COVID-19 OUTBREAK 12-MONTH UPDATE

REPORTING TIMEFRAME: 31 January – 31 January 2021



Bangladesh, Dhaka. 2021. Bangladesh Red Crescent Society volunteers working alongside the government of Bangladesh in rolling-out the COVID-19 vaccines nationwide. More than 15,000 volunteers are being engaged. Source: Sajid Hasan, IFRC.

STRUCTURE OF THIS REPORT

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

The Federation-wide CHF 1.9 billion appeal laid out the broad support needs. This update reports on the progress in executing this plan over the past 12 months.

The structure starts with a birds-eye-view and then zooms in, looking first at what has been accomplished from the Federation-wide perspective. Next, it looks at the IFRC Secretariat's progress, first globally, then regionally, including country-level National Society response highlights. This report also includes five opinion pieces from regional leadership looking into key areas of attention.

Finally, the interim Financial Report provides information on the level of donor response, income, budgets, and registered expenditure at the end of the January 2021 reporting period, disaggregated by country, regional and thematic level.

CONTENTS

OUR RESPONSE TO COVID-19 3
- Federation-wide Overview 6
- Global operational update 14

AFRICA
- Tackling COVID-19 in fragile and complex contexts 45
- Operational update 48
- National Society response 69

AMERICAS
- Ensuring migrants and host communities are not left behind in the response to COVID-19 93
- Operational update 96
- National Society response 121

ASIA PACIFIC
- 5 steps to tackle climate disasters during a pandemic 156
- Operational update 158
- National Society response 178

EUROPE
- Act now to prevent COVID-19's approaching mental health catastrophe 208
- Operational update 211
- National Society response 238

MIDDLE EAST AND NORTH AFRICA
- Lessons from COVID-19 on supporting national emergency plans 281
- Operational update 285
- National Society response 308

FINANCIAL REPORT 340

Click to return to the contents page

OUR RESPONSE TO COVID-19: A TRUE FEDERATION-WIDE APPROACH

Since January 2020, when we launched the first global emergency appeal, we have been responding to the Covid-19 pandemic and its wide-reaching impact. Although a single pandemic, it has not been a single story. Our National Societies have been at the frontline, responding in their own communities, while also strongly advocating for equal access to health care for those most vulnerable and those most impacted by the loss of livelihoods. One year later, the pandemic is still being fought, and the world and our lives have profoundly changed.

Federation-wide Approach

Our Federation-wide Approach to the COVID-19 operation (the IFRC Secretariat and our 192-member National Societies) reflects both the local and global nature of this operation. The response is primarily a local response, with our National Societies responding to the local needs of those affected by COVID19 in their own countries, based on their domestic Response Plans. At the same time, this is a truly global response, showing the international solidarity of the IFRC's network of member National Societies, working together with IFRC Secretariat support to mobilize and coordinate global assistance to sister National Societies, provide health guidance, design tailored and innovative solutions to social and economic needs, strengthen National Societies' capacities and reach, and leverage logistics supply chains, to enable the IFRC to respond to the immense and ever-changing demands of COVID-19. The global IFRC response is also coordinated with the International Committee of the Red Cross (ICRC) to leverage the complementarity of all members of the Red Cross Red Crescent Movement.

Federation-wide response

As front-line community responders in their local and national context, our trusted **National Society staff and 14 million volunteers**, including youth volunteers, have been scaling up their response to address the divergent health, socio-economic and National Society development needs.

To reflect the **Federation-wide response**, revised Emergency Appeals were launched in March and May 2020 to present the global reach and work of the wider IFRC and reflect the global Federation-wide funding requirement, comprising all support and funding channeled to our National Societies. The Appeal also contained the specific ask for funds channeled through the IFRC Secretariat, to assist our National Societies through our offices in Geneva, the regions and at country level.

The Federation-wide Emergency Appeal was based on the domestic response plans of all contributing National Societies. This ensured linkages between all response activities (including bilateral activities and activities funded domestically), helped ensure good coordination, and helped us leverage all members of the Federation in the country to maximise the collective humanitarian impact. A set of common Federation-wide indicators and reporting mechanism was developed to collect data and give visibility to the entirety of the response.

The IFRC National Societies have been and continue to be uniquely placed to support people and their communities to prepare for and respond to this global emergency. With expertise and experience as health and humanitarian workers in their own communities, the global network of staff and volunteers offer a local presence and experience, supported by global expertise and resources.

IFRC Secretariat's Support

Closing the funding gap

The Secretariat is working closely with member National Societies in countries responding to active outbreaks, to highlight and ensure we fully support those countries most at risk of significant impacts from the outbreak and where there are high-risk communities. IFRC employs a country impact index for COVID-19 to help ensure support is given to those most in need, based on vulnerability and risk factors linked to the pandemic, the humanitarian context, epidemiological risk factors, health system capacity, socio-economic indicators, government preparedness measures and the mandate of the local National Society.

Multilateral funding via the IFRC Secretariat proved to be a lifeline for many low-income National Societies in particular. At a multilateral level, the IFRC Secretariat has been supporting its member National Societies with financial support, in goods, technical guidance and advice, human resource capacity, capacity building (as viable), advocacy, and communications support. To date the IFRC has allocated approximately CHF 217 million to over 162 National Societies.

Special Representative for COVID-19

The IFRC Secretariat support to the COVID-19 operation was scaled up with the appointment in October 2020 of the IFRC Special Representative of the Secretary General (SRSG) for COVID-19. The SRSG was appointed to advise the Secretary General and the Global Leadership Team on issues and necessary actions related to accelerating the implementation of the COVID-19 response globally. The SRSG established a support team that acts as a bridge builder and a catalyst for action with key global initiatives around COVID-19, ensuring that the voice of IFRC is well represented and coordinates closely with the senior management to ensure coherent actions across the different levels of the response.

The SRSG seeks high-level opportunities through humanitarian diplomacy to contribute to improving the response to COVID-19 in the short term through the Emergency Appeal, and to bridge the gaps towards a long-term response, particularly in areas such as: health, WASH, vaccines and prevention; mental health, wellbeing and PGI; livelihoods and humanitarian sustainability; protecting those who protect others, and supporting National Societies' Networks.

While seeking internal and external synergies, the SRSG is overseeing the acceleration of work in areas such as risk management for COVID-19, coordination of learning with the departments in charge, and promotion of a more strategic vision around the Business Continuity Plan Team and the search for sustainable alternatives for the operation of the National Societies and the IFRC in front of COVID-19. Analysis of the opportunities and challenges is being done constantly to support the optimization, integration and adaptation of processes, policies, and strategies to scale and speed up our response to COVID-19.

IFRC Secretariat's Coordination

Membership Coordination

In accordance with its mandate, the IFRC secretariat has prioritized effective **membership coordination** since the commencement of the COVID-19 response. This coordination has occurred at the strategic and operational levels, and in thematic areas. At the **strategic level**, coordination occurs through regular leadership discussions with National Societies, through a National Society Advisory Group in which issues are discussed bi-weekly between the IFRC and a group of National Societies' at the Heads of DM or International Department level, regional consultations with National Society leadership and co-creation of the strategic direction of the response. At the **operational level**, the IFRC secretariat has been instrumental in creating and implementing the Federation-wide approach to the operation described above, including the planning and reporting frameworks, creation of the country support mechanisms to enable sister National Societies to provide peer support, and adapting our human resources frameworks for greater flexibility so that human resources could be shared to enable people to help where they were most needed. The secretariat, with its reference centres

and hubs, has also **co-created** a wealth of resources for use by National Societies on topics ranging from psychosocial support to business continuity planning.

The response to COVID-19 has also mobilized the **collective resources of the IFRC network**, sharing leadership among the IFRC Secretariat and its National Societies. This comprises both thematic support through various co-creation groups and geographical support. These initiatives have resulted in the adaptation or production of innovative COVID-19 tools and guidance of global applicability. This includes creation of a remote online global help desk for NS Business Continuity Planning hosted by GDPC, a Health Help Desk https://www.preparecenter.org/toolkit/healthhelpdesk , Service Desks for Livelihoods and Cash Transfer programming support through the Livelihoods Reference Centre and Cash Hub, an Urban Pandemic Technical Support Service to support urban preparedness and response, a global exchange platform for volunteers (SOKONI) to provide information and space for volunteers, guidance on National Society financial sustainability, and regional guidelines on the inclusion of migrants in the COVID-19 response.

The Federation-wide response to COVID-19 has also involved providing **peer support between National Societies**, through the deployment of country support teams to assist National Societies in their domestic response. Partner National Societies with presence and capacities in a country have supported particular aspects of a National Society's COVID-19 domestic response plans. Partner National Societies have also contributed to domestic responses in other countries, through bilateral partnerships, including cash, in kind-support, and personnel. There is also ongoing work to share and re-purpose human resources from across the network, to strengthen the Federation-wide response.

Movement Coordination

At local, regional and global levels, the IFRC strengthened its collaboration within the Red Cross Red Crescent Movement to streamline its response to the pandemic. It has also strengthened Movement cooperation structures and modalities in line with the Strengthening Movement Coordination and Cooperation (SMCC) process.

The latest revision of the Emergency Appeal was a process of engaging with all IFRC and Movement partners to deliver a unified approach across the International Red Cross and Red Crescent Movement. The revised Appeal was presented in coordination with the ICRC appeal, which carries out actions in response to COVID-19 and provides additional support to National Societies in conflict affected areas. This is part of the wider coordination with the ICRC and enables us to present an ambitious Movement-wide footprint.

Coordination with other humanitarian actors

National Societies and the IFRC secretariat also coordinate their response with the wider humanitarian system, including the UN and international / national NGOs, civil society organizations, and the private sector, through Humanitarian Country Teams (HCTs) and through global clusters and other coordination mechanisms at local, national, regional and global levels. This includes the IFRC's co-leadership role of the Global Shelter Cluster.



COVID-19
Federation-wide Overview

Overview:
This 12 month report on the Federation-wide response to COVID-19 continues the harmonized and transparent approach to accountability across the global Red Cross Red Crescent network of National Societies together with the IFRC.

IFRC's operational framework continues to focus on 3 priorities: I) Sustaining Health and WASH, II) Addressing Socio-economic impact, and III) Strengthening National Societies. A new pillar for immunization and related indicators have been added within the first operational priority to reflect the work of National Red Cross and Red Crescent Societies in this important area. This has been published in an immunization annex to the appeal and preliminary results from NSs are shared in this overview.

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

Please note that the financial and response data in this report is as of **27 February 2021.** To see updated numbers, visit the COVID-19 interactive dashboards on go.ifrc.org.

Data Limitations

- ***Missing data, missing disaggregation and breakdowns:*** National Societies are diverse with data collection systems and processes that may not perfectly align with the standardized indicators set by the Covid-19 operational response framework. Data may not be available for some indicators, for some National Societies. This may lead to inconsistencies across different reporting tools.
    - Disaggregation by sex and age and further data breakdowns are particularly challenging to report on, and National Societies reporting these breakdowns might be smaller than those reporting overall totals.
    - Similarly, National Societies are not required to give full income and expenditure breakdowns, so the number of reporting National Societies will be not be the same across the different sections of this summary.

- ***Reporting bias:*** The data informing this Federation-wide overview is self reported by each National Society (or its designated support entity) and may be subject to reporting bias. The COVID-19 Federation-wide financial overview is not supposed to replace formal financial reporting required by different entities. This means that there might be some differences between formal financial reporting and numbers reported through this overview. The COVID-19 Federation-wide financial overview remains an important tool for global reporting and fast operational decision-making. Some National Societies may have provided estimates for both financial and indicator values.

- ***Global Results and data quality:*** Even though a set of standard indicators is being used to collect and consolidate global results, we also acknowledge that standardization sometimes leads to combining different levels of activities/types of engagement together, despite ongoing efforts to provide definitions and technical guidance. More specifically:
    - Community-based Surveillance data: the question and guidance has been reviewed to narrow down reporting to actual reporting of cases. This has led several National Societies to review their reports downwards.
    - Immunization data: indicators have been introduced on the latest reporting round and many NSs were not prepared to report on their results yet. Data reported is probably underestimating the efforts led by NSs in this area of work either because activities are still being planned or because NSs have not yet adapted their reporting systems to include immunization.
    - Preparedness of volunteers: indicators for preparedness of volunteers have been modified to allow better data analysis. Data reported will now reflect whether NSs are able to provide insurance and PPE protection to their volunteers fully, partially, or not at all.
    - Risk Communication and Community Engagement: data collected through the RCCE indicator includes both direct and indirect reach (disaggregated numbers are available). Counting people reached indirectly through RCCE is complex, usually based on estimations, and risks double counting individuals.

- ***Cumulative reporting:*** Although reporting is cumulative, there are instances when NSs have revised their initially reported figures downwards as activities or financials are re-categorized or if prior reporting errors have been identified. Exchange rate fluctuations also affect financial reporting. Additionally, there are some indicators that are "point in time" indicators, providing a snapshot of the financial sustainability position each NS is in (indicator on the proportion of core organizational budget funded and indicator on availability of unrestricted financial reserves).
- If a National Society has not reported in the current reporting round, or their submission is not validated, the data from the prior approved submission is carried forward.

Response

***172** National Societies reporting Indicators information**

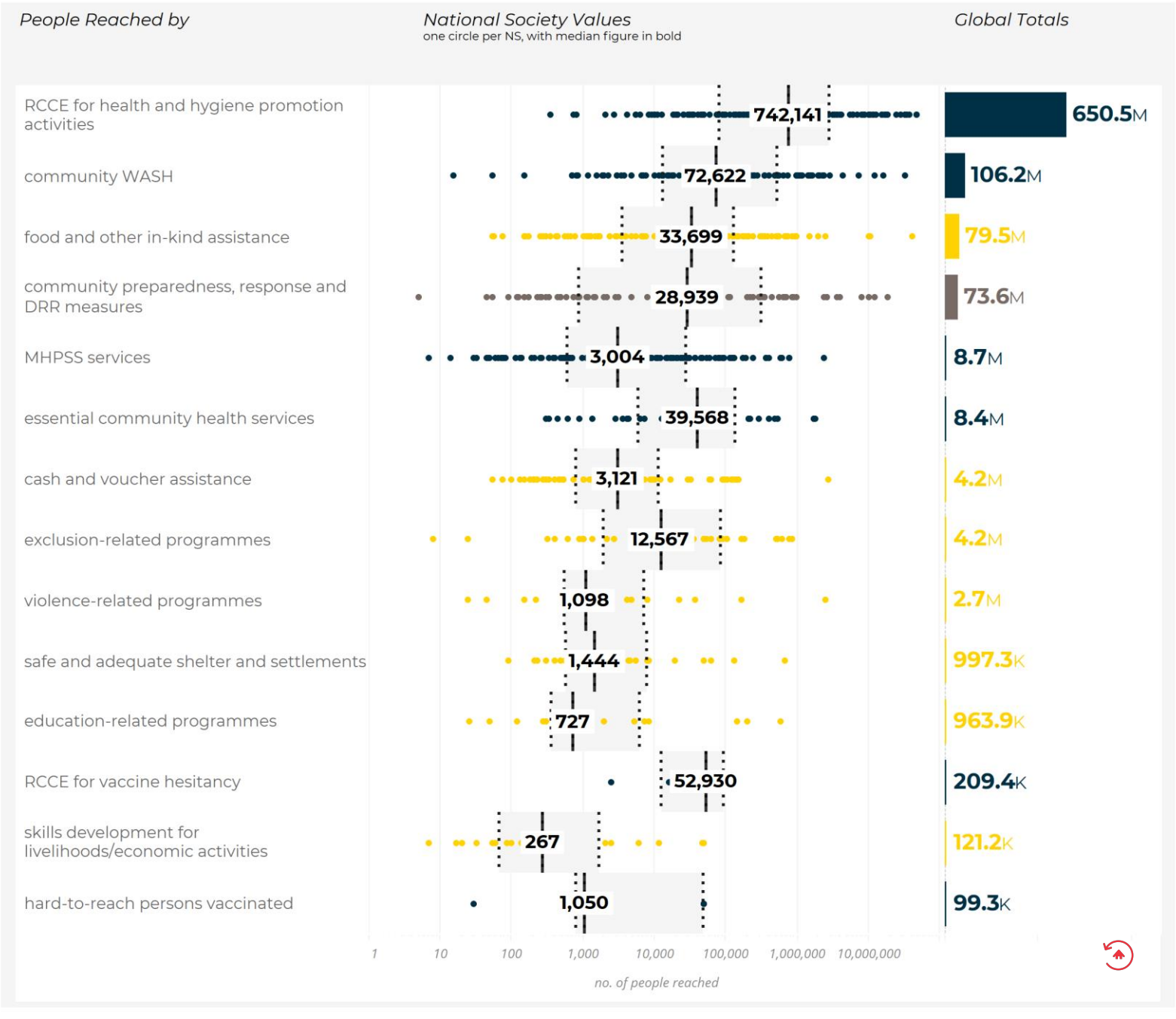
** number differs for each indicator*

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

Risk communication, community engagement (RCCE) and health and hygiene promotion activities carried out by **164** National Societies are now reported to have directly or indirectly reached **over 650 million people** globally. Explore more on the interactive Indicator dashboard on GO.

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

PEOPLE REACHED, BY **INDICATOR**



ALL ACTIVITIES BY **OPERATIONAL PRIORITY**

As of 27 February 2021. Explore more data here.

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

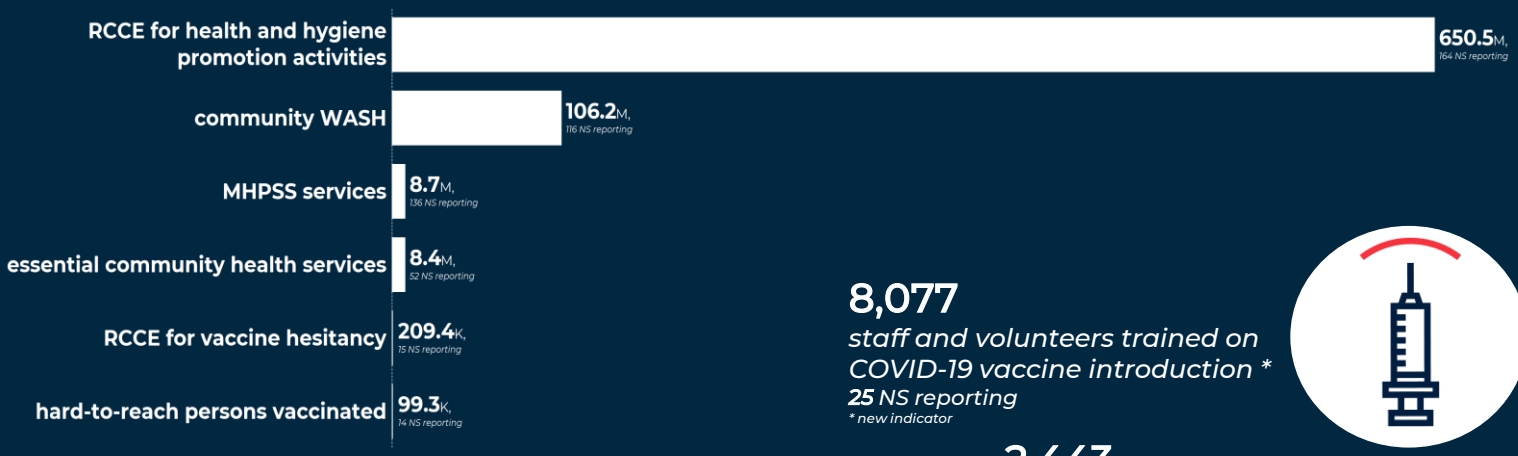
Please note that indicator values should not be summed. The people reached by RCCE may be the same people reached by WASH activities, so adding them together could lead to double counting and inflating data.

I: HEALTH

CHF 722.07M

Curb the pandemic – Prevent Transmission and Sustain Health and WASH

People reached by



8,077
*staff and volunteers trained on COVID-19 vaccine introduction **
***25** NS reporting*
** new indicator*

2,443
*staff and volunteers have participated in routine and supplementary immunization activities **
***17** NS reporting*
** new indicator*

Health Facilities

8,364
HFs supported
***83** NS reporting*

4,314
HFs treating COVID-19
***33** NS reporting*

3,758
HFs maintaining services
***50** NS reporting*

4.0m
COVID-19 cases in isolation receiving material support
***88** NS reporting*

9.7m
people tested
***49** NS reporting*

1.0m
contacts identified
***59** NS reporting*

3.9k
community burials by volunteers and staff
***28** NS reporting*

903.9k
COVID-19 cases received ambulance transport
***59** NS reporting*

154k
*staff and volunteers supporting screening **
***71** NS reporting*
** this figure is lower than the 6 month report as two NSs advised of retrospective corrections*

92.8k
*staff and volunteers trained on COVID-19 risks **
***58** NS reporting*
** CBS indicator definition adjusted this reporting round*

II: SOCIO-ECONOMIC

CHF 499.28M

Tackle poverty and exclusion – Addressing Socio-economic Impact

People reached by





Community Feedback Mechanisms

332.9k

community feedback comments collected
***75** National Societies reporting*

2,361

reports produced based on feedback
***49** National Societies reporting*



329.5k

staff and volunteers trained on CEA
***103** National Societies reporting*



1.6k

branches with specific needs analysis of marginalised groups
***54** National Societies reporting*

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

III: NATIONAL SOCIETY STRENGTHENING

CHF 68.63M

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



116 NSs' volunteers covered by **insurance**

***151** National Societies reporting (fully or partially covered)*
** Indicator basis changed*



149 NSs' volunteers with access to **PPE**

***151** National Societies reporting (fully or partially covered)*
** Indicator basis changed*

National Society Readiness

73.6m people reached by pandemic-proof DRR

***160** National Societies reporting*

134
National Societies are included in government plans

141
National Societies have contingency plans

National Society Sustainability

50%
Avg. core organisational budget funded
*(**106** National Societies reporting)*

55
new income streams
*(**107** National Societies reporting)*

126
National Societies have adapted Business Continuity Plans
*(**161** National Societies reporting)*

47
National Societies have unrestricted financial reserves for 3 months
*(**156** National Societies reporting)*

Income

TOTAL INCOME

1.75B CHF

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

BY REGION



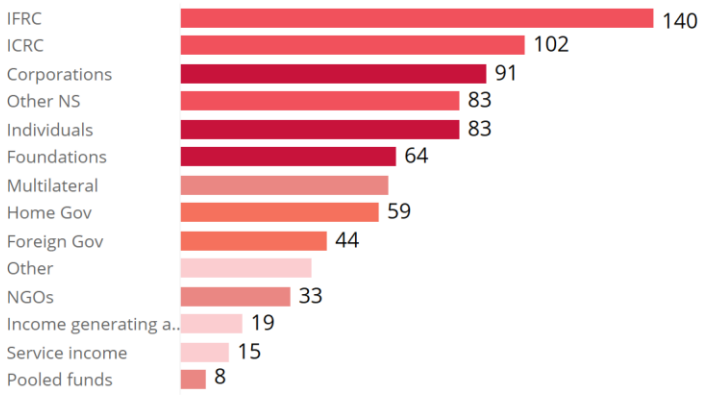
Africa	Americas	Asia Pacific	Europe	MENA
48 NS reporting	*35 NS reporting*	*38 NS reporting*	*44 NS reporting*	*13 NS reporting*
3% of total global income	*20% of total global income*	*34% of total global income*	*40% of total global income*	*3% of total global income*

INCOME **SOURCE** BREAKDOWN

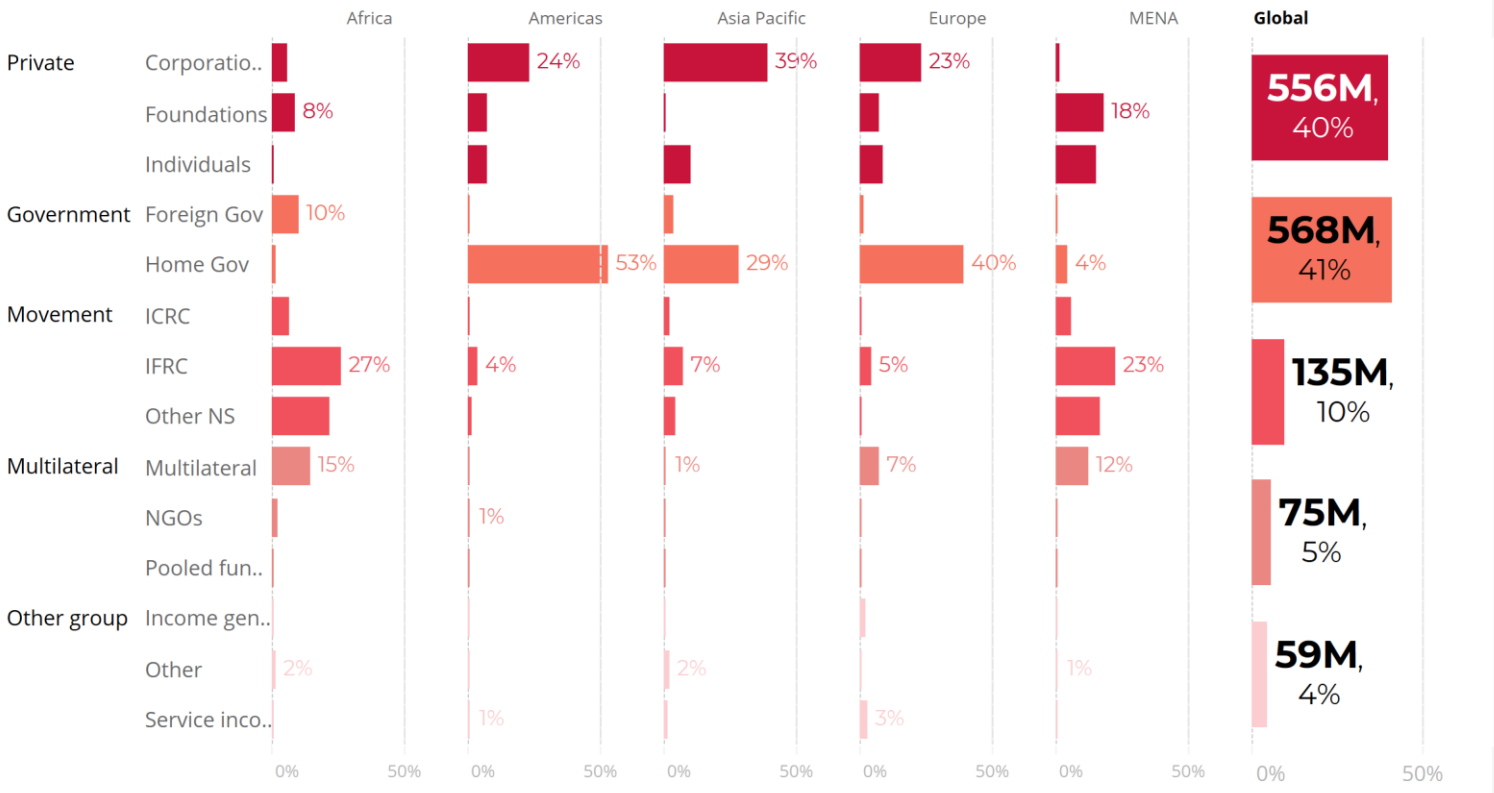
National Societies' reported major sources of income varied between and within regions, in some cases with large single-country contributions making up more than half of the regional percentage breakdowns on the following page. **Private & Government partners** continue to be a major income source for National Societies, together contributing **more than 1 billion Swiss Francs** to the collective Red Cross and Red Crescent efforts to battle COVID-19.

The **Red Cross Red Crescent Movement** still remains a key partner in many areas, with the **IFRC** remaining the most popular source of income for National Societies. **140** reporting National Societies reported income from IFRC in support of their COVID-19 response, which highlights the truly global nature of the federation's coordinated appeal.

no. of NS indicating each income source



INCOME **SOURCE** BREAKDOWN BY REGION & GROUP



178 National Societies reporting Financial information

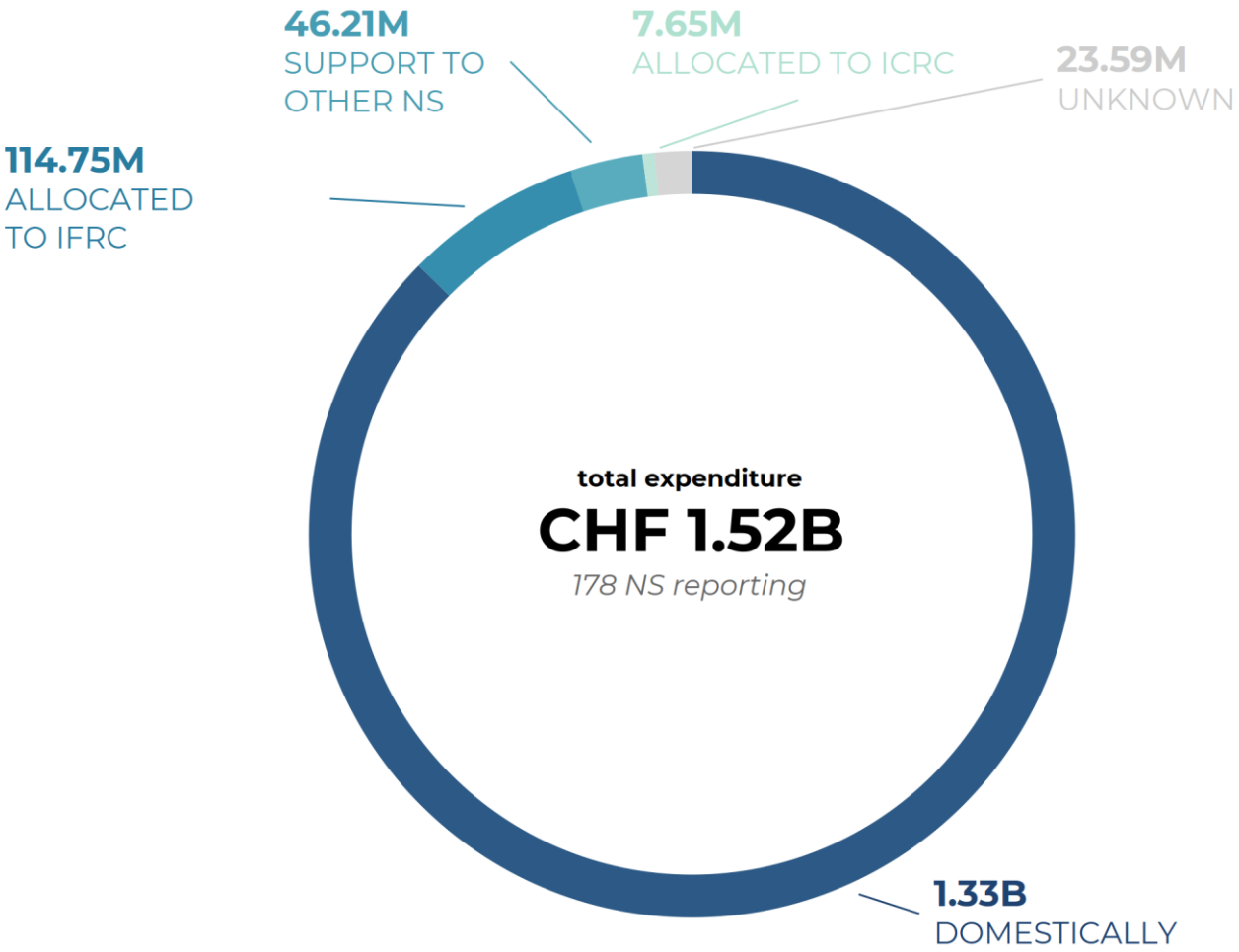
(of which, 127 NSs reported Financial information in February 2021 reporting round)

Expenditure

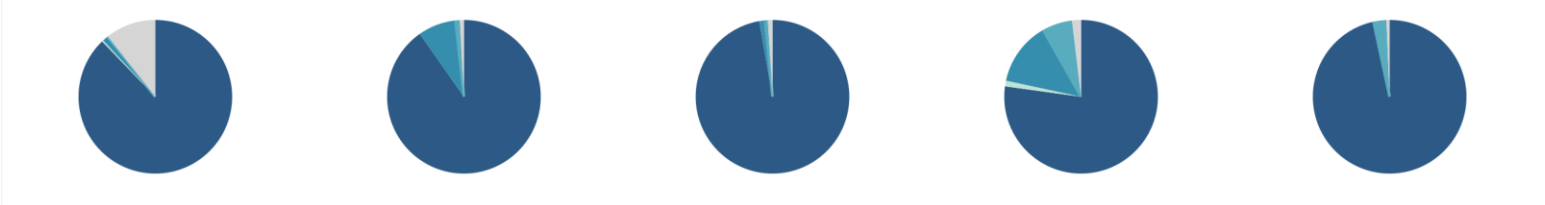
TOTAL EXPENDITURE AND SPENDING **BREAKDOWN**

National Societies reported **CHF 1.5 billion** in expenditure from the beginning of their COVID-19 response. **Over 85%** of reported National Society expenditure was spent domestically.

In this 12 month report, the total expenditure reported is **87%** of the total reported income. In the previous (9 month) report, total expenditure comprised 62% of total income.



SPENDING BY **REGION**



Africa
42M CHF

Americas
315M CHF

Asia Pacific
503M CHF

Europe
618M CHF

MENA
43M CHF

178 National Societies reporting Financial information

EXPENDITURE BY **OPERATIONAL PRIORITY**

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

Since the 9 month report the amount spent globally on each operational priority has increased significantly. In particular the reported expenditure on the **Health** operational priority has more than doubled since the 9 month report.

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

BY REGION



Africa



Americas



Asia Pacific

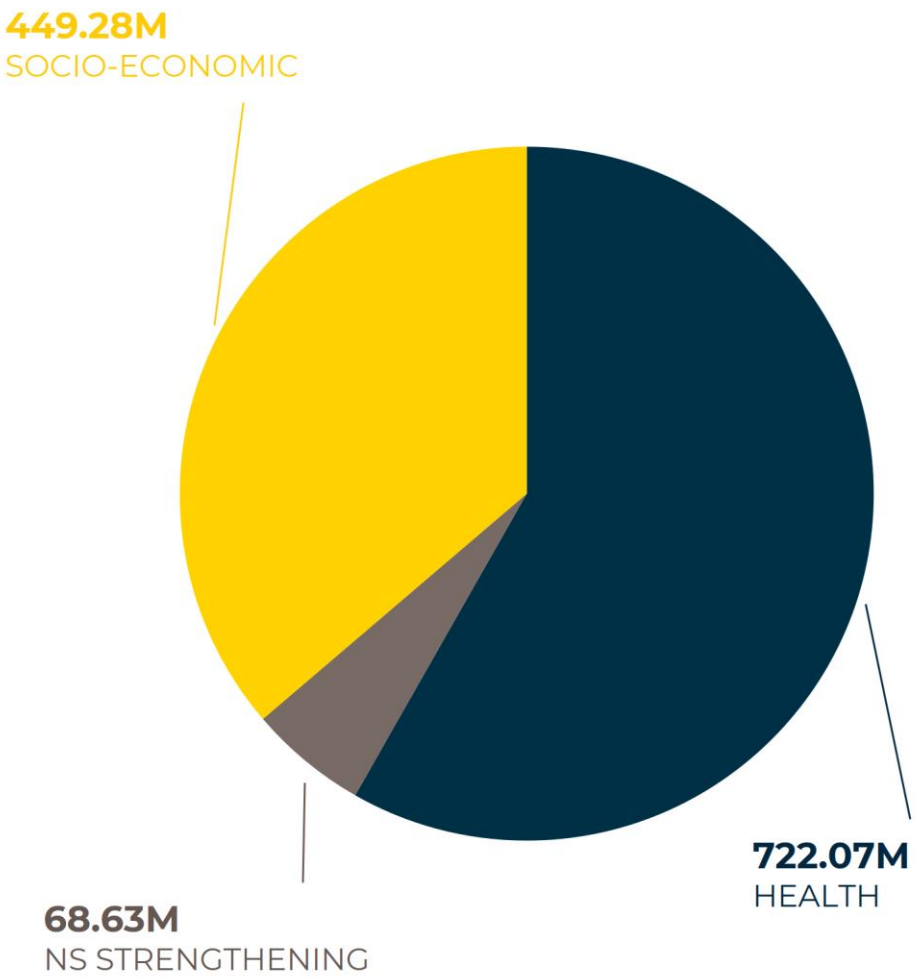


Europe

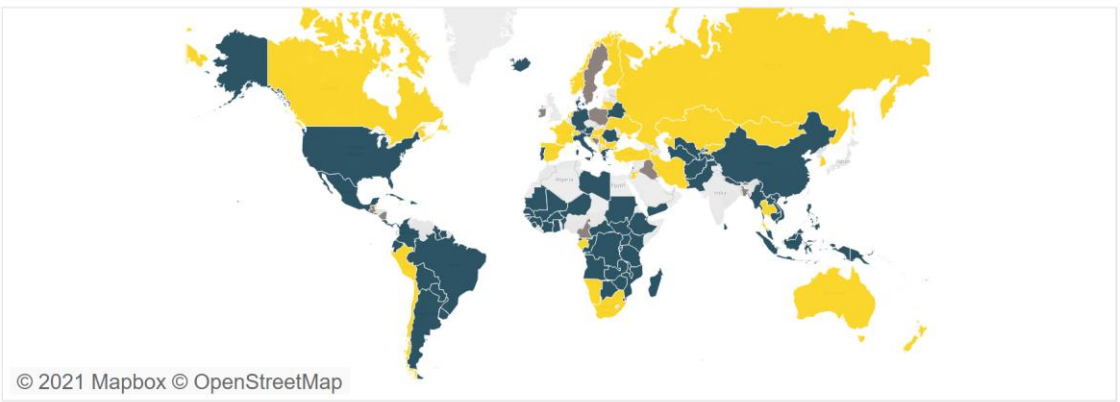


MENA

GLOBALLY



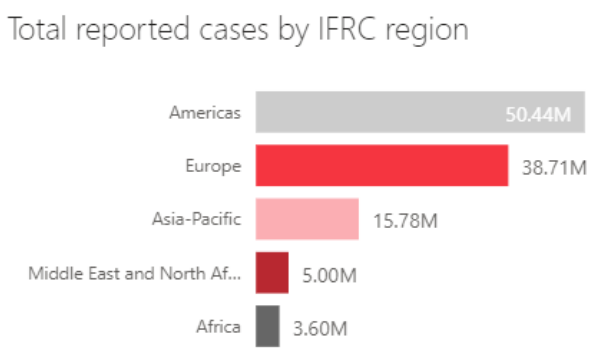
OPS PRIORITY WITH HIGHEST REPORTED EXPENDITURE **MAP**



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

Situation Update

113,820,168 cases reported globally to WHO as of 1 March 2021



Graph shows cumulative cases per IFRC region overtime as of 1 March 2021. Data source: WHO.

