRCS)



*Bangladesh Red Crescent volunteers reaching stranded families with drinking water and other support after monsoon floods affected almost one-third of the country. Bangladesh, Tangail, 16 Jul 2020.*

### ■ Impact of COVID-19 and contextual factors

A significant number of respondents expressed that the general health sector of the country has been going under threat since the beginning of the pandemic. The assessment team found that regular health services were interrupted due to closure of non-COVID-19 hospitals which created health risk for the people especially for pregnant mothers, old age people and emergency patients. Besides, the assessment found that psychological trauma and anxiety have increased due to restricted movement and prolonged pandemic situation. Children are highly impacted physically and psychologically due to closure of schools. The changing situation created stresses among the people that led to domestic violence and suicidal tendency.

The secondary impact of COVID-19 is mainly related to livelihood and basic needs. The respondents shared that survival of people across the country during COVID-19 is a grave concern with uncertainties. People with low income status have been struggling to fulfil their basic needs and maintain livelihood. In addition, many people in different parts of the country lost their main or only earning source. Moreover, as people

have movement restriction and fear of transmitting COVID-19, social networking of the people have been interrupted.

Apart from the above-mentioned impacts, incidents like violence against women and children, sexual abuse, changes in family structure due to separation, violation of child rights (early marriage, child labour), maternal death, academic dropout, lack has been increased noticeably.

In Bangladesh, government and other non-government organizations emphasized preventive measures such as movement control, temperature check, wearing masks and so on. Disinfection and awareness initiatives have been carried out across the country by different organization including Bangladesh Red Crescent Society (BDRCS). Besides, charitable initiatives and cooperation event at personal level has also been increased.

The respondents reported that people have been following health and hygiene rules and stayed at home to be protected from the infection. Health and hygiene rules e.g. using masks, social distancing reached the level of behavioural changes. It is interesting to note that religious activities increased due to changing situation, suffering from life threatening situation and socio-economic vulnerabilities.

It was identified by the respondents that people started exploring alternative option to manage livelihood. Furthermore, a notable percentage of people has lost main earning source and already choose an alternative option to fulfill their basic needs. The people who have been working in cities like Dhaka are starting to shift their family to the village to reduce their expenses. To reduce expenditure, only most basic items were consumed in the household during the lockdown and continued till now. The respondent brought up that using savings to meet family daily needs is also a coping mechanism in some cases.

The findings of the assessment revealed that coping mechanism are diverse based on demographic and regional difference in Bangladesh such as rural and urban. It was found that awareness level is better among the urban population than the rural areas. Financial problems, lack of healthcare facilities and anxiety are major concerns affecting coping strategies. To minimize financial problems, people resorted to negative coping mechanism such as taking loan and selling domestic assets.

The respondents expressed that people with disability, single mother, elderly person, ethnic minority groups, transgender, sex workers and orphans are marginalized from the support provided by different government and non-government organization. Most of them live on the margins of society with limited access to essential services and are ill prepared for a public health in emergency. It was also reported by the respondents that even though some organizations including BDRCS provided support to above mentioned marginalized groups, people are still excluded from the necessary support. It indicated that the target group is too big to address with the available resources. BDRCS with its limited capacity provided support to marginalized groups in its services, which made up about 10 to 15 per cent. In addition, large number of slum dwellers have not been reached through government support.

It was initially found through the assessment that the pandemic has massively disrupted key service sectors, especially health sector, education sector, garment sector, country level-private sector, country level- bank service, job market etc. Business sector was hugely hampered since business activities of small entrepreneurs, tea stall, fish traders were stopped. Closure of shops and markets during the lockdown period caused difficulties in purchasing essential items. As health services were disrupted, people in need were not getting proper treatment and some have lost their lives. In addition, restriction on public transport movement disrupted the communication in the country.

The changing situation due to corona virus pandemic also impacted BDRCS regular humanitarian activities. It causes disruption in blood services, implementing planned emergency plan of action (EPoA), training services, health services and the services which has been providing through long term projects and programmes.

Besides, BDRCS overall revenue income reduced due to COVID-19 situation, particularly the estate department of BDRCS has gone through declining of regular income.

Like many other organizations in Bangladesh, BDRCS has started to work remotely in many cases and the workforce functioning virtually. Considering the COVID-19 situation, regular activities of BDRCS were carried out using online platforms such as Zoom and MS team, which has been considered as a new capacity of BDRCS and positive impact of COVID-19 on BDRCS. As an auxiliary body of Bangladesh government, BDRCS played significant role around the country which was considered as a positive impact of COVID-19 by the respondents. Red Crescent Youth (RCY) volunteer engagement in COVID-19 response especially in the disinfection activities in 64 districts of the country despite health risk and social stigma is also considered as a positive impact.

### ■ Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021

Since volunteers are being considered as the vital resource of the National Society, initiatives for skill development of volunteers is an essential area of focus. Gradual change of health behaviour has been observed among the population, but awareness promotion should be continued to ensure safety of people as well as responders such as volunteers and front-line workers. Distribution of health and hygiene items can accelerate the process. Livelihood is now a critical concern where the National Society can intervene. Cash support should be provided to people with low income especially those who depend on daily earning like daily labor, almsman and small businesses. Besides, initiatives should be taken to create income opportunity through long-term project.

## Lessons Learnt

During the KIIs and FGD, all the respondents agreed that at the beginning, especially during March – May, many things were unclear on how to respond to the situation due to the lack of information and changing situation. After more than seven months of the pandemic in the country, there are still many uncertainties on the situation. Amidst the COVID-19 situation, the country faced cyclone Amphan in May and recurrent floods starting from last week of June till August. As Bangladesh is a disaster-prone country, many have credited the resilience of the people in overcoming multiple crises.

The responses that have been received in terms of “what went well” are the following:

- Most of the respondents imply that countrywide awareness campaigns by the government and agencies including BDRCS (using different media at local, sub-national and national levels, using electronic, print and social media, etc.) helped people to understand and aware about the COVID-19, its preventive measures. This also help to boost up the coping capacities and adaptiveness of the communities to some extents by using available local resources, especially using of home-made cloth masks, maintaining hygiene practices, volunteering spirit of people to help each other, etc.
- Distribution of hygiene materials, installation of hand washing facilities at common and important points during the initial stage was also a good way which supported the awareness campaign. While government increased its investment in health sector, BDRCS also got involved in COVID-19 clinical case management both at Dhaka and Cox’s Bazar level. At the same time, providing healthcare support to non-COVID patients was another important achievement by BDRCS through its mother and child health (MCH) centres as well as different health camps organized by NHQ and its branches. Establishing of its first ever psychosocial support (PSS) hotlines at the NHQ and providing PSS support to people during this pandemic was highly appreciated by many. At the same time, providing humanitarian assistance through food package and unconditional cash assistance were another key highlighted area which were really useful to the people of low to low-medium income group who immensely suffered due to lockdown at the initial stage.

- Most importantly, for BDRCS, there is a group of staff and volunteers who are now confident, experienced and also dedicated in playing effective roles in pandemic situation. They have developed further skills and experiences in terms of coordinating and collaborating with Government and other agencies which would be an added value in future programming. Different windows of the opportunities are now available to establish further coordination with Government authorities and other partners and stakeholders.

While COVID-19 situation created many virtual trainings and learning opportunities for the staff and volunteers of BDRCS, IFRC and Partner National Societies; travel restrictions, limited social gathering constrained many face-to-face opportunities which can be helpful especially to those who are still struggling with the online platforms. At the same time when there are some acknowledgements on funding support to BDRCS by RCRC and external partners, respondents mentioned that if more resources were made available, BDRCS could have reached and supported more vulnerable people.

In terms of further areas of improvement, respondents emphasized on the following areas:

- Developing vast preparedness to tackle the second wave of COVID-19, and this needs to be enforced without waiting from it and utilizing the experiences from last seven months.
- BDRCS has country-wide set-up, however, simultaneous preparation was missing. Branches could be more prepared by enhancing their capacity.
- Awareness campaign on behavioral change communication in rural areas need to emphasize. This will also help BDRCS staff and volunteers to minimize the risk of the transmission.
- While people need financial support, mental and psychosocial support are found as one of the key areas where BDRCS can work further.
- Better quality PPE, hygiene items can ensure the personal safety of the staff and volunteers as well as doctors, nurses and other front-line health workers.
- Better infection prevention control (IPC) service.
- Adaptation of digital technology with innovation can be further utilized. Especially for BDRCS, technology-based fund-raising mechanism could be implemented. Also, BDRCS may consider about virtual approval process especially during the lock down situation and many officials may not be able to join the office and work on quick decision-making process. Staff and volunteers need to be further motivated and prepare themselves considering the new normal situation.