For additional analysis visit
https://go.ifrc.org/emergencies/3972#analysis

National Society Response

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



162
Sustaining Health and WASH

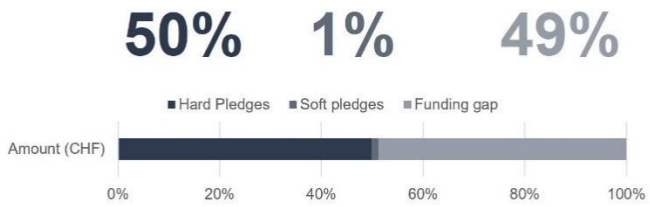
155
Addressing Socio-economic Impact

157
Strengthening National Societies

*Breakdown of pillars in annex and on GO - 1 March 2021

Funding

550,000,000 CHF Required



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

GO Platform

National Society **Field Reports** and Emergency pages can be found **here.**

Detailed up-to-date information on the situation, analysis, RCRC Movement actions, documents and additional information available on **go.ifrc.org**

Useful Links



Technical Guidance - Compendium

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

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

The latest WHO sit-reps are **here** and visualizations at **WHO.**

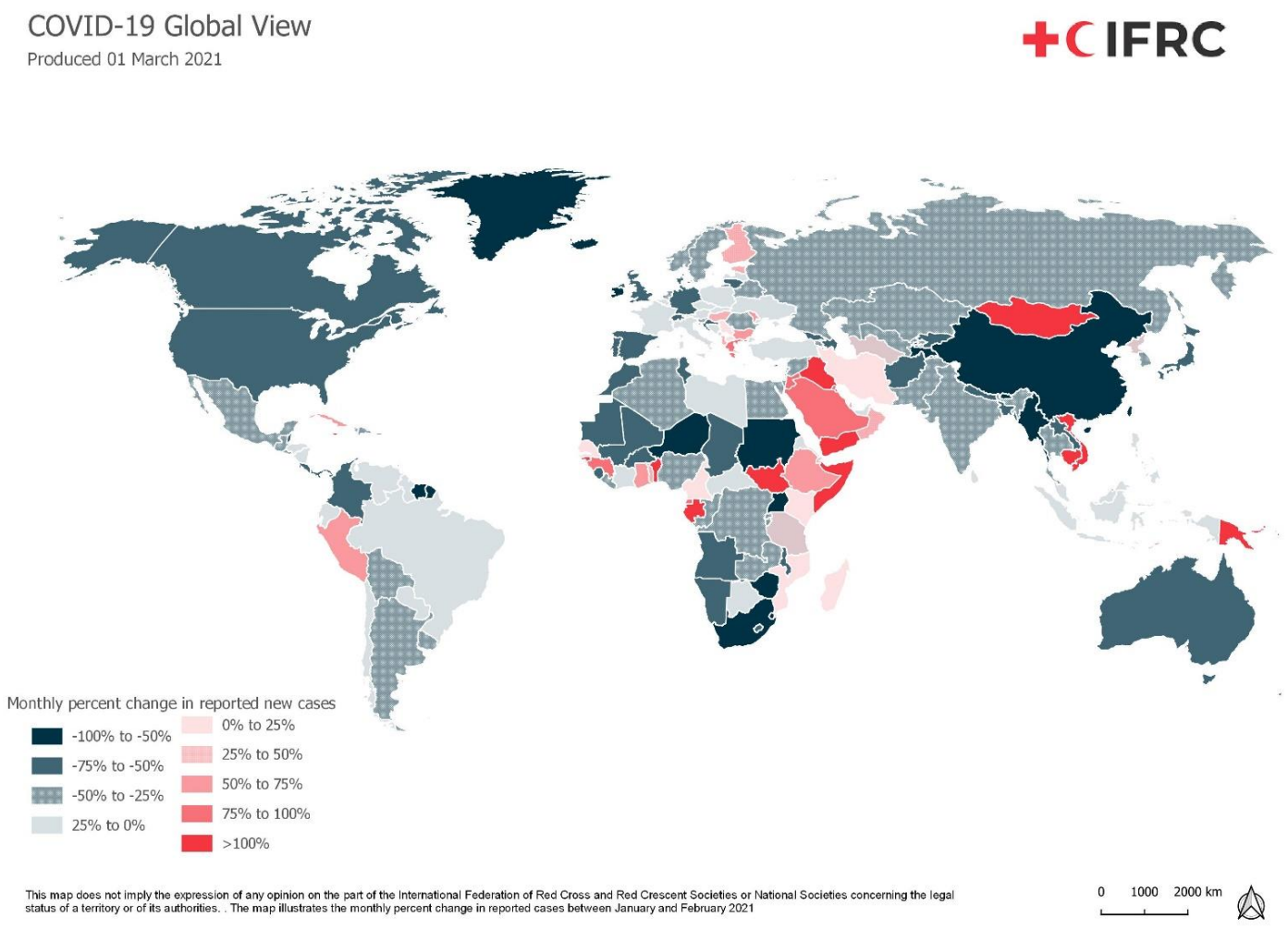
Red Cross and Red Crescent activities globally

Operational Priority 1: Sustaining Health and WASH

Health and Care

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

Monthly per cent change in reported new cases across countries:



Trends: The **pandemic has not progressed equally across the world**; instead, there have been significant variations between and within countries and regions. The numbers of reported cases and deaths due to COVID-19 do not tell the whole story. Lack of health systems and surveillance capacity and globally accepted definitions directly contribute to underreporting cases in the most fragile contexts and those with the most overwhelmed or under-supported health systems. The gap in mortality surveillance—for *all* causes—in many low-resource settings creates significant challenges in determining the true impact of the COVID-19 pandemic on these communities. Likely, the lowest-resources communities and countries are most affected by these testing and surveillance limitations, and some may face transmission and mortality much higher than what is officially reported. Within affected populations, **different communities have also been affected disproportionately in many countries**,

with racialized and Indigenous populations, low-income people, migrants, and others disproportionately likely to be infected and die of COVID-19 than the general population.

The **introduction of vaccines** in many countries is a cause for celebration and caution as public health and social measures are relaxed before a critical mass of vaccination has been achieved within and between countries. Likewise, **the vast disparities in access to vaccines, both within and between countries**, is cause for enormous concern, both from a health equity perspective and from an epidemiological perspective, as unequal distribution of doses allows high levels of transmission to continue in the most vulnerable populations and those with least access to life-saving treatment, and creates opportunities for the emergence of further variants that may undermine the impact of vaccination globally.

The emergence of new variants of SARS-CoV-2 has caused alarm, with several variants of concern—with potential for increased transmission and/or increase morbidity/mortality—becoming prevalent in some of the hardest-hit countries. New variants are expected as virus mutations are common, but uncontrolled or widespread transmission of COVID-19 creates environments in which potentially more dangerous variants become prevalent, and seed into other contexts. This highlights the need to reinforce and maintain public health measures, which have been proven to work against all variants of SARS-CoV-2. The emergence and high prevalence of these variants in some contexts gives rise to concerns about high levels of re-infection among people who have already survived COVID-19, and risks undermining the significant progress made towards developing and beginning to roll out safe and effective vaccines.

Significance of secondary or health system impacts of the pandemic

In a WHO survey of 105 countries, **90% of countries reported disruptions to essential health services due to COVID-19**. Among these,

- 70% reported **disruptions** in outreach and routine immunization;
- 68% in family planning and contraception;
- 61% in mental health treatment;
- and 69%, 55%, 46% and 42% in non-communicable disease, cancer, malaria, and tuberculosis diagnosis and treatment, respectively;
- 32% in antiviral (HIV) treatment.
- Emergency and life-saving care disruptions were reported by 22% of all countries, with urgent blood transfusions disrupted in 23% and emergency surgery in 19% of reporting countries.

These disruptions have significant impacts on population health in the short-, medium- and long-term. A June 2020 report by the Global Fund estimates deaths from HIV, TB and malaria could almost double in 12 months, meaning estimates of upwards of 4.9 million deaths in the coming year from the three diseases in part due to pressures from the COVID-19 pandemic. The reduction in immunization services creates conditions for future epidemics of vaccine-preventable diseases and may increase further as some countries have instituted new lockdowns. For example, research in June 2020 found the average number of daily immunization visits decreased by 53% during the lockdown in Karachi, Pakistan. Even after the lockdown was lifted, there was still a reduction of 27% from normal levels.

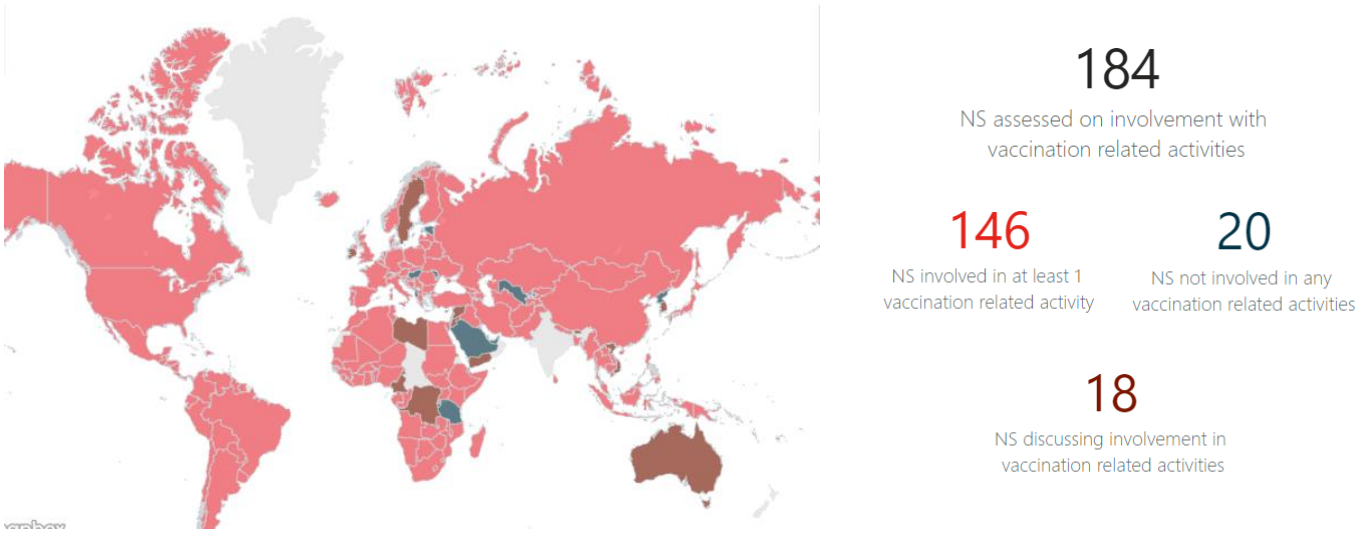
Response:

- Since the start of the response, National Societies have provided **clinical and paramedical care to COVID-19 cases**, including supporting more than **4,314 health facilities** in 33 countries to treat COVID-19 patients and providing **ambulance transport to 903,900 COVID-19 cases** in 59 countries.
- National Societies are key actors to scaling public health interventions to curb transmission of the virus, including supporting **COVID-19 testing** for 9.7 million people in 49 countries; identifying and/or supporting nearly **1 million contacts** of COVID-19 cases in 59 countries; providing material support to facilitate dignity and wellbeing of 4 million **COVID-19 cases in isolation** across 88 countries; dedicating 154,000 staff and volunteers in 71 countries to **screening**; and reaching nearly 106.2 million people in 116 countries with **community WASH** interventions to support handwashing and hygiene measures.
- Maintaining and providing non-COVID healthcare is also critical to prevent the secondary impacts of the pandemic. 50 National Societies report supporting 3,758 health facilities to ensure vulnerable populations

maintain access to essential health services, reaching 8.4 million people. 136 National Societies have reached 8.7 million people with mental health and psychosocial support services (MHPSS).

- While 17 National Societies already dedicate 2,443 staff and volunteers to support routine and supplementary routine immunization, 8,077 staff and volunteers have already been trained to support COVID-19 vaccine rollout. **99,300 hard to reach persons** have already been vaccinated through the RCRC.
- The **IFRC Reference Centre for Psychosocial Support** (hosted by Danish Red Cross) along with the IFRC Health and Care team have been providing support to NS and IFRC offices to facilitate mental health and psychosocial support, promoting psychosocial wellbeing for affected groups, staff and volunteers, and increases awareness of psychological reactions in times of crisis or social disruption. Besides, The Reference Centre has strengthened capacities through virtual trainings, and developed numerous tools and guidelines and made them available on Health Helpdesk and PS centre website (https://pscentre.org/resource-category/covid19/).
- The health team is taking an active role in global lessons learning and coordination for contact tracing.
- Preparing to address the NS needs in terms of supporting vaccination activities in their countries, the IFRC rolled out two global surveys to measure level of **engagement and readiness** for this process.

Map of RCRC National Societies involved in COVID-19 vaccination related activities



National Societies were assessed via multiple methods: The Global COVID-19 Vaccine Rollout survey, the NS Vaccine Readiness tool and/or direct communication with the IFRC Regional Offices.

Gaps to be addressed:

After one year of response, there are still significant areas to tackle to reduce the impact of the pandemic:

- **Core public health epidemic response measures**, including timely and effective contact tracing and surveillance, **continue to be undervalued in many contexts**. Some National Societies face challenges in advocacy and engagement with national authorities to ensure their volunteer networks and capacities are used to the fullest extent to support gaps in the national response outside of their traditional areas of work.
- **Competing priorities** undermine efforts to maintain appropriate levels of routine and preventive care, including routine immunization.
- **Equitable vaccine rollout**: Ensuring access to vaccination is rapidly and equitably available to the highest-risk populations and frontline workers *everywhere* is a critical gap. Likewise, delivery of vaccines in humanitarian contexts, where National Societies are among the only actors with consistent access, remains a critical challenge.
- **Knowledge management and adaptive responses** are linked gaps: National Societies face challenges to learn from other Movement actors' experiences and rapidly adapt large-scale response programming based on evolving epidemiological contexts and evidence of different interventions' effectiveness.
- **Need to pivot from short-term hand hygiene to sustainable WASH access** to provide more efficient services to combat pandemics and reduce the underlying risk factors that increase their impact.

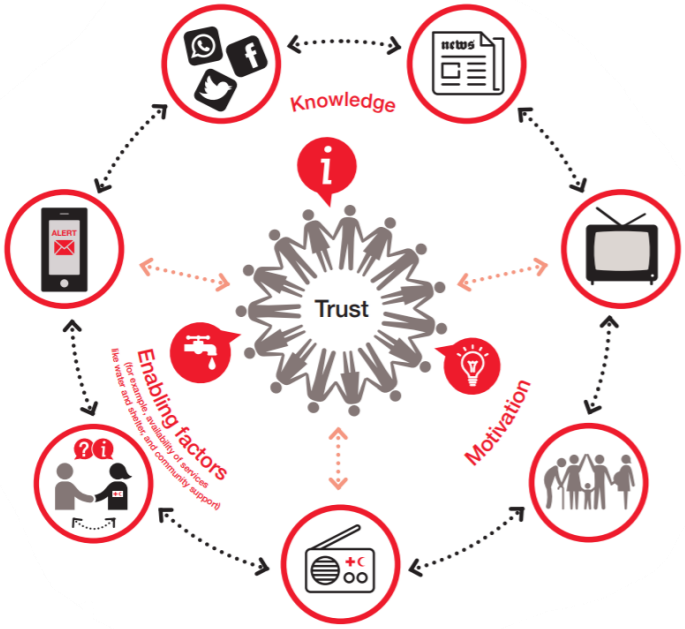


Most used resource:

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

Risk Communication, Community Engagement and Accountability

Trust is a critical currency for an effective response and the deployment and acceptance of vaccines. Consistent dialogue between providers and affected populations is essential to ensure interventions are relevant, contextually appropriate, and co-owned by communities. During the last twelve months, the IFRC HQ fostered the importance of a community-centred approach. Work focused on building a shared vision for the communities' benefit and work together to develop actions that promote both individual and community resilience. The IFRC's approach to community engagement and accountability (CEA) across all aspects of the COVID-19 response is grounded in **understanding communities' perceptions** and adapting our response according to the changing concerns, feedback, questions and suggestions from communities.



Coordination remains paramount to ensure a coherent and impactful response, together with different partners, from business leaders to policymakers, researchers and grass-roots organization. IFRC continues to co-lead with UNICEF, WHO and GOARN, the Risk Communication and Community Engagement (RCCE) Collective Service globally and through two regional hubs in Africa. IFRC's priorities are aligned with the Global Risk Communication and Community Engagement (RCCE) strategy (December 2020) launched by the RCCE Collective Service. The strategy suggests that acting on social listening, community and perceptions feedback is more crucial than ever to respond effectively. Strengthening social and behavioural data collection is the utmost priority for the Collective Service to inform evidence-based interventions and focus on the most pressing needs. The behavioural framework, indicators and questions bank is vital to strength a coherent landscape analysis of the leading behavioural and social drivers in epidemics.

With the deployment of COVID-19 vaccines, community engagement and accountability are central to the TRUST area of the immunization strategy. Together with the Health Department, the CEA unit has secured support from the WHO Solidarity Fund, in collaboration with UNICEF and WHO, to enable the quality and consistency of RCCE approaches for mobilizing communities to uptake COVID-19 vaccines.

Trends:

Since the pandemic onset, National Societies gathered and generated evidence by listening and responding to communities. Through this collection and analysis of comments (feedback, perceptions, rumours, beliefs, concerns or complaints) using tools and trusted communication channels, National Societies have been able to track topics and concerns as they arise and use them to inform and adapt their programming.

Several themes have remained consistent throughout the response, such as the **high frequency of questions around existing and potential treatments for COVID-19**. The type of comments within this category has changed over time; however, **vaccines become the leading topic** in recent months. For example, in the Turkish

Red Crescent's latest COVID-19 KAP survey, nearly 40% of those expressing further information on COVID-19 highlighted vaccines.

Each country and context will have different views on COVID-19 vaccines, as **trust in institutions, cultural factors and accessibility and cost issues will vary by populations and occur at different speeds**. This makes a community-driven approach even more vital, however, as National Societies must adjust their programmes and activities not only to local context, but to rapid changes in government plans for vaccine rollouts. The **side effects and safety of COVID vaccines** have been one of the most popular queries on various social media channels. This has also been confirmed in several of the perceptions surveys that National Societies have run related to vaccines. In Malaysia, for example, national survey results indicate that only 47% would confidently accept a vaccine, with a significant number reporting some hesitancy. The most mentioned concerns were safety and efficacy (25% and 12%), but also the cost (33%).

Pandemic fatigue and mistrust towards the response have been particularly consistent over the last few months. The community engagement and accountability team in the Africa Region, which coordinates a robust feedback system, has highlighted observations about people not following protection measures on public transport, the belief that foreigners are spreading the disease and governments profiting from the situation. The Americas Region, too, has collected evidence through web surveys that show the **people's frustrations regarding non-compliance and difficulty in implementing protective measures in public spaces**.

Communities have also raised **concerns around access to hygiene items and livelihoods opportunities, especially in those populations reliant on humanitarian aid**. A **community feedback report run by the Turkish Red Crescent Society**, with data from 16 Community Centre locations, showed that the majority of the issues reported, 42.2%, were related to the hygiene parcels distributed. The camp population in Cox's Bazar, Bangladesh, also clearly linked limited access to water and hygiene items with preventative measures, reporting **difficulty for people to adhere to preventative measures without them, no matter how clear the messaging is**. **Loss of income is also the community's main worry.** These results from communities continue to reinforce evidence of COVID-19's effect on access to goods and services, as well as economic opportunities.



Shiraz, Iran, 2021. Iranian Red Crescent volunteers are providing COVID-19 awareness and community-based first aid stills for the Qashqai tribes in Firooz Abad region in south-western Iran.
© Iranian Red Crescent Society

Response:

Over the last 12 months, a total of **650.5 million people in 164 National Societies** have been reached through **RCCE/A activities** through diverse and localized channels from face-to-face interpersonal and community outreach activities, to social media, hotlines, WhatsApp Business lines and Chatbots.

The IFRC establishes community feedback mechanisms to understand beliefs, fears, perceptions, questions, and suggestions circulating in communities about COVID-19 to frame our actions better. The Feedback Starter Kit has been updated to support teams in working with communities during vaccine rollout to support this work. Moreover, the COVID-19 Community Feedback Kit, a resource library with the tools and guidance to set up mechanisms for systematically listening and responding to communities, has been widely socialized within regions and National Societies through webinar series and peer to peer coaching.

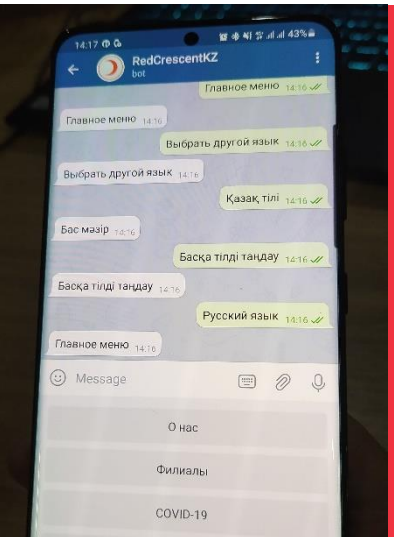
To date, there has been more than **332,900 feedback comments collected and 2,361 feedback reports issued** by National Societies. Feedback data has been operationalized into responses through coordinated and community-based localized actions. With a dedicated Information Management staff supporting the collation and interpretation of the global feedback data, the IFRC gradually consolidates a system to track and respond effectively to local needs, knowledge gaps and misinformation. IFRC launched a Pocket guide for community engagement and accountability practitioners and a Vaccine Question Bank for developing surveys, with support from the RCCE Collective Service. These resources will support the work that frontline Red Cross Red Crescent staff and volunteers are currently implementing to generate demand and deliver COVID-19 vaccines guidance and tools made available by IFRC in over 20 languages, from Swahili, Creole, to Urdu and Nepali.

IFRC continues to strengthen the capacity of National Societies to engage with affected communities collectively. Support continues in developing and coordinating capacity building, peer to peer and technical coaching through distant learning and face-to-face training. To date, more than 329,500 volunteers have been trained in risk communication, community engagement and accountability, and 1,950 people have already completed the RCCE COVID-19 e-learning, now available in 11 languages.

The Community engagement HQ team is also taking an active role in coordinating the Ad-Hoc Community Engagement in Contact Tracing subgroup, whose work has resulted in the annex of RCCE in Contact Tracing principles in the revised WHO Contact Tracing Guidance.

Gaps to be addressed:

- There is increasing evidence of a decline in people's perception of infection risk in many communities. They are less inclined to practice prevention measures due to pandemic fatigue and wrong expectations about how COVID-19 vaccines will halt the pandemic and bring the population back to normal. Red Cross and Red Crescent **volunteers need support to ensure that communities are aware of risks** and continue to practice preventive behavioural measures, alongside the introduction of COVID-19 vaccines.
- Access to timely and trusted information and channels where to ask and get advice about COVID-19 vaccines represents a challenge for population in the move. It will be important to leverage the work that has been proven to be efficient with WhatsApp lines in contexts such as Ecuador and Peru to avoid migrants, refugees and other vulnerable groups are not left behind.



Almaty, February 2020. A social media chatbot has been launched in an innovative bid to share accurate, trusted information to counter vaccine hesitancy. The chatbot was developed by the Red Crescent of Kazakhstan and the International Federation of Red Cross and Red Crescent Societies (IFRC). It followed research undertaken late last year by the IFRC and the Red Crescent that found high numbers of people saying they would refuse the coronavirus vaccine for themselves or their children.
© Kazakhstan Red Crescent



- Health workers and the community workforce play a vital role in promoting vaccine uptake. Recent data revealed that the lack of awareness and knowledge among medical students and health workers about immunization resulted in significant vaccine uptake barriers. There is a **need to gather and respond to feedback and perceptions from RCRC staff and volunteers at the frontline** to tackle better vaccine acceptance issues and community concerns.
- IFRC is setting up a more streamlined and updated knowledge sharing and learning system for RCCE/A. But it requires **long term dedicated human resources and financial support**.
- A **common M&E framework for RCCE** to collect the evidence, observe the changes and identify the challenges is vital to ensure evidence drives and shape programmatic changes.



Most used resources:

- **Pocket guide for community engagement and accountability practitioners.** Designed for Red Cross Red Crescent volunteers; RCCE/A practitioners; civil society organizations, and other stakeholders responsible for conducting community engagement activities in the rollout of COVID-19 vaccines. This guide offers a convenient way to have key information and advice at your fingertips.
- **COVID-19 Vaccines FAQ(s):** A compilation of Frequently Asked Questions about COVID-19 Vaccines, including questions around safety, access and distribution.
- **COVID-19 Community Feedback Kit:** A resource library with the tools and guidance to set up mechanisms for listening and responding to communities in our response to COVID-19.
- **Recommended key questions on vaccine uptake and hesitancy for use in assessments:** More in-depth library of questions on COVID-19, including additional vaccination questions, are available on the RCCE Collective Service COVID-19 Question Bank.
- **The Pandemic Fatigue first aid kit:** This Community Engagement First Aid Kit provides tips on revitalizing community engagement approaches to overcome pandemic fatigue.
- **Global Repository of COVID-19 IEC Materials** including infographics, posters, videos and other key IEC materials in different languages.
- **Risk Communication and Community Engagement Training Packages & Webinars** with a range of global and regional training packages as well as the latest thematic webinars held by IFRC and partners.
- A monthly CEA Newsletter is shared widely, including COVID-19 related content.

Access to all RCCE resources on the **Community Engagement Hub COVID-19 section.**

Operational Priority 2: Addressing Socio-economic Impact

Livelihoods and Household Economic Security

Trends:

The pandemic continues to have massive wide-ranging secondary impacts that affect the food security and livelihoods of vulnerable and marginalized populations worldwide. Work, working hours and markets have been disrupted almost everywhere. ILO calculated that in 2020, 9% of working hours were lost globally, equating to 255 million full-time equivalent jobs, with high impact in LAC, Southern Asia and Southern Europe. Those working in the informal economy are hardest hit, and estimates indicated that up to 1.6 billion informal workers would be negatively impacted, with early evidence showing a 60% drop in their income in the first months of the crisis.

A sharp increase in food insecurity has been seen, and this has continued to rise. WFP reported in November 2020 that 272 million people are acutely food insecure or at risk, in the 79 countries where WFP operates, due to the

compounding effects of COVID-19. This is an increase from the 121 million reported in June 2020. The number of undernourished people is currently estimated at 690 million[1].

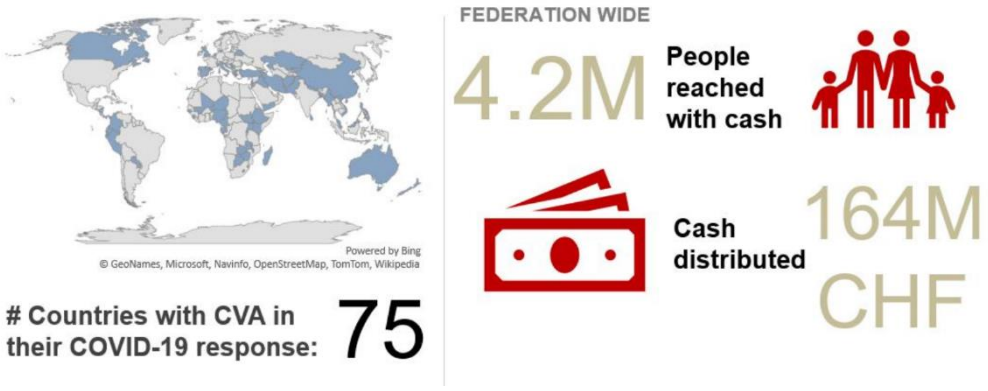
Poverty, and the associated inequality, is rising. In December 2020, UNDP estimated that the pandemic's long-term effects could push 207 million people more into extreme poverty on top of the current trajectory, bringing the total to over 1 billion by 2030. UNICEF and UN-WOMEN highlighted the disproportionate impact on child poverty, and poverty rates for women and girls, caused by the crisis.

What is now clear is **how the impacts differ across regions and sub-regions and which population groups are worst affected**. Workers in the informal sector are more affected due to a lack of access to any social safety net and quality health care. In many places, restrictions and social distancing have affected their livelihood. Migrant workers are another vulnerable group, and in some contexts, they have been unable to work and are unable to return home. In some countries, tourism workers are severely affected, especially in small island nations in the Caribbean and the Pacific. In Asia, many countries are indirectly affected by the collapse in remittances sent home by overseas migrant workers.

Even as restrictions ease in some countries, vulnerable families have depleted their coping mechanisms, having used their savings, sold productive assets, taking on debt, and will find it difficult to recover their livelihoods without support. While Government assistance has ramped up in most countries, and there has been some progress on scaling up social protection systems, it is insufficient to meet the needs and reach the most vulnerable.

Response:

National Societies have responded in a wide range of ways, with food assistance, cash assistance to help meet basic needs, and support which protects livelihoods, or supports the restart of disrupted livelihoods and small business activities. The Livelihoods Resource Centre (LRC) has been the key partner in developing our technical approach, as well as providing the necessary support to National Societies.



Cash and voucher assistance (CVA) continues to scale up in the COVID-19 operation, with 75 National Societies providing some form of assistance using this modality under the IFRC Appeal. The majority of this is multi-purpose cash assistance to meet the basic needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19. Under the overarching **Federation-wide response, 4.2 million people have been reached** with cash and voucher assistance by 75 NS. This includes the Turkish Red Crescent's assistance of more than CHF 46 million to almost 2.7 million people in Turkey under the Emergency Social Safety Net (ESSN) and their Social Service Department programmes. Also included in the Federation-wide response is the IFRC Secretariat's support of CHF 4 million cash distributed to 235,000 people.

One of the challenges in delivering cash with many National Societies was the lack of pre-agreements in place with financial service providers (FSPs) and the need to ensure that they were flexible for this emergency and compatible with IFRC procurement standards. It typically takes up to 6 months to establish an agreement with FSPs, including a formal tender process and due diligence exercise. Given that this was a common blockage, an FSP procurement task force with members from IFRC logistics, CVA, and finance, was convened to analyze the issues and recommend a way forward. The final report was submitted in October with 18 recommendations to improve the

1 Joint statement by ILO, FAO, IFAD and WHO.

process and mitigate these issues. This is now under review by the IFRC Logistics team and we will work closely to understand how they can be taken forward to enhance our ability to respond.

Another challenge has been balancing safety protocols concerning face-to-face interactions with communities. This resulted in greater uptake of digital technologies for data collection (e.g., self-registration and mobile data collection), remote monitoring, and provision of payments through digital means (e.g., mobile money, prepaid cards), ensuring safety and security of beneficiaries, staff and volunteers. 80% of cash programmes in Africa planned to use mobile money. The teams reinforced data management and data protection due to the amount of data collected from populations. Practical guidance on Data Protection for CVA was published to help cash practitioners identify risks and apply data protection principles in their CVA activities. IFRC continues advocating robust data management solutions such as **RedRose** to increase efficiency and ensure data is kept safe and traceable for audit and accountability purposes.

It was recognized that well-prepared National Societies allow for flexible and agile response in an emergency. A fast-track cash preparedness approach has been developed, which is being piloted in 5 National Societies. This approach is an adapted version of the RCRCM standard CVA Preparedness, focusing on establishing minimum requirements to deliver CVA in a timely, accountable and effective manner. The fast-track approach does not intend to replace the standard CVA preparedness approach but could be used as a starting point for longer-term CVA preparedness for NSs. This approach will be evaluated once the pilots are completed, and future use of this approach will be subject to the lessons learnt from the pilots.



The Pakistan Red Crescent Society (PRCS) built up its expertise in CVA since 2016. It is part of the national Cash Working Group and its technical staff can be deployed to carry out market assessments and cash disbursements. PRCS **invested in improving its information management (IM) capacity** linked to its digitalization strategy. Trainings on IM, mobile data collection tools, and pilot testing of Red Rose were key components of the cash preparedness. These tools have been used in several operations since 2018.

In course of the COVID-19 crisis in 2020, PRCS scaled-up its response and targeted rural and semi-urban populations on low-income and women-headed households in remote and marginalized areas. Previous cash preparedness and use of digital platforms has been critical in ensuring efficient cash and voucher assistance. By the end of 2020, PRCS reached **48,500** people with cash in its COVID-19 response. IFRC supported PRCS in provision of cash grants to **5,000** people while German Red Cross provided support to **43,500** people. For these interventions, PRCS used RedRose system for beneficiary registration and data management. PRCS also provided cash grants to **770** females as part of Woman Economic Empowerment Initiative project.

COVID-19 has been an accelerator for IFRC's cash action globally with surge support and secondments to regional cash teams enjoying record levels of support from all IFRC membership. The role of the Movement's Cash Hub, hosted by the British RC, in supporting knowledge, learning, and practical support to programmes has been instrumental in strengthening our reach. The Cash Hub has been providing remote technical advice on all aspects of CVA via the remote help desk, and has conducted 18 webinars covering various topics related to CVA and attended by 120 people, on average, mostly from NSs with some external participation. The increased appetite for cash and voucher assistance across the IFRC and its membership has influenced and ensured a strong commitment to the IFRC's ambitious Plan and Budget targets which will see 50% of our humanitarian action delivered through cash by 2025. Furthermore, there has been increased interest globally to link CVA with social protection schemes, which is an opportunity for NS's to strengthen their national response.

In terms of **wider livelihoods interventions**, several National Societies have gone beyond providing food assistance and cash assistance that meets basic needs, to address livelihoods protection and support restart of income generating activities. For example, through one multi-country project, 14,255 families were supported via the IFRC secretariat appeal by eleven National Societies across all five Regions, with assistance, both cash and in-kind, to protect livelihoods, avoid depletion of productive assets, and to support the restart of disrupted income generating activities. This includes 400 women in Tajikistan that will be able to start a new income generating activity thanks to provision of livelihood assets (sewing machines, sets and consumables) and professional sewing courses.

National Societies have been involved in **supporting national social protection mechanisms or social safety nets**. In some cases, this involves working with governments on targeting criteria or transfer values or supporting authorities to reach the most vulnerable with new or temporary social protection mechanisms.

Coordination & technical support: The Livelihoods Helpdesk, hosted by the Livelihoods Resource Centre (LRC), has been key in providing the technical support required to such a large number of National Societies. The Help Desk has dealt so far with 76 requests for technical support from 38 National Societies, as well as from CADRIM and the IFRC Secretariat.

The main requests are for advice on assessment tools, and review of response options and plans. LRC also has 13 online technical training courses either underway or completed, with 368 NS staff registered. This includes 5 of the Livelihoods Programming Course, 6 of the Cash Transfer Programming Course, and 2 of the Emergency & Recovery Livelihoods Assessment Course. 16 webinars reaching more than 774 NS and IFRC staff have been held in different regions to discuss technical aspects of livelihoods programming in the COVID-19 context. The Livelihoods Centre COVID-19 page and other materials produced for COVID-19 have reached 33,251 people on Facebook and 34,200 people on Linkedin.

Below some **quotes from the satisfaction survey**s on the use of the **Helpdesk:**

"The support requested had a quick turnaround time from the Livelihoods Resource Centre, which was much appreciated. It also added value to the survey on which support was requested, so it was very useful "

"Cette plateforme en ligne offre la possibilité à tous d'échanger sur les nouveaux paramètres a prendre en compte pour améliorer et/ou renforcer nos interventions"

"Creo que el Servicio de Asistencia Online dinamiza mucho el acceso con el Centro de Medios de Vida, era un paso necesario"



"Debemos hacer más incidencia entre los dirigentes de las Sociedades Nacionales, sobre la importancia de priorizar acciones que ayuden a desarrollar la temática de Medios de Vida"

"Merci de continuer dans votre élan de soutien surtout la diversité de langues"

The LRC and Global Disaster Preparedness Center (GDPC) collaborated on an initiative to increase the resilience of microenterprises in Latin America. Building upon GDPC's Business Preparedness Initiative and the **Atlas: Ready for Business** mobile application, both centres adapted the content for microenterprises and commissioned a regional marketing strategy to pilot the tools across Ecuador, Peru, and El Salvador. Key activities included the creation of micro-enterprise content for the app, inclusion of a business plan development module, the development of partnership-building tools for National Societies, and collective testing of the mat erials to support future piloting. A small cash grant was provided in addition to implement the recommended actions from the contingency planning process which will further increase their businesses resilience. A total of **126 micro enterprises also benefited**, with 51 in Ecuador, 34 in Peru and 41 across El Salvador. The following testimony is from one of the businesses in Ecuador that went through the program.





A short video with the testimony of Elizabeth and other beneficiaries is available **here.** This initiative has generated good learning and experience, and there is an opportunity to scale-up, both in these three countries, but also with other National Societies.

A set of **technical guidelines and tools** have been produced especially for the COVID context – 17 in total. These cover such topics as possible interventions, targeting in urban and rural contexts, and household surveys to assess impact of Covid-19 on Livelihoods and Food Security. These are translated into various languages and shared in social media and on the LRC website.

Gaps to be addressed:

- The socio-economic impacts of the pandemic will continue to affect food security and livelihoods in diverse ways across the different Regions. National Societies have made a start in providing basic assistance to the most vulnerable, but enormous needs remain, along with the motivation of many National Societies to **do more to support livelihoods recovery**. This requires a renewed focus on fundraising for this thematic area, coupled with maintaining the structure of technical support which has been put in place to support the livelihoods programming of National Societies.

- Supporting livelihoods recovery requires National Societies to consider how, for their target groups, **livelihoods strategies have to be adapted to the new normal** of the pandemic; also how recovery from this crisis can support more **resilient and green livelihoods outcomes** for affected communities.
- National Societies can explore how their assistance can link to or align with **social safety nets or national Social Protection systems.**
- Regarding the scale-up of CVA: work must continue to **streamline the procurement process with FSPs**, to support National Societies to provide cash assistance faster; while National Societies who are new to CVA need to **fast-track their cash preparedness** efforts.

Most used resources:

- FSL Response options for COVID
- Targeting in rural and urban settings guideline and tools

The Livelihoods Help Desk, and all relevant technical resources, is available **here through the Livelihoods Resource Centre website.**

Protection Gender, Inclusion (PGI) and Education

Protection, Gender and Inclusion

Trends: The unprecedented increase in existing and new inequalities caused by the primary and secondary impacts of the COVID-19 show that it **impacts different people differently.** As the pandemic changes in scale, massive efforts are required to ensure that no-one is being left behind by the community, local, national, and international response and ensuring those in vulnerable situations are visible within priorities to address the pandemic. While varying country to country, persons being pushed into vulnerable situations including children, youth, girls and women, older persons, persons with disabilities, indigenous peoples, migrants, refugees, female-headed households, those who are unemployed, with low levels of education, people with low-wage jobs, working in the informal sector and engaged in precarious jobs without social protection, people living in rural and remote areas, people living in homelessness, confined in prisons, and without access to justice.



Volunteers and staff of Georgia Red Cross continue to distribute food and hygiene parcels to socially vulnerable elderly people and families affected by COVID-19.

© Georgia Red Cross Society

Response:
National Societies are well-placed to ensure both immediate and long-term sustainable support to people affected by increases in violence, discrimination and exclusion linked to COVID-19, thanks to their work to support excluded and marginalized people before, during and after crises of all kinds. **127 National Societies** are conducting activities related to social care and cohesion, and support to vulnerable groups, **1,235 branches** include an analysis of the specific needs of marginalized groups in their assessments**, 2,834,411 people** were reached through exclusion related programme, **1,021,081 people were reached through violence related programmes** In a survey conducted by the Movement Protection Advisory Board, **68%** of responding National Societies indicated that they are using guidelines prepared for the COVID-19 response by the IFRC.

The global coordination of a strategic approach to PGI has laid the foundation for National Societies to respond to risks of violence, discrimination, and exclusion and most importantly, created opportunities for peer exchange and learning webinars to support National Societies.

7 guidance notes were developed of which one is accessible in 5 languages; **3 red talks**, **15 webinars** as well as multiple **online training sessions** were delivered for general audience as well as PGI and other professionals addressing child protection, SGBV, disability inclusion, working with older people, trafficking in persons, child friendly messaging and child participation.

Gaps to be addressed:

- Better mainstreaming of PGI by working with other sectors is needed. This entails systematically ensuring full compliance with our own IFRC Minimum Standards to PGI in Emergencies in all aspects of the response with specific attention to Child Protection, SGBV (including PSEA) and Trafficking in Persons,
- Strengthened collection and use of disaggregated data for sex, age and disability.
- Integration of specific priority to prevention and response for SGBV, Child abuse or neglect, and Trafficking in Persons in appeals and workplans is still limited despite the efforts to train national societies and secretariat staff and volunteers in risk mitigation and response.
- Particular attention must be paid to considerations of who is being affected and how in relation to issues of protection, gender and inclusion. The increased poverty, its negative outcomes and as well as the stress due to lock down or other preventive measure has different effects on people based on their sex, gender and other factors, including age, disability, sexual orientation, health status, legal status, ethnicity, and other aspects of the person and the society they find themselves in.
- Remote working limitations pose particular constraints and challenges in addressing such sensitive and inter-personal challenges that PGI addresses; the digital and remote modalities do not cater to the needs for quality ensuring capacity and competency in addressing PGI related risks and impacts (these are being addressed by Remote Training of the Trainer courses & e-modules to facilitate capacity building)

Most used resources:

- Covid-19: working with young people
- New manual on enhancing child participation and leadership during COVID-*19*
- Guidance on working with older people during Covid-19
- PGI in Emergencies Toolkit
- Online Briefing on SGBV Core Concepts and Safe Referrals is available on Sokoni platform in French and English
- Addressing SGBV is everyone's responsibility video.

All PGI guidance notes on COVID-19 are available from **Protection Gender and Inclusion – section of the Covid-19 Compendium on the Prepare Center** website.

Education:

Trends:
As it exacerbates pre-existing education disparities and threatens to cause multigenerational learning losses, Covid-19 seriously risks reversing decades of progress and investment in the education sector, especially in

support of the most vulnerable. The unprecedented disruption of education due to Covid-19 increases girls and young women vulnerability to child marriage, early pregnancy, and gender-based violence - all of which decrease their likelihood of continuing their education[2]. A Save the Children report shows that children with disabilities have been given significantly less education than non-disabled children. The UN estimates that some 23.8 million additional children and youth (from pre-primary to tertiary) may drop out or not have access to school next year due to the pandemic's economic impact alone (link). According to the World Bank, 25 per cent more students may not achieve the minimum level of proficiency needed to participate effectively and productively in society and in future learning, because of the school closures only[3]. As per UNDP's simulations and for the first time in history, the Human Development Index -of which the education dimension accounts for a third- will show a striking decline[4].

Response:

The operational focus of the past year was to support the network in strengthening its capacity to address education-related needs, including through the integration of education-related considerations across sectors. For this purpose, technical guidance, tools and advocacy, as well as opportunities for peer exchange, collaboration and learning were provided. Our work has supported 192 National Societies with guidelines that have been adapted to the different contexts, including language and cultural adaptations.

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

A series of 7 bi-weekly webinars on the RCRC Education Response to Covid-19 as well as a Virtual Summer Learning Series of **35 live online sessions** on diverse topics (e.g., first aid, international humanitarian law, empathy and migration, respect for diversity and power relationships, shelter and settlement, psychological first aid, human trafficking, SGBV, diverse SOGIESC, disability inclusion, safe housing, DRR, conflict management and positive communication) were organized and reached out a total of 2,000 individuals from 100 countries. The IFRC's flagship initiative "Youth as Agents of Behavioural Change" (YABC) is adapted for its online delivery; 4 **online workshops** were facilitated, reaching out to 270 children and youth in the Mediterranean, Europe, North Africa and Middle East regions. The team co-developed with the Climate Centre, Save the Children, Plan International, UK Met Office, the British RC and GDPC activity cards for children on climate change (as an adaptation of the "Y-Adapt" program). An Online Education Resource Library, including a **technical guidance note**, an FAQ and takeaways from the webinar series were made available and disseminated through multiple channels and platforms.

Gaps to be addressed:

With the projected increase in the number of people in extreme poverty due to COVID-19 (from 88 to 115 million[5]), attention should be paid to girls' enrolment rates, dropouts and opportunity costs that are likely to affect parents' decisions to support their children's education. Further support and innovative approaches are required to ensure an inclusive education response to COVID-19 and assist those facing multiple challenges to continue learning at home, and those who were already out-of-school or marginalized such as children and youth living with disabilities, on the move, in poor or rural areas and informal settlements. There is also a need to keep disseminating and supporting the application of COVID-19 prevention and control measures in educational facilities while increasing efforts and innovation for further equity and inclusion as well as better preparedness, risk reduction and risk management capacities among the education community.

[2] Global Partnership: https://www.globalpartnership.org/news/opinion-dont-let-girls-education-be-another-casualty-coronavirus
[3] World Bank: https://www.worldbank.org/en/topic/education/publication/simulating-potential-impacts-of-covid-19-school-closures-learning-outcomes-a-set-of-global-estimates
[4] UNDP: http://hdr.undp.org/sites/default/files/covid-19_and_human_development_0.pdf
[5] World Bank: https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021



Niger, 2020. In their response to Covid-19, volunteers from Niger Red Cross have constructed 550 temporary shelters for the quarantine of returnees from Burkina Faso.
© Niger Red Cross

Shelter and Urban Settlements

Currently, there are 34 National Societies that self-report that they are active in providing shelter and urban settlements response in COVID-19 context. The shelter and urban settlements team globally and regionally respond to requests for support to these national societies and develop and adapt guidance and provide advice to COVID-19 sensitive programming in new emergencies.

The "**Step-by-step Guide to Rental Assistance**" was launched in September 2020 through a webinar with more than 180 participants. The guide is available in English and Spanish, with French and Arabic translations in the making. This guide is a joint effort led by Geneva and Americas teams and has brought together expertise from shelter, migration, cash, livelihoods and social protection. The efforts had started before COVID-19 however as a number of national societies are implementing (or considering implementing) rental assistance as part of their COVID response and recovery, it is very relevant to this operation. Especially as this type of assistance is not only implemented under the shelter & Urban settlement component of this appeal, but also under others as migration (e.g Egyptian RC was providing financial support to migrants to pay their rent and avoid their eviction and Barbados RC is in the planning for it) or Livelihood and HH economic security, as cost related with accommodation (rental payment, utilities bills, etc.) is considered as part of the Multi Propose Cash grants that people are receiving to cover their basic needs (including accommodation) and compensate the drop of income during confinements (e.g. Kyrgyzstan RC and Armenian RC to name few).

In collaboration with the Cash Hub, a webinar on Shelter and Settlements and Cash in the context of Covid-19 was done. It has been also jointly developed a tip sheet on rental assistance. The tip sheet is available in English and Spanish. It will be translated into French, Arabic and Russian during Q2 of 2021.

A self-learning module on the guidance is being worked on, and it is planned to be launched in Q2 of 2021. Several webinars in English, French and Spanish for the launch of the guideline and as well as a learning session took place in the reporting period.

The self-learning shelter and settlements course of the IFRC, "**More Than Just A Roof**" is also being updated to include urban and pandemic responses and will be available in English and Spanish (initially) in the early months of 2021. Translations into other working languages have been included in several proposals to various donors and will likely take place during the course of 2021. A guidance is also being developed on working in camp and camp-like settings in COVID-19 context, at the initiative of Asia Pacific region. The shelter and urban settlements team reviewed and contributed to the work, under the coordination of the regional shelter coordinator.

Global Shelter Cluster continued to support the country clusters with their COVID-related issues. Dedicated sessions on COVID-19 and shelter took place during the annual workshop and the annual meeting of the Global Shelter Cluster in October. Furthermore, Asia Pacific Shelter Forum that took place on November 29th, allocated a special session to the COVID-19 response and shelter and urban settlements issues, with a specific lens on Asia Pacific context. The Regional Adviser on IDRL from IFRC gave a presentation at this event, focusing on the need to monitor COVID-19 related evictions, which is a gap area that needs to be monitored by IFRC and national societies in the recovery period. Many experts in the field, including the UN Special Rapporteur for Adequate Housing had called for moratoria on rent and mortgage payments since the beginning of the crisis and the situation is expected to worsen with the economic impacts of the pandemic setting in on the longer run.

- Shelter Projects, the flagship publication of the Global Shelter Cluster for learning and case studies is also planning a number of dedicated examples and opinion pieces to highlight the sector-specific responses in the COVID-19 context. IFRC is one of the founders and an active contributor to the Shelter Projects Working Group and is working to capture the relevant experiences across the Movement for the upcoming edition. GSC and its partners are also exploring ways to The dedicated page of the Global Shelter Cluster to COVID-19 can be accessed through here.

The COVID-19 has been essentially an urban disaster with over 92% of the cases being in cities and towns. As early as March, the urban team started coordinating with different teams of IFRC secretariat such as health, CEA and NSD, and the National Societies in different regions and external partners to develop urban context specific guidance for the COVID-19 response and recovery operations. The first output was the development of multi-agency guidance note for responding to COVID-19 in informal settlements of urban areas led by IFRC and UN-Habitat. This guidance then, become a part of the more comprehensive guidance approved by the IASC[6]. The guidance was translated into five official languages of IFRC with support from GDPC.

A task force has been created to provide ongoing support to National Societies and a dedicated page was created on GDPC website. The urban team organized four webinars on "Rethinking Urban Community Risk Reduction and Resilience while responding to COVID-19" (around 300 people joined online) to explore the future of urban programming in the context of pandemic with the participation of over 12 National Societies and ICRC.

Gaps to be addressed:

The pandemic highlighted the critical importance of safe and accessible health, water and sanitation services in urban areas, particularly in informal settlements. Many National Societies took pre-emptive action in identifying vulnerable communities and developing context specific and culturally sensitive risk messages in cities using the IASC guidelines mentioned above. The National Societies worked alongside with local governments and city health service providers while responding to COVID in urban areas. The learnings from this experience should be promoted across our network and humanitarian arena to encourage this kind of collaborative action not only for preparing for future pandemics but also for disaster risk reduction, and climate change adaptation programs in urban areas.

- Similar to the point mentioned under livelihoods, the long-term socio-economic effects of COVID-19 will become visible and continue to be felt in the coming months and years, impacting the sheltering and accommodation situation of the vulnerable families. With the decreasing socio-economic power, it is likely that evictions will increase and people who were previously not on the radar as being vulnerable will drop below the line.
- Regarding the scale-up of CVA: work must continue to build the capacity of national societies to deliver cash programming geared towards rental assistance, as part of cash preparedness efforts.
- In the fast-moving pace of the initial months of the pandemic, it has not been possible to fully explore the supporting function of shelter and settlements programming to deliver public health outcomes. Attention will be given by global team to identify and address the gaps in this respect.

[6] Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings

Most used resources:

- Global Shelter Cluster, Covid-19 and Shelter webpage (link)
- IASC interim Guidance, Scaling-up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations
- Global Shelter Cluster Key Messages on Security of Tenure and COVID-19 (link)
- Step-by-step guide for rental assistance for people affected by crises (English and Spanish)
- Tip sheet Rental Assistance Programming (English and Spanish)

Operational Priority 3: Strengthening National Societies

National Society Preparedness

The COVID-19 crisis has significantly affected National Societies worldwide in an unprecedented way on various fronts. This situation poses significant challenges for the National Societies response systems where other parallel crises and emergencies also occur.

The impact of preparedness and response actions of National Societies varies from region to region; however, each faces common challenges. While COVID-19 forced the rapid development of emergency response procedures within multi-hazard environments, in many cases, the diversion of program resources (human and financial) for COVID-19 response activities resulted in the cancellation or deferral of other response actions. Nevertheless, in their response to COVID-19, National Societies have improved and adapted ways to strengthen capacity to ensure an effective response.

	Page Views	Unique Page Views
KidsKit	13951	10145
BCP Help Desk	4829	3467
Health Help Desk	10540	7857
COVID-19 Topic	1583	1103
IFRC Compendium	9038	6906
	39941	**29478**
Page Views (less admin access and profiles and add resource verifications)	**61,742**	**43,360**
% of total	**64.69%**	**67.98%**
KidsKit	22.60%	23.40%
BCP Help Desk	7.82%	8.00%
Health Help Desk	17.07%	18.12%
COVID-19 Topic	2.56%	2.54%
IFRC Compendium	14.64%	15.93%

Percentage of visits in each of the pages, the most visited are the Kids kit, the COVID-19 help desk as well as the COVID-19 Compendium.

Response:

The operational objective was to support NS capacity strengthening across the RCRC network through multi-hazard preparedness action while also responding to the COVID-19 crisis. Hosted by the American RC, the IFRC Global Disaster Preparedness Center launched the Business Continuity Planning (BCP) Help Desk as an information and referral service to allow national societies to access information and technical support for their business continuity planning needs in the COVID-19 response. The Help Desk includes a comprehensive toolkit of multilingual guidance resources inclusive of **NS Preparedness resources** providing easy access to IFRC BCP resources and interactive FAQs. The page was launched in March 2020 and received more than **4,829 page views** with **3,467 unique page views**. This help desk was complemented by technical advising to regional BCP focal points, allowing for increased support to National Societies in developing and updating their own plans with long-term support.

This moment presents an opportunity to scale up National Societies' response capacity in pandemic and multi-hazard crisis settings. Given the global crisis, the opportunity for reflection and change has been explicitly provided when understanding the critical role a NS has within its own national response system, ad a key player, and as a conduit for improvement on a systematic national level.

141 National Societies reported establishing or updating their Contingency Plans to achieve greater synergies in responding to affected populations' needs in future crises. The IFRC developed a new template fostering multi-hazard contingency planning. IFRC also made available guidance materials in multiple languages to National Societies.

- Support has also come in the form of the setting up of Emergency Operations Centers and the related strengthening of information management. A critical piece of this has been the digital/data readiness capacity strengthening of NSs to allow them to respond with up-to-date technologies. In addition to this, BMZ has also funded the updating of EOC operational guidelines, and the facilitation of capacity strengthening of EOC and SOP PER mechanism components across the 5 RCM regions. This is supported by a preliminary report with key recommendations and findings related to EOC implementation and management.
- Lessons learned from COVID-19 operations have been used to assess the impact of the crisis on NS response capacity and assess how preparedness actions within a NS have impacted the efficacy of the COVID-19 responses. NS engagement with the PER Approach, and notably NS use of the PER mechanism to gather evidence on operational achievements and challenges have been critical in driving forward investment in NS capacity strengthening globally. The IFRC has further developed an information-sharing GO platform that highlights trends across the Movement, specifically related to understanding NS capacities and related requirements.
- The COVID-19 crisis has highlighted the need to ensure that epidemic and pandemic considerations are at the forefront of any NS response planning and preparation. Epidemic and Pandemic Preparedness Considerations are now embedded in the Preparedness for Effective Response (PER) Approach methodology, now regarded as a key functionality of any NS response mechanism.
  NS continue to implement preparedness actions in light of seasonal risks such as hurricanes, monsoons, la Niña, floods and droughts within the current operating context of the COVID-19 pandemic. Risk matrices have been updated accordingly informing preparedness and response activities and ensuring SOPs are further developed for more efficient responses.
- **Preparedness Virtual Materials and PER Into operations:** The PER Approach methodology, which is a core aid to NS preparedness, has been reviewed, redeveloped and adjusted to the current operating environment where remote support has been required. The materials' adaptation allows for more effective actions to be carried out in support of NS preparedness and effective response in this setting.
- **National Society Preparedness into Operations:** The PER mechanism has also provided the structure to document lessons learned from a recent operation. A PER remote deployment supported many of the NS in the MENA region in using the PER mechanism during continuous responses and PER Surge support in both Panama and Armenia guiding planning in the early stages of response using the mechanism.

Gaps to be addressed:

- Support National Societies' Emergency Operation Centres as key components for the coordination of local, national response. Evidence shows that any emergency requires a functional structure for the coordination of the response, inclusive of standard procedures and plans, reflective of individual organizational settings. Developing Emergency Preparedness and Response (EP&R) is key for ensuring the quality of the emergency coordination processes.
- Many NS preparedness mechanisms are being strengthened as part of the COVID-19 response itself. Continuous engagement and learning to improve the BCP and the Contingency Planning as part of the NS preparedness Mechanism is required to ensure the short-term needs are reflected in longer term institutional strategies.
- The National Disaster Response teams have been crucial in the responses to different emergencies and unique complex crises resulting from the imposed lockdowns present across the world; with varying degrees of severity. It is necessary to continue developing, strengthening, and supporting specialized response teams within this context.

Most used resources:

- **Contingency Planning Materials**
- **Business Continuity Planning Helpdesk**
- **Guidance for National Societies Preparedness for the COVID-19 outbreak**

National Society auxiliary role and mandate:

COVID-19 has highlighted the degree to which humanitarian assistance relies on local actors and can perform with a minimal international presence. The IFRC Secretariat supported National Societies to enhance their capacities at the national and local level by increasing the number of staff on areas of strategic importance to sustain their operations and supporting the work of volunteers. National Societies also benefit from a significant number of virtual training to expand knowledge sharing and benefit from global good practices. IFRC technical teams in countries have also supported National Societies in their auxiliary role engagement with Government authorities along localisation lines.

At home, many governments have called on their National Societies to undertake new tasks. This has had some risks for quality and duty of care, but it is also an opportunity for growth. These requests triggered an active engagement with National Societies and Federation-wide to place specialized advice and support on a case-by-case basis. Going forward, there is an opportunity to strengthen their auxiliary role in the health sector on a more permanent basis. Localization through community-based actions is an essential foundation to pandemic preparedness, response and recovery and poses an opportunity for the Red Cross/ Red Crescent.

Conversely, restrictions were introduced by virtually all governments through emergency decrees in response to COVID-19. In many cases, these had a significant impact on IFRC Network humanitarian organisations' operations. Restrictions that have had a particular effect on humanitarian assistance (international and domestic) were (1) border closures or prohibitions on the entry of individuals; or, if the entry was still permitted, the imposition of quarantine restrictions; and the use of visa suspensions to prevent entry; (2) border closures or the imposition of restrictions on the import or export of goods, including the imposition of controls on the import or export of PPE and medical supplies; (3) restrictions on internal movement or the imposition of stay at home or lockdown measures; and (4) mandatory business closure requirements or restrictions on trading. Such conditions meant, for example, that the IFRC Network did not have access to its warehouses and pre-positioned stock in some countries.



Mabaruma, Guyana: The Guyana Red Cross team delivers hygiene kits to communities living on the river near Mabaruma, Guyana. These communities are impacted by COVID-19, and it is difficult to access cleaning and hygiene items because of distances and lockdown measures.
© IFRC

To address the situation described above, the IFRC network has engaged in advocacy efforts with governments in countries where the emergency decrees were negatively impacting NS's work. IFRC produces Key messages for National Societies in requesting humanitarian access from their authorities for their preparedness and response efforts during the COVID-19 pandemic and *Template Letter of intention and call for governmental action to support the Red Cross or Red Crescent preparedness and response efforts for the Coronavirus Disease (COVID-19).* As a result of requests placed, NS were successfully granted humanitarian access and recognized freedom of Movement in many countries, such as the Philippines, South Africa, Panama, just to name a few.

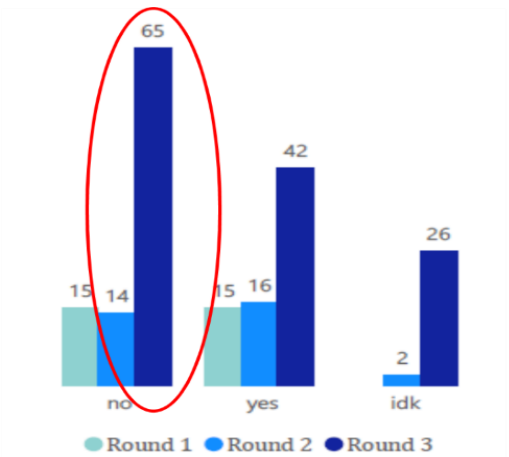
Further to this, the pandemic has shone a light on the need for clear laws and multi-hazard preparedness and response policies. Capitalising on its longstanding experience and leadership in disaster law, IFRC has embarked on a research project designed to provide guidance on best practice for domestic laws relating to public health emergencies. IFRC has completed an extensive review of global literature and more than 35 country case studies, along with an analysis of the emergency decrees adopted at the onset of the pandemic in over 110 countries. IFRC has produced a draft Global Synthesis Report following on the following topics: a) domestic legal and institutional framework for public health emergencies; b) the role of law in mitigating secondary impacts of public health emergencies, specifically impacts on shelter and housing and human mobility; c) the role of law in mitigating impacts of public health emergencies on vulnerable groups; and d) legal facilities for humanitarian actors and other first responders during public health emergencies. The report looks at countries' legal responses to the current COVID 19 pandemic and also other public health emergencies that may have been experienced by countries (such as Ebola, Zika, SARS, Dengue, Measles outbreaks, etc).

Movement restrictions and challenges in the deployment of international and regional staff have highlighted the importance of strong local actors and branches who can respond to communities' needs and expectations. Supply availability and weakened global logistics require local procurement solutions and support to NS teams. The risks of disasters and crises aggravating already existing vulnerability conditions require National Societies that are ready and engaged with local and national authorities to reinforce complementarity. Vaccination is on the rise and National Societies engagement with Ministers of Health and local authorities represents an opportunity to enhance humanity, neutral, impartial actions, and relationships.

National Society Development

Trends:

The **COVID-19 pandemic dramatically accelerated and confirmed the seven transformations identified by the IFRC in its Strategy 2030**. Agility and adaptability have driven NS leaders to weather challenging organizational conditions. Innovative solutions to emerging complex problems have matched an increasing extensive use of Peer-to-Peer support among National Societies. Recent direct data on NS Financial Sustainability dimensions confirm the early estimated number of NS facing difficulties, with 65 National Society out of 133 respondents indicating they have less than 3 months of unrestricted financial reserves. Simultaneously, the number of new streams for unrestricted income for National Societies (an indicator of the capacity of NSs to diversify their sources of income) has **significantly dropped from 5.83 in October to 1.33 in January 2021**, showing some accrued difficulties due to the protracted global recession.



Number of NSs indicating they have or not more than 3 months of unrestricted financial reserves, per period (round) of reporting. In round 3, the most recent reporting period, 65 NSs out of 133 indicate they do not have such reserves.

Initiative undertaken by NSs	Number of NSs
Commercial first aid / moving online	7
Financial systems development	4
RM market study	3
Digital fundraising	3
Online shop development	3
Fundraising strategy	2
IT equipment	2
Blood donation enhancement	2
Resources mobilisation office retrofitting	1

Response:

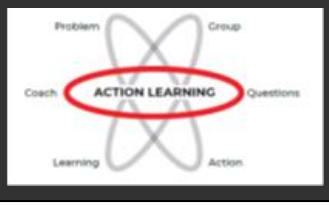
The IFRC directly supported **23 National Societies to diversify their fundraising and income-generating activities** to reduce their exposure to financial instability, while 11 others have been supported with problem solving for complex issues via expert coaches made available to NSs thanks to the global partnership with WIAL (see box).

Since the onset of the pandemic, the IFRC has set up a virtual platform to connect volunteers and National Societies and to make relevant official IFRC information and tools available to all NSs. The platform, called **SOKONI** (market place in Swahili) is now ready for a second launch, after an overhaul based on user's feedback.



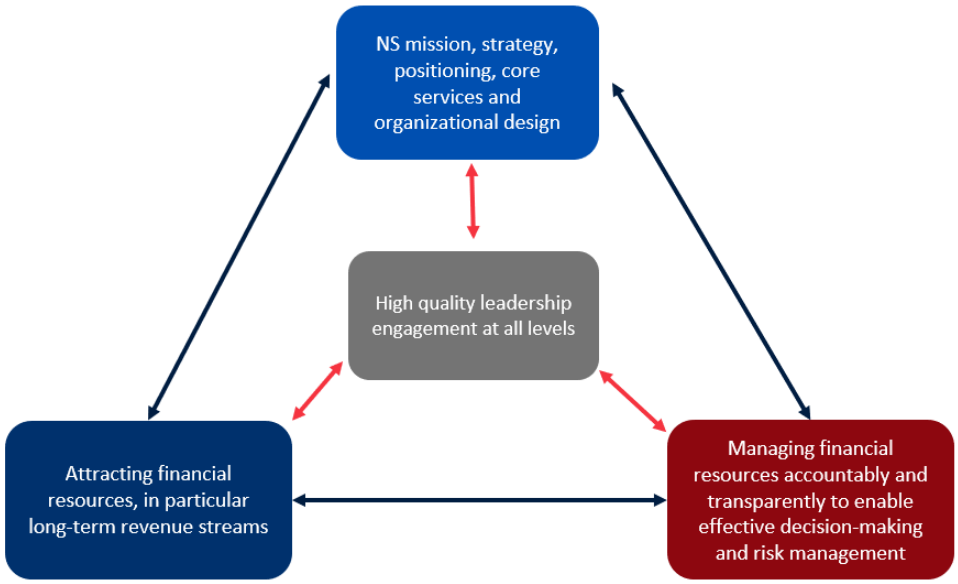
Action Learning is a professionally facilitated process (through certified coaches) to clarify the exact nature of the problem, reflecting and identifying possible solutions, defining local and NS led solution-oriented actions, test them, make concrete actions and way forward and gain learning from the process. For further information please access the following video: **https://youtu. be/qs_RCAs12Bw**





Gaps to be addressed:

National Societies have validated the **IFRC framework on NS Financial Sustainability**. The framework, summarised in the following diagram, has been the basis for a specific toolkit for NSs launched in early 2020. The feedback of using such a toolkit has, together with new inputs, allowed the IFRC, with support from Accenture, to develop two new tools that will be rolled out in the next weeks. The first of such tools is a common dashboard for NS on a series of 13 dimensions of financial sustainability, based on user's inputs and sector best practice. The dashboard will be implemented gradually, tailoring the number of indicators in three steps for NSs to monitor according to their capacity, and supporting the development of the systems and data processing necessary.



The second tool will support risk management analysis by NSs by requesting them to choose what scenario among a set of 12 different ones resonates the closest to their situation, and suggest actions to be taken to manage the related risks.

Duty of care for volunteers:

Many National Societies, amid new increase of COVID-19 cases in many parts of the world, are continuing to **ensure proper protection, psychosocial support and insurance mechanism for their volunteers and staff**. IFRC has identified 22 NS in need of volunteer insurance support (5 in Asia Pacific, 7 in Americas, 5 in Europe and 5 in Africa). 17 have been supported on options to insure volunteers and staff against Covid-19, based on the guidance for volunteer insurance. 10 NSs have been supported in setting up a solidarity mechanism for their volunteers, including financial projections. Four NS are being supported on negotiations with private insurance companies and others are being supported on a mixed model. The MENA regional office has established a regional solidarity mechanism to support all MENA NSs in insuring and covering their volunteers who are impacted by the COVID pandemic and not covered by any other national or global volunteer protection mechanisms. The TOR sets out two mechanisms for funding: 1) Supporting National Societies to establish their own led volunteer coverage or solidarity mechanism; and 2) a regional coverage mechanism (temporary and back-up mechanism in the absence of a national level mechanism) to cover the expenses incurred for volunteer insurance. Furthermore, National Societies were supported to access the French Fund Maurice de Madre where local, regional or global insurance schemes were not accessible or available. Financial support has been secured from the Spanish Red Cross to support NS in resourcing their preferred option and from the Lacoste SA to support NS for volunteer safety nets. A campaign to fundraise for volunteer insurance was launched on International Volunteer Day with TikTok. Analysis of needs for insurance mechanisms as well as identifying priority NS continue through the regional offices.

A checklist on the mobilization of NS Personnel for Covid-19 response was developed and translated into the official IFRC languages as well as Mandarin, Russian and Portuguese to support National Societies in mobilizing volunteers to respond to needs while ensuring their safety, security and wellbeing.

Global and regional webinars were organized to connect volunteers, supporting COVID-19 related activities, to share their experiences and innovations, and learn from each other. The IFRC provided technical support to National Societies on **digital transformation of volunteering and facilitated peer to peer support** between National Societies on new forms of volunteering.

IFRC Regional Offices have developed reporting mechanisms to better track COVID-19 cases among staff and volunteers and availability of volunteer insurance and personal protective equipment. Efforts are ongoing to better capture volunteer data in these regards.

Learning: In coordination with IT, The NSDV Team has developed a single landing page where NS staff and volunteers can have access to all COVID-19 related materials. This compendium offers a comprehensive, dynamic, and evolving list of resources positioned to support Red Cross Red Crescent National Societies in response to the COVID-19 outbreak. The resources include help desks, guidance documents, frequently asked questions pages, and other COVID-19 related documents.

Gaps to be addressed:

The next period will be crucial to ensure that National Societies become more resilient from this unprecedented crisis, more agile, more able to embrace and anticipate the future, more connected to local action, and learn as an interconnected network. This will require accrued investment to ensure that initiatives on NS Financial Sustainability, volunteer protection and empowerment, Peer to Peer support, learning and networking are not sporadic but set the foundation for increased capacities to face future pandemics and emerging challenges.

National Society Financial Sustainability is quickly becoming mainstream thinking in the IFRC network. It will require fresh resources to ensure that the dashboard rollout and the anticipatory scenario modelling for improved risk management start making a difference in providing National Society decision-makers with the tools to plan and build on evidence and data, contributing to a broader improvement culture of organizational risk management.

Recovery

The **COVID-19 Recovery Approach** was developed during 2020 and is being used at regional level to influence the next round of revisions to NS response plans. The Recovery Approach document **examines how recovery is relevant in a health emergency.** Recovery spans all sectors, including assisting people to recover their livelihood, supporting the recovery of health systems, and also how National Societies adapt themselves as organizations to the 'new normal' of the pandemic. In order to support recovery from the crisis, National Societies need to 'layer' assistance that addresses secondary impacts, both health and socio-economic, on top of the ongoing core Health & WASH response which must be continued throughout the operation.

The Recovery Approach highlights some key recovery interventions for RCRC Societies to consider across the three operational priorities. However, these are not different interventions to those proposed under the Pillars, but they can be tied together into a coherent conceptual approach. The recovery of the health system can be supported in many different ways, utilizing the community health networks of National Societies.

The socio-economic impacts of the crisis present opportunities for National Societies to not only support livelihoods recovery, but to help vulnerable populations adapt their livelihoods to be both more resilient, but also in response to changes in social restrictions and ways of working that may become long-term. Inequality, which has been rapidly increasing due to the unequal impact of the pandemic on different groups in society, can also be addressed through interventions which support livelihoods recovery.

The **recovery approach also notes how the pandemic presents opportunities for transformation**, both for National Societies, and at a wider level where many actors are advocating for investments and stimulus from Governments to be directed to support a green and resilient recovery.

Enabling Actions

Business Continuity Planning and Security within IFRC Secretariat

2020 tested the limits and boundaries of organizational resilience like never before. At the outset of the COVID-19 pandemic, the IFRC Secretariat prepared, updated and activated a COVID-19 specific business continuity plans (BCP) across the organization (i.e. headquarters, regional offices, country cluster support team offices, country offices, as well as response operations). All the plans were based scenario planning and aligned with the existing critical incident management structure and business continuity framework.

IFRC Business Continuity task force has also ensured that, during the pandemic, despite the increased complexity of situation (for instance due to complex situations in different countries/operations or the flood of information on COVID-19), sufficient resources were and are available for the health and safety of our employees. Duty of care and with the work of Business Continuity on all levels has had the main aim to reduce the risk of infection amongst our staff by providing guidance and direction for offices and operations with appropriate preventions measures in different contexts.

COVID-19 cases reported to the COVID-19 Staff Health Officer for COVID-19 from March 2020 until February 2021 are summarised as follows:

March 2020 to February 2021	
Geography	**Confirmed COVID-19**
Geneva	31
Europe	15
Africa	33
MENA	48
Americas	42
Asia-Pacific	25
Total	**194**

It is noted that, at the time of writing, while there have been a number of confirmed COVID-19 cases, as set-out above, the IFRC has not suffered any loss of life to COVID-19 infection.