*Bangladesh Red Crescent Society's staff and volunteers promoting handwashing, spraying disinfectant, providing emergency food, distributing awareness leaflet and more to fight against COVID-19. Bangladesh, March 2020.*

## ■ Adjustments to IFRC and National Society approaches for 2021

### Short-term changes that can be made to maximize efficiency and impact

- Increasing ownership and coordination among respective departments.
- Behavior changes and appreciation of staff and volunteers.
- Producing IEC materials and their utilization can maximize the impact.
- Ensure timely/quickly response.
- Resource mobilization initiative.
- Reducing time for approval system.
- Organizing more skill-based training.
- Create specialized HR resource pool.
- Taking initiative revenue income.
- More coordination with GoB and other stakeholders.
- Movement Partners should ensure their physical presence in the offices and ensure the funding as and when required. They also need to minimize the gap for the approval process, especially the country offices should decide what is appropriate in line with NS needs.
- Dissemination of best practices.
- Skill development on relevant issues.
- Better planning.



*Bangladesh Red Crescent volunteers reaching stranded families with drinking water and other support after monsoon floods affected almost one-third of the country. Bangladesh, Tangail, 15 Jul 2020.*



*Jamalpur, Bangladesh, June 2020: Bangladesh Red Crescent Society teams providing unconditional cash grants to those affected based on flood forecast. In Jamalpur, more than 4,300 people received cash assistance ahead of the floods.*

*The Global Flood Awareness System (GLOFAS) has issued a flood forecast with a more than 50 per cent probability of a severe 1-in-10-year flood submerging some areas of Bangladesh for at least three days and threatening 4.1 million people. Bangladesh Red Crescent Society is implementing early actions with forecast-based funds from IFRC to protect the lives, property and livelihoods of more than 16,500 people most at risk in three districts: Kurigram, Gaibandha and Jamalpur.*

### **Long-term and large-scale changes required to maximize efficiency and impact**

While many short-term changes that already highlighted above may also considered as long term or large-scale changes that required to maximize the efficiency and impact, following are some areas highlighted by the respondents:

- HR capacity/skill building trainings including logistic support and skill development scope for sub district level volunteers based on the need.
- Capacity assessment of units (branches) and taking initiatives accordingly for the development of units (branches).
- Effective fund-raising mechanism can be established, realistic targets can be set involving executive committee (EC) members.
- Extended sectoral support to BDRCS including logistics, public private partnership and local resource mobilization. Create an enabling environment for having more external funding and multiple partnership provision.
- Explore technical support to strengthen the capacity of Unit Level Officer (ULO) and other staff
- Focus on early recovery support like food for work, cash for work, cash for training etc. Long-term recovery support for most vulnerable people instead of targeting a wide group.
- Considering the workload, increase HR support at branch level, especially those which are busy branches.
- Increase IT support and training on IT in branch level.
- Better and alternative planning.
- System development, upgradation including financial management system, HR recruitment, HR database, volunteer database, including NDRTs and NDWRTs and RDRT and FACT members.
- Awareness and vaccination campaign with government. Played auxiliary role effectively – health service, disinfectant activities.

## South Asia

### Cox's Bazar



*Bangladesh Red Crescent Society (BDRCS), with support from the IFRC and partners, has been helping the people to stay safe from COVID-19. We have been supporting them to stay at home. More than 1500 families from the host community in Cox's Bazar have received LPG gas cylinders and stoves recently. This will allow them to prepare food from inhouse fuel. They will no longer need to go outside for collecting woods or stove fuels for cooking. Bangladesh: Cox's Bazar, 29 April 2020*

#### ■ Impact of COVID-19 and contextual factors

The respondents were asked to identify primary and secondary impacts of COVID-19 on host communities and the camp settlements in Cox's Bazar. They observed that the primary impacts of COVID-19 are mostly on the overall health service delivery system, employment, concerns of morbidity and mortality, humanitarian interventions and basic needs. The secondary impacts identified were related to the long-term impact on disrupted livelihoods, the education of children, health conditions, and social cohesion between the host and camp communities. On the positive side, environmental pollution has decreased due to the lockdown. Below are the specific primary and secondary impacts captured from the Key Informant Interviews (KIIs) and Focus Group Discussions (FGD):

### Primary impact of COVID-19

- Volunteers and Staff of Partner National Societies, National Society and IFRC are fearful of being infected by COVID-19.
- Death of people due to COVID-19.
- Access to basic needs hampered (displaced population is reliant on aid, markets are closed).
- Overall health system is significantly affected as major focus has been placed on COVID-19 treatment and infection prevention and control (IPC).
- Discontinuation of income generating activities such as small and corporate business, cash-for-work
- Mental stress rising among the staff and volunteers.
- Planned activities/interventions in the camps and host communities have been put on hold, thus delaying implementation.
- Information misinterpretation due to the spread of rumours.

### Secondary impact of COVID-19

- Livelihoods disruption due to the long-term lockdown.
- Unemployment rate is likely to increase.
- Education system badly affected (though online education has been introduced as a coping strategy but this is a very new measure which people are not yet familiarized with).
- Information misinterpretation due to the spread of rumours.
- Tension is likely between host and camp communities.
- For camp communities, Cash-for-Work is the only means by which displaced people can earn a living. However, due to COVID-19, Cash-for-Work has been paused, causing a decline in the purchase power of people and forcing them to rely completely on aid.
- The lockdown has caused an increase in mental stress and chronic mental disorders among the people.

During the COVID-19 outbreak, the most important coping strategy identified by the respondents was the adoption of working remotely to maintain important office operations including meetings. From the PMO operational context, the scenario-based Business Continuity Plan (BCP) and operational guidelines to run the Integrated Isolation and Treatment Centre (IITC) were identified as one of the major coping strategies to mitigate the COVID-19 challenges. Respondents also highlighted the mass awareness-raising conducted in host and camp communities on the importance of good personal hygiene. The use of cash-based interventions by BDRCS with approval from the government, to support people at high risk in camps and host communities, was another strategy recognized by the respondents, that could be continued in future humanitarian operations. In addition, the respondents stressed on the provision of medical facilities for COVID-19 patients and nature of volunteerism among people especially among the youth, as innovative strategies to be utilized in the coming days. Below is the list of specific coping strategies identified by the respondents:

- The duty of care towards staff was a primary concern of the management.
- Development and dissemination of a Business Continuity Plan (BCP) for the PMO.
- Establishment of the BDRCS Integrated Isolation and Treatment Centres (IITCs).
- A unique operational guideline to run the BDRCS IITCs was developed.
- Mass awareness-raising drive undertaken to keep people at home as a COVID-19 preventive measure.
- Maintaining physical distancing to prevent COVID-19 transmission.

- After a long lockdown situation, people are now entering into new-normal with COVID-19 precautionary measures (avoiding crowds, wearing masks, sanitizing hands) in place.
- Precautionary measures undertaken and strict adherence to infection prevention and control (IPC) protocols observed while handling patients affected with fever, cough or any such symptoms.
- Distribution of multipurpose cash grants in camps and unconditional cash grants in host community areas.
- Encouraging positive behavioural change through the practice of good personal hygiene (using face masks, frequent handwashing, maintain physical distancing, avoiding crowds).
- Using online platforms including e-commerce sites for selling and buying products in replacement of engaging in physical business.
- Use of virtual platforms as the new working modality.

In reference to the PMO, the respondents expressed the strong belief that BDRCS interventions were aimed at covering all vulnerable groups of people in the camp and host communities. However, some respondents pointed out that considering the country context, people living in hard-to-reach areas (Char, Haor, and Small islands), people with disabilities and LGBT individuals were marginalized groups not specifically targeted by BDRCS interventions.

According to the respondents, the health, education and livelihood sectors are the sectors being disrupted by the COVID-19 pandemic, while the major services disrupted are health services, development or humanitarian activities, educational services and transport services.

According to the respondents, the biggest impact of COVID-19 on the National Society (BDRCS) was that it had to pause implementation of various projects and this has affected the delivery time of the projects, as well as the mobilization of funds in the future. A staff capacity enhancement initiative which was put on hold from mid-March, has also been negatively impacted.

Activities on hold leading to underspending of planned budgets, the repurposing of activities, and questionable Integrated Isolation and Treatment Centre (IITC) operations with a low patient flow, were identified as major risks to existing and future funding of BDRCS, given the situation that the National Society fully depends on foreign funding for its humanitarian and development operations. However, external factors such as the uncertainty of COVID-19, pre-existing assumptions on the COVID-19 response proving to be wrong and the government's restrictions to contain the pandemic, were also highlighted as risks to future funding. It was noted that as the lockdown has been lifted and a "new-normal" is in place, there is a risk that the duty of care owed staff may be overlooked. At the same time, disease surveillance and aspects of staff monitoring have showed different indications of risk.

#### ■ **Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021**

From the respondents point of view, major gaps that can be best filled are related to aspects of management response, delayed procurement process, inadequate scope of organizational learning and staffing causing a challenging situation during the COVID-19 response and preparedness programme. In addition, there was a gap in strategic planning due to the lack of contextualization during consultation undertaken for the establishment of the Integrated Isolation and Treatment Centres (IITCs).