The part below provides a synthesis on how the IFRC managed business continuity in response of COVID-19 from **February 2020**

(when the Business Continuity Taskforce was launched) to **February 2021**:

- **1** global business continuity task force activated and composed by finance and administration director as chair, 1 staff health dedicated to COVID-19; head of global security, 2 dedicate Business Continuity staff.
- **1** HQ BC supporting group activated and composed by representatives from all departments,
- **1** AirOps task group activated and composed by 1 Global Logistics Advisor, 1 Business continuity global lead, 1 manager from administration.
- **2** dedicate staff at global level (1 full time staff supporting the regional, country and countries clusters offices: 1 consultant supporting Geneva HQ)
- **5** regional focal points identifies and located in the regional offices.
- **352** travel and movement restrictions physical distancing and curfew measures alert sent out to IFRC and National Society staff. This daily document has reached more than **100,000** volunteers and **3,500** IFRC staff.
- With the strategic alliance with WFP (Cargo and Global Passenger Air Service) we were able to:
    - Secure **61** cargo flights to send aid into **46** Countries.
    - Total volume transported: **802.2** CBM.
    - Total weight transported: **129.25** MT.
    - **170** passenger flights booked. Mostly booked by IFRC (66) and French RC (63). All other flights were booked for the Norwegian RC, Danish RC, Canadian RC, Belgian RC, Spanish RC, Austrian RC, Rwanda RC, Swiss RC and Venezuela RC
- Several guidance on business continuity and business recovery has been produced, shared with the regions, and uploaded in FEDNET here.
- Support and guidance provided to various offices and delegations responding to infection in the office.
- Support provided to all the surge deployments (regional and globally).

The following factors contributed that the Business continuity across the Organization allowed to remain operational while protecting all the people under our duty of care:

- **IFRC COVID-19 safety protocols and guidance:** The guidance documents issued by Staff Health and BC specialists proved useful for developing and adjusting the local BC plan and tailored to the different situation.

- **Consultation and communication:** Throughout all these months in Covid19 pandemic situation, close and regular consultation between the ROs and HQ allowed for alignment, quick actions, and effective monitoring and follow-up. The PNS under integration agreement or security agreement were regularly updated on the situation and engaged in business continuity planning. Also, the regular consultation between the different department at HQ level allowed a same understand of the situation and rationality behind the decisions on preventive measures taken at HQ level.

- **Reactivity and follow-up:** The IFRC Secretariat quickly adapt to the new working modality and maintain operational capacities worldwide. In addition, all the suspected and confirmed case were followed and managed without risk.

There continue to be few direct COVID-19-related security impacts on RC/RC personnel and operations. However, civil unrest, socio-economic protests and violent political demonstrations due to or as a result of the COVID situation continue to be reported globally. In most RCRC operating contexts, COVID-19 remains only one of multiple factors influencing the security threat environment.

The pandemic has led to an increased coordination and cooperation between Regional BC and Security Coordinators, NSs and ICRC security focal points. We have managed to update Security Plans, Security Risk Register, and emergency plans with the pandemic and potential new risk included. During the pandemic we have also increased the monitoring of security situation and increased assessment/analysis.

Risk Management

IFRC has **strengthened our risk management system throughout this appe**al. This includes identifying, assessing, escalating, mitigating, and reporting on risks across the IFRC Secretariat in a more systematic way. To this end, a network of dedicated risk management officers in Geneva and in the regional offices have been created who regularly exchange lessons learnt and best practices to continuously improve the way we manage our risks.

A global risk register has been established and is regularly monitored and updated, complemented by risks escalated from the IFRC region, country and cluster offices. Risk management training has been rolled out to all country and cluster offices, with further training being carried out based on individual office and cluster needs. Our updated risk management strategy for 2021-2025 will be rolled out in phases considering the context and capacities of our members, benefitting from our risk management experience of the COVID-19 response.

Surge Capacity

126	38	88	33
Total number of Rapid Response Personnel deployed	Rapid Response Personnel deployed on site	Rapid Response Personnel deployed remote	National Societies supporting deployments

For the year 2020, 126 Rapid Response personnel (female 61/male 65) from 33 sending National Societies were deployed to support the COVID-19 outbreak operation in 30 countries. The most demanded sectors were Health (29), Leadership (25), Logistics (13), PMER (11), IM (10), CEA (9) and Communications (9). As of January 31, only one Rapid Response deployment is still active in-country until the beginning of March 2021; and there was a request for a field coordinator to support Brazil starting the mission on February 11 until May 12, 2021.

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

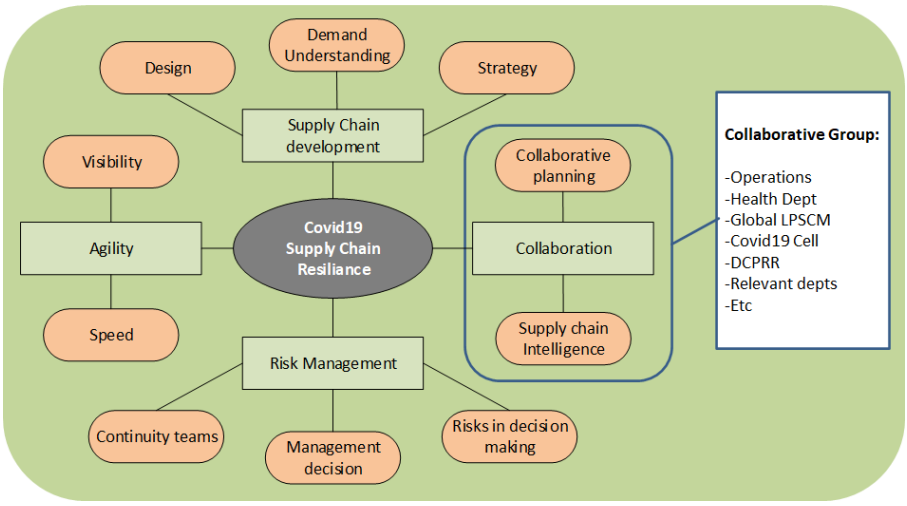
- At least 80% of rapid response personnel remotely deployed felt they had been able to meet the objectives of their deployments.
- Relationship building skills is essential for a successful mission.
- Not all role profiles are appropriate for remote deployments – process roles are more suited for remote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

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

Logistics

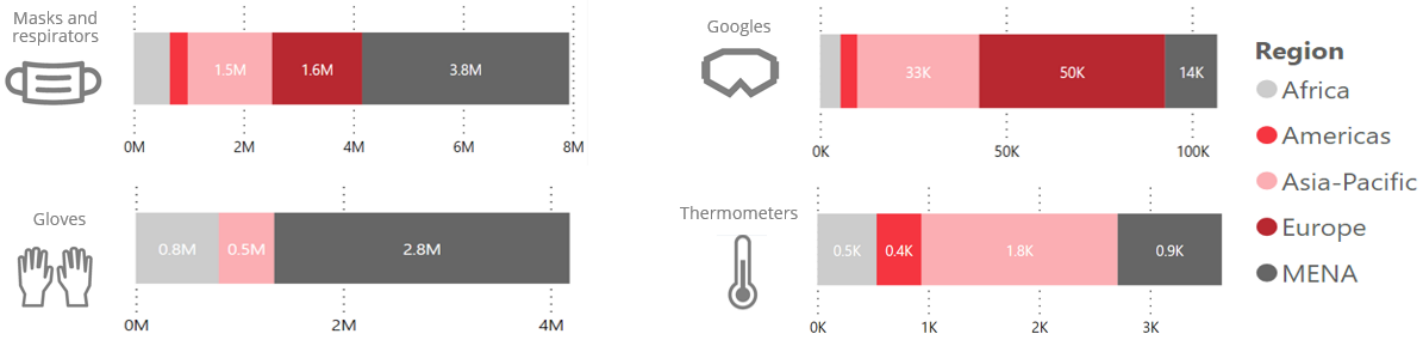
As early as March 2020, it was clear that the procurement of personal protective equipment (PPE) would be challenging because of the market disruption, i.e. factories manufacturing most of the global demand were first stopped in China due to the pandemic. After reopening, the demand largely exceeded the production capacity. Also, Governments put export bans and PPE production requisitions in place in most countries. Many actors were trying to take advantage of counterfeit products, fake offers, very high prices, and heightened competition between agencies and private actors.

Supply Chain Approach



Consequently, in order to secure the sourcing of PPE for the RCRC staff, health workers and volunteers, the IFRC, through its Global Humanitarian Services And Supply Chain Management Department, raised four global requisitions in March and April with a budget of 11.9 million CHF and the supply chain approach as per figure 1 was adopted to meet the existing challenges.

Thanks to global efforts, the IFRC mobilized through procurement and in-kind donations **15 million PPE in more than 50 countries** representing 214 metric tons of material. Below, the quantities mobilized per region of the main PPE items:



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

In addition to these deliveries, IFRC has remaining stocks of PPE in Dubai and Kuala Lumpur, as shown below, available to all National Societies:

PPE stock available	Dubai	Kuala Lumpur
Cap, Surgical	40.600	0
Gloves, surgical	1.500	500
Goggles	0	2.220
Masks, Surgical	0	88.000
N95/FFP2 respirators	302.630	4.375

Towards the end of 2020, the IFRC Secretariat secured additional funding to procure PPE for few countries in Africa, MENA and Europe. In total, **the IFRC has procured nearly 3 million PPE representing almost 40 metric tons of material**. The transport was made directly to country offices and National Societies, and deliveries were also organized using WFP services or the contracted agent, and the total quantity is shown below:

PPE	Quantity	Weight (MT)	Volume (cbm)
Coverall with hood	9.750	2,83	16,22
Face Shield	5.350	0,36	5,00
Gloves, Examination	679.700	3,01	12,75
Gloves, surgical	1.550	0,04	0,15
Goggles	4.700	0,45	4,23
Gown, isolation	139.500	20,21	125,11
IR Thermometer	2.765	0,49	3,00
Masks, Surgical	1.923.900	9,80	75,05

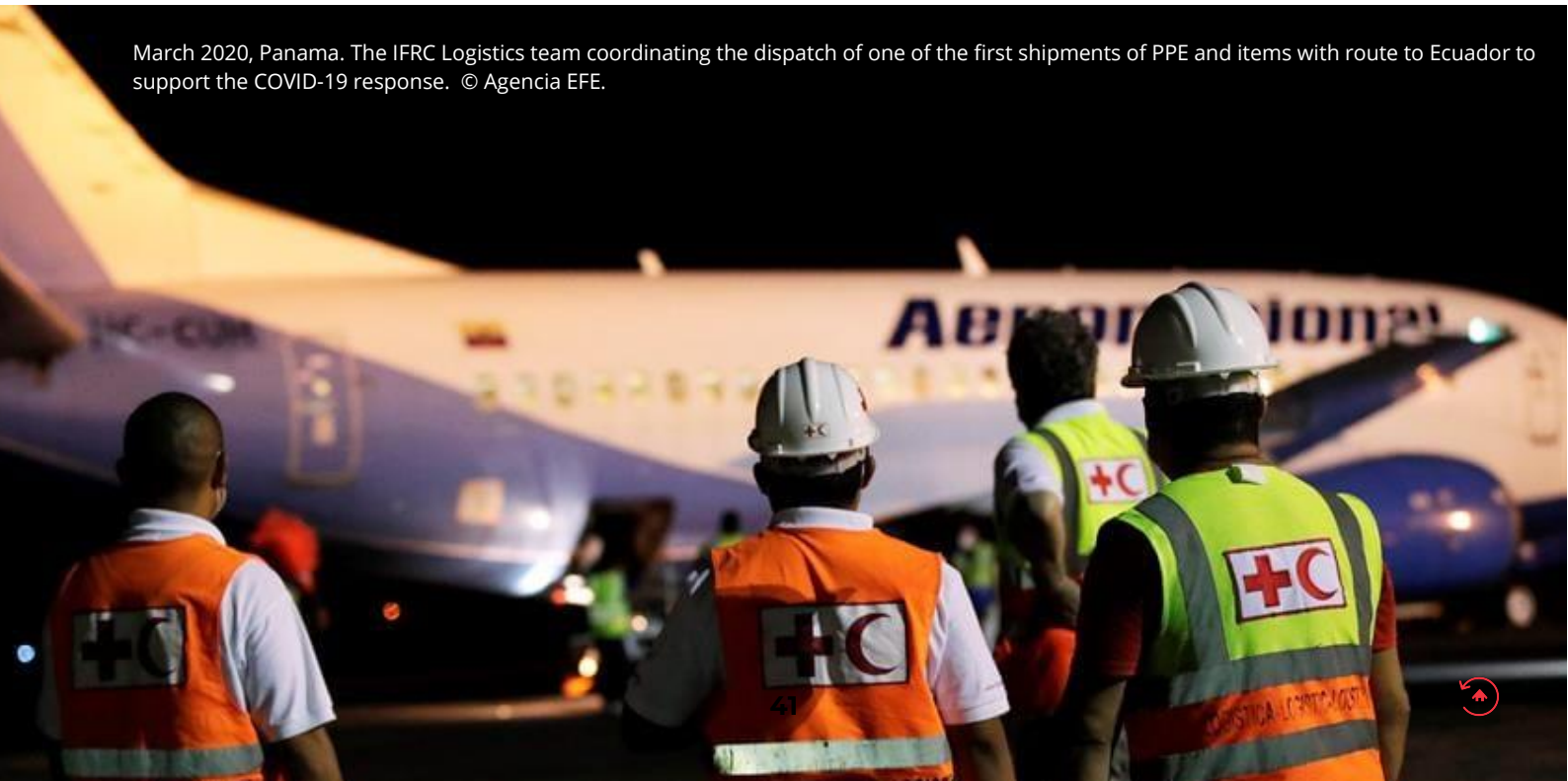
N95/FFP2 respirators	222.800	2,70	34,83
Total Deliveries	**2.990.015**	**39,88**	**276,35**

Furthermore, the Regional Offices in Africa, MENA and Europe have secured contingency stock of PPE that could be used throughout 2021 for needs of country offices and NSs in their respective regions. This contingency stock has been procured with the same mechanism and is stored in the IFRC facility in the Dubai International Humanitarian City.

PPE	Quantity	Weight (MT)	Volume (cbm)
Body bags	3.500	7,30	29,40
Face Shield	4.000	0,27	3,54
Gloves, Examination	290.000	1,31	6,83
Goggles	18.000	1,71	16,42
Gown, isolation	79.000	11,50	70,34
IR Thermometer	4.600	0,91	6,21
Masks, Surgical	627.900	3,22	24,16
N95/FFP2 respirators	464.950	5,64	72,69
Total Stock	**1.491.950**	**31,86**	**229,59**

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

It is crucial to mention that the **IFRC has simultaneously provided logistic support to all other new and ongoing emergencies** where support have been requested in addition to the work conducted in response to COVID-19.



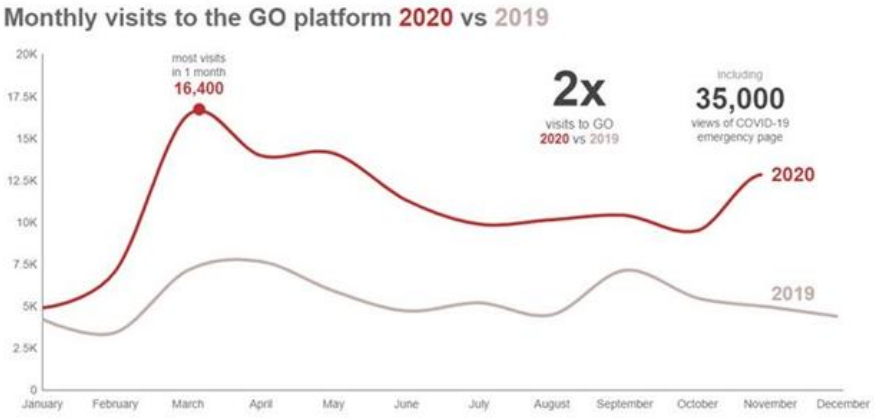
March 2020, Panama. The IFRC Logistics team coordinating the dispatch of one of the first shipments of PPE and items with route to Ecuador to support the COVID-19 response. © Agencia EFE.

Information Management

On the past 12 months, COVID-19 has presented a huge information management challenge, 192 National Societies responding to the Epidemic, with different funding sources, diverse activities in each country and the challenges that remote working brings with it, have led to increased creativity in how we structure the information flows within an operation.

Data analysis, management and visualization support has been provided to support the IFRC's coordination of the Federation-wide response to COVID-19, specifically around situational analysis, resource allocation prioritization, needs assessment, scenario development and risk analysis. This includes the development of a global composite risk index to estimate country impacts from COVID, regional needs assessments, adapting GO for Federation-wide reporting and data analysis and supporting sectoral teams through digital transformation of workflows and data collection and analysis.

The GO platform has evolved to meet the needs of the COVID-19 operation, the main achievements during the last 12 months are:



- Launched Epidemic Field Reports
- Launched COVID-19 specific Field Reports
- The visits to GO have doubled
- 162 National Societies are regular users, submitting COVID-19 Field Reports.
- Aprox. 100 new user registrations per month.
- More than 35000 views of the COVID-19 GO page.
- BMZ funds used for:
    - Redesign of Regional and Emergency pages.
    - Launch of the new IFRC KoBo server.

A revision of the COVID-19 Field Reports has been conducted to better understand what information is most relevant to the operation (including regional focal points), this has led to the deployment of a new version in which more guidance and clarification is featured.

The COVID-19 GO page has accumulated a huge amount of information, dashboards and documents, which has made it hard to navigate, a plan has been laid out to redesign and improve the user experience in the coming months.

Innovation and transformation

From the outset, it was evident that National Societies needed to respond in new and innovative ways to adapt their humanitarian services to the needs and constraints of the COVID-19 response and to the opportunities for addressing a threat affecting all 192 National Societies at once.

Innovation Think Tanks and COVID-19 Volunteer Stories - From March – June 2020, the Solferino Academy **convened 2,000 people in over 17 digital events a**cross multiple time zones and languages. The methodology has been replicated by many sectors. The COVID Think Tanks provided a 'learn by doing' opportunity to demonstrate the need for digital transformation by providing a forum for RCRC volunteers and staff to support the COVID response lessons around innovation. The academy also collected volunteer stories online and during the Innovation Virtual Think Tank calls for the COVID-19 response. Volunteers at the British Red Cross and the University of Northumbria helped to analyze the patterns in the shared stories and volunteers at the StandBy Task

Force then helped to extend this analysis to also categorize the stories by reference to key services that volunteers have been providing. The results were captured in an interactive map of the COVID Volunteer Stories.

Digital Transformation strategy – Building on their experience in extending digital services to address the COVID-19 needs for increased remote and virtual engagement, a variety of NS and Secretariat teams co-led the development of an IFRC Digital Transformation strategy which provides an umbrella approach for linking the work of the IFRC membership, Secretariat, and external partners to address the Digital Divide and support digitally-enabled and -transformed humanitarian services across the IFRC network in line with Strategy 2030. The strategy, with input from more than 70 NS and 10 partner organizations, outlines a digital Maturity Model for assessing and tracking progress and an organizing model with an Accelerator Team and Competency Network to leverage capabilities and skills across the IFRC network.



Innovations in COVID series - WASH

Planning, Monitoring, Evaluation & Reporting - PMER

In the past 12-months, the IFRC secretariat extensively developed new tools and adapted existing ones to meet the operation's PMER needs. A **Federation-Wide Covid-19 Operational Response Framework** to standardize planning, monitoring, and reporting. The Federation-wide framework aims to ensure accountability and transparency and position the Red Cross and Red Crescent network as a key player recognized internationally for its actions in response to the COVID-19 pandemic.

At the start of the response, the PMER team supported the National Society Response Plans' process providing tools and guidance to map out all the initial needs of National Societies. Regional and Country

In coordination with the IM global tool **field reports** were adapted to collected systematic reports from National Societies, which allowed them to map NS engagement across the different Operational Priorities and Pillars of the Appeal. These field reports serve information sharing needs for different audiences and support several reporting needs.

Concerning **evaluations**, PMER has been piloting an "active learning" approach to carry out real-time learning (RTL) on the response's targeted areas. Two RTL took place in 2020:

- **1st RLT** – looking at the how was the IFRC rapid response system adapted to respond to a global crisis?
- **2nd RLT** – looking at how were National Society needs being addressed through the prioritization and allocation of funding to allow it to better rebound from the effects of COVID-19? This learning aimed to complement the exercise Mobilise, Execute and Transform with Agility to Respond to COVID-19. The final report can be accessed **here**.
- The **3rd RTL** round is now being planned for the 2nd quarter of 2021 with Operational Management.

The IFRC Secretariat has officially started a formal evaluation exercise in 2021 to assess the effectiveness and relevance of the Federation-wide response. The evaluation team will start the desk review and data collection process in March 2021.

The **Federation-wide reporting** for the COVID-19 response, led by the Federation-wide Databank and Reporting System (FDRS) team at the secretariat, has enabled to IFRC to collect and analyze information from all NSs and

report on the overall results of the membership, including financial overview and indicator data. Several data collection and validation tools, guidance documents and dashboards have been developed to support this process. For additional guidance see visit FedNet: https://fednet.ifrc.org/en/resources/PMER/covid-NS-PMER-guidance/

A significant focus has been put on th e quality of data reported, starting from clear guidance and definitions for standard indicators to all NSs and internal Secretariat standard operating procedures for data collection and validation. The FDRS team has created tools and dashboards that allows different teams (PMER, IM, technical sectors) to track the progress of the Federation-wide data collection exercise, review the data, and provide immediate feedback on the data quality. The different tools have allowed real-time information sharing and active engagement for improved data quality and evidence-based decision-making.

All collected and verified data is then published and available on the COVID-19 interactive dashboards on the GO Platform.

Regional Overview

Click on the page numbers to visit each regional update. Each section also includes National Societies' response highlights.

Africa	**48**
Americas	**96**
Asia Pacific	**158**
Europe	**211**
Middle East and North Africa	**285**

Tackling COVID-19 in fragile and complex contexts

By Mohammed Omer Mukhier, Regional Director for Africa, International Federation of Red Cross and Red Crescent Societies

Over the past 12 months, the COVID-19 pandemic has exposed and amplified the dilemmas of those African countries with weak health and socio-economic infrastructures, especially when facing violence or political instability. Authorities and humanitarians alike have faced a crucial dilemma: how to respond at the right scale and speed to the menace of COVID-19 without neglecting or worsening the existing threats hanging over lives and livelihoods.

The jury is still out as to why the reported numbers of infections and deaths have been so much smaller in most of Africa than in countries of other regions (though we probably do not have a very full picture of the current direct impacts). Still, the potential evolution of the pandemic in these countries remains alarming, given how the wealthiest nations have struggled to respond. What is already clear is that legal restrictions on movement and trade, as well as the overall global economic slowdown, have massively affected African people's capacity to earn money, pay rent and feed their families.

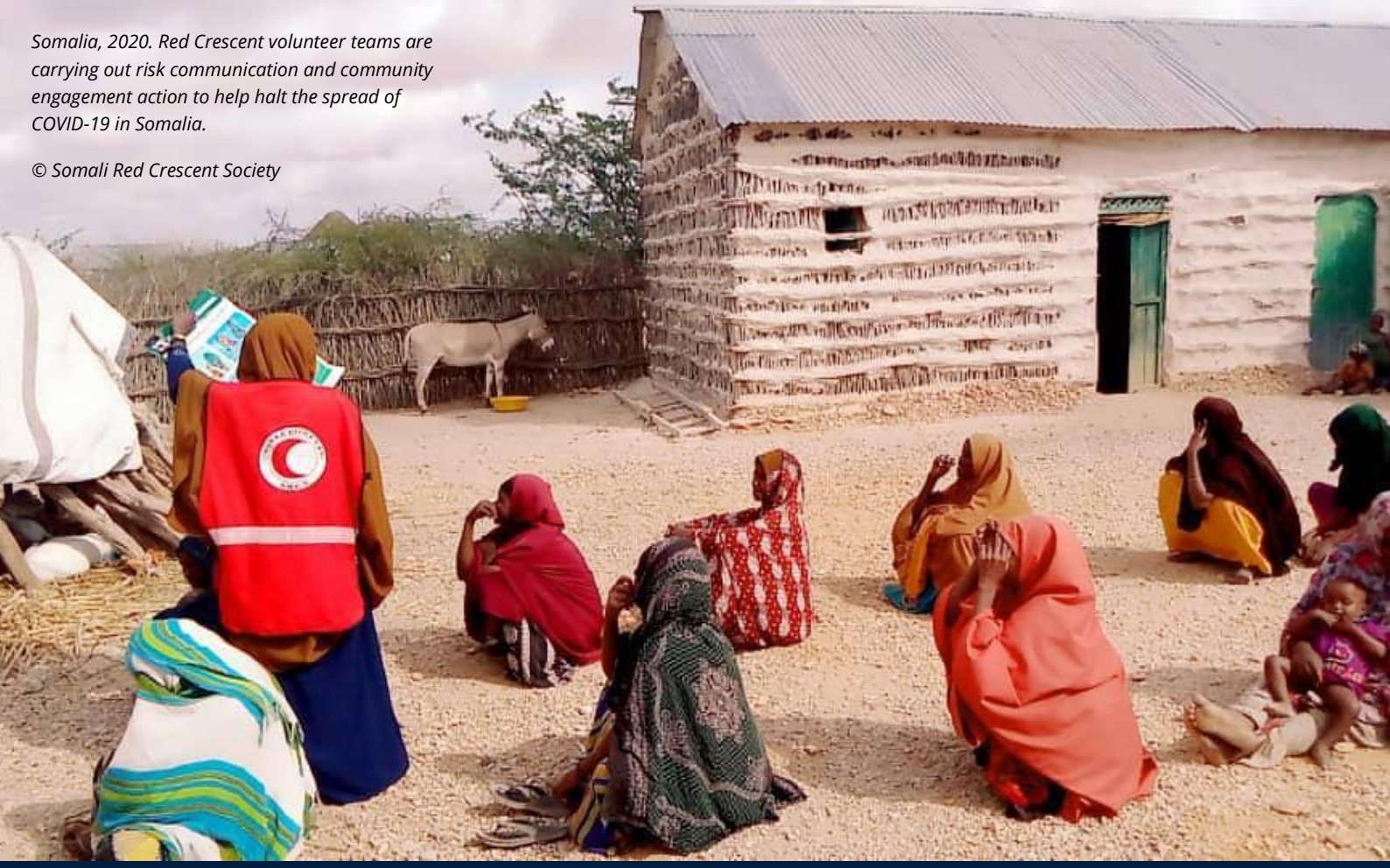
States that were already facing protracted crises before the pandemic, such as South Sudan, Somalia, Niger, Chad, Central African Republic, and the Democratic Republic of the Congo, are now facing potential crises of food insecurity. These secondary impacts of COVID-19 could have long-lasting affects across the continent, particularly for those living in poverty. According to a recent report by the World Bank, the pandemic could drive millions of Africans into extreme poverty.

Global reach, local impact

The IFRC and its member National Red Cross and Red Crescent Societies sprang into action to help tackle this dilemma. With the suspension of most international travel, local responders — including National Societies and their community-based volunteers — stood nearly alone to address the health and socio-economic needs. In the context of a global pandemic, the best placed actors are those who can access global funding through their worldwide influence and can act swiftly and sensitively to channel it, with necessary backup support, to local actors.

With 1.4 million volunteers and over 12,000 local branches, African National Societies are able to reach the most remote and marginalized populations with lifesaving interventions to protect them from COVID-19.

In fragile contexts in Africa, National Societies have played a fundamental role in preventing the worst-case scenario. Drawing from their experience in tackling multiple previous epidemics, including cholera and Ebola, National Societies like the Mozambique Red Cross, Somali Red Crescent, and the Democratic Republic of the Congo Red Cross were among the strongest allies of people and communities. They continue to work tirelessly to contain and mitigate the impact of the virus, while keeping basic services running through their branches and volunteers, providing health care services, food, water, and psychosocial support to their communities.



Somalia, 2020. Red Crescent volunteer teams are carrying out risk communication and community engagement action to help halt the spread of COVID-19 in Somalia.

© Somali Red Crescent Society

Strained public health systems

In many of the remote and hard to access areas where public health systems do not extend, Red Cross Red Crescent volunteers are the sole providers of critical health services. For instance, the Somali Red Crescent Society operates the only functional health support in many hard-to-reach communities around the country through its network of mobile and static clinics.

A Somali Red Crescent Society health care volunteer traced Somaliland's very first COVID-19 case in April 2020. When a community member reported having fever, dry cough, and difficulty breathing, neighbours immediately informed Hamida, a well trusted Somali Red Crescent Society volunteer. She quickly realized that this matched the symptoms of COVID-19. By taking proactive action of community-based surveillance, she played a crucial role in the control of community-level transmission in the community.

Additional pressure on Red Cross and Red Crescent Societies

It is too early to assess the full socio-economic impact of COVID-19 on communities in complex and fragile contexts. Furthermore, the methodology for such an assessment has been complicated by the fact that the pandemic has made traditional face-to-face data collection impossible in many places, according to a recent analysis by the World Bank. What is certain is that people will not wait to die of hunger, they will take the risk of COVID-19 infection, if needed, to find the food they need for their daily survival.

For their part, the impact on National Societies supporting these communities is becoming increasingly evident. In fragile contexts, public authorities and communities rely more frequently on Red Cross and Red Crescent teams than in other states. This was the case even before COVID-

19, but now, with the pandemic, National Societies' staff and volunteers have been under unprecedented pressure, not only to deliver humanitarian assistance in the face of recurring natural disasters and epidemics, but also to expand COVID-19 prevention, detection, containment, treatment, and recovery.

Going forward, several measures need to be taken into consideration. Otherwise, fragility will easily spiral and tip nations into severe long-term crises—potentially collapsing their health systems and economies and pushing even more people into poverty and poor health.

- We, the IFRC and our partners, need a **paradigm shift** in the way we support National Societies in fragile contexts.
- We must recognize the need for **sustained** resources, uninterrupted and **long-term support,** and investing in the **core needs** of National Society structures, governance, systems, and people – especially in the health of millions of volunteers that put their lives on the line every day to assist their communities.
- We need to ensure that our cooperation with National Societies is based on **true and equal partnerships**, not extractive subcontracting arrangements, taking into account their unique role as auxiliaries to their public authorities, as principled actors with their own decision-making, and as community-based institutions.

This pandemic has shown that local actors like National Societies, particularly those in fragile contexts, are a global public good. Their unique capacity to support communities at risk is our best hope of addressing needs at scale and within stretched global aid budgets. We must start investing in them for the long term.



COVID-19 OUTBREAK AFRICA REGION SITUATION UPDATE

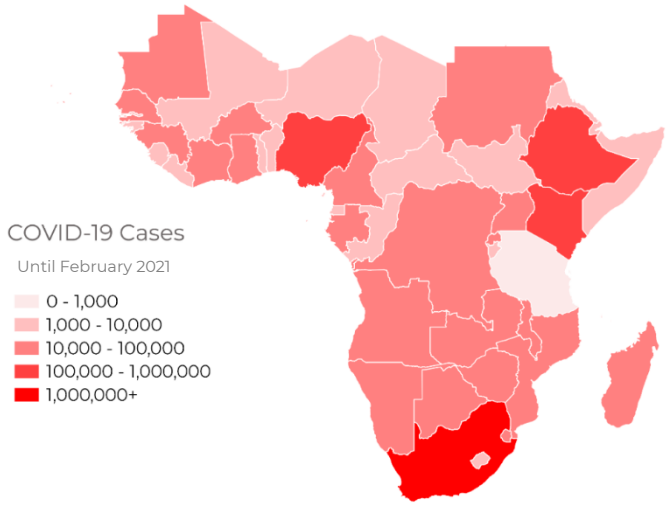
REPORTING TIMEFRAME: 31 January 2020 – 31 January

Situation Update

1,542,788 confirmed cases in Africa

34,570 confirmed deaths in Africa

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



National Society Response

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

Health and WASH	Socioeconomic Interventions	National Society Institutional Strengthening
44	40	42

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

HEALTH AND WASH

13	Ambulance services for COVID-19 cases	39	IPC and WASH (health facilities)
35	Community-based surveillance (CBS)	18	Isolation and clinical case management for COVID-19 cases
39	Epidemic control measures	21	Maintain access to essential health services (clinical and paramedical)
41	IPC and WASH (community)	30	Maintain access to essential health services (community health)

21	Management of the dead	44	Risk communication, community engagement, and health and hygiene promotion
31	MHPSS		

SOCIOECONOMIC INTERVENTIONS

40	CEA, including community feedback mechanisms
35	Livelihoods, cash support & food aid
14	Shelter and urban settlements
31	Social care and cohesion, and support to vulnerable groups

NATIONAL SOCIETY INSTITUTIONAL STRENGTHENING

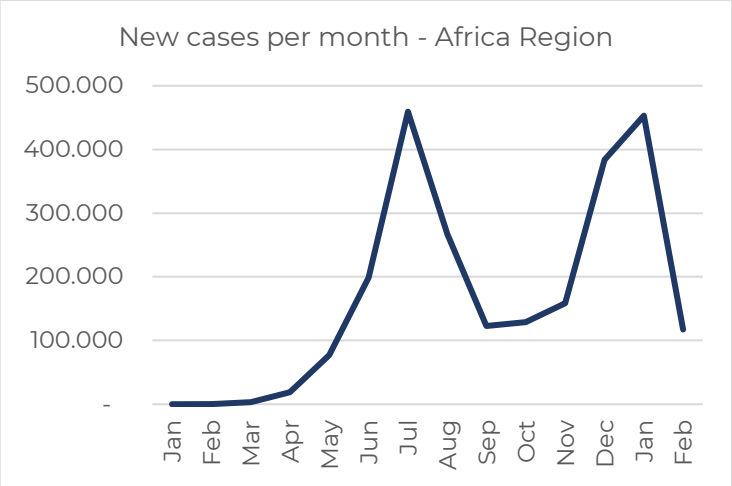
41	National Society readiness
33	National Society sustainability
42	Support to volunteers

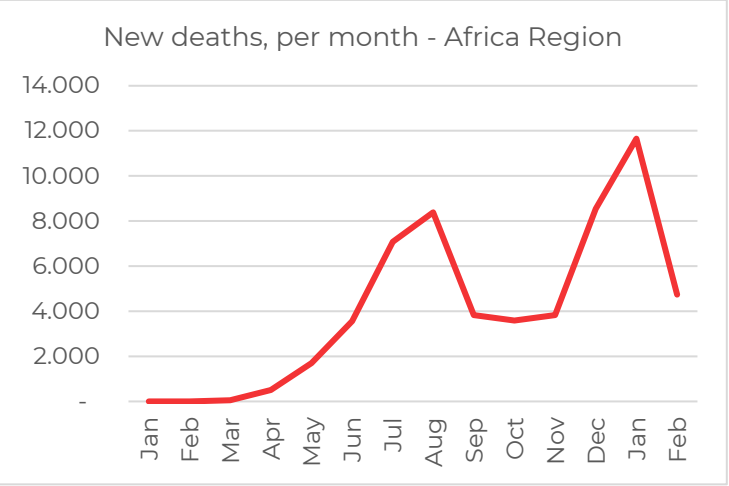
Regional overview

As of 28 February 2021, the cumulative number of COVID-19 cases in Africa Region has reached over 2.7 million, with over 71,000 deaths (Africa CDC dashboard, 28 February 2021). The countries currently reporting the highest incidence (new COVID-19 cases per 100,000 population) include Seychelles (623), Sao Tome and Principe (91), Namibia (84), and Cape Verde (73) (Africa CDC Outbreak Brief #58: COVID-19 Pandemic, 23 February 2021). Seven countries have reported the presence of the variant 501Y.V1 (B.1.1.7 lineage): Democratic Republic of the Congo (DRC), Gabon, Ghana, Nigeria, Senegal, South Africa, and Gambia; while the presence of the 501Y.V2 variant (B.1.351) has been reported in 10 countries: Botswana, Comoros, DRC, Ghana, Kenya, Malawi, Mozambique, South Africa, Gambia, and Zambia. Of the countries actively reporting COVID-19 epidemiologic data, 17 countries are reporting case fatality rates higher than the global case fatality rate of 2.2%. These countries include Sudan (6.2%), Liberia (4.3%), Mali (4.2%), Comoros (4.1%), Zimbabwe (4.0%), Eswatini (3.8%), Niger (3.6%), Chad (3.5%), Somalia (3.3%), Malawi (3.3%), South Africa (3.3%), Gambia (3.1%), DRC (2.8%), Lesotho (2.8%), Mauritania (2.5%), Senegal (2.5%), and Angola (2.4%). South Africa continues to report the highest number of new and cumulative cases, and new and cumulative deaths. The majority of countries in Africa Region continue to report community transmission.

Governments have responded with various measures to curb the pandemic, from mandatory use of masks in public, fines/punishments for violating guidelines/restrictions or national laws, nightly curfews, and limits or bans on public or social gatherings, to declarations of states of calamity/emergency, school closures and nationwide lockdowns. Schools have reopened in some countries. In some cases, free testing has been offered.

New COVID-19 cases and deaths have been trending steadily downwards over the past five weeks, with a 14% decrease in new cases and a 20% decrease in deaths (WHO Weekly Epi Update #28, 23 February 2021) compared to the previous week, indicating that more countries in Africa Region are recovering from their second wave of cases. These trends can be seen in the graphs above of monthly data since January 2020.





As of 8 February 2021, Seychelles, South Africa, Mauritius and Guinea are the only countries in the Africa Region reporting having received or having started the administration of COVID-19 vaccination doses, with 39.84 cumulative doses per 100 people (39,175 total vaccinations) in case of Seychelles. A total of 25 people including 10 government officials being vaccinated in Guinea according to Our World in Data (ourworldindata.org) and updates from WHO hosted working group update. Most of African countries depend on COVAX facility for vaccine acquisition either through the facilities' advance market commitment (AMC) or by self-financing. The COVAX facility has announced two billion doses of seven products including Pfizer which is WHO approved and the other six WHO emergency use listing (EUL). WHO together with its partners has provided guidance on development of national deployment and vaccination plans (NDVPs) in preparation for vaccine roll out and, 35 countries in Africa have submitted their plans which have since been approved. So far, Ghana has received vaccines through the COVAX facility and more countries are expected to receive in the coming weeks and months. IFRC has been actively participating in the coordination and support to National Societies in engaging with Ministries of Health during review of country NDVPs being part of the regional and subregional review committee. IFRC through the immunization task force-operational working group facilitated coordination of NSs with GAVI and MOH to ensure early engagement and contribution to vaccine roll out.

Priority 1: Sustaining Health and WASH

African National Societies developed their COVID-19 country response plans in early March-April 2020, followed by two rounds of funding. The 2nd round of funding and related plans were developed in June-July 2020 with operational budgets covering up until the end of 2020/early 2021. Since the plans were approved, countries in the Africa Region have been faced with certain realities and challenges, as follows:

- Immunization programmes have been disrupted, thereby making children vulnerable to many vaccine-preventable diseases. A growing number of zero doses and slow uptake of routine immunization programmes may contribute to more infectious diseases in the community.
- Governments have been reopening schools with strict COVID-19 measures in place. This has impacted access to latrines and sanitation facilities in many locations and amplified stressors upon adolescent girls in their ability to access menstrual hygiene products and services. Lockdowns have resulted in increased teenage pregnancy, sexual and gender-based violence and child marriage in many communities.
- Timely referrals for emergency care of noncommunicable diseases (NCDs) have been hampered.
- Effective rapid response to other epidemic and non-disease related crises, including those associated with flooding, drought and conflict, has been impacted.
- A reduced focus has been put on intermediate water, sanitation and hygiene (WASH) services, including operational maintenance requirements, servicing of facilities, monitoring of usage for different groups, and resupply of consumables. Resupply and accessibility of hygiene products has acutely affected potentially vulnerable groups, such as juvenile, school-aged females.
- Proper sanitation and hygiene measures have been scaled up, but more is needed in areas of conflict, migration, locust infestation, food insecurity, floods, and other health outbreaks, including cholera and Ebola. This needs to be supported by water supply interventions and development projects, or investigations into water alternatives (where water scarcity is a defining issue), to promote and allow for improved hygiene practises within affected communities and regions.
- There has been a continuation in the development of complementary training and epidemic preparedness and rapid response programmes, including joint Cholera and COVID-19 WASH training.
- There has been a progression in the development of locally produced hands-free handwashing stations, with numerous technologies being developed.
- National governments are signing up for the COVAX facility, which will provide access to free COVID-19 vaccines when available/approved by governments. In this regard, a survey for COVAX readiness has been rolled out. This is occurring in a largely universal fashion, with the exception of countries that have natural boundaries and separation, such as Mauritius, Seychelles, and Comoros. Tanzania remains a notable exception.
- Mental health and psychosocial support (MHPSS) to COVID-affected populations has included psychological first aid, stress management and recreational activities for in and out-of-school children, community awareness (psychosocial education), the establishment of call centres, a platform of peer-based support on stigmatization of people with mental health illness, and detection and referrals for treatment, as well as advocating for support to families and individuals negatively affected by the effects of COVID-19 (child mothers, victims of sexual and gender-based violence, etc.).

The Africa Regional Office (AfRO) has provided guidelines to help National Societies respond to these field realities, as well as to help boost the morale and motivation of volunteers and bring in a new zeal to work towards sustained behavioural change and resilience. A COVID-19 Mental Health and Psychosocial Support (MHPSS) Concept Note "Towards a harmonized Movement Implementation Approach" has been drafted and is under review. Capacity building of National Societies to sustain essential health services during the period of COVID-19 has included immunization services, MHPSS, ambulance services, blood collection services, and management of health facilities.

A webinar was held to brief National Societies on the global survey on the involvement of National Societies in COVID-19 vaccine rollout and the self-assessment tool for vaccine readiness. So far, 37 African National Societies have participated in the survey with 20 expressing interest to be involved in vaccine rollout and 14 discussing their level of involvement. National societies have also been briefed on the IFRC Five Pillar Vaccine Rollout Plan through their Country Cluster delegation (CCSTs) and Country Offices delegation (COs). Country-specific and regional support plans are being discussed and developed in coordination with National Societies that are closely collaborating and coordinating with their specific health authorities.

Given the context of COVID-19 on top of existing, multiple manmade and natural disasters in the region, an approach to mainstreaming COVID-19 response and prevention in all emergency responses has been key to making sure people affected by crises are equally protected against COVID-19. As such, the regional health team has made sure all emergency plans of action (EPoAs) include measures to protect people from COVID-19. Countries experiencing multiple disasters include Ethiopia, where conflict, locust infestation, floods, and migration have greatly increased the risks of COVID-19, and Sudan, Djibouti and Eritrea, where displacement and migration have compounded COVID-19 risk factors. Seasonal storms and intense climatic conditions have further pressurised the availability of resources to provide strategic rapid responses to epidemics and humanitarian emergencies, including those associated with Ebola Virus Disease (with recent outbreaks being recorded in DRC and Guinea) and cholera.

Epidemic control

National Societies are involved in putting in place epidemic control measures through different interventions, including direct community mobilization and promotion of preventive and protective behavioural practices, and supporting their respective Ministries of Health (MoHs) in contact tracing, home-based care and isolation at institutional and household levels. There are compounding impacts on WASH, potentially associated with climatic events, available resources and commonly accepted delivery of services and supplies become constrained. With a growing number of cases in Eastern and Southern Africa, there has been a shift in the strategy of managing asymptomatic people and people with mild symptoms to home-based care and home isolation, as well as strengthening contact tracing capacities, rather than stretching the capacity of health facilities.

There has been a continued focus on the provision of hygiene consumables and a progression in the development of hands-free handwashing stations, with pilots of varying technologies and types being developed and undertaken in several different countries. Similarly, other non-health emergency responses have increasingly made inclusions for the procurement of hygiene consumables, such as soap, ensuring that there are suitable and sufficient supplies to facilitate hygiene. These provisions are mitigating the risk of community transmission within areas of collectively displaced peoples. However, there remains a lack of sustained services, resources and infrastructure to support ongoing WASH development and provision where there is an additional load due to the prevalence of COVID-19. A transition from short to medium-term delivery and support mechanisms is needed to obviate further outbreaks and mitigate adverse influences upon other services and systems being supplied and supported by National Societies.

With some countries reopening schools, and transmission in schools already becoming obvious, health promotion and epidemic prevention and control mechanisms are the main priorities in the region. Placement of the aforementioned handwashing stations has been focused on these institutional settings to allow for the continuation of school activities and promotion of improved hygiene practises amongst students and teachers. This includes training and sensitization of students and teachers regarding symptom recognition, home treatment, and the need for social distancing and isolation of individuals who present symptoms and test positive to limit and reduce community transmission. A training webinar on approaches to preventing and controlling COVID-19 in schools amongst students and teachers is being planned, as interest was shown by participants of the webinar on “Home-Based Care and Isolation” based on the results of a survey conducted during the webinar which took place on 23 September 2020.

Risk communication, community engagement, and health and hygiene promotion

Since February 2020, 45 National Societies have conducted rapid RCCE assessments or knowledge, attitudes and practices (KAP) surveys to better understand community member’s knowledge of the virus and their attitudes and perceptions of COVID-19. These assessments have also helped in understanding the most trusted and most used channels of information in order to further localize each African National Societies’ response.

A total of 76 RCCE trainings have been conducted across 42 National Societies, including modules on the importance of RCCE in the response to COVID-19, RCCE activities across the response phases, risk communication approaches, collecting and responding to community feedback, and supporting community participation. Thirty-four of these trainings were combined with modules on Epidemic Control for Volunteers (ECV) in partnership with health teams.

More than half of the African National Societies (33) have been working with the media during the COVID-19 response by sharing community insights and supporting journalists to address these, organising webinars or workshops with

journalists, and conducting interviews on TV, radio or for newspapers where health advice or rumours and misinformation are addressed.

The results of a satisfaction survey conducted at the end of 2020 to understand how helpful the IFRC RCCE resources have been for African National Societies showed that 84% of respondents found the resources to be very useful to their work, especially the IFRC community feedback reports (74%), the RCCE webinars (71%), and the RCCE training packages (67%). Whilst significant progress has been made in integrating RCCE activities into national and regional response plans, the dynamic and constantly evolving nature of the COVID-19 pandemic means that work will need to continue at pace to ensure communities are not left behind.

In this sense, to maintain and increase the level of trust that has been established over the past months between African National Societies and communities, the RCCE team has developed a new revised strategy that will guide the next six months of RCCE activities in Africa. The new strategy is aligned to three strategic objectives: **1) to strengthen community-led solutions to the COVID-19 pandemic,** 2) **to use disaggregated feedback data to inform decisions**, and 3) **to strengthen capacities for localized and culturally sensitive responses**. In addition, a review of the RCCE resources already shared with National Societies is in progress to ensure that they are all up to date with the latest pandemic trends in Africa.

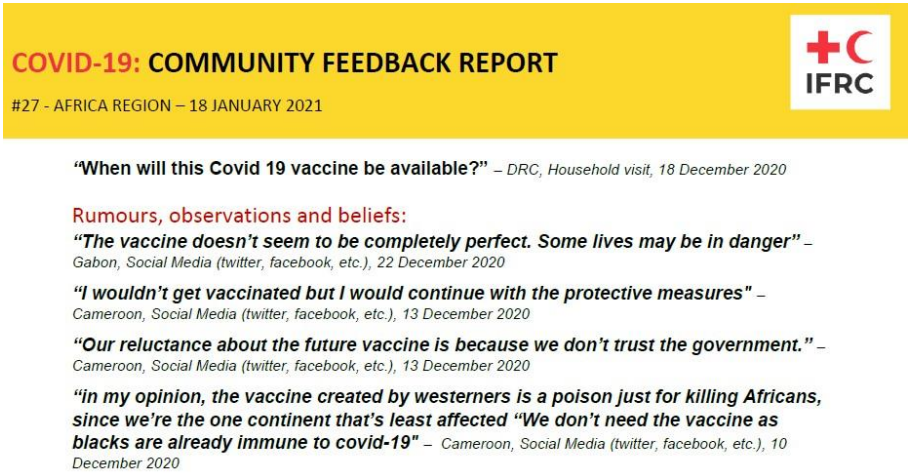
National societies continue to deliver and appraise the delivery of hygiene awareness and COVID-19 sensitization programmes, although there are concerns regarding coverage and secondary transfer of training messages to marginalized groups. Continued engagement with such groups, such as the elderly, people with disabilities, and juvenile females, through the integration of protection, gender and inclusion (PGI) and WASH interventions (short and medium-term) is essential to determine and eliminate potential coverage issues, including access to suitable hygiene facilities. This will also provide further disaggregation of data, assisting in the contextualisation of WASH services and hygiene awareness and delivery.

A key activity conducted as part of the initial surge support to COVID-19 was the delivery of WASH COVID-19 webinars to individual National Society groups and members. Refreshers or follow-up webinars are planned. Training of National Society staff and volunteers in the necessity of consistent and complimentary RCCE key messages at the primary stage of hygiene promotion activities remains a key aspect of successful risk reduction and community awareness. Hygiene promotion activities conducted in conjunction with RCCE, and their contribution to delivery of targeted and effective COVID-19 management, has been largely successful within the majority of significantly affected countries.

Community Feedback Mechanisms

A total of 45 African National Societies have been systemically collecting, analysing and acting on community feedback to strengthen and adapt response activities and to gather insights on rumours, perceptions, attitudes and misinformation of COVID-19. This represents an 18 per cent increase in the number of National Societies that reported to have feedback mechanisms in place at the end of 2019 (36 National Societies in total). African National Societies are also increasingly adopting channels of communication in their RCCE approaches that allow for interactive discussions and two-way information sharing with communities during lockdowns and when face-to-face interactions are limited. Social media (Facebook and Twitter), WhatsApp and SMS messaging as well as radio jingles have been utilised extensively to share key health information on the COVID-19 pandemic and on Red Cross Red Crescent response efforts, and to listen to questions, suggestions, observations, and beliefs of communities. Across Africa Region since February 2020, 125,613 feedback comments related to COVID-19 have been recordedand 27 regional feedback reports (see

sample below) have been produced in the main official languages adopted on the continent to guide and inform decision making within the response.



COVID-19: COMMUNITY FEEDBACK REPORT

#27 - AFRICA REGION – 18 JANUARY 2021

IFRC

"When will this Covid 19 vaccine be available?" – *DRC, Household visit, 18 December 2020*

Rumours, observations and beliefs:

"The vaccine doesn't seem to be completely perfect. Some lives may be in danger" – *Gabon, Social Media (twitter, facebook, etc.), 22 December 2020*

"I wouldn't get vaccinated but I would continue with the protective measures" – *Cameroon, Social Media (twitter, facebook, etc.), 13 December 2020*

"Our reluctance about the future vaccine is because we don't trust the government." – *Cameroon, Social Media (twitter, facebook, etc.), 13 December 2020*

"in my opinion, the vaccine created by westerners is a poison just for killing Africans, since we're the one continent that's least affected "We don't need the vaccine as blacks are already immune to covid-19" – *Cameroon, Social Media (twitter, facebook, etc.), 10 December 2020*

As COVID-19 immunization plans begin to be developed and implemented around the world, including in Africa, close biweekly coordination with the health sector has proven, and will remain, critical, in understanding and addressing concerns, rumours and misinformation that might drive vaccine hesitancy among target groups, and in identifying and supporting communities to lead on the design and implementation of appropriate vaccine demand-creation activities.

The RCCE team has been continuously building the capacity of National Societies on how to collect, code and analyse feedback. Last year, a series of webinars and workshops in French and English were organized and focused on how National Societies could use and adapt the IFRC feedback tools to facilitate the production of country-level reports.

Responding to Community Feedback

The RCCE team is producing a range of information products to support National Societies and all sectors of the response to adapt interventions based on community feedback. For example, since March 2020, 27 "Ask Dr Ben" (Anglophone) and "Demandez au Dr Aissa" (Francophone) factsheets have been produced to help National Societies respond to key questions and concerns raised in the community about COVID-19 and the broader response. To complement these factsheets, 41 short videos were produced in English featuring Dr Ben, Head of Health and Care, and 27 were produced in French featuring Dr Aissa, Health Coordinator for West and Central Africa, and Dr Joelle, Epidemic Pandemic Preparedness Manager for Central Africa. These factsheets and videos have been shared on WhatsApp groups, IFRC Africa Twitter, and in the RCCE COVID-19 Newsletter.

The findings and recommendations outlined in the community feedback reports are discussed internally to inform decision-making during COVID-19 coordination meetings at both regional and country levels, and are shared in the biweekly RCCE newsletter, which is disseminated to all IFRC staff in Africa, as well as to National Society RCCE focal points and Participating National Society (PNS) and ICRC colleagues with a strategic interest in supporting RCCE in the region. The feedback findings also inform the analysis of the East and Southern Africa (ESAR) and West and Central Africa (WCAR) interagency community feedback sub-working groups, and are triangulated with feedback findings collected by partners to develop a robust understanding of the main feedback trends across the region. These working groups agree on actions to be taken at regional and country levels to address the feedback, as well as share and discuss data within the other COVID-19 technical working groups (surveillance, case management/infection prevention and control/MHPSS, and logistics) to ensure that this work is not siloed.

Community-based surveillance (CBS)

NS volunteers play a key role in early detection of outbreak of epidemic and pandemic potential diseases and early identification of cases of such diseases in their community through ongoing programs such as CBHFA and other community health interventions. Countries with the Community Epidemic and Pandemic Preparedness (CP3) programme contribute significantly to community-based surveillance and participate in the early detection and reporting of cases in a systematic way while in other countries where CP3 is not implemented, National Societies support in early identification of cases and link to the formal Ministry of Health surveillance systems. Nine National Societies in Africa are directly or indirectly involved in CBS with activities ranging from contact tracing to more comprehensive and systematic CBS building up on their CBHFA experiences and systems **as such the first case of COVID-19 case in Somaliland was detected by Somali Red Crescent Society picked up through the CP3 volunteers.**

Infection prevention and control and WASH in health facilities

Support in IPC includes training and deployment of volunteers to work within MoH structures and indirect support through the procurement and provision of PPE for volunteers and staff, as well as for health workers treating COVID-19 patients. Informed by the evolving epidemiological situations in different countries, interventions are well tailored with measured shifts between IPC in health facilities, and RCCE in the wider community, and prepositioning of necessary PPE and WASH supplies. The continent has seen two waves thus far, with Southern and Eastern Africa clusters bearing the highest share of impact. The National Societies in these clusters have been involved in IPC activities at different stages of the pandemic, especially in the provision of IPC training, supply of PPE for health personnel, participation in burials, and disinfection and spraying of isolation centres and during ambulance and paramedic services in adherence to IPC protocols.

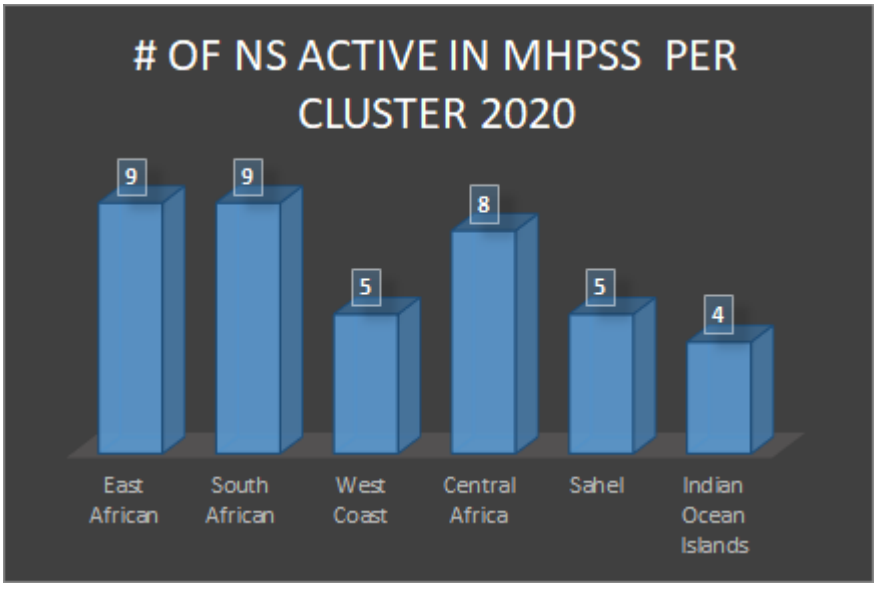
Three National Societies (Zambia, Malawi and Sierra Leone) are currently engaged in the development and delivery of rapid response training on assessment and intervention for cholera outbreaks, with complimentary training where there are commonalities in the requirements for prevention of cholera and COVID-19 transmission. This training includes review of the production of chlorine stock solutions, not only for the disinfection of potentially contaminated water sources, but for surface disinfection and handwashing applications. The trialling of hands-free handwashing technologies continues, with the provision of a handwashing compendium for locally produced handwashing stations issued in the last quarter of 2020. These innovative hands-free units are applicable to numerous situations and settings, including health facilities. Localized production and standardization of some components of the most robust units remain an issue due to supply chain constraints. Furthermore, the type and common use of construction materials for the units have not been provided and may be disposable, leading to solid waste issues. National Societies (e.g. Comoros) are actively engaged in the production of disinfection materials, such as chlorine solutions, and are supporting health facilities to respond to COVID-9 cases with sterilisation and coordination of triage.

Infection prevention and control and WASH at the community level

Risk communication and trust issues remain significant impediments to addressing IPC and WASH within communities. The focus of the majority of National Societies has been on the provision of handwashing facilities within densely populated areas or informal settlements. There is no data on whether the locations have been evaluated or if there are ongoing sterilization and maintenance for these installations. This should be addressed before any further placements, and previously installed and operating handwashing stations should be inspected for functionality.

Mental health and psychosocial support (MHPSS)

The need for MHPSS in Africa Region continues to be high, given the persistent increase in COVID-19 cases in many countries, coupled with the reopening of schools, which has increased fear, anxiety and worry among teachers, parents and students. Visible secondary impacts of COVID-19 on mental health and psychosocial wellbeing of affected individuals through reported incidences of aggressive behaviours among students in schools, domestic violence in homes, and suicide cases point to an increased need for focused MHPSS interventions to prevent affected individuals, families and communities from experiencing more severe conditions.



MHPSS sector experienced an increase in the number of African National Societies involved in the delivery of MHPSS services focussed on COVID-19, from 23 National Societies in June 2020 to over 40 National Societies by December 2020 (as shown by cluster in the graph on the right), with each National Society having a focal point to support the planning, training, monitoring and supervision of staff and volunteers at field level. There has been increased integration of MHPSS activities with other response actions, especially epidemic preparedness and control and home-based care, which will increase the general skills of field responders and the provision of integrated services for sustainability. In addition, the creation and coordination of strong National Society MHPSS focal points in cluster-based teams has strengthened the sharing of knowledge and experiences through regular team meetings and skills development workshops.

During the implementation of MHPSS services, some lessons learned were identified, as follows:

- An increase in peer-to-peer learning among National Society focal points was achieved when focal points were engaged in cluster teams for an exchange of knowledge and skills in planning, with the implementation of activities at field level.
- The presence of a technical delegate at the regional level greatly motivated many National Societies to focus more on MHPSS as a necessary intervention during COVID-19, where they included several MHPSS activities in their revised EPoAs, with expected technical support and guidance from the region.
- Provision of a safe platform for regular one-on-one supportive talks between National Society focal points and the technical delegate increased confidence among National Societies to scale up the number and quality of MHPSS activities at National Society level.

Two notable challenges ahead are as follows:

- The systematic development of sustainable MHPSS knowledge and skills among MHPSS service providers at field level needs to be accompanied by a well-developed structure and system of regular technical supervision, guidance, coaching and mentoring by National Society focal points. This system is yet to be strengthened in each of the National Societies.
- There is generally low uptake of specialized MHPSS services in most countries in Africa Region due to a lack of capacity and funding. As such, there are limited referral points for severe cases of mental illness and access to treatment, which will require sustained advocacy to governments for more funding to care for and treat an increased number of people with severe secondary mental health impacts due to COVID-19.

Isolation and clinical case management for COVID-19 cases

The need for isolation of suspected and confirmed cases was very high at the beginning of the pandemic. Isolation in government facilities and designated hotels was common for people entering countries with quarantine requirements. As cases increased, hospitals and health facilities were overwhelmed and the need for additional facilities to treat confirmed cases in isolation increased. As more was understood about the pandemic, self-isolation became the preferred and most effective way of quarantining and isolating suspected cases or contacts. AfRO organized a webinar on home-based care and isolation and advised National Societies to promote home-based care.

Ambulance services for COVID-19 cases

There are a number of NSs in Africa who run ambulance services as an important part of their flagship services, being trusted partners of their MoHs. The increased demand for such services in the context of the pandemic means that the IFRC must provide additional support to NSs. As such, through the global IFRC appeal, the IFRC regional logistics unit

has supplied ambulances to several NSs to augment or create ambulance services in several countries, including Cameroon, Gambia, Kenya, Madagascar and Mauritius with more support in progress for the NSs in Cote d'Ivoire, DRC, South Sudan and Uganda. In addition, IPC of COVID-19 in ambulance services for other health emergencies has been intensified through COVID-19 prevention and response efforts. Volunteers and medics working in ambulance services are provided with IPC training and PPE to ensure that they and the people being served are protected. PNSs have also mobilized resources of in-kind support through the global IFRC appeal. In Ethiopia, the NS has received ambulances from the Austrian RC to scale up its ambulance services.
The IFRC health team continues to assess the needs for additional support for ambulance services to effectively coordinate such efforts. As African NSs enhance their service delivery in their auxiliary roles, demand for involvement in specialized services such as clinical services, first aid, and paramedic and ambulance services, are expected to increase.

Maintain access to essential health services (community health)

National Societies are implementing COVID-19 prevention activities while supporting their communities to access essential health services, such as immunization services, maternal and child health, and prevention of other common communicable diseases. Considering the negative impact of COVID-19 in the healthcare delivery systems of countries in the region, which is evidenced in a WHO survey indicating a significant disruption in essential services plus, the regional health team is continuing to engage with National Societies to support adjusted responses and other health programmes in a way that facilitates continuation of services.

Maintain access to essential health services (clinical and paramedical)

The impact of COVID-19 on healthcare systems in Africa is on both sides of supply (delivery) and demand (healthcare-seeking). On the delivery side, high numbers of moderately and severely ill COVID-19 cases have resulted in the reduction or complete ceasing of elective services, such as immunization, emergency care, maternal, newborn and child health (MNCH). On the demand side, people, especially expectant mothers, have avoided visiting health facilities for fear of being exposed to and contracting the disease. The effect of the pandemic on healthcare delivery points was specifically felt at the start of the pandemic, where some National Societies were pulled in to support health service delivery systems by establishing and building makeshift isolation and treatment centres within health facilities. These efforts provided relief and support in improving health service delivery and health-seeking behaviour by providing the additional space and peace of mind needed for patients to visit health facilities for other services with confidence, hence maintaining essential services.

Encouraging support for home-based care of mild and asymptomatic COVID-19 cases was another strategy promoted by AfRO to reduce the burden of the pandemic on healthcare systems and ensure essential healthcare services for healthcare needs in addition to COVID-19 was maintained.

One of the elective services affected by the pandemic is immunization, slowing down and, in some cases, completely closing outreach and routine immunization activities, leaving children exposed to vaccine-preventable illnesses. Additionally, significant numbers of children have dropped out of immunization programmes in fear of getting infected by COVID-19 in health facilities. AfRO has been supporting immunization activities by facilitating and promoting participation of African National Societies in the Global Immunization Task Force to put the immunization agenda high on the priority list of PNSs and African National Societies.

Management of the dead

Lots of things were not clear about the epidemiology and transmission routes of the disease and the nature of the virus at the start of the pandemic. With its fast-paced transmission and attack on socio-economic and health system infrastructure in the world, the public health community has been taking every possible precautionary measure to limit the negative impact, and precaution in management of the dead was one of them.

African National Societies with safe and dignified burial (SDB) experience in countries affected by Ebola virus disease (EVD) were the first to be requested by their MoHs to support in the management of the dead. The SDB guidance for EVD was followed in the management of the dead for COVID-19, which raised concerns about stigma and isolation of families and contacts of COVID-19 victims, which may negatively affect the contact tracing efforts by National Societies,

a key element in containing and limiting the effects of the pandemic. As such, the regional health team has embarked on an effort to address these concerns. The regional health team, with ICRC and the IFRC Geneva team, has developed a separate guidance document for the management of the dead. A joint webinar with IFRC AfRO, IFRC Geneva and ICRC was organized in both French and English with the participation of 124 people to familiarize IFRC and National Society health staff with the guidance on the management of the dead of COVID-19 cases.

Priority 2: Addressing Socio-economic impact

The secondary impacts of COVID-19 continue to increase and are severe throughout the continent. Further compounded by the multiple threats of man-made and natural disasters, including but not limited to floods, food insecurity, locusts outbreaks, leading to significant population movement, as well as the recent outbreak of Ebola. The majority of the working population are reliant on daily labour opportunities and income from informal sector to meet their basic needs. The measures introuduced by governments to contain the pandemic coupled with the general economic slowdown in the majority countries, has left many households without regular income and in need of livelihood support to address their economic and food security.

In response, the IFRC network scaled up its livelihoods and food security support by adapting and developing new programmes to address the economic consequences fall-out from the pandemic. This included providing both **immediate in-kind (food) aid and cash/vouchers support (multipurpose cash to address basic needs)**, to assist the most vulnerable communities, as well as developing longer-term approaches, complementing or advocating for vulnerable communities' inclusion to existing **safety nets in the medium term**, and **supporting early recovery** and adaptation to the pandemic threat. The PGI team continues to offer technical support (incl IM, CEA) to National Societies to ensure that all emergency responses, including COVID-19, improve the targettign of the most vulnerable target groups, such as the elderly, persons with disabilities, single headed female households, girls and children managing households, engaging them in all levels of implementation and mainstreaming PGI across all sectors.

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

Financial service provider (FSP) procurement remains a priority, along with the parallel steps, such as identification and selection of people to be assisted in order to deliver assistance on time. A dashboard about cash and voucher assistance (CVA) in Africa was developed by the cash team and can be accessed **here**. It contains a section on the implementation progress of the cash interventions in response to COVID-19. This dashboard is updated every week on Friday.

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

Shelter and urban settlements

The shelter unit has put in place support for National Societies to implement programmes linked to: decongestion and mitigation of COVID-19 in fragile sheltering settings through rental assistance; quarantine or self-isolation through the construction of temporary shelters; and infection prevention and control by distributing household items in a way that avoids spreading the disease and maintains the dignity of the targeted population.

Technical support and liaison has taken place with National Societies to adapt ongoing programming to fulfil shelter-related mandates as part of their auxiliary roles, including those related to urban environments. A regional guidance note on Shelter and Settlements and COVID-19, and further guidance on urban settlements and camp and camp-like settings, have been developed in French and English and shared with African National Societies. A webinar organized by the Cash Helpdesk on Shelter and Settlements through CVA took place in July 2020, and an IFRC Rental Assistance Step-by-Step Guide is being put into the IFRC Handbook. A specific presentation was organized for French-speaking National Societies on rental assistance and its potential use in urban areas to support decongestion in places such as migrant and student dormitories and quarantine wards.

Examples of direct technical support to National Societies to fulfil their roles in setting up self-isolation wards or quarantine centres in transit or border locations have included various requests from West Coast and Sahel, including the Red Cross of Chad. Technical options have been sought for alignment with government policies, cost-effectiveness and effects on transmission. In addition, most other operations in the region have integrated a component to mitigate the outbreak risk in congested environments: additional emergency shelters for self-isolation needs have been systematically added to flood responses and population movement operations in Sudan, Ethiopia, Zimbabwe, and Cameroon. Relief distributions have also taken into considerations the protocols established by the Inter-Agency Standing Committee (IASC) and country-led shelter clusters.

Continuous learning among shelter actors in the region has seen advances in identifying, documenting and selecting case studies for the upcoming flagship publication Shelter Projects 2020-21, with a focus on COVID-19 and large-scale shelter responses.

Community engagement and accountability

The RCCE Collective Service, an interagency initiative aimed at strengthening global, regional and country-level coordination and collaboration between WHO, UNICEF and IFRC, is fully operational. At Africa Region level, IFRC hosts the interagency coordinator and information management (IM) specialist positions for ESAR, as well as the IM specialist position for WCAR. RCCE is one of the four main technical pillars of the WHO-led COVID-19 response and IFRC chairs the RCCE technical working group for ESAR. The RCCE community feedback sub-working groups fall under the coordination of the main RCCE technical working group and are co-led by IFRC, UNICEF and WHO. Thirteen interagency community feedback reports have been jointly developed and shared by ESAR, along with eight by WCAR. These monthly reports highlight feedback trends from an average of 10 partners across 12 to 15 countries. Interagency resources and guides have also been produced in collaboration with partners to help agencies respond to some of the most pressing and persistent issues raised through community feedback. These include two guidance notes on how to address social stigma associated with COVID-19 and finding community-led solutions to managing and preventing the spread of COVID-19, and three factsheets on mistrust and denial, treatments and trials, and stigma around COVID-19.

IFRC has partnered with Africa's Voices Foundation to integrate the Katikati platform, a 1-to-1 conversation SMS platform allowing organizations to deploy human-led conversations with volunteers and communities to strengthen engagement and accountability channels, build stronger and more trusted relationships, and effect social change. The goal is to pilot this project with Malawi Red Cross Society and Red Cross Society of Côte d'Ivoire in order to support both National Societies to scale up interactive SMS messaging within their COVID-19 responses and to use the platform as a tool for community participation and collecting much broader feedback on peoples' perspectives, needs and experiences.

The task force on media webinars, which was created by the RCCE interagency working group, has held five media dialogue sessions to address feedback from communities collected by partners from the RCCE sub-working group. Discussion topics have included the safe return of children to classes during COVID-19, and vaccination, which will dominate the discussions in the coming months.

The RCCE team, in partnership with Ground Truths Solutions, will roll out a volunteer perception survey across Africa Region on COVID-19 to capture the unique insights that volunteers have into how the pandemic and response have been perceived and experienced by people across Africa Region. A first webinar in English was held with the National Societies interested in participating in the project, and two more webinars in French and Portuguese will also take place to present the project and answer questions. In Africa Region, all 49 National Societies have been invited to participate in the project, and it is anticipated that the first of two rounds of data collection will be completed in February. Systematic tracking of volunteer perceptions has not been integrated into response operations before, so this project will also provide lessons learned for future programmes and operations.

A rapid joint training session between RCCE and PGI teams is being organized globally to introduce effective approaches to vaccine rollout, focusing on how to build trust and mitigate vaccine hesitancy within communities. The RCCE team in Africa Region is helping to shape the training based on regional scenarios and feedback collected in the region. The training is expected to take place in late February.

The RCCE team, in partnership with Translators Without Borders (TWB), is currently piloting the Uji Chatbot project in DRC. Uji is a multilingual chatbot that answers the questions people are asking about COVID-19 by engaging in real conversations with them in their own languages. The chatbot can also relay multimedia content to the general public, including audiences with low literacy levels. It has also been agreed with TWB to translate a series of nine Ask Dr Ben videos into Portuguese, Arabic, Lingala, and Swahili.

Social care, cohesion and support to vulnerable groups

Protection Gender and Inclusion

The IFRC PGI team in Africa Region, with close collaboration of the PGI team in Geneva, and in consultation with National Societies in Africa Region, has developed a package of information, education and communication (IEC) materials that aim to address the needs of National Society frontline staff and volunteers when dealing with sexual and gender-based violence (SGBV) survivors and with wider communities through their outreach work. The SGBV IEC package was launched on 30 November 2020. This package is also an advocacy tool to sensitize management in IFRC and National Societies about key roles and responsibilities to address SGBV in their work and to support National Societies address SGBV during COVID-19 response.

PGI regional team is collaborating with **Sesame Street** (the world's largest informal educator and a globally cherished brand) on a project to support children and families during COVID-19 by delivering essential and engaging educational resources and messages, carefully tailored to meet the distinct needs of local communities. The project will be implemented by Kenya, Uganda, Tanzania, Nigeria and Gambia National Societies.

PGI team and UNICEF collaborated in a 6-part learning series with Somalia, South Sudan, Burundi, Kenya, Uganda, Mozambique and Zimbabwe National Societies from 8 October to 8 December 2020. The collaboration sought to ensure that national emergency preparedness and response plans are designed and implemented to reduce risks and improve safety for women, girls, and other at-risk groups in line with IASC SGBV guidelines and PGI in emergencies minimum standards. As a result, collaboration on SGBV between National Societies and UNICEF in the region has been strengthened at country level. IFRC, through the global appeal, has also supported the National Societies of Burundi, DRC, and Somalia in strengthening their capacity in the prevention of and response to SGBV through capacity building and other activities in response to COVID-19.

The regional PGI team has developed a PGI Newsletters 2020 for Africa Region showcasing how National Societies and IFRC are implementing various PGI interventions to strengthen the COVID-19 response and work towards ensuring no one is left behind, left out or left unsafe in the COVID-19 response. During peer-to-peer learnings, webinars and online trainings, National Societies were able to share their achievements, as well as demonstrate the importance of ensuring PGI inclusion during COVID-19 planning and response. Collaborations with other organizations have improved the visibility of IFRC and have continued to create awareness of PGI across the board.

The IFRC PGI team continues to participate in the monthly meetings of the regional GBV working group, which includes different organizations working on SGBV in Africa Region and is convened by UNFPA and IRC. Through this regional working group, several resources including; developing key messages for communities on GBV and COVID-19, identifying and mitigating GBV risks with COVID-19 response and GBV pocket guide have been developed and are currently being utilized in the COVID-19 response.

Some notable challenges have been the lack of PGI inclusion and involvement of PGI focal points in the development of COVID-19 plans by some National Societies, thus affecting the actualization of PGI plans in the COVID-19 response. The lack of PGI focal points in some National Societies has made it difficult to follow up with National Societies, especially during the COVID-19 response, where SGBV cases have been reported to be on the rise due to lockdowns.

Migration and Displacement

The migration and displacement team has worked to inform migrant populations, provide technical support to National Societies, develop tools, contribute to COVID-19 strategies, increase sharing of knowledge through webinars, and support research on the topic of COVID-19 and migration. Webinars have been organized in the West Coast Cluster countries in collaboration with the Italian Red Cross, Nigerian Red Cross Society, Red Cross of Benin, and Togolese Red

Cross addressing a variety of themes relating to migration and COVID-19, including self-care, caring for staff and volunteers, and caring for first-line responders.

Research has been conducted in the Sahel looking at migrants' access to essential services in the face of COVID-19. The report, "Least Protected, Most Affected," paved the way for IFRC Migration Lab's first piece of research in collaboration with eight National Societies in Africa Region, including Ethiopia, Sudan, and National Societies in the Sahel, to better understand the direct and indirect consequences of COVID-19 on migrants. The report should be finalised and launched in early 2021.