To keep pace with the concurrent COVID-19 pandemic, the Livelihoods, Health and WASH sectors were identified as the major sectors in which the RCRC can invest in for greatest impact. The table below shows various sectoral activities which are considered the most appropriate for RCRC investment.

BDRCS, supported by IFRC and Partner National Societies, invested so much in capacity enhancement and preparedness activities, in both camp and host communities. As a result, the community volunteers who were trained and mobilized, served as the front-liners during the response. While most of the organizations pulled out their staff members during the first few months of the pandemic, not to mention government restrictions on access to the camps, BDRCS staff managed to continue working albeit at only 40 per cent capacity. Meanwhile, most of the activities such as awareness-raising, and hygiene and health promotion were undertaken by the trained community volunteers. As these volunteers had already gained the trust and respect of the communities, messaging was conducted easily.

There are a number of identified activities that should be either reduced or put on hold, in view of the COVID-19 outbreak in camp and host communities. These are activities related to formal/informal education, the distribution of non-food items (NFI) already undertaken by BDRCS or other humanitarian agencies, and the construction of infrastructure already initiated by other agencies (recognized as non-essential amid the pandemic).



*Md. Mizan (28) and Jamila Akter (18) are the community volunteers of Bangladesh Red Crescent Society in Cox's Bazar. Since the coronavirus outbreak in the district, along with other staff and volunteers, they have been going door-to-door in their community to show people how to stay safe from COVID19. They also have been providing food, hygiene kits and other protective materials to the people in the host community. "We have been showing them the proper ways to handwashing and provide them with soap bars. We try to cover 10 households every day. Most of the people here are living in very dire conditions, most of them do not have access to shelter, WASH and health facilities. We inform them about the virus and other diseases as well." Said Md. Mizan. "Women and the children are very vulnerable as well. When we talk about the disease, they listen to us very carefully and attentively." Coronavirus hit hard among the people of Cox's Bazar Bangladesh. As the number of cases is increasing exponentially the government authority put most parts of this area under the red zone. Cox's Bazar is the first district to roll out strict lockdown measures and apply red, green, yellow zonal mapping. We met people from the host community near the camps in Cox's Bazar. This area is already overburdened with more than 1 million displaced people from Rakhine. We asked them how their lives have been impacted by the COVID19 pandemic, and most of the people informed us that their lives have been very difficult since the pandemic started. They do not have enough food reserved for their family as they cannot go outside for work and earn money. Most of the people we visited today, they do not have a tube well of their own. Every day they must travel a long distance to bring the water. They do not have enough WASH facilities as well. The health facilities are very limited in this area. Staff and volunteers from Bangladesh Red Crescent Society are visiting villages across the country providing people with important health and hygiene information so they can protect themselves and their loved ones from COVID-19. The Red Cross and Red Crescent are also helping to bolster local health care capacities and access to clean water. We are supplying additional ambulances to treat people who are sick and need support, as well as building new isolation facilities in the camps. There are 12 existing Red Cross and Red Crescent health facilities in the camps, all of which are being prepared for the COVID-19 response. BDRCS, IFRC & partners are advancing rapidly in the construction of 80 isolation & treatment facilities both for the displaced people & host community in Cox's Bazar. Written consents are available. Bangladesh: Cox's Bazar, 09 June 2020.*

### ■ Adjustments to IFRC and National Society approaches for 2021

Handling the COVID-19 pandemic was a new experience for the respondents. However, alternative working modalities, prepositioning and the repurposing of items or activities to efficiently respond to the outbreak are the major lessons learnt since the onset of the COVID-19 pandemic. Below is a list of specific lessons learnt:

- COVID-19 is very unpredictable – as such, flexible planning and decision-making is needed.
- The readiness of the National Society to respond is dependent on its ability to be flexible and forward-looking.
- Alternative working modalities including distant working modalities are crucial alternatives.
- Adjusted stress management mechanisms are needed.
- Quick planning and decision-making are vital.
- Prepositioning of response items (emergency WASH and shelter kits, along with PPE) is part of an efficient response.

COVID-19 was an unprecedented event for which no one was prepared, and no anticipatory plan was in place. However, over the last six months of the pandemic, the respondents observed that BDRCS PMO operation had learnt a number of lessons in terms of preparedness and response which will be key towards developing proper strategic planning and a risk management mechanism in the future.

In the short term, the repurposing of staff/activities based on a gap analysis were considered and undertaken while enhancing the learning mechanism at National Society level and giving more emphasis on Infection Prevention and Control (IPC) protocols in the Integrated Isolation and Treatment Centres (IITCs) or health facilities as part of long-term strategies.

Long-term and large-scale changes are mostly identified as part of the management response plan and strategy. In this connection, it is important to integrate COVID-19 in designing the plan for 2021 and ensuring the National Society's participation in project/programme planning undertaken by IFRC or Partner National Societies for the Cox's Bazar operation. Specific changes required are listed below:

- As COVID-19 continues to be prevalent, the coronavirus should be taken into consideration while designing programme activities for 2021.
- Concrete and unified decision-making is needed to ensure an increase in National Society participation and ownership.
- Strategic planning needs to be aligned with global and national priorities.
- All Partner National Society activities should be designed in alignment with the National Society's strategic plan and objectives.
- Consideration of staff safety and security.
- Staff capacity enhancement efforts are required to be in line with the National Society's strategic planning. As such, the National Society should have a vision of where it sees itself in 5 years.

## South Asia

### Pakistan Red Crescent Society (PRCS)



*Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the COVID-19 virus. Whether on social media, direct conversations or through mobile health camps, Red Crescent volunteers are reaching out to thousands of people with important hygiene information and awareness raising activities. Pakistan, July 2020*

#### ■ Impact of COVID-19 and contextual factors

**The most significant primary impact of COVID-19 has been on the morbidity and mortality levels of the population and healthcare systems.** In addition to contracting the virus, the fear of it spreading and/or losing a loved one to the virus caused added **distress and anxiety among the population.** Due to minimal understanding of the virus, there was initially an influx of people rushing to testing facilities in urban cities and overburdening the healthcare facilities. In contrast, testing and contact tracing efforts were later affected by stigma on people being infected, which led to people isolating without proper care and refraining from getting tested despite showing COVID-19 symptoms and/or having interacted with an infected person.

The country's poor healthcare system and general lack of infrastructure put tremendous pressure on the available health services towards the COVID-19 response. **Hospitals were overburdened** with cases while being inadequately equipped to accommodate the load (beds, medicines, personnel and ventilators). Many make-shift isolation and quarantine centres were reported to be poorly managed, lacking proper equipment and basic resources as seen in the widely publicized Taftan Quarantine Centre, resulting in a swift surge in cases in the early stages.<sup>65</sup> Deficient availability of Personal Protective Equipment (PPE) to the direct frontlines resulting in **over 6,000 healthcare workers being infected and at least 78 deaths** as of 28 August 2020.<sup>67</sup>

The secondary impacts of the virus have been equally detrimental, severely affecting the socio-economic statuses of individuals and their mental wellbeing. To mitigate the spread of the virus, the Government announced a lockdown, completely shutting all educational institutions and businesses except essential services. The mitigating measure exacerbated the country's pre-existing economic recession and resulted in the loss of livelihood for many individuals especially daily wagers, increased food insecurity and crime activities in the country. Panic buying shot up the demand for essential and protective goods, inflating the prices of the goods and limiting the supply available.

The situation was further exacerbated for women and children with an increase in reports of gender-based violence (GBV) being practiced in and outside of homes. Already holding less earning power than men, women faced additional job insecurities, with added responsibility of taking care of the family, in addition to the children who have been at home due to schools being closed. Majority of the women and children in remote areas also faced challenges accessing basic information and services such as healthcare during the lockdown. Pregnant women who were dependent on Lady Health Visitors and mobile health clinics could not administer their routinely check-ups and immunizations.

In addition, no specialized support was provided to the already marginalized groups such as transgenders, prisoners, thalassaemic patients and the disabled. The inability to provide a valid identification card and/or registered phone number for the use of Financial Service Providers (FSP), rendered migrants and refugees ineligible for most cash assistance support inclusive of PRCS support. Limited programmes such as Ehsaas were among the few that extended cash assistance using Pakistan Post services in the absence of a registered number. In addition to cash, lack of identification made access to healthcare even more challenging with bigger hospitals requiring identification cards for registration.

The decrease observed in the number of daily cases, the end of lockdown and reopening of the economy have resulted in majority of the population reverting back to their pre-COVID lifestyle, with a nonchalant attitude



*Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the virus. Whether on social media, direct conversations or through mobile health camps, Red Crescent volunteers are reaching out to thousands of people with important hygiene information and awareness raising activities. Pakistan, July 2020*

66 Hashim, A. (16 March 2020). *Pakistan's spike in coronavirus cases raises quarantine concerns*. Available at: <https://www.aljazeera.com/news/2020/03/pakistan-spike-coronavirus-cases-raises-quarantine-concerns-200316090946936.html>

67 Basharat, R. (29 August 2020). *Over 6,000 healthcare workers infected with coronavirus in country*. Available at: <https://nation.com.pk/29-Aug-2020/over-6-000-healthcare-workers-infected-with-coronavirus-in-country>

towards adhering to the SOPs. With such malpractices continuing, the risk of COVID-19 resurging is turning into a reality as seen with the spike in cases following Eid-ul-Fitr celebrations where people crowded the newly opened malls, streets and shops.