With experience and research, the regional migration and displacement team is learning the importance of ensuring that migrants have access to essential services, including healthcare, regardless of status. This becomes even more relevant in the face of COVID-19 and as vaccine distributions begin.

Priority 3: Strengthening National Societies

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

National Society readiness

The following actions have been conducted to strengthen the National Societies preparedness and response capacity:

- The National Societies of Kenya, Ethiopia, Rwanda, Uganda, Sudan, Tanzania and Burundi have participated in a 7 module WHO training on immunizations in January 2021.
- There has been joint planning for giving shape health strategies in Kenya, Sudan, Ethiopia, Rwanda, Uganda and Burundi in line with IFRC 2030 strategy.
- CEA trainings were organized for Central African Cluster NSs and they now have CEA to implement CEA activities. The COVID-19 appeal strengthened the fleet and operational capacities of Cameroon Red Cross Society by receiving six used, but repaired vehicles. The NSs of Cameroon, Gabon and Congo Brazzaville also received laptops. In addition, the appeal contributed to the salaries of key staff in each of the five NSs covered by the Central Africa CCST. All five NSs received personal protection equipment.

A rapid assessment mission was conducted in Congo Brazzaville to support the Congolese Red Cross in strengthening its emergency operations. That assessment came up with a ten-action points plan for the readiness of the NS. Implementation of the plan of action started with the recruitment of an NS programme coordinator and an NS legal adviser. A DREF training is planned to take place in March 2021 in Brazzaville.

National Society auxiliary role and mandate

IFRC AfRO has proactively continued to work with National Societies in **strengthening their capacities in governance and financial sustainability for effective and successful operations**. With this, National Societies have been encouraged to incorporate National Society Development (NSD) elements into operational activities. To achieve this, several National Societies have been able to undertake pre-disaster assessments by using global assessments tools such as BOCA and OCAC. This saw a total of eight National Societies undertake BOCA across 66 Branches and Namibia undergoing OCAC self-assessment amid the pandemic, while majority have institutionalized early warning systems on integrity concerns and feedback mechanism as part of mobilization of response mechanism and support pre-disaster development of risk management with eight NS convening for their General Assembly.

Support to improving staff and volunteers' skills in monitoring, evaluation and reporting with credible evidence-based research and data analysis while anchoring on structures that support innovation and digital transformation that drives integration of operational activities and National Society development programmes has been achieved with incredible improvement of FDRS Financial Sustainability indicators. Other initiatives aimed at bolstering National Societies' financial sustainability include the ongoing financial development competency network (FDCN). The FDCN will be the central point of resources and capacity in Finance Development where members of the community of practitioners come together to interact and based on the needs of the member National Societies; resources and technical knowledge will be shared and produced. A guiding principle will be to prioritize support to those National Societies operating in contexts of heightened humanitarian needs and facing organizational risks and to improve accountability,

efficiency, and effectiveness of RCRC National Societies humanitarian work. Other recurring webinars are being conducted jointly with the Netherlands Red Cross finance development unit. This initiative aims to deliver on financial sustainability best practices and create a platform for comparative analysis on what works well where. It also aims to encourage practitioners' adaptability to various emerging contexts while enhancing the learning platform with best practices in peer support and counterpart efforts. The Action Learning Initiative through an external partnership with the World Institute for Action Learning was piloted with regional NSD focal points. The initiative aims to strengthen the localization agenda of financial sustainability by developing National Societies leadership to be creative, pragmatic, and successful strategist in problems solving. The Action Learning toolkit has been integrated with the financial sustainability guide toolkit and is available for National Societies on FedNet. Other National Societies have also joined financial sustainability initiatives on Action Learning and online fundraising platforms.

The AfRO has focused on having a footprint of its accompaniment of National Societies with recruitments in strategic Country Offices with the initial phase of scaling up NSD human resource being achieved in Sierra Leone, DRC, Zimbabwe and Central Africa Republic. The Regional NSDPKD unit, with the support of PMER and Information Management (IM) units, have put together a National Society Volunteers Insurance Tracking (VIT) Tool. This system will improve the collection, sharing and use of volunteer data to guide decision-making at regional and National Society level. The orientation of the tool was undertaken for NSD and PMER focal persons at both Regional, Cluster, and Country Offices with useful feedback and discussions incorporated.

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

National Society sustainability

National Societies across the region have experienced and responded to the impact of COVID-19 differently. NS who had invested time and effort in localization agenda on integrity, partnerships, fundraising, resource mobilization and revenue diversification, capacity building, in resourcing their supply chain and established auxiliary role and collaboration with their local authorities have effectively been responding to emerging humanitarian challenges during the COVID-19 period.

Noteworthy is the pre COVID-19 status of several National Societies, some of which were already faced with sustainability challenges. A raft of factors that were then predisposing the African NS to decline and impeded their sustainability still exist. These factors are associated with lethargy in application and compliance with policy instruments around integrity, accountability good governance and leadership -leading to National Societies not being partner of choice to most donors, external supporters and governments. These challenges played part in National Societies not being fit for purpose before the pandemic. Other factors such as deferring of general assembly, deferred review of foundational texts, NSs that could not generate 50% of their income domestically, deferred annual audits and financial statement, NSs that had not committed to executing their auxiliary role and not receiving government subventions, NSs not having youth and volunteering policies were issues that already presented sustainability concerns.

Integration of the volunteer duty of care within the operations settings and budget and the BMZ project with a focus on financial sustainability saw seven National Societies from Africa Region benefiting with successful implementations. They include NSs in Ghana, Niger, Rwanda, Zambia, Namibia, Tanzania and Madagascar.

It is against this backdrop that the unit acknowledges the need to continue with the various global and regional initiatives aimed at strengthening financial sustainability of the National Societies. Initiative such as support by the office of the

internal audit and investigations will ensure the membership have fully fledged internal audit systems and capacity to undertake investigations thereby mitigating fraud and integrity concerns. The four pillars of financial sustainability (resource mobilization, high quality leadership, longer term revenue streams, NS mission and strategy) comprehensively capture associated areas that aim to equip National Societies to be fit for purpose and captures aspirations of Regional PAC indicators and the theme of investing in African National Societies. The membership will also be able to prioritize critical areas of financial sustainability relevant to their context. The unit will continue with its efforts and emphasize on collaborative approaches while engaging on open discussions across the network on areas that the RCRC Movement should prioritize in order to support the membership be financially sustainable.

Support to volunteers

The outbreak of COVID-19 presented a challenge on the role of volunteers being on the frontline of emergency response. With most countries having experienced lockdown and some staff working from home, IFRC AfRO worked to support National Societies and their volunteers as they remained part of the core frontline responders to COVID-19 within their countries and communities. IFRC AfRO then collaborated with National Societies, other regions, and Geneva to brainstorm and developed the IFRC **National Society Guidance on Duty of Care of Volunteers** to encourage uptake of volunteer insurance and volunteer solidarity fund initiatives by National Societies. African National Societies were also encouraged and supported to participate in global webinars and on the Sokoni Platform on Volunteering on topics such as digital engagement, profiling of volunteer stories, and how the role of volunteering was evolving due to COVID 19, with a view to enhance the safety and security of volunteers.

The uptake of volunteer insurance and solidarity mechanisms has been increasing within National Societies from the start of the COVID-19 operations in March 2020 despite problems, as most insurance companies did not have adequate risk management frameworks to cover COVID-19. However, to enhance duty of care of volunteers in the COVID-19 response and other operations, the critical volunteer data collection standard operating procedure (SOP) was finalized and will be piloted in the first quarter of 2021. This will help cost-effective and timely decision-making to enhance duty of care to volunteers from a data-driven perspective and will thus be used in volunteer reporting in 2021.

IFRC AfRO also shared the African volunteers' experiences on COVID-19 responses during the global UN Technical Meeting on Volunteer Development co-hosted by IFRC and UNV (United Nations Volunteer Programme). The COVID-19 volunteer experiences from Africa Region were also shared to facilitate revision of the IFRC Volunteer Policy for adoption at the 2021 IFRC General Assembly. As mentioned under RCCE, a volunteer perception survey across Africa Region on COVID-19 will be conducted to capture the unique insights that volunteers have into how the pandemic and response have been perceived and experienced by people across Africa Region. This initiative will also provide lessons learned for future programmes and operations.

The role of youth volunteers in the COVID-19 responses in African National Societies was also acknowledged and contributed to the establishment of the global **Youth Mobilization for COVID-19** by the **Big 6 Youth Organizations** (including IFRC) in partnership with WHO and the United Nations Foundation. Dr Tedros Adhanom Ghebreyesus, WHO Director-General, had this to say on the launch of the global youth project on 11 December 2020: "*WHO is honoured to join this truly exciting and powerful global movement to mobilize and empower youth worldwide to be the driving force of the recovery to COVID-19.*" Members of the Big 6 Youth organizations from the Africa Region will also be collaborating on this COVID-19 response regionally but with each organization following its approved project activities approved at their Headquarters level from the funding partners.

Enabling Actions

IFRC Africa Region is enabling National Societies to respond effectively with quality programming by facilitating a coordinated approach with international support in surge personnel, communications, information management and logistics while ensuring accountability by National Societies in community engagement and inclusion of people most at risk. IFRC support from the multilateral Emergency Appeal is being channelled through distributed networks and capacities to reinforce coordination and ensure accountability. To support this response, IFRC provides international

resourcing, evidence-based insights, communications and advocacy, coordination for quality programming, and an oversight function to reduce risk and ensure that assistance under the three priorities is provided effectively, is communicated to the relevant partners, and has the impact that is needed. IFRC AfRO is supporting National Societies to set up or revise Business Continuity Plans (BCPs), to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders, and to secure ongoing essential service delivery. Security risk registers and mitigating measures are current and being implemented, and updated security plans are in place across the region. IFRC AfRO is currently engaged in the review and update of all regional and sub-regional Security Rules and Regulations and Contingency Plans. The strategic risk register has been updated and risk management training materials have been developed, and workshops will be organized from March 2021 onwards with Country Office and Country Cluster Office Support Teams. Risk tolerance scoring used to inform previous funding allocations to National Societies under the IFRC Africa Regional Emergency Appeal have also been revised. These will be used as a variable to inform future allocations to National Societies under the Immunisation pillar in the revised EPoA. Training sessions on risk identification, analysis, evaluation, and monitoring are being planned, initially targeting 24 prioritized National Societies. This will culminate in developing National Society specific risk registers, systematic and proactive risks monitoring and tracking risk mitigation implementation progress.

Coordination for quality programming

Movement Coordination

IFRC Africa Region is coordinating with Movement partners to ensure harmonization, information sharing, and technical coordination, through a number of channels. The primary platform for Movement coordination at regional level is through the Movement Operations Group, which coordinates actions to ensure that support from IFRC, ICRC and PNSs is harmonized and avoids duplication. This group also identifies and operationalizes Movement assets across the continent to maximize efficiencies in human and technical resources and leverages existing Movement programmes to further support National Societies in their response. COVID-19 Movement Operations Group Meeting have been convened throughout the 12-month period, initially as a weekly event but moved to monthly. These meetings involve representatives from IFRC, ICRC and Partner National Societies. The last COVID-19 Movement Operations Group Meeting was conducted on 17 February 2021 and presented the IFRC COVID-19 Immunization Roll Out Strategy (5 Pillars) and Annex to the COVID-19 Emergency Appeal (integrating the Immunization plan and budget). The IFRC COVID-19 Core Management Team has coordinated the revision process of the current regional Emergency Plan of Action (EPoA). This will accompany a Revised Emergency Appeal (REA) which increases the funding requirement by CHF 100,000,000 to incorporate an immunization pillar. CHF 20,000,000 has been allocated provisionally to the Africa Region. The fourth revision of the EPoA is due to be published by end of March 2021.

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

External Coordination

IFRC is actively coordinating with key agencies, as summarized in the table below, and is a member of the Regional Humanitarian Partners Team (RHPT), positioning IFRC and African National Societies in their special roles under the localization agenda and auxiliary roles for COVID-19 response. At country level, National Societies and IFRC are actively participating in government-led coordination structures, and are observers to, and participate in, meetings of Humanitarian Country Teams (HCTs) and Inter-Cluster Coordination mechanisms, held during both disasters and non-emergency situations.

Summary of Coordination Platforms for COVID-19 in Africa Region

Name of Platform	IFRC Role	Host Agency
Emergency Preparedness Working Group	Co-Convener	OCHA, ICVA, IFRC
RCCE Technical Working Group East and Southern Africa	Co-Chair	IFRC & UNICEF

Name of Platform	IFRC Role	Host Agency
Regional Community Feedback Sub-Working Group for East and Southern Africa	Chair	IFRC
Regional Community Feedback Sub-Working Group for West and Central Africa	Co-Chair	IFRC & MSF
Regional Health Partners Meeting	Represent IFRC	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF
Regional Technical Working Group for Surveillance, Lab and PoE	WG Member	WHO
Regional Sub-Working Group on Civil-Military Coordination	Represent IFRC and ICRC	OCHA
Regional Technical Working Group on FbF/EWEA	Chair	FAO, WFP, UNICEF, GRC/IFRC
Regional Thematic Working Group on COVID-19, Refugees & Migrants	WG Member	IOM
Logistics Meeting (EPWG)	Represent IFRC	OCHA
Global Shelter Cluster	Co-Lead	IFRC & UNHCR
IFRC Regional Coordinators Working Group	Participant	IFRC
Cash Peer Working Group	Participant	American RC, British RC
Regional GBV Working Group	WG Member	UNFPA, IRC
Regional WASH Technical Working Group (East Africa)	Member	UNICEF
Regional Immunisation Technical Advisory Group	Member	WHO
East and Southern Africa Sub-Region COVID-19 Vaccine Readiness and Delivery Working Group	Member	WHO

Resources for National Societies

A number of useful resources have been created by IFRC, IFRC Reference Centres and Hubs as well as National Societies:

- The IFRC COVID-19 **Health Helpdesk** for National Societies can be reached by email at health.helpdesk@ifrc.org. It offers information and guidance to support public health and clinical activities in COVID-19. Guidance on the rational use of PPE now includes sections on quarantine facility workers and burials.
- The SOKONI platform – **a global exchange platform for volunteers** – contains forums for discussion, access to official IFRC documents, and the ability to upload experiences and documents.
- Daily updates on travel restrictions around the world can be found on FedNet.
- The IFRC COVID-19 Country Impact Index to support prioritization has been updated and regionalized with maps, tables and summary analysis per region.
- The Cash Helpdesk hosted by the CashHub provides services to National Societies in EN, FR, SP and AR.
- The **Food Security and Livelihoods** Helpdesk of the Livelihoods Resource Centre (hosted by Spanish Red Cross) provides services to National Societies. FSL infographics and IFRC resources and guidance for COVID-19 are available now in EN, FR, SP and AR.
- A factsheet on **environmental mainstreaming** in the COVID-19 response was produced by the **Green Response Working Group**, focusing on solid waste management, especially proper disposal of contaminated PPE.
- Other useful webpages from IFRC reference centres and hubs:
  - Global Disaster Preparedness Centre (GDPC) (hosted by American RC) – National Society Business Continuity Helpdesk
  - PS Centre website (hosted by Danish Red Cross)
  - Cash Hub (hosted by British Red Cross) – Cash and COVID-19 dedicated page
  - The Community Engagement Hub (hosted by British Red Cross) – offers a range of learning materials, tools and guidance to support National Societies to mainstream community engagement and accountability in their work (a French version of the Hub was launched in August 2020)
  - Manual on Prevention and Response to Sexual Exploitation and Abuse can be accessed at https://media.ifrc.org/ifrc/document/manual-prevention-response-sexual-exploitation-abuse/
  - On the SOKONI platform, the PGI section has relevant resources on child-friendly messaging and child safeguarding, and resources on how to support an SGBV survivor (recordings in English and French).

Evidence-based insights, communications and advocacy

The regional Planning, Monitoring, Evaluation and Reporting (PMER) unit and with the support of the global PMER and FDRS teams continue to support National Societies in the region to track and report the progress of the COVID-19 operation using the federation-wide reporting system. The PMER unit has also supported PSK unit to develop a standard operating procedure and a tool to collect volunteer data quarterly that will bolster regional efforts to have updated records on volunteer and contribute to other decision making such as volunteer duty of care. Starting in March 2021, PMER will increase its engagement with NS through direct training of NS PMER in collaboration with Cluster and country office PMER to further improve timely reporting but also improve capacity where necessary.

Information Management

A master operations tracker was created in coordination with the core COVID-19 operations team and has subsequently been subjected to a process of continuous refinement to streamline data linkages and report generation. Key outputs of this tool have been the COVID-19 Africa Region Biweekly Management Update, now on its 6th iteration, as well as the COVID-19 Africa Region Surveillance and Control Measures Report. The IM system ensures that data is being used for decision making, reporting is aligned, comprehensive information is available in a way that is suitable to different audiences, and the amount of time spent on tracking indicators and report writing is reduced. This tool has been presented to Geneva, as well as directly to Europe and MENA regions.

The IM team has also created and maintained HR and Appeal dashboards to integrate and synthesize different data sets relating to the appeal and workforce planning. The team also supported the creation and updating of an operational planning process. This tool measures per cent implementation based on funds transferred vs reported, which subsequently informs prioritization for additional funding. The IM team continues to work with the cash and operations teams on the Cash IM Project, which supports the technical implementation of Cash programs (e.g., beneficiary identification and selection). This project has engaged in direct one-on-one support to National Societies, as well as hosted region-wide workshops to National Societies, IFRC and PNSs in English and French. More details on this project can be found here (for DCPRR Africa SharePoint users only).

Communications

The communications team of IFRC Africa Region has continued to maintain a steady flow of timely public information and audio-visual (AV) content, with a focus on humanitarian needs and the response to COVID-19. The team has been providing support to National Societies to raise awareness on the COVID-19 situation in Africa and showcase National Societies work in the COVID-19 response. Communications support has been through development of key messages, gathering and disseminating AV materials for use by National Societies, issuance of press releases, pitching stories to media about RCRC Movement work in the pandemic response and social media updates on the IFRC Twitter page. Below is a list of communications tools produced and shared.

Updated key messages: EN

Photos:

- Cameroon: Volunteers assist during COVID-19 pandemic
- Central Africa Region: Ongoing COVID-19 efforts
- Comoros: Volunteers raise awareness on the importance of wearing masks
- Comoros: Safe and dignified burials during COVID-19 pandemic
- Comoros: Raising awareness about child abuse and domestic violence during COVID-19 context
- Djibouti: Covid-19 prevention activities in Ali Sabieh
- Djibouti: Spreading COVID-19 prevention messages in communities
- Djibouti: Raising awareness among school going children about COVID-19 prevention measures
- Djibouti: Volunteers share tips on proper handwashing
- Ethiopia: Ongoing distributions to affected people
- Gabon: Sensitization campaign on COVID-19 for vulnerable persons
- Gabon: Door-to-door awareness raising on COVID-19 prevention
- Liberia: Boosting public awareness on COVID-19 prevention
- Madagascar: Volunteers' efforts in communities on COVID-19 preventive measures

- Mauritius: Volunteers visit people who lost their jobs due to COVID-19
- Mauritius: Community sensitization on mask wearing
- Sao Tomé-et-Principe: Distribution of food to elderly persons in rural towns affected by COVID-19
- Seychelles: Volunteers support COVID-19 vaccination campaign
- South Africa: Mobile testing units for COVID-19
- South Africa: South African Red Cross hands over three mobile testing labs to National Health Laboratory Services
- Sudan: Handwashing stations for people arriving from Ethiopia's Tigray region to prevent spread of COVID-19
- Sudan: COVID-19 testing in Hamdiet
- Sudan: Promotion of hygiene in Khartoum
- Tanzania: Raising awareness on COVID-19 in primary schools
- Uganda: Health and sanitation in emergencies training

Videos:

- Namibia: Iddah's story on becoming a volunteer during the COVID-19 pandemic
- Namibia: Thapelo's story on becoming a volunteer during the COVID-19 pandemic
- South Africa: Handwashing demo by dancing the 'Jerusalema' song
- Malawi: On the Frontline: Malawi Red Cross volunteers visit homesteads, markets and families to keep them informed on COVID-19 prevention tips

Social Media Content:

- Once COVID-19 is eradicated, can it come back?
- Can you catch COVID-19 from hospitals?
- Aside from public health measures, how else can we protect ourselves from COVID-19?
- Why are schools reopening if there are still COVID-19 cases?
- How can I and my loved ones stay safe during the holiday season?
- Can I share my face mask?
- Why is Africa less affected than other continents?
- Pourquoi les écoles rouvrent-elles alors qu'il y a encore des cas de COVID-19 ?
- En dehors des mesures de santé publique, comment pouvons-nous nous protéger contre la COVID-19 ?
- Pourquoi l'Afrique est-elle moins touchée que les autres continents ?
- Comment pouvons-nous soutenir et protéger les personnes qui se sont remises de la COVID ?
- Comment puis-je tousser ou éternuer en toute sécurité en public ?

International support and resourcing

Logistics, Procurement and Supply Chain Management

The regional logistics teams have coordinated procurement of medical items and ambulances, the sourcing of which has been coordinated by the IFRC AfRO logistics team using four sourcing streams. **Medical items** were sourced via IFRC Geneva COVID-19 Logistics and AfRO Logistics in Nairobi; **ambulances** via Dubai Fleet Hub; and **low-grade medical items,** such as rubber boots, hand sanitizers, among other items were sourced locally in coordination with IFRC cluster and country offices. The regional logistics team has noted challenges in carrying out these procurements due to lack of logistics capacity in some National Societies. In response, surge support was budgeted to assist with logistics activities in COs/CCSTs.

As part of the prepositioning strategy with thanks to German MoFA grant, more than 1.1 million units of PPE have been prepositioned in Dubai for Africa Region. This contingency stock of PPE could be used throughout Africa Region in 2021 for the needs of National Societies and COs/CCSTs.

The IFRC regional logistics unit has supplied ambulances to several National Societies to augment or create ambulance services in several countries, including Cameroon, Gambia, Kenya, Madagascar, Mauritius, Cote d'Ivoire, DRC, South Sudan, Uganda and Niger.

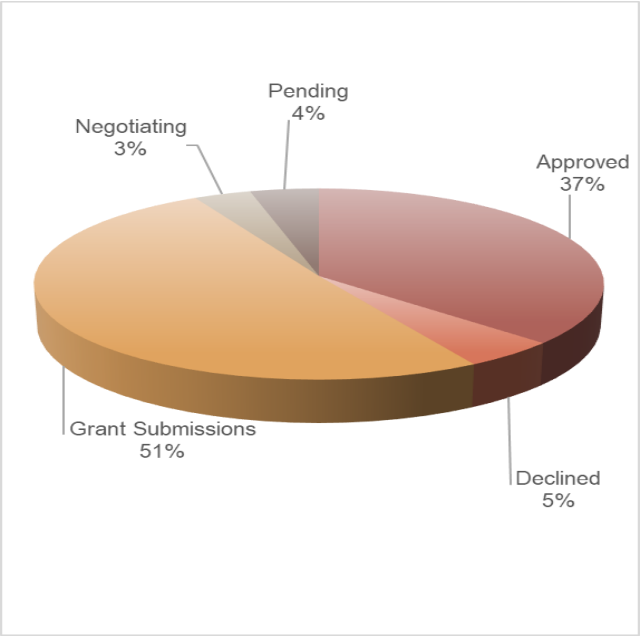
Partnerships and Resource Development (PRD)

The regional PRD unit continues to generate resources and coordinate and manage grant compliance and accountability with partners supporting the COVID-19 response in Africa Region. Total funding raised is valued at 47.9 million Swiss francs against a total funding requirement of 80 million Swiss francs, equivalent to 60 per cent coverage, and corresponding to a 32-million Swiss franc (40%) funding gap. Out of 73 grant submissions valued at 117.4 million Swiss francs, a total of 53 grants valued at 46.2 million Swiss francs have so far been approved.

On compliance management, monitoring and reporting, 81 per cent of the total funding available have been allocated to National Societies and 19 per cent to IFRC coordination structures at regional and sub-regional levels for technical support in implementation of country plans. Currently, 82 per cent of total income is earmarked and 18 per cent is unearmarked.

IFRC and ICRC in Africa Region organized an international Movement and external partners call themed 'For the health, safety, and dignity of those most at risk from COVID-19'. The call attracted 44 partners, with 17 from the Movement, 13 from the private sector, five from foreign governments and nine from development banks.

Following the revision of the appeal, PRD in the region will re-engage with non-Movement donors, partners and potential partners to highlight the needs of COVID-19 in Africa, including secondary impacts, showcase the work of Movement actors to respond, and encourage engagement, support, and partnerships.



Grant Performance Overview Africa Region

Surge

The Africa Region surge team has deployed a total of 33 rapid response personnel in the region for the COVID-19 response so far. This includes the global pool and different African National Societies that have provided support to various sectors, including, but not limited to, operations management, public health in emergencies, logistics, and CVA, among others. As the year ended there were few active deployments that included CVA support and further requests done for finance and PMER to assist National Societies in reporting COVID-19 funds.

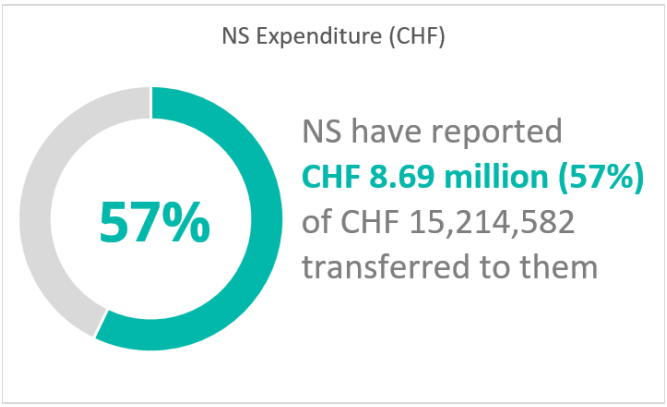
Human Resources

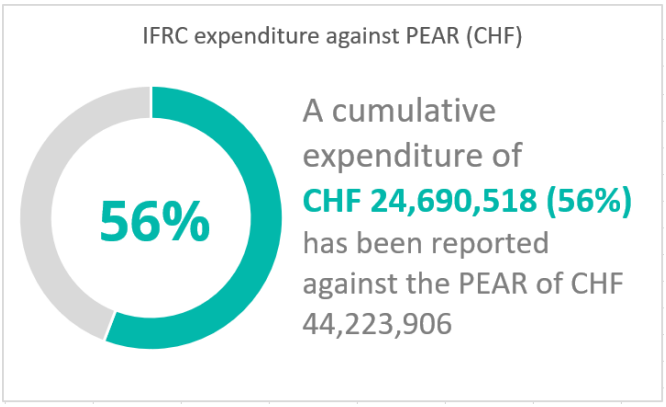
The table details workforce under COVID-19. This headcount is for National Staff distributed among the ARO and CCST offices (Eastern Africa, West Coast, Central Africa, Southern Africa, Indian Ocean and Islands, and Sahel), as well as COs (Somalia and Mozambique). There are currently four rapid response personnel deployed to support the COVID-19 operations across the Africa Region. This includes CVA assistance support (Belgian Red Cross-PNS contract) as wll as Operations Manager for Malawi Red Cross, Finance Officer for Red Cross Society of Côte d'Ivoire and PMER Coordinator for Nigeria Red Cross all under Regional Surge contracts

Function	No.of Staff
ARO	26
CCST Central Africa	8
CCST Eastern Africa	14
CCST Indian Ocean Islands	5
CCST Sahel	6
CCST Southern Africa	10
CCST West Coast	14
CO Somalia	3
CO Mozambique	1
Total	87

Financial Analysis

- Total approved PEAR for Africa Region amounts to CHF 44,223,906
- As of 31 January 2021, cumulative expenditure stands at 24,690,518 Swiss francs, which represents 56 per cent implementation against the approved PEAR.
- National Society implementation is at 57 per cent of the total amount transferred through various working modalities.
- A total of 4,427,245 Swiss francs in outstanding pledges requires close monitoring to avoid any forex loss and deficit.
- Cape Verde is the only National Society that has not submitted a report for 2020.
- The overall financial situation is attached to this update for reference.





National Society response – key highlights

Angola Red Cross

Angola Red Cross continues with its response including awareness sessions in markets, stores, taxi ranks, warehouses, ATMs, and through house-to-house visits. For an even wider reach, COVID-19 related radio and TV programmes are being broadcast at national and local level.

Red Cross of Benin

As soon as the first case of COVID-19 was reported in Benin, the Red Cross of Benin (RCB) provided individual protection equipment (masks, hand sanitizers) to its staff and volunteers involved in response activities. In addition, the NS trained volunteers to conduct awareness-raising sessions all around the country. RCB partnered with two mobile telephone network companies that have distributed hundreds of thousands of awareness messages to the millions of Benin population.

RCB volunteers trained in contact tracing and screening were deployed to support medical staff in these activities. In addition, the NS has been assigned by the government the task of management of the dead. RCB in its support to the government has set up a pool of trainers specialized in psychosocial support who have in turn trained volunteers who are now supporting various health zones.

The government has officially reopened schools and to avoid a spike in new COVID-19 contaminations, measures have been put in place by the government including provision of protective and hygiene equipment. To support this action, RCB has distributed handwashing devices and protective equipment to general education colleges and the University of Abomey-Calavi.

To strengthen behavioural change towards COVID-19 in all communities, leadership systems have been identified and COVID-19 training sessions have been conducted. **Mothers' clubs and youth association leaders are now actively conducting community feedback sessions** and sharing key messages with their peers. To address and dissipate rumours, RCB teams organized focus group discussions in some key communities in the country. To this end, several perceptions were gathered and will allow for a better orientation of interventions.

Red Cross of Benin is seen as an essential structure in community management of the COVID-19 pandemic and participates in taking important decisions. Since the start of the operation, the NS has been **recognized as one of the key humanitarian organization** to contact for information about the COVID-19. This is due to the much-publicized toll-free number across the country including remote areas. With its vast network of volunteers, the MoH has involved the NS in its COVID-19 response including participation in the national task force committee. This has enabled the NS to contribute to COVID-19 procedures and guidelines for the country.

Botswana Red Cross Society



The country is facing increased numbers of COVID-19 cases especially at isolation centres, increased community cases and there is a gap in testing, home isolation, crowd management, contact tracing and follow up. Botswana Red Cross Society (BRCS) has implemented a massive community COVID-19 project which has engaged more than 3,000f volunteers across the country to support COVID-19 response activities.

The NS has also engaged three volunteers at Dukwi refugee Camp which currently host about 1,130 households. The volunteers conduct health education, contact tracing, crowd management, risk communication as well as assist with quarantine and Isolation within the camp. The volunteers support other health-related activities in the camp including measles and rubella campaigns.

BRCS volunteer conducting contact tracing.

As an innovative approach, BRCS usually use schools as an isolation centre when COVID-19 positive cases are identified in boarding schools. This ensures that the affected persons are not sent back to the community where there is a risk of spreading the virus. In addition, the students can support each other, and BRCS can ensure effective supervision, adherence to protocols as well as facilitating follow up and identification of worsening cases.

Burkinabe Red Cross Society

Burkinabe Red Cross Society (BRCS) provided 45 provincial committees with individual and collective protective equipment and household disinfection equipment. These items facilitated BRCS volunteers to conduct behavior change communication, monitor contact cases and disinfect homes as support to district health offices.

BRCS volunteers carried out community awareness sessions on COVID-19 risks and prevention measures. Equipped with masks, hand sanitizers, liquid soap and posters, the NS crisscrossed homes as well as conducted focus group discussions. NS staff and volunteers also hosted interactive live radio broadcasts on popular stations. Messages were broadcast in various languages for a wider reach. A special campaign to promote prevention measures was carried out in high schools and colleges to support the government's efforts in terms of prevention of COVID-19 transmissions as soon as classes commenced. **BRCS volunteers carried out awareness-raising activities on COVID-19 prevention measures at water points and in remote neighbourhoods where there were overcrowding and compliance with prevention measures was not systematic.** The awareness sessions made it possible to improve physical distancing and wearing of masks, thus avoiding turning water points into a source of the spread of COVID-19.

The NS provided WASH and personal protective equipment to the Ministry of Health through its 13 district health offices. The health offices are responsible for distributing the equipment to various peripheral health facilities according to needs and priorities.

BRCS conducted targeting and food assistance to vulnerable households affected by COVID-19. The objective of this assistance was to improve the daily meals of the households during periods of travel restrictions linked to COVID-19. BRCS has also provided financial support to vulnerable household members whose economic activities had been impacted by COVID-19.



Joint awareness sessions conducted by CHW and BRCS volunteer in Houndé

Rumors about the pandemic are identified as one of the main challenges the NS has faced. **The main lesson learned from this pandemic is that to meet the challenge of community involvement, an essential pillar in the fight against a health crisis of this nature, the various stakeholders, in particular the authorities, must adopt the appropriate communication strategy and, above all set an example.** Otherwise, community buy-in may be compromised. BRCS worked with community and opinion leaders to ensure that the population received the right information through outreach. In addition, BRCS is continuously collecting community feedback to analyse and process the information so that they can adapt key awareness messages during community engagement activities.

A key success for the NS is the joint awareness sessions conducted by volunteers with community-based health workers (CHWs) in villages and settlements. The sessions allowed the community to have a different perception of the disease (acceptance of the existence of the disease, wearing of masks and compliance with barrier measures). According to some testimonies from the CHWs, the presence of BRCS volunteers made more credible the awareness-raising activities they undertook to sensitize their communities.

Burundi Red Cross

Burundi Red Cross continues its COVID-19 response in risk communication, community engagement (RCCE), health and hygiene promotion, infection prevention and control (IPC), WASH, psychosocial support as well as community engagement and accountability (CEA), including community feedback mechanisms. More than 600,000 people have been reached with COVID-19 response activities.

Cameroon Red Cross Society



Cameroon Red Cross Society (CRCS) conducted outreach activities related to COVID-19 preventive measures. Communities were reached through mobile caravans, group sessions, radio broadcasts and social media (Facebook and WhatsApp). The NS also installed handwashing stations in markets, institutions, schools and health facilities as well as mobilized people through handwashing demonstrations.

CRCS supported health facilities by providing disinfection equipment, PPEs, WASH kits, handwashing stations and water tanks. The NS also supported the health ministry in disinfection activities, COVID-19 testing, screening, contact tracing and awareness-raising.

Hand washing promotion in schools conducted by Cameroon RCS.

The success factors of the Cameroon Red Cross Society in COVID-19 response lie in the **strong mobilization of human and competent resources, the dynamism of the project coordination team at the national level and volunteers at operational level, the availability of financial and material resources deployed for the implementation of the activities as well as technical support from IFRC**.

Red Cross of Cape Verde

Red Cross of Cape Verde in collaboration with the National Coordination Team for the Response to COVID-19 and through its staff and volunteers are conducting disinfection activities in public spaces, providing health and ambulance services distributing PPE and hand sanitizer dispensers to prevent further spread of COVID-19.

Central African Red Cross Society

The NS continues with its response activities including providing support to isolation centers, awareness-raising activities through mobile caravans, distribution of handwashing kits. The main achievement during the reporting period has been the construction of an isolation facility where confirmed COVID-19 cases have been treated. This effort provided relief and support in improving health service delivery and health-seeking behaviour by providing the additional space and peace of mind needed for patients to visit health facilities for other services with confidence, hence maintaining essential services.

Red Cross of Chad

The Red Cross of Chad COVID-19 response activities includes dissemination of radio/TV spots and posters, mass awareness, distribution of hot meals and food baskets, food support for the sick and their accompanying persons at the hospital, distribution of food rations to students in quarantine, community-based surveillance and management of quarantine sites.

The Comoros Red Crescent



The Comoros Red Crescent (CRC) has reached people through community awareness sessions. This is being done through mobile caravans, national and local media (TV and radio) and social networks. Billboards and posters are also displayed in the main streets. The awareness includes topics on prevention measures, testing, stigmatization of COVID-19 positive people and intra-family violence. In addition, community engagement committees have been set up to promote awareness on COVID-19 prevention measures as well as how one can receive or provide feedback related to COVID-19.

In addition, community members involved in burial activities at village level have been trained in ensuring dignified and secure management of people who have died from COVID-19. CRC volunteers also support in ensuring dignified and secure burials of people who died from COVID-19 related complications. Follow up home visits are being conducted by a team of doctors and nurses for people who recovered from COVID-19 or those at high risk. This team was trained on COVID-19 programme by CRC staff. The teams monitor the recovery and share information with the Ministry of Health.

COVID-19 awareness being conducted in the market by CRC volunteer.

Comoros Red Crescent has been conducting disinfection activities in treatment centers to ensure that people working in the facilities, as well as people visiting, were safe from water-borne diseases. CRC is also providing clean drinking water to the treatment centers. Disinfection activities are also conducted in schools, mosques, houses, administrative offices, maternity rooms and public places. **The NS produces its own chlorine for disinfection activities.**



Disinfection activity in a public area by CRC volunteer.