### ■ Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021

PRCS has a strong potential to be the leading agency in the country to rollout the COVID-19 vaccine to health workers and the most vulnerable population. In collaboration with the Government, PRCS can effectively use its nationwide coverage to provide vaccination to the most vulnerable dependent on the quantity of the vaccine available.

Building on PRCS's existing efforts, the NS should further expand its awareness efforts. Optimizing its volunteer base across the country, hotline initiatives and social media coverage, PRCS can support the Government in the launch of a mass awareness campaign sensitize the population about COVID-19, its dangers and the preventive practices and co-existence with the virus in the 'new normal'. In addition to awareness raising, COVID-19 preparedness should be integrated in all ongoing NS programmes ensuring conventional programming impact continues while mitigating the risk of spread.

One of the gaps observed within the ongoing COVID-19 2020 response was the need to further strengthen PRCS's internal capacity in health emergency responses. The NS disaster preparedness should focus on integrating health emergencies through the establishment of a proper strategy, internal and external SOPs, areas of focus, specialised human resource (inclusive of health positions) and relevant capacity building of staff and volunteers. In addition, the NS should strengthen its systematic approach to address duty of care ensuring guidance on staff and volunteer safety inclusive of proper regulation of PPE and clear communication SOPs.

Aligning with the proposed (new) PRCS Strategy 2030, the assistance provided during the pandemic identified the need to expand focus on migration (addressing the marginalized population) and psychosocial support (mental wellbeing and first aid) under the National Society portfolio. Additional activities can also be integrated in existing programmes and initiatives of the National Society, addressing the growing need.

COVID-19 has highlighted activities which can be reduced and/or adapted to be made more effective and efficient aligning with the areas of investment for 2021. RCRC conventional responses can shift its focus from distribution of Non-Food Items (NFI) to cash transfer and livelihood-based interventions. Building on the positive experience in the ongoing COVID-19 response where access to the beneficiaries was limited, remote activities such as cash transfer excelled both in response time and accessibility. Increased focus on cash and livelihoods interventions will further reduce indirect warehousing costs currently incurred and increase funding spent on beneficiaries directly.

Investment can be reduced on normal peace-time medical services provided under RCRC facilities and be rerouted to increase the facilities emergency response capacities, aligning with the existing RCRC mandate. In the RCRC auxiliary role to the Government, the medical facilities should not be a parallel structure to the Government facilities, providing identical services. Instead, the RCRC medical facilities should have the ability of being mobile, providing services to the vulnerable communities with the capacity of camouflage itself in light of an emergency outside of basic outpatient delivery services.

Investment can also be reduced in RCRC blood bank initiatives, transitioning from primary focus to secondary focus, functioning on voluntary donation.

## ■ Adjustments to IFRC and National Society approaches for 2021

As this was the first time the National Society had responded to a health emergency of this scale impacting the entire population inclusive of themselves, many lessons learnt and best practices have been identified during the 6-month COVID-19 response. Concurring with the findings identified earlier in the needs assessment, the following are the major lessons learnt shared by the respondents.

### Best practices

PRCS own existing resources were adapted and utilized to address the needs identified during the response as seen with the establishment of the Corona Care Hospital in Rawalpindi by National Headquarters. At the request of the Government of Pakistan, PRCS transformed their existing hospital facility into a Corona Care Hospital providing services to mild and severely affected patients. In addition, to own resources, PRCS Sindh Provincial Headquarters expanded its scope of services by successfully collaborating with Indus health facility to increase the provision of testing capacities in the province.

The effective use of technology helped bridge the communication gap between the public and healthcare workers with the establishment of a 10-line communication service called '24/7 Agahee Centre' by the PRCS Sindh Provincial Branch. Located within their own branch, the 24/7 centre engaged more than 500 doctors to provide awareness and telemedicine services to the population (inclusive of psychological relief, awareness and medical consultations).

Similarly, the establishment of the 'Muhafiz force' at National Headquarters helped bridge the communication and COVID-19 outreach gap with the communities. The COVID-19 volunteer-based force continues to focus on building awareness on COVID-19 and its preventive measures and assisting in food aid engaging the public, reaching more than 100,000 people through awareness campaigns, door to door initiative and social media platform. The force adopted an innovative approach to food aid by using its hotline to engage the communities to support with supplying cooked food which is collected and transported by the PRCS force to the most vulnerable.

### Lessons learnt

No national strategy was developed and disseminated for clear direction and guidance during response planning and implementation across the PRCS branches. To maximize response impact, a board of medical directors/experts should have been established to steer the PRCS COVID-19 response throughout the country. In addition to stronger leadership, additional health positions should have been recruited at National and Provincial Headquarters to provide additional technical support to the branches.

The pandemic highlighted PRCS's limited capacity and preparedness towards large scale health emergencies, with the annual Disaster Response Plan heavily focused on natural disaster preparedness only. Building on the current experience, PRCS should integrate large scale health emergencies within their planning, inclusive of building the capacity of the NS, its staff, volunteers and its communities.

Inadequate provision of PPE was available and provided to staff and volunteers involved in the response resulting in the virus to spread within the organization at national, provincial and district level and the death of one staff. The need for clear internal SOPs and duty of care guidance is required to be followed and adhered to.

ICRC and IFRC procurement processes (not only specific to COVID-19 response) do not address the immediate needs of the population. The goods usually arrive 2-3 months post the initial needs assessment conducted, with the immediate needs of the population either to have changed or subsided. This was observed in the procurement and distribution of PPE under the response. The need was dire when the goods were unavailable

in the market. However, the goods were distributed after the hospitals had already acquired sufficient PPE from alternative sources.

### Short-term changes that can be made to maximize efficiency and impact

Building on the gaps and lessons learnt identified earlier in the assessment, the following short-term changes have been proposed:

- PRCS to develop a plan to prepare for the second wave of COVID-19 in Pakistan, ensuring quick response building on lessons learnt, inclusive of establishing clear SOPs and guidance to ensure staff and volunteer duty of care and mental well-being.
- PRCS health facilities to be realigned for emergency response with medical staff trained in response mechanisms and new SOPs.
- PRCS to enhance staff and volunteer capacity on Infection Prevention Control, COVID-19, health emergency preparedness and Community Engagement Accountability.
- Staff and volunteers to be adequately equipped with PPE following the PPE guidelines and PRCS SOPs with strict adherence to duty of care.

### Long-term and large-scale changes required to maximize efficiency and impact

Building on the gaps and lessons learnt identified earlier in the assessment, the following long-term and large-scale changes have been proposed:

- PRCS to establish a Health board at National level to develop and rollout a proper approach, strategy and SOPs on how to address health pandemic and epidemics, to ensure smooth and timely response implementation for the second wave, recovery and future health emergencies.
- PRCS and RCRC to support the Government in the rollout and administration of the COVID-19 vaccine following proper sensitization procedures.
- PRCS to introduce a psychosocial support function to ensure staff mental wellbeing. In addition, PRCS BCP to be revised integrating the best practices from in-country movement partner approaches.
- PRCS to continue focus on awareness building on COVID-19 prevention measures through integrating messages within the youth and volunteer topics in schools and universities, social media and RCRC awareness building activities (mass campaigning).
- PRCS recovery planning to enhance internal capacity and focus on health, first aid, livelihood and disaster risk reduction.
- PRCS to strengthen stakeholder interaction and coordination to ensure no duplications in initiatives and cross reporting.
- PRCS to strengthen coordination with media to utilize as a marketing tool for future coverage and support.



*Pakistan Red Crescent Society is engaging with people and communities across the country to provide accurate information about the COVID-19 virus. Whether on social media, direct conversations or through mobile health camps, Red Crescent volunteers are reaching out to thousands of people with important hygiene information and awareness raising activities. Pakistan, July 2020*

## South-east Asia

# Philippine Red Cross (PRC)



*The economic slowdown due to hard lockdown that resulted in job cuts and unemployment has affected many Filipinos. Jobless, many are choosing to leave Metro Manila to return to the provinces and be with their families. However, the increasing COVID-19 cases in the provinces have prompted local government units to suspend travel and closed their borders stranding people wanting to be home at sea ports and airports. The Philippine Red Cross has been assisting locally stranded individuals with ready-to-eat food, hygiene kits, testing for COVID-19, mobile phone prepaid loads to restore family connection and sharing life-saving information to protect them from the disease. To manage the stress of children, Philippine Red Cross also creates child-friendly spaces for kids to express their art, play and learn proper handwashing.*

### ■ Impact of COVID-19 and contextual factors

The primary impact of COVID-19 in the country is on public health, especially for those who are at risk of infection. The pandemic has put additional burden to an already overwhelmed health system in a country with ongoing measles, dengue and polio outbreaks. Many healthcare workers are also getting infected. According to the [Department of Health](#), as of 22 October 2020, 10,658 healthcare workers in the Philippines have been tested positive for COVID-19. Of these, 10,132 (95.1 per cent) have recovered, 64 (0.6 per cent) have died and 462 (4.3 per cent) were active cases.