During the implementation of COVID-19 response activities, CRC has been able to identify some **learning points** as follows:

- Community mobilization at the start of the pandemic is key for the population as they would have early access to relevant COVID-19 information which would, in turn, facilitate the observation of prevention measures and thus contribute to reducing the chances of getting affected.
- Coordination among local authorities and religious leaders for the management of the crisis at community level has proven effective when it comes to having a wider reach as well as key persons who are considered as leaders to reinforce COVID-19 prevention measures.

Red Cross of the Democratic Republic of the Congo

The Red Cross of the Democratic Republic of the Congo (RCDRC) has several experiences in managing epidemics. It is a **reference institution and is fully integrated into the response to COVID-19**. With its vast network of volunteers, RCDRC has made an impact in terms of reach and demonstrating leadership in several areas of COVID-19 response including prevention awareness, disease surveillance, hygiene promotion, provision of PPE, community feedback management and ensuring the dignified management of the dead.



Visit to a hand-washing station by RDRC and its partners (IFRC, ECHO and PNS)

RCDRC volunteers conducted regular COVID-19 awareness sessions through home visits and in public places. Community leaders also supported the volunteers in awareness sessions. Over 3,600,000 people were reached with COVID-19 awareness messages. NS volunteers have implemented community-based surveillance activities in the provinces of Kinshasa, Kongo-Centrale, Kwango, North Kivu, South Kivu,

Tanganyika and Ituri. **In addition to COVID-19, other diseases monitored include measles and cholera.** The volunteers identified contact cases, provided referrals of patients to health facilities and conducted home visits during surveillance activities.

RCDRC also installed handwashing stations in schools and health facilities. In addition, the NS provided infra-red thermometers, chlorine and conducted screening, handwashing demonstrations and disinfection activities in churches and schools. Personal protective equipment (PPE) and sanitary equipment were provided to health centres and RCDRC volunteers. RCDRC implemented community engagement activities where they collected community feedback. **Dignified management of the dead was primarily provided by RCDRC. This has been successful and the NS has been recognized as a leader in this area at the national response team level.**

Congolese Red Cross

Due to its COVID-19 response activities conducted by the large network of volunteers, Congolese Red Cross (CRC) has earned recognition countrywide and has been included in the COVID-19 response committees at national and local levels. This has also led to good coordination and collaboration with its Ministry of Health, where CRC volunteers have been integrated into health districts. Key activities conducted by the NS include supporting in screening of people at quarantine sites as well as disinfection of these sites and other public spaces. The volunteers also supported community-based surveillance activities as well as contact tracing. Through its volunteers trained in RCCE, CRC conducted awareness sessions as well as produced interactive radio and television programmes to encourage positive behaviour on COVID-19 prevention measures. People could call in and ask any questions regarding COVID-19. CRC also reached out to the elderly and people with limited mobility to provide useful information about COVID-19. Through its





Left: CRC volunteers conducting COVID-19 awareness in a market. Right: CRC volunteers disinfecting a market

community engagement activities, **the National Society has been widely accepted in the community as the humanitarian organization that provides information about COVID-19**

Red Cross Society of Côte d'Ivoire

Since the start of COVID-19, the Red Cross Society of Côte d'Ivoire (RCSC) has been on the ground as part of awareness-raising and distribution of protective equipment and food to the community. RCCE activities by the NS focused on health, hygiene promotion and other risk reduction measures with support from ICRC, Swedish RC, UNICEF and Chaine de l'Espoir. More than 2,190, 000 people have been reached. The NS used mobile caravans, digital communication, home visits, group discussions, drama and radio to reach out to communities. Volunteers held dialogues with communities to understand their concerns and points of view regarding COVID-19. This helped in adapting the response approaches to meet their needs and preferences.



Hygiene promotion and distribution of hand washing stations in schools.

Main successes for the NS include:

- Distribution of food and non-food items as well as design of key awareness messages for people with disabilities
- Mobilization of 74 local branches out of 85 at the start of the epidemic for the implementation of COVID-19 activities
- Radio broadcasts enabled to strengthen awareness of COVID-19 and to make local Red Cross committees known to the population
- Good collaboration with stakeholders (political, administrative, health and local authorities) where the NS participates in meetings on COVID-19 at national and local levels.

Red Crescent Society of Djibouti

Red Crescent Society of Djibouti (RCSD) is an auxiliary to the Ministry of Health. As such, it supports all actions in times of emergencies. The NS has been working closely together with government agencies in COVID-19 response. The NS continues delivering key messages on COVID-19 and provides accurate and reliable information to the community. The National Society follows very closely the evolution of the situation and exchanges communication with the Ministry of Health who is managing the preparedness and response mechanisms of the government at national level. IFRC assists DRCS through its East Africa Country Cluster office in Nairobi, Kenya. IFRC deployed a delegate in Djibouti to support the NS in the COVID-19 response, including training of volunteers, community awareness and monitoring COVID-19 activities.

ICRC has a mission in Djibouti and works closely with DRCS through multi-year cooperation agreements. ICRC supports the NS strengthen its Restoring Family Links (RFL) services in refugee settlements. RFL volunteers working in various refugee and migrant camps have received COVID-19 training to ensure they conduct safe awareness-raising activities. ICRC also supported the purchase of PPE kits, megaphones, creation of radio and TV advertisements and, IEC materials, establishment of a community feedback system and development of a communications plan for local branches.

Red Cross of Equatorial Guinea

The Red Cross of Equatorial Guinea (RCEG) volunteers supported the Ministry of Health with COVID-19 response activities. Feedback from communities helped the NS in identifying COVID-19 related information gaps. The **feedback also enabled the NS to tailor volunteers' training and ensure that they have the correct information to use during awareness sessions as well as develop fact sheets on COVID-19**. The trained RCEG volunteers successfully conducted interactive radio and television programmes to encourage positive behaviour, respond to rumours, fear and stigma as well as to provide information about NS services and where to access them.



Hand washing demonstration by RCEG volunteer.

The NS supported health facilities and schools by conducting awareness-raising sessions among hospital visitors and students respectively. In addition, the NS installed hand-washing stations, provided soap and hand sanitizers in these establishments.

The main achievement for the NS has been reaching more people and hard-to-reach communities with key messages as well as through brochures and pamphlets. People were reached through megaphones, SMS, WhatsApp, radio and television, which the NS has been using extensively to ensure that all categories of the population are reached with key messages.

Since the beginning of the pandemic, RCEG activities have allowed the public to be reassured about the information received about COVID-19. The wide network of volunteers throughout the national territory and the availability of ambulances have made the NS to be recognized as one of the main humanitarian organizations to contact for COVID-19 information and support.

Baphalali Eswatini Red Cross Society



BERCS Staff demonstrating handwashing in a school during the world handwashing day

As part of Baphalali Eswatini Red Cross Society (BERCS) response towards COVID-19, the NS successfully trained volunteers and staff members from its Headquarters, Divisions and Clinics on COVID-19 Epidemic Control for Volunteers (ECV) and RCCE package which includes infection control measures for COVID-19 as declared by the Kingdom of Eswatini. Additionally, community engagement and accountability (CEA), psychosocial support (PSS) and protection, gender and inclusion (PGI) were emphasized to ensure that staff and volunteers are well prepared to work with people from diverse environments and backgrounds as they carry out their COVID-19 response activities. These trainings integrated hands-on practical's sessions so that participants had the opportunity to practice information dissemination to enhance their preparedness to disseminate information to the public. These trainings were supported by Coca Cola Foundation, UNICEF, IFRC, Belgian Red Cross-Flanders among other partners.

The NS has successfully conducted gate-to-gate awareness-raising campaigns on COVID-19 to 42 Constituencies in all four regions of the country. BERCS volunteers were deployed for information dissemination, COVID-19 sensitization and encouraging IPC measures in communities. In addition, rural health motivators were trained with support from IFRC and the Japanese Red Cross. The NS also embarked on a "Do it all" national campaign in collaboration with the MoH and UNICEF. The campaign focused on peri-urban zones and this activity covered 26 constituencies and benefitted more than 23,000 households.

BERCS procured and distributed PPEs to Red Cross offices, clinics schools, churches, chiefdoms, and community centers according to need. The NS also ensured that all volunteers engaged in the COVID-19 response were provided with the PPE. The NS procured 11 canvas tents to be used in clinics for isolating COVID-19 suspects and for households in need of shelter assistance due to COVID-19. To ensure handwashing by community members, and that people have easy access to handwashing facilities, BERCS procured and distributed water storage facilities (plastic water tanks of different sizes), sanitizers, soap and other handwashing support materials to constituencies and community centres identified to be without these facilities and materials. All the handwashing stations were installed in strategic places where a lot of people normally converge. Elbow-controlled taps were installed in the BERCS Offices sinks and offices. BERCS successfully commemorated the World Handwashing day on 15 October 2020 where three schools were visited reaching 300 pupils with health promotion which included key COVID-19 messages. Handwashing was also demonstrated to the pupils and teachers.



Screenshots of handwashing day and volunteer trainings aired on National Television (Eswatini TV) including an exclusive interview on COVID-19 Response by the NS President and Programmes Manager

BERCS successfully provided primary health care services through the NS supported health facilities and this included COVID-19 screening and consultations, weekly outreach activities and daily health education that has integrated COVID-19 messages. More than 28,400 people were screened in the NS supported clinics where 882 suspected cases were reported, and two cases confirmed as COVID-19 positive. Amid the pandemic, BERCS clinics continue to provide health services to the community. The clinics have strengthened the decentralized drug distribution through their weekly outreach programme to provide community support such as education, care, shelter and feeding. This includes psychosocial support to the people in self-isolation as well as providing medical supplies and PPE to those in need.

In addition to interactive Radio and TV shows, the NS shares COVID-19 activities and messages via the media (Facebook and WhatsApp). The messages include the importance of wearing a mask and proper masks management, handwashing and social distancing and other COVID-19 preventive measures. See link

https://www.facebook.com/BaphalaliSwazilandRedCrossSociety/. **There are currently more than 3,200 followers on BERCS FaceBook page**

Ethiopia Red Cross Society

Conflict, locust infestation, floods, and migration have greatly increased the risks of COVID-19 in the country. Ethiopia Red Cross Society continues its efforts to stop the spread and impact of the COVID-19 pandemic with the help of Red Cross Red Crescent Movement partners and other stakeholders. The NS response focus is on conducting community sensitization and campaigns, hygiene promotion and NFI distribution through its network of trained staff and volunteers. This also includes supporting the populations affected by the multiple disasters that are in the country.

Gabonese Red Cross Society

The mobilization of resources at local level was one of Gabonese Red Cross Society (GRCS) achievements during the first hours of COVID-19 response. Indeed, thanks to initial financing from IFRC in the capacity building of its volunteers and staff, the NS was able to step up its advocacy activities. This allowed GRCS to position itself as a technical and financial partner at national technical coordination level of COVID-19 response. It also opened doors to other funding including from United Nations agencies. For example, UNFPA supports GRCS in raising awareness on sexual and reproductive health among adolescents and youth. The Sylvia BONGO ONDIMBA Foundation for the Family supports in provision of protective equipment for deployed staff. **GRCS has also been called upon by the government to raise awareness about COVID-19 to juvenile detainees of the Central Prison of Libreville.** The Government, via the COPIL[1], integrated GRCS volunteers into the epidemiological surveillance commission, in particular, the follow-up of contact cases and the screening of passengers when exiting trains. Work in synergy with the operational components of military health and the Ministry of Health in contact monitoring and training sessions made it possible to position the NS as a partner privileged in the development of response strategies at community level.

Community radio broadcasts are hosted by volunteers in all provinces of the country. More than 750 radio broadcasts have been carried out with 20 radio stations spread over the national territory GRCS volunteers participating in the animation of the shows. In addition, GRCS conducts community monitoring which involves collecting information from the population on COVID-19. This information is related to reviews, rumors, suggestions, recommendations, questions, compliments, beliefs and observations. This initiative is conducted by volunteers who visit houses, public transport, markets and public gatherings as well as through mass media (television and radio shows), social networks (Facebook and Twitter) and WhatsApp groups.

The NS through the implementation of its COVID-19 response plan has been positioned by the government as an essential technical and financial partner in the implementation of risk communication initiatives, contact monitoring and capacity building of health personnel and community agents. **GRCS is the only humanitarian organization currently admitted to the national technical coordination as a permanent member of the national operations command post.**

The Gambia Red Cross Society

The Gambia Red Cross Society (GRCS) participates in COVID-19 response committees both at national and regional levels to ensure the response is coordinated and activities harmonized. These committees are established to strengthen the coordination of actions undertaken by different stakeholders in the field, as well as provide innovative solutions and feedback to communities. The main operational partners of GRCS in this operation are the Ministry of Health, European Union, Spanish Red Cross, IFRC, ICRC, WHO, Medical Research Council, Gambia, National Army, Gambia Fire and Rescue Service, Gambia Immigration Department, National Disaster Management Agency, UNICEF, UNFPA, WFP, Gambia Police Force, National Youth Council, local government structures, youth and women structures, vulnerable group associations, private sector, CSOs, citizen groups, diaspora communities, individuals, foundations and NGOs.

[1] Comité de pilotage (COPIL)

The NS is responsible for safe and dignified management of the dead in the country where it has facilitated more than 200 burials. The GRCS also continues its efforts in RCCE and management of community feedback on COVID-19 prevention and control through radio talk shows, television programmes, house to house visit, caravan, and social media. Outreach activities have covered more than 1,005 communities in all seven regions with key messages on COVID-19 through different approaches. GRCS in collaboration with other partners has reached more than 265,000 people through contact tracing and community-based surveillance. Capacity development on epidemic preparedness and control has continued with various categories of participants including GRCS staff, volunteers and emergency response units were more than 11,900 were trained on donning and doffing of PPE, psychosocial support services, contact tracing and case management as well as safe and dignified body management.

GRCS has reached more than 1,000,000 people through essential WASH services which have increased awareness on COVID-19. This was carried out through house-to-house campaigns, fumigation of schools, handwashing campaigns, distribution of hand washing facilities and disinfection of public places. The National Society also conducted livelihoods, cash support and food aid reaching more than 2,500 beneficiaries through the drilling of boreholes, construction of ground reservoirs, distribution of garden tools, food items and cash transfers. Ambulance services for transfer of COVID-19 cases reached more than 380 COVID-19 confirmed/suspected cases.



Installation and promotion of handwashing facilities in public places: GRCS

The NS key success is supporting the government in the realization of its COVID-19 National Emergency Plan with the GRCS Secretary General being appointed as the National Humanitarian Coordinator for the COVID-19 Response while the main challenge experienced in this operation is the limited commitment by the government and the general population in adhering to the COVID-19 regulations.

Ghana Red Cross Society



GRCS volunteer creating awareness about COVID-19 in a market.

Despite the uncertainties that plagued the evolution of the COVID-19 pandemic, Ghana Red Cross Society (GRCS) successfully implemented several interventions - radio programming, the use of mobile vans, as well sensitization at public gatherings including markets, lorry parks, shopping malls and funerals- in contributing to the fight against the spread of the virus. The most successful among them was the sensitization at market centers using megaphones and the cash transfer programme. **The distribution of sanitizers and masks that accompanied awareness sessions were appreciated by the community as many testified that they could not have been able to buy them. Some people also said they trusted the ones given by GRCS as they knew that the NS would not give them a mask that is infected with COVID-19 virus as per the that were going round about masks being distributed in the country.** Feedback systems such as call-ins, WhatsApp and text messaging text messaging were set up to collect feedback during community education. Through these mechanisms, over 800,000 feedback messages were collected and volunteers were able to respond to most of the concerns of the listening population and adapted messages to address misconceptions. Sensitization activities were localized and provided opportunities for more discussions with the volunteers in the process.

The cash transfer programme was also done in partnership with key stakeholders including Ghana Health Service, Ghana Federation of the Disabled and the Department of Social Welfare. These partners facilitated the processes of beneficiary identification and selection, ensuring that the right people were selected to benefit from the programme. With support from IFRC West Coast Cluster, the beneficiary lists were verified ensuring there were no duplications and

wrong personal details in the data. This comprehensive consultation resulted in the successful rollout of the first phase of the programme.

Red Cross Society of Guinea

The Red Cross Society of Guinea (RCSG) has been working with the government in conducting dignified management of the dead, COVID-19 sampling/testing, communication on risks and prevention measures, contact tracing, epidemic control by volunteers, promotion of PGI and providing psychosocial support. More than 6,000,000 people have been reached with COVID-19 response activities conducted by RCSG staff and volunteers.

Red Cross Society of Guinea-Bissau



RCSGB volunteers during a training session

Rumours about the pandemic has been identified as one of the main challenges the Red Cross Society of Guinea-Bissau (RCSGB) had to face. The NS worked with opinion leaders, traditional chiefs, imams, priests, and leaders of community associations to ensure that the community receives the right information through sensitization. In addition, the NS has continuously collected and analysed rumours for use in adapting COVID-19 response including key messages. NS volunteers produced interactive radio programmes in collaboration with community radio stations. These programmes were produced in local languages to make populations understand prevention measures. Awareness sessions were also conducted in collaboration with community associations and in schools to promote social distancing in large crowds. Joint sensitization activities enabled the community to have a different perception of the disease (acceptance of the existence of the disease, use of masks and compliance with physical distancing measures). According to the various grassroots community associations, the presence of Red Cross volunteers at their side gave credit to the sensitization actions. The confidence of the government and local partners in NS has increased. The key success for the NS has been to reach out to more people and hard to reach communities and community leaders with key messages, development of booklets, brochures, and flyers on PSEA and GBV. This has been done through all kinds of media including megaphones, SMS, WhatsApp, Facebook, radio and television which the NS has learned to use extensively to ensure all categories of the population are reached with key messages.

Kenya Red Cross Society

The Kenya Red Cross Society (KRCS) continues to co-chair with the Ministry of Health (MoH) in the mental health and psychosocial support sub-committee for the national COVID-19 response. The elderly, IDPs/refugees and people with disability were reached through clear targeting during service provision.

Various interventions were undertaken under risk communication messaging in the 47 counties of Kenya. Community feedback mechanisms were used to make messages and interventions that are informative as a result of feedback from the community regarding COVID-19. The use of megaphones, drones and drive-by were used as a strategy to reduce exposure by limiting contact as much as possible. KRCS volunteers used radio and television networks, talk shows, spots and advertisement to pass key messages especially on IPC, where to get treatment and other referral mechanisms. KRCS supported the government in health facilities and other points of entry (ferry, airports, bus terminus) in screening. The key was also health education on keeping social distancing while travelling or visiting health facilities for services.



Risk communication messaging for market stall vendors

KRCS volunteers and staff carried out various activities that reached individuals and groups on mental health. **Tele-counselling was mainly utilized to offer psychosocial support**. The pandemic had affected business and hence

employment and this led to anxiety and stress among those who lost their sources of income. There was also the stigma related to testing positive for the virus. The NS was appointed to **support medical evacuation of positive cases and contacts**. These services relied on three fronts: the MoH hotline, KRCS hotline and the KRCS emergency operation centre (EOC). KRCS procured and operationalized ambulances for medical evacuation to support MoH.

Kenya Red Cross has learned a key lesson that **rumours will have to be the first issue to consider in new pandemics and hence will inform part of the initial response for its interventions**. Passing the right messages and using opinion leaders also proved very effective. The key success during response to COVID-19 was the use of innovation to reach hard to reach and vulnerable sections of the country. **The use of drones as a means of communication** in public places assisted in reaching out to people living in slums where passages are restricted. Tele-counselling also facilitated reaching many populations from far distances while at their homes or workplace without physical meetings.

The pandemic has strengthened the role of KRCS as the partner of choice to the government. **Due to its 24-hour EOC, the NS became the first contact centre for information on many areas including COVID-19, food relief, counselling, case reporting among others**. The Ministry of Health by appointing the NS to coordinate counselling made KRCS a partner of choice for domestic gender-based violence and this was used to offer solutions especially when it was realised most acts of violence were related to basic needs after many household heads lost their employment.

Lesotho Red Cross Society

The Lesotho Red Cross Society (LRCS) as a first responder to humanitarian crises in the country supports interventions and activities that respond to the pandemic. COVID-19 response has been possible in partnership with local authorities, IFRC, ICRC and British Red Cross as well as other organizations including UNDP, UNICEF, UNFPA, TEBA, Standard Lesotho Bank, Petroleum Funds, Church of the Saints, Coca-Cola and Basotho individuals.

In partnership with the Ministry of Health, LRCS through its volunteers has screened about 14,510 people upon arrival in Quthing to South Africa border.

The strengthening of capacity of district and community RCCE teams and volunteers had a great impact in reaching more people in communities with safe and trustworthy information on COVID-19. This enabled people to differentiate facts from rumours and misinformation and are now informed on leading healthy and safe lifestyles. **The awareness campaigns have averted people's fears as stigmatization of the virus was taking its toll in communities, specifically those at hard to reach hotspots**.



Children's painting during their play therapy sessions organized by LRCS

As part of hygiene and handwashing promotion and COVID-19 education and awareness, LRCS through volunteers and staff constructed more than 3,800 tippy taps in homesteads, markets and other community public areas such as clinics, government offices and churches. The aim was to promote handwashing in all areas. Furthermore, education awareness was also conducted through the distribution of IEC materials in supermarkets. LRCS communication department also produced videos and audios for TV and radio information dissemination.

Livelihood cash transfers, soup kitchen and food packages have relieved distress to targeted beneficiaries during the most difficult period of food insecurity caused by lockdown coupled with the drought that was declared as a state of emergency a few months before the COVID-19 was declared a global pandemic.

The advent of COVID-19 outbreak has brought a lot of distress in families due to either loss of income thereby affecting household nutrition and food security, loss of loved ones as well as COVID-19 induced illnesses. District findings indicate that cases of mental health are rising, due to many factors that include violence, sexual abuse, substance and drug abuse due to economic and socio challenges that are affecting families and

communities since the inception of the lockdown. Again, the uncertainty with regards to children's education due to schools' closure resulted in anxieties to learners and their parents. For these reasons, LRCS embarked on mental health and psychosocial support in hotspot communities where more than 27,500 people were reached.

Liberian Red Cross Society

The story below depicts the practice and commitment to inclusion in Liberian Red Cross Society's (LRCS') work.



Perry (LNRCS volunteers) creating awareness about COVID-19 to a motorist.

Perry (33) is a young and active volunteer of the River Gee Chapter of the LRCS. He shared his experience as a volunteer with LRCS. "I have a serious problem with my physical condition. I understand I am in a wheelchair, but I find it even more challenging to move myself on my wheelchair because of the condition of my hands. If there is a means for my hands to be straightened to be able to move myself around, I will be the happiest disabled person", Perry said.

Perry further narrated that even during his school days, he had to beg his fellow students to take him to and from school and that "the day I do not find someone to help me, I will be absent from school". "This is the same challenge I am having even with volunteering", Perry continued. "I would like for the Red Cross to help me out with this". "Even the repair of my wheelchair can be a challenge for me". Thus, this limits my full participation to my capability, even though I am given the opportunity to be included" **"People are so excited with my participation in the awareness that they often refer to me as "the handwash man".**

Asked what made him want to be a volunteer, Perry responded: "Since my graduation from high school, every time I applied for a job, people did not respond to my letter. I wonder if it is because of my disability. So, after I heard of LRCS recruitment of volunteers, I felt it will be an opportunity to get involved and this will also help build my capacity for the future". Having been recruited since April 2020, Perry has been involved with LRCS social mobilization of COVID-19 response.

In response to the question - what do you like most about your volunteering with the LNRCS? Perry says "acceptance by people who I create awareness to regarding the virus, the positive comments people make about my inclusion of Red Cross work and the fact that people listen to me, ask me questions and we have a healthy conversation. "During such moments, my concentration is not on my condition; it is often on how many persons are listening to me, this makes me feel so good".

To his fellow people living with a disability (PWD), Perry says, "I will take this time to tell other PWDs that we must first develop self-worth. If you value yourself, make yourself available, you can be accepted by others". He encouraged PWDs to take available opportunity to learn. "Let's join people when the opportunity is available, let's reduce our reliance on others".

Malagasy Red Cross Society

Malagasy Red Cross Society (MRCS) supports the Ministry of Public Health and the government in all its undertakings in the fight against COVID-19. NS interventions are focused on awareness about COVID-19 prevention measures and psychosocial support conducted through home visits and focus groups. The NS also conducts mass awareness in public places (e.g. bus stations and markets) and schools as well as through mass media. MRCS is collecting community feedback during outreach and green line implementation. This feedback is used to adapt COVID-19 messages as well as tailor activities according to the needs of the people. Feedback received also aids in overcoming public distrust, rumours and false information as issues identified are communicated back to the community to ensure that they have factual information regarding COVID-19.

MRCS set up tents in health centers to facilitate social distancing among people who visited the centers. Handwashing stations were distributed in several localities to ensure populations practices handwashing. In addition, MRCS volunteers conducted disinfection activities in public spaces and public transport. NS volunteers were mobilized to

support treatment centers in managing reception of patients and visitors. MRCS provided PPE and medical supplies to health centers in affected regions. Finally, the NS is supporting vulnerable households in providing cash to meet their basic needs

Malawi Red Cross Society

The National Society is undertaking key support activities such as community awareness campaigns on COVID-19 through various channels including home visits, community and national radio stations, mobile van awareness, mobile cinema, billboards, hygiene campaigns and megaphone messaging. MRCS volunteers supported hand washing and sensitization in markets, shops, banks, roadblocks and mobile markets. There is a good working partnership with the Government of Malawi through the Ministry of Health and Disaster Management Affairs. IFRC and other Red Cross Red Crescent Movement partners have been providing technical and financial support to MRCS in several areas including capacity building of staff and volunteers, epidemic control of volunteers, contact tracing, community based surveillance, awareness-raising on COVID-19, water, hygiene and sanitation, coordination, cash transfer support and mental health and psychosocial support (MHPSS).

Mali Red Cross

Mali Red Cross (MRC) has been implementing infection prevention and control (IPC) measures, supporting livelihoods and access to hygiene and sanitation measures for community members. IFRC has supported MRC with PPE and other materials for the prevention and control of infection COVID-19. Trained NS staff and volunteers have in turn been supporting MoH in case management, risk communication, prevention and control of infection in laboratories as well as provision of PPE and hygiene kits.

Mauritanian Red Crescent

Volunteers from the Mauritanian Red Crescent (MRC) carried out several awareness-raising sessions for communities on the risks and prevention methods related to COVID-19, equipped with bibs, masks, hand sanitizers and posters. They visited homes providing information necessary to effectively fight against the community spread of the pandemic. This awareness-raising activity was carried out throughout the territory reaching close to 1,500,000 people. Staff and volunteers also hosted programmes on local radio stations as well as television channels. These programmes were produced in local languages. In addition, billboards in Arabic and French carrying COVID-19 prevention messages were installed in several places in Nouakchott and Nouadhibou. A special campaign to promote prevention measures and PPE distribution was carried out in high schools and colleges to support students during the exam period. During these activities, masks and hand sanitizers were distributed. As part of hygiene promotion, the NS deployed well-equipped hygiene brigades to disinfect confinement areas that house people infected by COVID-19. Disinfection was also carried out in several schools, mosques and markets. **As part of the response against COVID-19, the NS provided local committees with individual and collective protective equipment and disinfection equipment consisting of reusable and disposable masks, hand sanitizers, liquid soap, hand washing devices, sprays and chlorine. These materials have enabled the committees to carry out disinfection campaigns at community level.** Joint sensitization of NS volunteers with health workers for the benefit of communities has facilitated raising awareness in municipalities and enabled acceptance of the existence of the disease, wearing of masks and compliance with prevention measures. According to feedback received after campaigns, the presence of volunteers was an added value to the efforts of public authorities in the response against COVID-19. **The main lesson learned from this pandemic is that to meet the challenge of community involvement, an essential pillar in the fight against a health crisis of this nature, various stakeholders, in particular the authorities, must adopt the appropriate communication strategy. and above all set an example**. **Otherwise, community buy-in to the struggle may be compromised.** To address this, the NS worked with the community and opinion leaders to ensure that community members received the right information through outreach activities. In addition, the NS continuously collects rumors and processes the information to improve community engagement.

The NS distributed food assistance to more than 1,000 vulnerable households affected by COVID-19 to improve the daily meals of the households during periods of travel restrictions linked to COVID-19. The NS also provided financial support to more than 500 vulnerable households including migrants whose economic activity has been impacted by COVID-19. The objective of this assistance was to revive their income-generating activities that were affected by restrictions linked to COVID-19.

The Mauritanian Red Crescent joined the response against COVID-19 alongside public authorities as soon as the first cases were reported in March 2020. Recognized as one of the main humanitarian organizations to contact in case of an emergency, the NS has a capacity to mobilize volunteers from all regions and this has earned recognition of the NS by national authorities.

Mauritius Red Cross Society

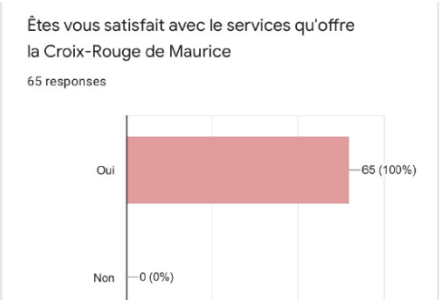
Since the start of the operation and mainly during the lockdown period, Mauritius Red Cross Society (MRCS) set up two (2) operation centres where psychosocial support/counselling is being provided to the population, mainly the elderly person and those living alone. More than 1,250 calls have been received. MRCS has put its ambulance fleet to the service of the Ministry of Health. **As the emergency ambulance service was giving priority to COVID 19 cases, MRCS was transporting those needing medical treatment to public hospitals. The most vulnerable and elderly person were given priority. In providing this service, MRCS has assisted in limiting the propagation of the disease as fewer accompanying persons were needed with the patients or casualties.** The National Society has also provided medication to the most vulnerable and mainly elderly groups. It has been noted that with the lockdown, elderly groups were afraid of being infected by COVID-19 by going to public hospitals or clinics for their medication.



Provision of medication to the elderly

With the lockdown and reduction in economic activities, it was indicated that many families were living in precarious situations. In response, MRCS provided food parcels to 150 most vulnerable households following a needs assessment. As the number of infected persons was increasing in the first months of the COVID-19 operation, it was decided to **renovate an existing MRCS building to an isolation centre and have adequate space if NS volunteers needed to isolate themselves. It is also expected that in the post-pandemic situation, this centre could be used as a home for elderly persons which would be an income-generating activity for the NS.**

During the first month of the operation, it was nearly impossible to conduct face to face sensitization in the communities. Thus, the NS emphasized sensitization through its social media platforms such as Facebook and its webpage. Spots were also published on national TV and newspapers. Gradually, when the economic activities restarted, banners and billboards were added as a medium of public sensitization. Being an island and having strict control at entry points, the number of local cases was reduced to nil. A certain complacency on the part of the public on prevention measures was identified as one of the main challenges the MRCS faced. To address this, the NS emphasized more effort in sensitizing the public through its social platform. The services of MRCS have been appreciated by the public. A **satisfactory survey** was launched on the NS Facebook page where 100% of respondents expressed satisfaction with the services and support being received from MRCS. Thankful messages being received by the NS through its social media network encouraged MRCS volunteers to perform their job without fear and with encouragement.



Result of satisfactory survey conducte MRCS through its Facebook page.

Since the start of the operation, the NS has opened a direct line of communication and close collaboration with the MoH, where it was agreed that MRCS will support its emergency medical services. With its vast network of volunteers, MoH has involved the NS in its COVID-19 response. **The NS was also taken into consideration when PCR tests were done, where MRCS volunteers and staff were among the first to be tested.**

Mozambique Red Cross Society

The National Society has been implementing its activities in prevention and community mobilization/education (EVC/RCCE/WASH/PSS), relief and shelter. The NS has so far reached more than 15,600,000 people with COVID-19 response activities.

Namibia Red Cross

Namibia Red Cross (NRC) has amplified its efforts to reach more people through social media platforms with COVID-19 messages on handwashing and RCCE. The NS works with local radio stations to have diverse messaging for the entire population through local languages with talks on RCCE. The Communication team places emphasis on engaging the social media audience in the work that the volunteers are doing at the regional level. The work of the volunteers has increased the visibility of the Namibia Red Cross by reaching out to communities and spreading preventive and response activities that promote RCCE practices on COVID-19. The Namibia Red Cross aims to position itself as a strategic humanitarian organization and places a strong focus on RCCE and community engagement efforts that draw out community members accountability efforts to take charge in prevention, response and preparedness against COVID 19. This is being done in dialogue with key policymakers (who provide funding or create legislation related to public health), relevant government sectors (education and transportation), NGO partners (who may have strong relationships with at-risk groups) as well as community leaders and community-based organizations.



NRC volunteers sanitizing people at a health facility.

Feedback from the general public indicates that they welcome the information given by Namibia Red Cross volunteers. Ministry of Health and Social Services (MoHSS) officials are working together with NRC volunteers in installation of hand washing facilities and community members are happy to use these big facilities as opposed to tippy taps. **NRC has also received an acknowledgement letter from MoHSS management expressing their deepest thanks to NRC volunteers for giving health education to expectant mothers at the mother shelter in Outapi District Hospital**. MoHSS works closely with NRC, where volunteers support in screening and sanitizing people who enter hospitals and clinics. In collaboration with the education ministry, heath education is conducted in schools and pamphlets provided together with health talks to boys and girls below the age of 18. NRC volunteers are also conducting health education sessions for elderly people and people living with a disability ensuring everyone has access to the right information necessary to protect against COVID-19 infection.

Red Cross Society of Niger

Red Cross Society of Niger (RCSN) volunteers in collaboration with health officials are conducting contact tracing activities across the country. From the outbreak of the pandemic to date, close to 4,000 contact persons were reached and transferred to government health centers where patients are treated. The NS also supports safe and dignified management of the dead in close collaboration with MoH.

NS volunteers are carrying out RCCE, health, and hygiene promotion activities. Awareness sessions are being conducted by community volunteers who are broadcasting key prevention measures including physical distancing, handwashing and mask-wearing. Red Cross of Niger has signed an agreement with 56 radio stations and five TV channels to disseminate key messages in seven national languages and French. Community feedback and complaint committees were put in place so that the implementation teams can receive comments, suggestions and complaints from community members and adjust their approaches based on feedback received.



RCSN volunteers trained in community-based surveillance worked with government health officials as well as community, religious and traditional leaders in surveillance activities reaching more than 18,000 people. More than 130 public health centers were supported in disinfection of buildings, installation of handwashing devices and contact tracing. In addition, 50 primary schools were supported with handwashing devices, soap, hand sanitizers, liquid soap and masks. In addition, masks were purchased and distributed to communities and health centers.

Food items were distributed to returnees, refugees and vulnerable people including people living with a disability and female-headed households reaching more than 130,000 people. In addition, 1,000 vulnerable people including returnees, and refugees received a cash transfer of XOF 32,500 (CHF 53) each for one month. The cash is meant to support in accessing basic living needs specifically food during the pandemic. Returnees from Burkina Faso were provided with 550 shelters for use during the isolation and quarantine period.

Red Cross of Niger Team off to conduct disinfection activities.

Rumors indicating that the disease does not exist coupled with the fact that those who attend health centers are liable to be infected with COVID-19 and inadequate health facilities were identified as the main challenges encountered. Similarly, the evolving security issues in the country negatively affected the work of community volunteers as the government decided to ban motorcycles during the pandemic. To mitigate these concerns, the NS with support from IFRC and Red Cross Red Crescent Movement partners focused on community engagement and accountability approach to involve community members as much as possible in the implementation of COVID-19 activities. Actions included setting up feedback and complaints committees, the use of community radios stations and TV channels to disseminate key messages about COVID-19 and preventive measures.

Nigerian Red Cross Society

Nigeria has signed up with the Global Vaccine Alliance Initiative (GAVI) for access to vaccines and has also registered for COVID-19 vaccines with the Global Access Program (COVAX) co-led by the World Health Organization (WHO). **Nigerian Red Cross Society (NRCS) is a member of the National Committee for COVID-19 vaccine introduction and has participated in the development of the Standard Operating Procedures for community and household engagement for COVID-19 vaccine introduction. NRCS branches have also been engaged in the processes and are expected to support grass-root advocacy and engagement for rumour management and social mobilization for demand creation of COVID-19 vaccine.**



Sensitization and mass awareness campaigns on COVID-19 have been carried out. The campaigns focus on issues around regular hand washing, signs and symptoms of COVID-19, modes of transmission and who to contact incase of a suspected case. These messages are communicated through TV shows, radio jingles, home visits, group sessions, printing and distribution of IEC materials. In addition, more than 33,000,000 people have been reached with risk communication, health and hygiene promotion activities in homes, schools, churches, mosques, markets and through community engagement meetings organized by NRCS volunteers. More than 24,000 people living with a disability were also reached with RCCE activities.

COVID-19 awareness through radio emissions conducted bv NRCS

NRCS volunteers have been able to reach more than 5,000 households with contact tracing, infection prevention and control and community based COVID-19 surveillance activities. More than 12,000 contacts were traced and 494 contacts referred to health facilities for testing. NS volunteers also conducted PSS services in households and schools reaching over 4,000 people. Out of these, 504 have been referred to access other services based on needs identified.



Cash grant recipient counting his money received from NRCS

NRSC has supported more than 3,500 people from 12 states with cash grants where each person received N51,500.00 (CHF 120). In addition, through ECOWAS Nigeria, IFRC supported NRCS to train and sensitize 3,000 internally displaced households in prevention of COVID-19. The households were also provided with tippy taps, soap and hand sanitizers which contributed to reducing their vulnerability through protecting them from exposure to COVID-19.