The pandemic also has significant disruptive impact on the economy and has plunged the Philippines into recession with 16.5 per cent contraction in economy growth. Many livelihoods activities have been interrupted due to business closure. According to National Economic and Development Authority (NEDA), sectors highly affected by the pandemic include: wholesale and retail trade; manufacturing; real estate, renting and business activities; transport, storage and communication; tourism; and arts, entertainment and recreation, and other services. Other affected sectors include: OFW remittances; household consumption; micro, small and medium enterprises (MSMES); and the informal sector.

Most of the support by the government has been focusing on population with low to no income and other vulnerable groups of the society. Members of low-middle income class and above have been excluded from cash assistance from the government. Those who worked have been affected by temporary suspension of closing of establishments were also excluded from the support. Furthermore, informal settlers in urban communities were inadvertently excluded for support since they are not registered in the barangay where they are living.

On 15 June 2020, the National Task Force (NTF) against Coronavirus 2019 (COVID-19) approved the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. As the government reinforced the new policies and strategies, IFRC country office has been supporting the PRC in its auxiliary role to the government. PRC complemented the government's response in providing health services accessible to people such as establishing COVID-19 testing centres to increase the test output in the country.

Due to the strict enforcement of community quarantine, there are limitations for the National Society in deploying items, chapter volunteers and staff and as well those from the national headquarters. This has caused delay in the implementation of the developmental programmes and recovery interventions for emergency operations. This is also because of the suspension of public transportation, staff working arrangements and inter-city lockdown regulations following the announcement of the national government.

The risks identified by PRC so far is the diversion of donor support towards other organization. Income generation capacity for the NS has significantly declined since they can no longer or has limited access to organize their usual fund-raising activity. This will cause negative impact in the ongoing COVID-19 response and the sustainability of work. It will be challenging as well to get unrestricted funds for their ongoing programme.

#### ■ Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021

**Support to health authorities:** Continue to support the health authorities such as establishment of medical tent in hospitals, provision of PPE and support the mass testing effort of the government through continues operationalization of molecular laboratories of PRC. As well as increase awareness and support in WASH interventions.

**Support around vaccination activity:** The Bayanihan to Heal as One Act recognized PRC as a key partner of the government in responding to the needs brought by COVID-19. Through its auxiliary role, PRC can support the government in mass vaccination activity for COVID-19 disease, through its network of wide volunteers throughout the country, once the vaccine will be available.

**Livelihoods support:** For recovery work, the Movement can also invest in livelihood programming since this is one of the main sectors greatly affected by the pandemic. Although the Philippine Statistics Authority reported that nationwide, there is now 10 per cent unemployment rate among Filipinos aged 15 and up in September, easing from 17.7 per cent in April, this is still higher than the 5.4 per cent level in 2019. However, unemployment rate in urban areas like Metro Manila, got worsened.



*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. The volunteers go door-to-door to ensure no child is left behind unprotected against poliovirus. When met with parents/guardians' hesitation, they patiently explain the importance of immunization to protect the child from life-long debilitating disease.*

*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. Rizal, Philippines, 17 August 2020.*

**NS health emergency preparedness:** There is a need to invest in developing guideline for emergency health situation especially for a pandemic situation. Need to build effective network and partnership by focusing on different thematic areas which are align to the BCP.

**NS capacity development around digitalization:** Based on a "new normal" set-up, there is a need to invest around capacity building for staff and volunteers on how to maximize the use of digital technology in our work. Activities around online first-aid training; volunteer recruitment, engagement and mobilization; fund generation etc. are among of the areas which can be capitalize online. Aside from trainings, there is also a need to build the capacity around information technology and data management for online remote working.

**Review of internal processes and policies** around finance, HR, logistics and management. System are still too bureaucratic that might slow down implementation of programmes.

**Collaboration and partnerships:** Engage in research with private sector and government to capture, document and apply lessons learnt on COVID-19 response.

**Support to health authorities:** Establishment of more Convalescent Plasma Center to help the treatment of COVID-19 patients who are still trying to recover from the disease.

IFRC can invest in strengthening community-based health programming support to the National Society, continue the support around cash and voucher assistance, training in disaster response and long-term focus on rural development. The Philippine's government is trying to decongest urban areas, where they are encouraging people to go back to the rural areas and create job opportunities there.

## Adjustments to IFRC and National Society approaches for 2021

### Lessons Learnt

- Timely establishment of PRC COVID-19 Task Force.
- Internal coordination: PRC can form a group for coordinated programming among chapters for standard operational planning between chapters and national headquarters; establish joint effort between IFRC and Partner National Societies to support PRC in localization.
- Maximizing the use of digital platform: Connecting with people and providing psychosocial support; chapter level capacity building in online fund-raising activity; establish online platform for volunteer management, online training curricula and knowledge management.
- Guideline and SOP for the pandemic to be shared with the chapters.
- Continue the early operationalization of PRC COVID-19 testing centres. This supported a big percentage of the national test output for COVID-19 in the country.
- Prior to the pandemic, PRC has some prepositioned PPE from its Health in Disaster and Emergency Programme. The prepositioned PPE helped in early mobilization of stocks considering the shortage of PPE at that time. Provision of PPE to staff and volunteers is critical for pandemic response.
- Providing door to door service to blood donors to ensure continuity of blood supply, considering the decreasing number of blood donors.
- There is a need to improve data management and data privacy most especially that most of the programmes are gearing towards digitalization.
- Partnerships and collaboration: for existing partnerships, continue the engagement and collaboration and might as well explore new partnerships for different reasons such as, fund generation and programme sustainability.
- There is a need to strengthen RC 143 volunteer engagement. Due to inter-regional movement restrictions, down to barangay level, 143 volunteers play a big role for response operations since they are already within their own communities.



Volunteers and staff of the Philippines Red Cross Society going house-to-house to deliver cash and food assistance to families affected by COVID-19. Some of the families in quarantine prepared chairs outside their houses where they will pick up the assistance delivered by the PRC.

Because personal interviews can't be done due to health and privacy matters, volunteers and staff connect with the families using phones and social media to communicate about the project, build trust and gather information on how to best deliver the assistance. The Red Cross ensures confidentiality of the information shared by the families. The Red Cross aims to reach 4,500 families with members who contracted COVID-19 to support them while recovering from the disease.



The Philippine Red Cross provided cash assistance to fire and COVID-19 affected families in Mandaluyong City. More than 300 families who lost homes due to fire and socially and economically impacted by COVID-19 pandemic received cash grants. The assistance will support the families to get through this challenging time especially now that the country officially slips into recession.

The Philippine Red Cross with the support from IFRC is providing cash assistance to more than 16,000 families most affected by COVID-19. Mandaluyong City, Philippines, 11 August 2020



*The Philippine Red Cross volunteers are working overtime to deliver basic essential non-food items like hygiene and sleeping kits, tarpaulins, jerry cans to Super Typhoon Goni affected communities while observing health protocols to prevent the spread of COVID-19. Volunteers are also conducting hygiene promotion and providing hot meals to affected people.*

### **Short-term changes that can be made to maximize efficiency and impact**

- Volunteer management: For volunteer recruitment, intensify information dissemination on the importance of volunteer during this pandemic and provide better support in terms of PPE, testing and allowances.
- Visibility: improve visibility in the community on services offered by PRC and information dissemination about COVID-19.
- Human resources: Recruit dedicated staff for COVID-19 operation and provide fixed period engagement to COVID-19 operations among regular staff so that they can resume to their functions.
- National Society development: review and update system, processes and tools of PRC.

### **Long-term and large-scale changes required to maximize efficiency and impact**

- Medical corps partnerships: form a partnership with hospitals and medical practitioners' group nationwide.
- Review and Update the PRC Public Health Plan in consultation with all PRC services.
- Invest more on community level Epidemic Preparedness Response Plan programming.
- Improve strategy for volunteer management.
- Improve sustainable fund generation initiatives.
- Regional Hub (software and infrastructure/equipment).
- Digitalization: Maximize virtual platform for trainings and innovation around online first aid training.

## Pacific

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### Papua New Guinea Red Cross Society (PNGRC)



*Papua New Guinea Red Cross Society conducting awareness raising campaigns on how to stay safe and proper preventive methods against COVID-19. Staff and volunteers have so far been working in 10 provincial branches across the country. Papua New Guinea, August 2020.*

#### ■ Impact of COVID-19 and contextual factors

The most significant primary impact has been the lack of capacity for adhering to good practices to contain and mitigate the spread of COVID 19. There were also stigmatization and social discrimination of health workers and people suspected of having the virus. PNG has been slow in testing and tracing of cases. COVID-19 related restrictions and fears had serious economic implications resulting in loss of jobs and severe blow to informal businesses. The secondary impacts included WASH and protection issues related to social discontent, domestic violence, IDPs, asylum seekers and migrants.

People are trying to adapt to new normal and adjust to conditions of living with the virus. Due to limited capacities at various levels, PNG government is trying to emphasize observing essential health advisories instead of implementing strict lockdown. However, due to high poverty level and less economic opportunities, people have limited choices to respect COVID-19 protocols in practice.

Persons with disabilities, widows, patients of HIV and TB and children were at greater risks in being marginalized from support aimed at protecting the greater population. Routine immunization of children has been neglected. As of 18 November 2020, there have been 7 deaths out of 602 cases of COVID-19 in PNG. However, there are apprehensions that more people have died from other diseases due to major shift in focus towards COVID-19.

Approximately 80 per cent of PNG population relies on informal businesses which had been impacted the most due to various restrictions that were put in place to contain the spread of virus. Tourism is one of the major sources of economy in the Pacific. Hospitality services have been most hard hit after informal businesses. Transport is another sector that has been severely impacted.

COVID-19 had some impact on Red Ready project being implemented in three branches. It also affected resource mobilization of the National Society including domestic fund-raising capacity. Two major resources of income generation are property rentals and commercial first aid. Efforts are being done by the National Society to get some regular financial support from the government being auxiliary to public authorities.

Limited knowledge about the disease, illiteracy, fears and lack of awareness are existing threats on individuals and communities to adequately protect themselves. Small Island communities in remote areas of the country are more at risk due to accessibility issues, financial capacity and infrastructure availability including transportation. Geography is highly challenging in the country and domestic air travel is the most expensive in the world. Vulnerabilities of PNG are law and order, corruption, financial capacity and extremely fragile health infrastructure. Data availability has also been a challenge during this pandemic. Availability of health facilities, doctors, paramedics and medicines are major challenges that can be addressed through long-term planning and allocation of appropriate resources.

The pandemic also has significant disruptive impact on the economy and has plunged the Philippines into recession with 16.5 per cent contraction in economy growth. Many livelihoods activities have been interrupted due to business closure. According to National Economic and Development Authority (NEDA), sectors highly affected by the pandemic include: wholesale and retail trade; manufacturing; real estate, renting and business activities; transport, storage and communication; tourism; and arts, entertainment and recreation, and other services. Other affected sectors include: OFW remittances; household consumption; micro, small and medium enterprises (MSMES); and the informal sector.

#### ■ Areas of vulnerability Red Cross Red Crescent best positioned to tackle in 2021

The National Society has limited capacity and is not running any traditional services like ambulance service, blood banks, or managing any basic health facilities. The National Society is entirely dependent on external support. It has been involved in risk communication and community engagement. The National Society also has volunteers that can support front-line health workers where required.

Health and WASH should be the major areas of focus where IFRC can have long-term investment. At present, PNGRC does not have health and WASH staff. IFRC can continue supporting PNGRC for its outreach to rural areas for awareness raising, capacity building and community resilience. IFRC remains a major support for PNGRC for all response activities. At present, PNGRC only has 2 paid staff in 13 provincial branches. Ideally, PNGRC should cover all its 22 provinces through its branches for an effective response. IFRC may have to consider some long-term investment in PNG for greater impact.

### ■ Adjustments to IFRC and National Society approaches for 2021

The National Society should be working on sound domestic foundations and local fund-raising through national and provincial level appeals. Long-term pre-disaster agreements with various humanitarian stakeholders for timely and effective response could be another area for consideration. The current approach is mainly focused on disaster response. Long-term development programmes based on needs of the communities should be considered.

Plans are ready at country level to manage concurrent emergencies and can be undertaken in case of emergency, but the availability of funds remain an area of concern. Short-term changes that can be made to maximize efficiency and impact are capacity building of National Society and better management of domestic funds. Long term investment should be focused on National Society capacity and skills, outreach, volunteer management and functionality of provincial branches.

# 7

## Appendices



TRCS's mobile kitchen teams travel the waterways delivering 28,781 sets of hot meals among residents of the community at Wat Hu Chang in Nonthaburi province, between 24th May and 2nd June 2020.

TRCS has established mobile kitchens to distribute hot meals for those who have been adversely affected by the restrictions put in place due to COVID-19. Many have lost their jobs and several migrant workers are stuck in Thailand without jobs and unable to return home. The fresh meals from TRCS are sometimes the only nutritious meal they get in the day. The kitchen staff wear hats, face-masks, aprons and gloves to maintain cleanliness and hygiene, in accordance with the norms for COVID-19 management. Currently there are four mobile kitchens operating in different parts of the country. Thailand, 2020

## Appendix 1: Risks and opportunities

	Health	Socio-economic	National Societies
Risks	<p>Overwhelmed health sector capacities exposes NS to risks of greater mortality and morbidity for staff and volunteers.</p> <p>Disruption to routine health services which could exacerbate current context.</p>	<p>Anticipated rises in unemployment may lead to social unrest, exacerbate other development sectors such as health, mental health, SGBV.</p>	<p>Misunderstandings between stakeholders (donors, NS, IFRC) regarding needs and expectations may result in reduced efficiencies and poor outcomes.</p> <p>Bureaucracy in financial systems, management policies and planning can impact on response outcomes.</p> <p>Partnership management – role of NS may be perceived as an ongoing supply of external support by some government sectors leading to: an overwhelmed and under resourced NS; poor quality of services provided and reputational risk; Increased risks to staff and volunteers.</p>
Opportunities	<p>Prepositioning of supplies in regional hubs, including PPE and emergency health items, assisted the response – opportunity to preposition in areas of high vulnerability to pre-empt high demand during future outbreaks.</p>	<p>Anticipated massive need for livelihood programming may shift some National Societies from spectators on the sector sideline to implementers.</p> <p>There is opportunity for some National Societies (several benefited from massive donations including from their governments and new donors) For National Societies which have cost recovery policies (and therefore charge administration costs), there are benefits to building core funding. Furthermore, there is opportunity for some of the new partnerships to be strengthened which may enable expanding the donor bases of National Societies.</p>	<p>Inroads into virtual methods for communication (group and individual) have been made – represents significant ongoing value in terms of financial and time savings – opportunity to develop method and capacity for standalone communications (e.g. data collection) or to compliment regular communications (e.g. training and coaching).</p>
			<p>Sharing of COVID-19 lessons learnt from other branches was helpful – could be expanded on across the region on an interactive basis e.g. forum, cluster.</p> <p>Branches represent high value organizations in several areas e.g. below. Represents a comparative advantage to governments, donors (international and private sector); Conduit to communities with expansive reach for communication, community mobilisation; Source of data for monitoring and evaluation</p>
Overarching opportunities	<p>National Societies have been utilised by governments across the region with several reporting working with sectors they have never engaged with previously. – Opportunity to increase profile, resources and formalise relationship under the auxiliary capacity.</p>		

## Appendix 2: Approach and methodology

### Approach

The approach will purposefully engage with intended users of the Needs Assessment from inception and throughout the implementation process to maximize ownership, relevance, and application of the findings.

### Methodology

The methodology builds on the TOR drafted by the IFRC. The Assessment will utilize a mix of mutually reinforcing qualitative methods and quantitative data to be gleaned from primary and secondary sources to answer the four key questions:

1. What has been the impact of COVID-19 on each country?
2. What are the vulnerabilities and capacities of each country in terms of COVID-19?
3. Which areas of vulnerability is RCRC best positioned to tackle in 2021?
4. What adjustments to IFRC and NS approaches may be required to maximize implementation of activities throughout 2021?

The main research components are:

- Desktop review.
- Survey of all 38 countries across the Asia Pacific.
- In-depth analysis of selected countries/contexts.

Data sources are listed in tables 2 and 3 below.

**Table 2. Primary data sources.**

Primary source	Method
All NS across the Asia Pacific (38 countries)	Survey
NS respondents from countries/contexts selected for in-depth analysis	Focus groups discussions (FGD), key informant interviews (KII)
APRO sector leads, CCSTs, COs	KII

**Table 3. Secondary data sources.**

Secondary sources	Type
IFRC, NS	Reports, plans, assessment, evaluations, reviews, INFORM COVID-19 Risk Index
External agencies	Reports, plans, assessments, evaluations, research briefs, media products

### Logistics

To comply with the fundamental principle of 'do no harm', the planned methodology is entirely based on the utilization of remote tools and processes. Communication and collaboration software platforms, such as MS Teams, will be used for meetings, FGD, KII and sharing of documentation.

CCSTs and COs will utilize a 'Buddy system' to facilitate effective KII and FGD activities with NS. This will facilitate note taking and facilitation during the conduct of KIIs and FGDs. All such activities will be recorded for reference purposes and will be deleted once data entry has been completed.

Where required, translation of KII and FGD notes and recordings will be achieved with the support of NS and IFRC staff.

## Validation

Triangulation will facilitate the validation of data acquired and will include a range of methods including regular presentations of findings to key stakeholders, expansive range of data collection methods and sources. Additionally, at the conclusion of KII and FGD, the key information recorded will be read back to respondents to ensure accuracy. A validation presentation will be held with stakeholders prior to the finalization of the assessment report being completed.

## Assessment management

The management of the Assessment will comprise of two management groups:

1. A Leadership Group
2. An Assessment Team

The Leadership Group will primarily be responsible for addressing high level challenges, issues, and risks. Additionally, they will provide technical input such as providing technical review.

The Assessment Team will provide technical input for design, validation, analysis, review and drafting of documentation. They will also be key to operational aspects such as facilitating CO and NS involvement.

## Context selection for in-depth assessment.

Country/context selection will be based on CCSTs/Cos identifying one respective country or context each for in depth analysis. In the case where several options are available, it is anticipated that countries/contexts that are the highest value recipient of IFRC investment would be the primary country in scope for selection, unless circumstances make this unviable.

## Outputs

1. Regular briefings to internal and external stakeholders.
2. Inception report.
3. Country profiles in dashboard and PDF form (updated quarterly) for each of the 38 countries.
4. Summary report providing overview of trends, risks, vulnerabilities and opportunities across the region.
5. Detailed analysis of ten priority contexts, to include NS capability.
6. Regional and/or sub-regional webinar(s) to analyse findings and develop recommendations.
7. A range of information products including summaries, presentations, any media communications.

## Limitations

All research activities utilized during this Assessment will be conducted remotely and given this, there will be some limitations inherited by the remote methods. These include limitations of control over the participant's environments, the possibility of connection failures, limitations on group management and the lack of ability to observe participant interaction.

Timing of the development and implementation of the needs assessment coincided with IFRC APRO annual planning which is a protracted and highly time consuming activity. This challenged some technical and thematic leads with time available to participate and support this assessment.

## Duration

Duration of this Needs Assessment is four months, concluding October 2020.



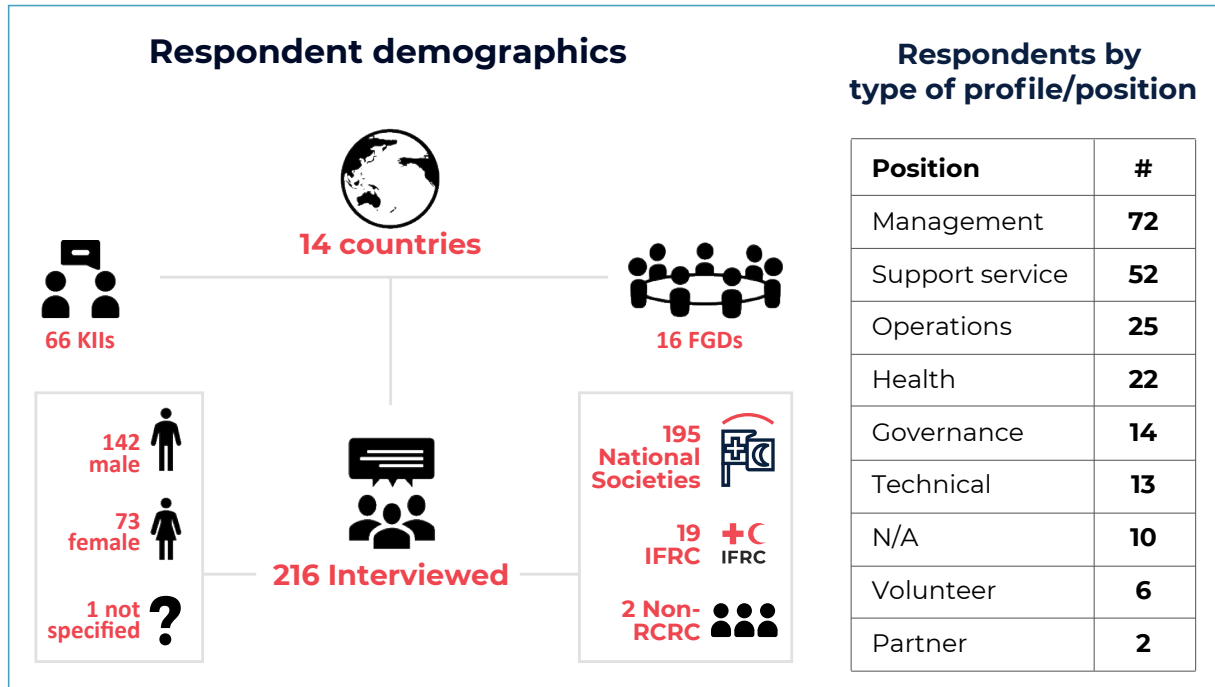
*Mongolia, coronavirus, 2020.*



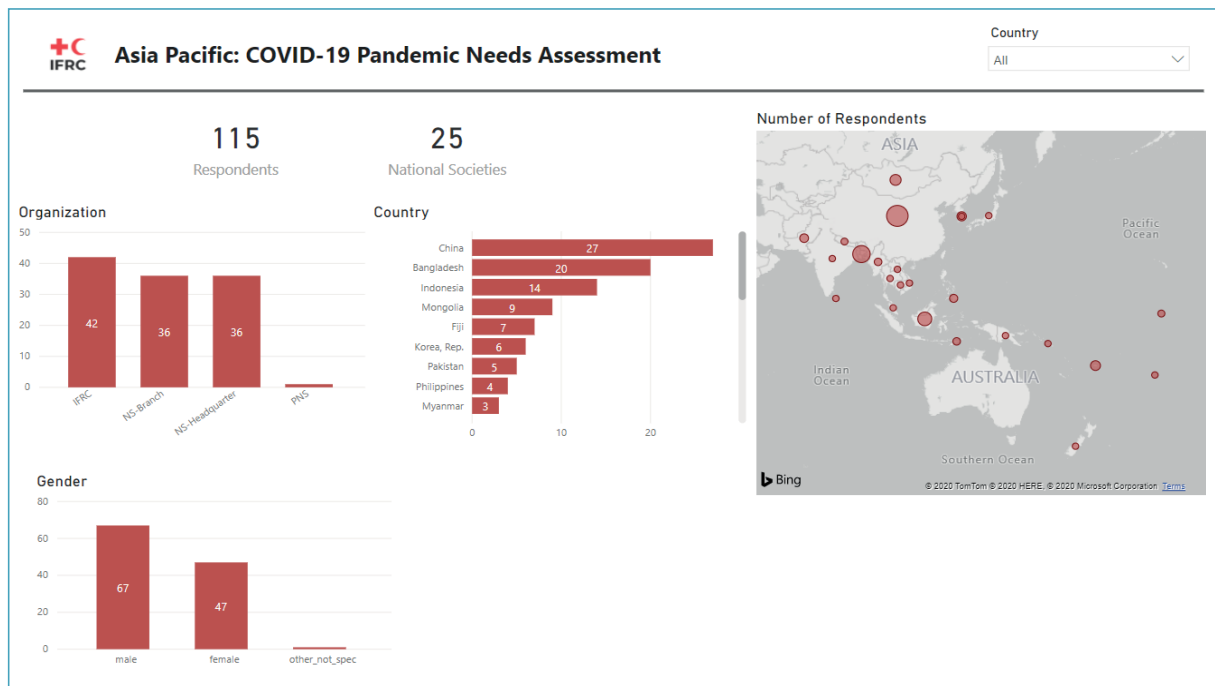
*As the basic education high schools in Myanmar start to open again from 21 July 2020, Myanmar Red Cross volunteers are helping students & teachers practice safety measures to protect themselves from COVID-19. Myanmar, 2020.*

## Appendix 3: Demographics – primary research respondents

### Context Assessments:



### Survey:



## Appendix 4: Assessment management

The Assessment will be managed by a Leadership Group and an Assessment Team. Tasks and composition are as follows.

### Leadership Group

The Leadership Group, comprised of NS, APRO, CCST and CO staff, will support the development and progress of the assessment through the following activities:

- Identify, endorse, and approve members for the assessment team that bring relevant expertise to the Assessment.
- Review the draft roles, processes, and scope for the Assessment Team.
- Facilitate collaboration with NS, CCSTs, COs
- Identify stakeholders and networks that may be utilized for collaboration and sharing of information.
- Provide guidance on strategy
- Provide technical review
- Develop solutions for high level issues that may arise and mitigate against identified risks.
- Contribute to fortnightly meetings (until end of October).

Sector and organization representation of the Leadership Team:

Organization	Sector/Country	Title
APRO:	Leadership	Acting Deputy Regional Director
	Disaster Management	Manager, Emergency Operations
	Disaster Management	Manager Disaster & Crisis Prevention, Response & Recovery
	COVID-19 specific	COVID-19 Needs Assessment Coordinator
	COVID-19 specific	COVID-19 Operations Coordinator
	PMER	Head of PMER
CO/CCST:	Health	Head of Health
	Delhi	Head of CCST (Delhi)
	Jakarta	Head of CCST (Jakarta)
NS:	Bangladesh	Vice Chairman of the BDRCS

### Assessment Team

The Assessment Team, comprised of relevant multi sector staff – NS, IFRC, CCST and Cos, will support the development and progress of the Needs Assessment by providing technical support to the design, implementation, analysis and development of deliverables. Specifically:

- Contribute to the design, data collection & analysis process.
- Collect, collate and validate data.
- Coordinate and provide support to participating NS, CCSTs, COs to facilitate their involvement in the primary research activities. (FGDs, KIIs).

- Draft and review documentation related to member’s country or area of technical expertise.
- Contribute to the drafting of the Assessment report, the development of recommendations and information products.
- Raise any critical issues that may eventuate, or risks identified.
- Contribute to weekly meetings (until end of October).

Sector and organization representation of the Assessment Team:

Organization	Sector/Country	Title/Sector
NS:	Afghan Red Crescent Society	PMER
	Bangladesh Red Crescent Society	Disaster Management, PMER
	Red Cross Society of China	Disaster Management
	Fiji Red Cross Society	Youth
	Indian Red Cross Society	Disaster Management
	Indonesian Red Cross Society	Disaster Management, Health
	Myanmar Red Cross Society	Health, PMER
	Nepal Red Cross Society	Health, PMER
	Philippine Red Cross	Disaster Management, PMER
	PNS:	American Red Cross
British Red Cross		PMER
IFRC APRO:	COVID-19 specific	COVID-19 Needs Assessment Coordinator
	Disaster Management	Operations Coordinator (Recovery)
	Finance	Head of Finance & Administration
	Health (WASH, PSS)	Regional Emergency Health Coordinator
	Information Management	Regional IM Coordinator
	Livelihoods (Cash)	Cash Assistance Coordinator
	Migration	Migration Coordinator
	NSD	NSD Coordinator
	PGI	PGI Coordinator
	PMER	M&E Officer
IFRC CCSTs:	Shelter	Regional Shelter & Settlements Coordinator
	Urban Risk	Regional Urban Risk Management Coordinator
	Bangkok	CEA, Disaster Management, Disaster Risk Reduction, PMERs
	Beijing	Logistics & Procurement
	Delhi	Disaster Management, Finance, PMER
	Jakarta	CEA, Disaster Management, PMER
	Suva	Disaster Management, Health, Livelihoods (Cash)



*Afghan Red Crescent Society volunteers are distributing soaps door to door in one of the districts of Kabul. Kabul, Afghanistan  
20 September 2020*

Organization	Sector/Country	Title/Sector
IFRC COs:	Afghanistan	Disaster Management, PMER
	Bangladesh – Nationwide	Disaster Management, PMER
	Bangladesh – Cox's Bazar	Disaster Management, PMER
	DPRK	Health
	Malaysia	Disaster Management, Urban Risk
	Myanmar	PMER
	Nepal	Health, PMER
	Papua New Guinea	NSD
	Pakistan	Disaster Management, PMER
	Philippines	PMER

## Appendix 5: Stakeholder analysis

	Primary Intended User	Intended Uses
1	National Societies	To better understand operational the impact of COVID-19, effectiveness of the response, impact on the NS and to inform short to medium term COVID-19 related programming.
2	COs and CCSTs	To increase understanding of the impact of COVID-19 in respective countries, critical contexts and across the region which will support evidence-based planning for the short to medium-term.
3	IFRC – APRO	To increase understanding of the impact of COVID-19 across the region, particularly in priority countries, and to provide a body of evidence that can be utilised to effectively provide targeted support to National Society.
4	IFRC – HQ	To better comprehend the regional impact of COVID-19 and response effectiveness that contributes to the movements global understanding of the humanitarian consequences of the pandemic.
5	Partner National Societies	To understand the regional, country and context specific context of the pandemic.
6	Non-RCRC agencies.	To understand the COVID-19 context, how the IFRC, National Societies and non-RCRC agencies are engaged in the response and plans for recovery.



Bangladesh Red Crescent Society teams are rescuing people in Gaibandha district and providing support to those whose homes are being submerged by the floods.

The Global Flood Awareness System (GLOFAS) has issued a flood forecast with a more than 50 per cent probability of a severe 1-in-10-year flood submerging some areas of Bangladesh for at least three days and threatening 4.1 million people. Bangladesh Red Crescent Society is implementing early actions with forecast-based funds from IFRC to protect the lives, property and livelihoods of more than 16,500 people most at risk in three districts: Kurigram, Gaibandha and Jamalpur. Gaibandha district, Bangladesh, June 2020.

## Appendix 6: Stakeholders included in primary research activities

Primary research activities and sector representation sought for countries/contexts participating with the in-depth analysis.

ORGANIZATION	SECTOR	METHOD
National Society – HQ	Management	KII
	Health	
	PMER	
	Disaster Management	FGD
	Volunteer	
	WASH	
	Finance	
	NSD	
	Communications	
	Migration	
	Livelihoods	
	PGI	
	CEA	
National Society – Branch	Management	KII
	Health	
	PMER	
	Disaster Management	FGD
	Volunteer	
	WASH	
	Finance	
	NSD	
	Communications	
	Livelihoods	
	Migration	
	PGI	
	CEA	
Asia Pacific Regional Office	Deputy Regional Director	KII
	Head, PMER	
	Head, Health	
	Head, Disaster Management	
Country Cluster Support Teams	Head, CCST	
	Head, Disaster Management	
Country Offices	Head, CO	
	Head, Disaster Management	

## Appendix 7: Red Cross Red Crescent organizations included in the context assessments

### National Societies

- Afghan Red Crescent Society
- Bangladesh Red Crescent Society
- Red Cross Society of China
- Red Cross Society of the Democratic People's Republic of Korea
- Fiji Red Cross Society
- Indian Red Cross Society
- Indonesian Red Cross Society
- Malaysian Red Crescent Society
- Myanmar Red Cross Society
- Nepal Red Cross Society
- Pakistan Red Crescent Society
- Papua New Guinea Red Cross Society
- Philippine Red Cross

### IFRC Asia Pacific Regional Office

#### IFRC Country Cluster Support Teams

- Bangkok
- Beijing
- Delhi
- Jakarta
- Suva

#### IFRC Country Offices

- Afghanistan
- Bangladesh
- DPRK
- Malaysia
- Myanmar
- Nepal
- Papua New Guinea
- Pakistan
- Philippines

## Appendix 8: Questions and sources of data

CODE	QUESTIONS:	KII	FGD	INFORM	IFRC GO	Secondary data	Survey
<b>IM</b>	<b>What has been the impact of COVID-19 on each country?</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
IM1	What are the most significant primary and secondary impacts of COVID-19?	X	X		X	X	X
IM2	What innovations or coping strategies have individuals, communities or populations implemented to mitigate against the threat of COVID-19?	X	X		X	X	X
IM3	Which population groups have been marginalised from support aimed at protecting the greater population against COVID-19?	X	X			X	X
IM4	Which main sectors and services have been disrupted by COVID-19?	X	X		X	X	X
IM5	What impact has COVID-19 had on NS capacity?	X	X			X	X
IM6	What risks exist that may threaten NS to fund their existing or future operations?	X	X			X	X
<b>VC</b>	<b>What are the vulnerabilities and capacities of each country in terms of COVID-19</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
VC1	What threats and opportunities exist for individuals and communities to adequately protect themselves from this pandemic?	X	X		X	X	X
VC2	What does the existing data indicate in terms of each country's vulnerability?	X	X	X	X	X	X
VC3	What does the existing data indicate in terms of each country's capacity?	X		X	X	X	X
VC4	What capacities and opportunities could be better utilised to control the pandemic?	X	X				
<b>BP</b>	<b>Which areas of vulnerability is RCRC best positioned to tackle in 2021?</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
BP1	What are the gaps that can be best filled by NS?	X	X			X	X
BP2	Which sectors and activities can RCRC best invest in for greatest impact?	X	X	X	X	X	X
BP3	Which locations (countries, contexts or communities) can IFRC best invest in for greatest impact?	X		X	X	X	X
BP4	Which sectors and activities should RCRC withdraw or reduce existing programming investment from?	X	X				
<b>AR</b>	<b>What adjustments to IFRC and NS approaches may be required in order to maximise implementation of activities throughout 2021?</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	
AR1	What are the lessons learned during the response to COVID-19 that may be capitalised on for future programming?	X	X		X	X	
AR2	What are the key risks, barriers and shortcomings associated with the current approach?	X			X	X	
AR3	How will NS effectively manage concurrent emergencies?	X	X			X	
AR4	What are the short-term changes that can be made to maximise efficiency and impact?	X	X		X	X	X
AR5	What long-term and large-scale changes are required to maximise efficiency and impact?	X	X		X	X	X

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** / The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** / It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** / In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** / The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** / It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** / There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** / The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



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