Rwandan Red Cross



A radio show by RRC volunteer

Since the beginning of COVID-19 in Rwanda, Rwandan Red Cross (RRC) has worked in close collaboration with MoH in response activities. In terms of RCCE, the NS distributed posters, banners, mobile radio kits, megaphones, bicycles, tricycle and motorcycles. In terms of health and hygiene promotion, the NS distributed reusable face masks, soap, washing stations, buckets, blankets and mats. For food distribution, food packages (maize flour, beans, rice, sugar and oil) were distributed to close to 20,000 households.

Flexibility of mobilization tools was one key element among the many successes registered by RRC. They helped in transmitting COVID-19 messages according to the context. Indeed, **the former mobile cinema tool was transformed into a mobile radio tool (with pre-recorded messages) to reach out to communities even in very far locations with respect to social distancing measures.** The sound equipment could be mounted on vehicles, motorcycles and bicycles. Elsewhere, volunteers were using megaphones, walking around in communities and visiting houses. RRC social media was used (more than ever before, reaching more than 2.2 million people), combined with radio shows, hence increasing the reach. The rumours tracking initiative was very conclusive by helping in designing education messages based on community feedback.

Sao Tome and Principe Red Cross





Awareness raising activities b NS volunteers.

With a large network of volunteers and field experience, the Ministry of Health has involved the Sao Tome and Principe Red Cross (STPRC) in its response to COVID-19 in contact tracing as well as awareness-raising in communities.

Misconception about the pandemic has been one of the main challenges that the National Society has faced. This was countered by conducting awareness sessions on COVID-19 transmission as well as prevention measures. The NS also distributed masks and demonstrated to community members how to use them correctly including the benefits of wearing a mask. The main success for the NS has been reaching out to people in remote areas, supporting community leaders in disseminating key COVID-19 messages as well as distributing brochures and leaflets on prevention measures. These awareness activities were conducted through door-to-door messages, drama and using a megaphone in larger groups. All activities conducted by the NS were made possible with support from IFRC, ICRC, the World Bank and Ministry of Health

Senegalese Red Cross Society

The Senegalese Red Cross Society (SRCS) has been working closely with MoH in screening at various entry points as well as management of the dead. NS volunteers also supported in disinfection of COVID-19 treatment centres. Medical doctors and volunteer nurses were mobilized by SRCS through trainings to support MoH staff in Touba and Diamniadio treatment centres.

Seychelles Red Cross Society

The Seychelles Red Cross Society (SRCS) has been involved in COVID 19 response since the first case; providing psychosocial support, ambulance services, awareness sessions, contact tracing, vaccination support, COVID-19 testing, food distribution to those affected by COVID-19, transfer of people infected to isolation and quarantine centres as well as advocacy activities. The NS has also conducted several trainings to build the capacity of its staff, volunteers and the general population.

The NS is represented in the Gold Command Post, led by MoH, which conducts overall coordination of the COVID-19 situation in the country as well as the Silver Command Post, led by the Ministry of Local Government, which is responsible for the humanitarian side of the pandemic in the country. SRCS has produced videos and aired spots on television and radio on COVID 19 to sensitize the general public. The NS also reviews and updates its website and Facebook to promote safety and hygiene measures. SRCS has provided school kits to children as well as advocated with local businesses and NGOs to provide water, fish, snacks, cash and other basic food items for vulnerable populations affected by COVID-19.

Sierra Leone Red Cross Society



Verification process conducted by SLRCS staff and volunteers for unconditional cash grant recipients.

SLRCS volunteers have been active in psychosocial support (PSS). For instance, they provided support to quarantined homes of those diagnosed with COVID-19 but were in denial. The volunteers succeeded in getting those placed under quarantine to accept the terms of their quarantine and even served as their advocates in following the prevention measures. In another case, PSS volunteers were able to pacify family members of two individuals who were confirmed as being COVID-19 positive. The families had initially denied the test results and wanted to go into hiding. The District COVID-19 Emergency Response Centre (DICOVERC) representative requested the support of SLRCS to convince households of infected people to accept the quarantine measures which the NS volunteers successfully did.

The SLRCS cash-based assistance was recognized by many as an effective model to fight poverty and hunger. SLRCS emphasized strong community participation and focused on economically and socially marginalized populations including children, the elderly, families without income and people living with a disability. Unconditional cash assistance was provided to protect vulnerable individuals and households from the worst impacts of poverty and help them build resilience. The targeted districts can now showcase evidence demonstrating the impact of cash assistance on the well-being of children, families and communities. Most of the evidence point to positive impacts in areas such as health, food security and agricultural investment. SLRCS cash assistance programme has boosted local economies. The following story was collected after cash distribution to determine the impact of SLRCS COVID-19 response, "*I am a 70-year-old widow with six children and eight grandchildren. Life has been difficult for my family. I have undergone unimaginable pain, my husband and son tested positive for coronavirus on 15 June 2020 and our entire household was quarantined. In the early hours of 20 June 2020, I received a call from the hospital that my husband had died. I was shocked and devasted about the news, there's not even a word created to describe my pain. In three days, I lost my son. All thanks to Red Cross for restoring my family's respect and dignity*". ***Mamy Fatu Koroma, Kalangba village, Bombali district.***

SLRCS continued being recognised as one of the first responders in emergencies. During the reporting period, SLRCS has been playing a crucial role in government and multi-agency response to COVID-19 from preparedness to response phase. The importance of SLRCS' contribution to the response is widely recognized by the government and the National COVID-19 Emergency Response Centre (NACOVERC). The strength of SLRCS has been the proactive trained community-based volunteers, who have been working with the government and other partners in the national response to the COVID-19. The Red Cross volunteers are trusted by their communities and health authorities and are part of the COVID-19 response at all levels in the country. SLRCS' contribution of IPC and IEC materials ensured that it was a viable partner in the response against COVID-19.

Somali Red Crescent Society

As part COVID-19 preparedness and response, the Somalia Red Crescent Society (SRCS) has been closely working with affected communities. There have been various activities carried out which included training of SRCS staff and volunteers, distribution of handwashing tanks and soap to health clinics and SRCS branches, distribution of jerry cans and dust bins, social mobilization, awareness sessions and surveillance by SRCS volunteers, awareness through media (TV broadcasting) and distribution of IEC materials.

A story about house-to-house awareness conducted by SRCS volunteers: *Mrs. Sado Mohamed Warsame, a 31-year-old mother from Said Ulasan community, Ainabo District of Togdheer Region of Somaliland. She is married with 7 children (2 boys and 5 girls). She is a housewife; her husband who was a daily worker became jobless due to COVID-19 lockdown. Mrs. Sado buys and sells milk to earn some money to feed her family. She had no information about how to seek health services. House to house visits conducted by SRCS to promote COVID-19 awareness enabled the NS to support Mrs. Sado by informing her that two of her children (girls) aged under 5 years had moderate malnutrition issues. This was after screening. Mrs. Sado benefitted from referral where her children will be provided with appropriate medical and nutritional information.*

Some of the best practices noted by SRCS during the COVID-19 pandemic preparedness and response include:

- CBS programme by SRCS detected the first case of COVID-19 in Somaliland.
- Collecting community feedback on COVID-19 perceptions contributed to tailoring community awareness against COVID-19.
- Using loudspeakers for RCCE and recorded voice messages ensures more people are reached and increases community preparedness and awareness for COVID-19.

Awareness sessions conducted by NS reached more than 600,000 people. SRCS Somaliland region supported 17 clinics located in 5 different regions, while SRCS Puntland supported 19 health facilities. The clinics/health facilities were provided with materials related to training of IPC, RCCE and COVID-19 case management.

The South African Red Cross Society

Support from donors enabled South African Red Cross Society (SARCS) to procure and distribute PPEs to eight provinces (KwaZulu Natal, Limpopo, Western Cape, Eastern Cape, Gauteng, North West, Mpumalanga, and Free State). The PPEs

have been useful in ensuring that volunteers involved in COVID-19 response in high-risk communities are protected from being exposed to the virus. Through screening interventions, SARCS reached more than 1,592,500 people. In addition, over 50,000 people were reached through contact tracing and testing. Close to 2,800 staff and volunteers were involved in the activities mentioned above. The fact that the teams were frontline staff in the ongoing response for COVID-19 exposed them to the risk of contracting COVID-19 virus. Among them, 85 tested positive of COVID-19 and 5 lost their lives to the pandemic. This is evidence that supports that donors' and partners' PPEs greatly assisted in protecting majority of staff and volunteers from COVID-19 infection.

PSS interventions reached more than 21,000 people through face to face or telephone. Among them were 64 SARCS volunteers and staff who tested positive and were provided with care support in form of vouchers to cover basic needs such as food, home detergent and masks during the isolation period. PSS services assisted to change people into active survivors rather than passive victims. More so, provision of PSS services assisted in identifying abused children in some shelters and other stakeholders intervened to ensure their safety. SARCS is working with stakeholders including the Department of Social Development (DSD), South African Police Services (SAPS) and specialists (psychologists and social workers) who are assisting with referrals.

The COVID-19 lockdown restrictions greatly affected most people who were involved in informal jobs most of whom were women. The greatest impact was on small and medium enterprises who are the major job creators in the country. Many households were exposed to food insecurity as household heads struggled to provide decent meals for their families. Through support from different donors, SARCS managed to distribute food parcels which benefited more than 140,000 people. In addition, SARCS provided hot meals to orphans and vulnerable children (OVCs) and homeless people.

WASH interventions were enhanced in different communities across the country. Communities in high-risk areas such as informal settlements and high-density suburbs were provided with hygiene packs. In addition, OVCs and people living with a disability also received hygiene packs. To promote good handwashing behaviours, SARCS managed to pilot installation of handwashing facilities in densely populated areas and volunteers continuously provided public education and demonstrations on good handwashing behaviours.

"As Red Cross volunteers we really feel safe when we are in protective clothing conducting screening and testing. When the initial cases of COVID-19 pandemic were reported in our area we knew we were going to be part of frontline team, but we were hesitant because by that time our local office did not have funds to procure the much-needed PPEs. It was not easy for us to commit ourselves to be part of the COVID-19 emergency response without the assurance that we were going to get protective clothing. We really appreciate donors for the financial support they provided to ensure that we are protected."



RCCE interventions by SARCS aim to provide accurate, clear, relevant, and timely information to the public on how to contain the emergency and protect themselves. It also assists to identify and address myths and misconceptions that may lead to detrimental practices. RCCE reassures the public, prepare communities for emergency response actions and support communities to recover and rebuild. Through community feedback mechanisms, RCCE trained volunteers were able to effectively engage community members on issues related to COVID-19 and vaccine roll-out. The ever-changing dynamics of COVID-19 pandemic also prompted SARCS to engage mass media through community radio station, national television and social media platforms. More awareness has been done on early warning, preparedness, mitigation, response, and relief around COVID-19 through media reaching more than 40,000,000 people. Key messages have been shared and public discussions around myths, rumors, and beliefs around COVID-19 are being addressed through media. The media has also been used for public service announcement (PSA) to keep the public abreast about COVID-19 dynamics.

South Sudan Red Cross

The South Sudan Red Cross (SSRC) has been responding to COVID-19 in the affected areas of the country using its trained volunteers in all branch locations. Red Cross Red Crescent Movement partners actively involved in the operation (ICRC, IFRC as well as Canadian, Danish, Finnish, Netherlands, Norwegian, Swedish, Turkish, and Swiss Red Cross societies) participated revision of the SSRC COVID-19 response plan through various technical working groups (health, WASH, disaster management, protection and crossing cutting issues). In addition, Movement partners contributed funds through their existing projects in the country to support the implementation of the COVID-19 response operation in South Sudan. IFRC also mobilized funds from IFRC Secretariat, USAID and CDC Africa to enable SSRC to continue with its response activities. The Ministry of Health and, National Task Force members regularly meet to provide update of operations countrywide. Participants in the meeting include SSRC, UNICEF, IOM, WFP, NNGO and INGO.

The Sudanese Red Crescent

More than 2,400 SRCS staff, volunteer leaders and medical staff were trained in the prevention and control of COVID-19, dead body management, feedback mechanism, and the New Coronavirus Radio Show Guide and Running Order. SRCS distributed close to 104,000 leaflets and posters in public places and conducted more than 820 educational and awareness sessions. Radio show programmes related to COVID-19 awareness were conducted all over the states using different local languages. SRCS carried out awareness campaigns through mobile radio targeting different public places. The NS also conducted massive spraying campaigns that covered more than 33,000 institutions. **Child corners in the isolation centre were supported with games, awareness and psychosocial support messages made through radio and TV, wall drawings and posters.** Ready-made meals (food and water) were distributed to migrants and returnees as well as other people in isolation centres. Isolation centers were also supported with training in first aid and psychosocial first aid (PFA), sanitation, health, shelter and protection services. Trained volunteers supported the MoH in safe and dignified management of the dead.

In collaboration with Qatar Red Crescent Society, SRCS supported MoH of North and North Darfur states with PPE and screening equipment as well as supported MoH of Sinnar State with investigation system laboratory and computers. The rainy season in Sudan began with flash flooding affecting several states from late July 2020 and, heavy rains in upriver countries caused the White and Blue Nile rivers to overflow. The floods aggravated the vulnerability situation for COVID-19 affected populations. In response, SRCS provided psychosocial support, sanitization support, ready meals and PPEs to the affected populations. Recently, Sudan received more than 67,540 Ethiopian refugees as a result of the conflict. SRCS supported with screening at reception centres, PSS training for officials, disinfection activities in addition to awareness on COVID-19 prevention measures.

Tanzania Red Cross National Society

Tanzania Red Cross National Society (TRCNS) continues with COVID-19 response across the country. The NS is using mobile vans with public address systems to raise community awareness in preventive and protective measures. Volunteers have been supporting the government in management of quarantine centres, contact tracing, dignified management of the dead and installation of handwashing facilities in health facilities and the community. TRCNS initiated tele-counselling services for staff, volunteers and the general public.

Through its national telephone hotline, TRCNS continues to collect questions, feedback and rumours regarding COVID-19 and other services they provide. The hotline has a dedicated response team and a referral system for sensitive information.

Togolese Red Cross



Volunteers being briefed by NS staff before conducting awareness sessions.

Trained community volunteers collect community feedback related to their perception about COVID-19 and their suggestions on the effective fight against COVID-19 in their communities. The volunteers analyse the feedback and use it as context for key COVID-19 messages. This ensures that the awareness messages are adapted to the needs of the community. Awareness-raising sessions were organized with communities using loudspeakers and tele-taxis to pass on messages about compliance with prevention measures. These sessions were organized by emergency committees and supported by community health workers. **Emergency committees relay COVID-19 information communicated to them by their focal points, in particular video clips from health authorities, videos from IFRC's Dr Aissa or Dr Ben and spots created by mothers' clubs and partners.** The key success during this period was relaying messages about gender-based violence (GBV) across mothers' clubs and other volunteers. This was done through megaphones and radio. The approach used is called "the 7 daily usefuls" Emergency committees have worked closely with mothers and fathers' clubs in the design of handwashing stations using local materials as well as ash or soap in their households, an action supported by the UNFPA. Schools have also been supported with pedal-operated handwashing stations and soap which are being managed by the schools' Club 25. This action is supported by ICRC.

Since the beginning of the operation, the NS has been working alongside the health sector commission where it is recognized as one of the main humanitarian organizations to successfully communicate risks, particularly through community dialogue, especially in the most remote areas.

Uganda Red Cross Society

The Uganda Red Cross Society (URCS) contributed to the Community Engagement Strategy (CES) which galvanizes COVID-19 response in Uganda. URCS reporting capacity was improved at the branch level through creation of a risk communication and community engagement dashboard. The NS has gained good visibility through supporting communities in isolation units/quarantine facilities, screening at border points, community-based surveillance, RCCE and evacuation of COVID-19 suspected cases to health facilities. The quality of engagement with districts and at national level improved greatly, with Kampala City Council Authority and the National Taskforce reaching out directly to URCS for support in contact tracing. URCS was also very instrumental in use of their ambulances to help in transporting suspected cases across the country which greatly reduced the spread of the disease.



Ongoing RCCE by a volunteer session in Tororo

The NS was able to distribute food to more than 10,000 people in the urban areas who could not support themselves during the lockdown period. In terms of risk communication, social mobilization, community engagement and accountability the NS reached more than 3,000,000 people in communities. In terms of surveillance at points of entry, the NS supported with screening of people at 13 border points.

Through a partnership with a telephone company for two months and a voice note asking people to supports NS response efforts, URCS had received UGX 21,000,000 (approximately CHF 5,144) which shows that the Ugandan population appreciated what the Red Cross was doing and was ready to support them in COVID-19 response

Zambia Red Cross Society

Zambia Red Cross Society (ZRCS) has made tremendous strides in establishing a CEA feedback mechanism. Furthermore, a needs assessment was conducted together with the community to understand the support and areas of establishing feedback and complaint desks in 18 target districts. A training for ZRCS staff was conducted focusing on integrating feedback mechanism in all COVID-19 response activities. Complaints and feedback are now being analysed and feedback given through the established CEA structures from ZRCS headquarters to the branch and finally the community. ZRCS has continued to disseminate COVID-19 prevention messages through different communication media. The NS reached out to communities not only in its areas of operation but countrywide through television/radio, community sensitizations (in partnership with the ZANIS) using the public address (PA) system and distribution of IEC materials. **ZRCS has also produced a jingle that encouraged the general population to adopt positive behaviour change by adhering to the public health guidelines set by the MoH.** The jingle is currently airing on ZNBC Radio 2 for nationwide coverage as well as Hot FM to cater for the urban population. A television spot has been produced and scheduled to air on ZNBC TV 1 whose coverage is an estimated 8 million. The National Society has periodically conducted interactive radio and television shows to encourage positive behaviour. ZRCS through its communication and public relations department, designed and developed 20,000 posters targeting areas of operation. These posters, translated into seven official languages, focused on COVID-19 preventative measures using a youth-friendly approach. Eighteen (18) banners have been designed to be distributed in 18 ZRCS branches for the purpose of increasing the visibility of the NS in all its branches of operation. The National Society also developed and fitted two static billboards in Nakonde. The billboards are strategically placed along a busy road and intersection, thus, increasing the possibility of being read by many people throughout the day. The billboard has COVID-19 preventative messaging focusing on respiratory and hand hygiene.

ZRCS is supporting communities and key line ministries such as MoH, local government and community development by providing hygiene and IPC supplies as well as screening equipment and other services such as contact tracing. The target population has been vulnerable groups in communities such as the elderly, women, children, differently-abled as well as health care workers and volunteers. ZRCS provided handwashing facilities to communities. **Two of the facilities were catering for the paraplegic and these were donated through Zambia Agency for Persons with Disabilities to two homes for differently-abled people.** The NS through its six branches conducted household triggering using the Community Led Total Sanitation (CLTS) methodologies to trigger a total of 1,000 households per district to demonstrate the role of handwashing in disease prevention and control. Demonstrations on how to construct tippy taps were also conducted by the trained community volunteers

Zimbabwe Red Cross Society

The Zimbabwe Red Cross Society (ZRCS) has conducted COVID-19 awareness campaigns reaching more than 5,000,000 people with key COVID-19 messages. PPEs were distributed to volunteers in ZRCS headquarters and eight districts being covered by the project. At the same time, NFIs and WASH kits were distributed with a focus to people living with a disability, child-headed households, the elderly, people living with HIV, those living with albinism and institutions such as old people's home and orphanages. After the distribution of NFIs, post distribution Monitoring (PDM) was conducted to get community feedback about the support provided. Other WASH activities included rehabilitation of boreholes in collaboration with the District Development Fund (DDF) to facilitate the availability of water and sanitation in targeted households. ZRCS continues to provide essential health services including disease surveillance screening activities on ZRCS establishments (clinic, offices and operations) as well as in some provinces as part of COVID-19 response task force teams. Feedback is collected in various parts of the country to track rumors, perceptions, questions, suggestion and views on COVID-19 so that the feedback can help with adjustment of activities to suit communities' needs and ensure relevance of intervention. Health promotion is continuously being done in various communities to promote hygiene practices in this COVID-19 period.

ZRCS in partnership with the British Red Cross is also implementing a food security programme for three months in two districts. This programme has supported 5,000 households with voucher-based interventions to meet immediate food needs. This activity also created an opportunity to disseminate COVID-19 information.

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

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

Ensuring migrants and host communities are not left behind in the response to COVID-19

Martha Keays, Regional Director for the Americas, International Federation of Red Cross and Red Crescent Societies

If there is one thing that we have learned over these past 12 months, it is that no one has been spared from the effects of COVID-19. That said, it is abundantly evident that the consequences of this pandemic are not equally felt.

Humanitarian disasters can affect anyone. However, evidence and experience teach us that women, children, older people, people living with disabilities, indigenous populations, LGBTQI+ communities, those with lower income are often among the most affected while also facing unique barriers to aid. Perhaps no population is more exposed in the Americas today than migrants and displaced persons.

Organisations like the International Federation of Red Cross and Red Crescent Societies (IFRC) exist to serve all communities and to anticipate the impacts crises will have on them. Well before crises hit, we are present in those same communities through our network of Red Cross Red Crescent National Societies, working to strengthen and help them to prepare for the dangers that we know, invariably, will impact them the most.

Migrants: Least protected most affected in the pandemic

Now, with the pandemic, we are facing a multi-layered crisis in the Americas. The region was already struggling with a humanitarian crisis around migration well before the current COVID-19 outbreak. There are approximately 57.5 million migrants across the Americas, corresponding to over a quarter of migrants worldwide.[1] These millions of people are not a homogenous group. Whether elderly, children, LGBTQI+, poor, women, indigenous communities or people living with disabilities, migrants represent a cross section of their societies, and many, for simply being who they are, find themselves in positions of greater vulnerability.

There are many varied and complex reasons that cause people to leave their homes. Economic instability due to unequal access and control over resources is a deeply rooted cause. There is also the threat of gang violence and coercion, which forces many mothers to take their chances on known dangers of the migratory routes, in order to find a haven to raise their children in safety. Gender-based violence, socio-political instability, persecution and natural or climate-related disasters, are other key drivers of migration.

The pandemic has exacerbated many of the reasons why people flee their homes. People have lost jobs and suffered massive economic losses. Domestic violence against women and children has increased due to the confinement of lockdowns. We have also seen thousands of people choosing to return to their countries of origin because COVID-19 has made life in their new countries even more difficult.[2]

[1] IOM: Americas and the Caribbean
[2] Around 130,000 Venezuelans have returned to their country since the outset of the pandemic

There are innumerable risks and dangers on the migratory routes, and already vulnerable populations are put at even greater risk. A recent report by the IFRC found that people on the move are disproportionately exposed to, and affected by, the virus due to limited access to essential health, water, sanitation, and hygiene services, as well as poor, crowded, unsafe living and working conditions.[3] Border regulations have left thousands stranded in between borders[4] and in crowded border camps which, in turn, have forced many to use clandestine routes, increasing the risk not only of contagion but also of falling into human trafficking networks, to be robbed, assaulted or worse.

National Red Cross Societies along migratory routes in the Americas have been witness to this multi-layered crisis. They are helping migrants reconnect when they lose contact with their families. They are providing first aid, health care, protection, psychosocial and livelihoods support services, as well as food, clean water and often a safe place to sleep for the night. Just as important, they also provide people with reliable information about the virus, offering needed support to help keep them safe.

Vulnerable migrants, vulnerable hosts: Supporting the indigenous Wayuu in Colombia

La Guajira, the northernmost Colombian department which borders Venezuela, is a place where different migration flows converge. More than half a million people belonging to various indigenous groups live in La Guajira. Of these, the bi-national[5] Wayuu are the largest group, and they have historically suffered from social marginalisation, poor access to health care, education and economic opportunities. Many remain undocumented with their bi-national status still unrecognised.

The Colombian Red Cross has seen first-hand how the COVID-19 pandemic has intensified a chronic humanitarian crisis. People arrive in settlements that do not offer even the minimum conditions of habitability and security. La Guajira is vulnerable to natural hazards, intensified by the global climate crises, which impact a dispersed rural indigenous population even more acutely. With lack of access to safe water exacerbated by flooding, the spread of vector-borne diseases is increasingly common.

Ad-hoc settlements can also be crowded areas, and without public messaging available in indigenous languages, people lack guidance on how to protect themselves and their families from the virus, fuelling an already precarious situation. In addition, according to the Indigenous National Organization of Colombia, reports of gender-based violence, particularly sexual violence against women and girls, femicides, forced disappearance and torture, are ongoing protection issues within these communities.[6]

The Colombian Red Cross provides mobile health clinics offering a range of services, from general medicine to maternity services to monitoring and identifying protection risks, particularly for unaccompanied children. These specialized trained teams include volunteers from the Wayuu community, who facilitate the provision of culturally appropriate care, generating greater confidence and therefore better acceptance of messages about the pandemic, highlighting protection measures such as regular hand washing and wearing face masks.

[3] Least Protected Most Affected (PDF)
[4] Thousands stuck at Panama border.
[5] Bi-national is a term to refer to groups whose indigenous origins cross borders. The Wayuu in this region live on both the Colombia and Venezuelan side of the border, often crossing frontiers.
[6] https://www.onic.org.co/comunicados-onic/3915-que-paren-las-violencias-estructurales-y-escenarios-mediaticos-de-discriminacion-contra-los-pueblos-indigenas-de-colombia-y-la-mujer-wayuu

Leaving no one behind

Many of these threats and challenges to the Wayuu and other migrant populations across the Americas already existed before the pandemic. The same circumstances can be found in the Northern Triangle of Central America, the Darien Gap in Panama, on the Peruvian borders with Chile and Ecuador, at the Venezuelan border with Brazil and even in the hosting communities of Caribbean islands. The pandemic has simply further magnified this reality for millions of people on the move. These three steps will be critical to address it:

- The potential exclusion of migrants from COVID-19 prevention and vaccine plans is a wake-up call. We must ensure a more **inclusive response** that guarantees dignified treatment of migrants and combats discrimination and stigma, by considering the needs of groups prone to greater vulnerability along the entire migratory route. Authorities in places of origin, transit, and destination, as well as international organizations and civil society, must work hand in hand to ensure that no one is left behind.
- If there is another lesson that the past year has taught us, it is that **no one is safe until we are all safe**. This requires a prioritization of those vulnerable populations in any COVID-19 response plans at the local, national and international levels. Plans must include the provision of accessible information on the risks of some of the routes people take and how to manage them.
- To be truly inclusive, any plan must also secure **the involvement of host communities**, along those on the migratory routes. Their participation is key in not only ensuring people can integrate into their arriving communities, but also to ensure that migratory routes become less dangerous.

It is clear that there is an urgent need for global solidarity to address the devastating consequences of this pandemic. It is a crisis that has connected us all in an unprecedented way, yet the disproportionate humanitarian consequences threaten to leave behind those who need the most support to survive. We must extend that global solidarity and our collective humanity to ensure that no one is forgotten.



The Honduran Red Cross supports thousands of migrants departing from the northern and southern zones of the country. Humanitarian Service Points are enabled at the point of departure and along the migration route. These spaces provide access to essential services, such as water, face masks, pre-hospital care, information about safety, security and COVID-19 prevention, as well as means of communication for migrants to keep in touch with their families.

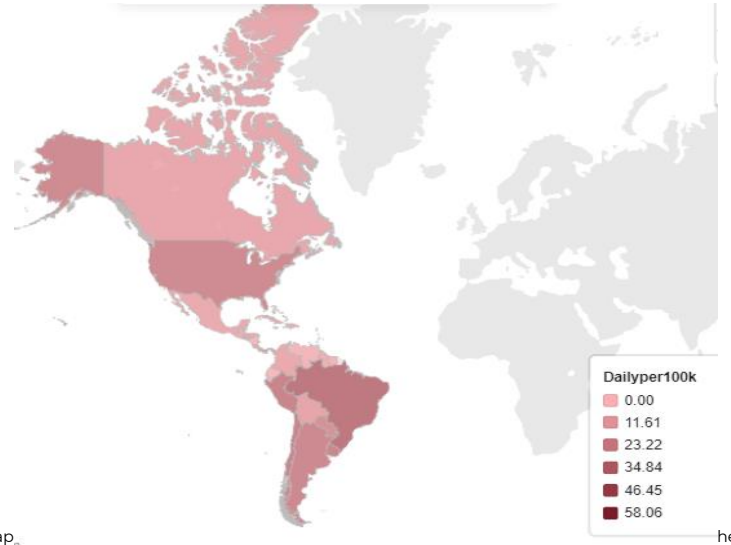
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Situation Update

50,056,801 confirmed cases in Americas Region

1,193,769 confirmed deaths in Americas Region

reported by WHO as at 5PM CEST, 26 February 2021.



This map ... he legal status of a territory or its authorities. Produced by SIMS (2020).

National Society Response

According to public COVID-19 field reports submitted to GO platform

34 National Societies are engaged in...

Health and WASH **32**

Socioeconomic Interventions **32**

NS Institutional Strengthening **31**

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

HEALTH AND WASH						SOCIOECONOMIC INTERVENTIONS		NS INSTITUTIONAL STRENGTHENING	
14	Ambulance services for COVID-19 cases	19	IPC and WASH (health facilities)	3	Management of the dead	26	CEA, including community feedback mechanisms	29	National Society readiness
15	Community-based surveillance (CBS)	12	Isolation and clinical case management for COVID-19 cases	31	MHPSS	28	Livelihoods, cash support & food aid	27	National Society sustainability
25	Epidemic control measures	16	Maintain access to essential health services (clinical and paramedical)	30	Risk communication, community engagement, and health and hygiene promotion	15	Shelter and urban settlements	30	Support to volunteers
29	IPC and WASH (community)	20	Maintain access to essential health services (community health)	2	Support for Immunization	28	Social care and cohesion, and support to vulnerable groups		

**Data is based on the Field Reports completed by NS, and activities selected.

Regional Overview

Until mid-February 2021, the Americas region accumulated over 48 million reported cases of COVID-19 and 1.2 million officially declared deaths; this represents approximately 45% of the cases worldwide and about 50% of the total official deaths. If we consider that the American continent registers about 15% of the world population, it is not difficult to get an idea of the extraordinary virulence that the pandemic and all its collateral effects have had in the region. These high percentages are compatible with an epidemic curve in a year of evolution. Unlike the rest of the world's regions, in the Americas region, the transmission and incidence level has remained stable and high practically without rest. The trends have changed to increase inter weekly variations week after week. After a year of health and humanitarian crises, the consequences are beginning to be incalculable, and their persistence over time is terribly long.

In addition to the morbidity and mortality directly due to COVID-19 in the Region of the Americas, the pandemic has, in general, also affected the provision of healthcare services, healthcare-seeking behaviours, resources, and outbreak response capacity. Since the beginning of the COVID-19 pandemic, 27 Member States have activated or established health sector emergency administrative structures and measures to strengthen country health systems. These have become a priority for immediate action to rapidly scale up and expand public health and individual health care services to respond to the COVID-19 pandemic while maintaining other essential services, which is the main challenge[1].

The continuity of essential services provided at the first level of care has been affected in all the areas but mainly in peri-urban and rural areas and among indigenous populations. This relates to the already existing deficit of healthcare workers and social distancing measures, and the closure of various primary care facilities in these areas. The primary limitations faced by the first level of care include the human resources gap as well as the lack of incentives; connectivity difficulties; shortages of medicines, supplies, medical devices, and personal protective equipment (PPE); and the logistics for conducting case investigation and contact tracing, testing, triage, home care, management of call centres, and teleconsultations. Vaccination is an essential health service that has also been affected, with a decrease in vaccination services' demand.

Regarding Mental Health and Psychosocial Support (MHPSS), research worldwide demonstrates the devastating effects that COVID-19 has caused on the mental health of people at this point of the pandemic. After a year of the pandemic, vulnerable groups suffering the onslaught of the pandemic have been identified. The increased negative impact on psychosocial well-being and mental health is evident, which increases the risk of mental illness. Those groups are principally women and girls, children, teenagers and youths, elders, migrants, indigenous population, and health workers. The International Federation of Red Cross (IFRC) technical team continues to collaborate and cooperate with the MHPSS teams of the NSs to continue helping a large part of the vulnerable populations through telecare services and other initiatives that help reduce the impact of COVID19 on mental health.

In terms of Water, Sanitation and Hygiene (WASH), the provision of these services are essential to protecting human health during any infectious disease outbreaks, especially for the COVID-19 outbreak. However, in the Latin America and Caribbean (LAC) region, handwashing remains a challenge as 25 percent of the population still lack reliable access to safely manage water supply and sanitation[2].

Finally, according to the World Bank, since the pandemic outbreak governments in the region have taken some actions to respond to the health emergency and protect low-income households, which included measures to ensure secured access, continuity, and quality of WASH services; financial support, or even waiver some special groups of population to cover WASH service fees; remote bill pay and customer service; and direct support to water utilities to continue the provision of services, among others.

[1] Pan American Health Organization. Vaccine-preventable diseases (diphtheria, measles, poliovirus) in the context of the COVID-19 pandemic: implications for the Region of the Americas, November 2020.
[2] World Bank – Securing Access to Water & Sanitation Services in times of COVID-19: Monitoring Responses in Latin America & the Caribbean (October 2020)

Priority 1: Sustaining Health and WASH

As in practically all regions, this pandemic year has also been characterized by a wide variety of contexts and epidemic and collateral situations in the region. National Societies (NSs) have had to adapt with greater or less flexibility and promptly to volatile conditions and more or less specific requirements in very diverse and changing contexts. This has involved an unprecedented effort on the part of the technical health unit of the regional office in close collaboration and coordination with the technical colleagues of the Country Cluster Delegations (CCDs) in developing, strengthening, adapting, and maintaining training programs that cover the great variety of interventions and activities within the call to fight COVID-19. Undoubtedly, keeping this intensity of support and training for one year has been a considerable effort and one of the most outstanding achievements and successes of the regional office's technical area's fundamental support and coordination function.

It is worth highlighting the intense production of guides and technical documents and the translation and dissemination of those developed at a global level, and not only from the IFRC but also from our priority technical partner in the region, PAHO. In fact, it has been the strengthening, even more, of the mechanisms of coordination and joint development of initiatives, in the context of COVID-19, which has led the IFRC, through the technical health area of the regional office, to been chosen by all the health partners in the region as the organization called upon to co-lead, together with PAHO, the regional health sector board, which, as it cannot be otherwise, has played, and continues to play, a fundamental role in the technical approach at the national and regional level to combat COVID-19. This, apart from the periodic coordination meetings, has been materialized in the teaching of joint courses and seminars, as well as the production of technical documents, from which both the NSs and other health actors in the region have benefited.

Although fundamentally started and strengthened in the last quarter of 2020 and early 2021, it is worth highlighting in this report the intense work of support, training, and group and individual accompaniment provided to National Societies (NSs) concerning vaccination against COVID- 19. From innumerable training sessions about vaccine development to meetings with potential donors to present the primary efforts and fundamental areas of work to fruitful collaboration with the areas of Community Engagement and Accountability (CEA) and Comms in the development of messages and tools, they have marked a large part of the work schedule of the last four months at least. One of the main achievements, without a doubt, in addition to the training, has been to guide and accompany. The Health team together with NSs and other technical areas and PNS, continues developing clear and complete work strategies that make possible the materialization of its work in response to its auxiliary role of the public powers in a health intervention probably unprecedented in contemporary history.

After a year of pandemic, the consequences of it transcend and reach all spheres of society. Today, the enormous losses of lives, jobs, and economics, the limitations on access to social, health, protection, and educational services, and the radical change in the dynamics of socialization are exposing people to high levels of uncertainty, fear, and hopelessness that end up having an impact on their psychosocial and mental well-being and therefore on the appearance of symptoms leading to anxiety and depression. Against these odds, there is an urgent need to implement psychosocial actions based on the community aiming to protect the mental health of the population. Indeed, the vast majority of NSs since the beginning of the pandemic have been proactive and adapted traditional interventions to formats that have allowed them to meet the psychosocial needs of people safely. The crisis has also been an opportunity for NSs to strengthen their capacities in MHPSS, which, has been one of the main areas of focus and action for the regional MHPSS team of IFRC. Similarly, important alliances have been created with the MHPSS counterparts such as PAHO/WHO and UNICEF. As a result of this, we currently have 35 NSs of the region carrying out actions for mental health and psychosocial support, all of which is a great part of our achievements this year.

Epidemic control

Epidemic Control for Volunteers Training

The Public Health in Emergency Team of the Health Unit of the Regional IFRC Office for the Americas in Panama has developed an 8-hours Online Epidemic Control for Volunteers training programme focused on COVID-19, which has been running since 20th October 2020, with breaks every 4 weeks and during the holidays. The training consists of 4

modules which are presented on 4 consecutive days in 2-hour sessions each day on the platform Zoom. A certificate is issued to those participants that have taken part in all 4 sessions.

So far 10 National Societies (5 English-speaking and 5 Spanish-speaking) have been trained, namely Barbados, Bolivia, Costa Rica, Dominica, Dominican Republic, Grenada, Honduras, Jamaica, Paraguay, and St. Lucia. In total, 241 people have received the certificate.

Almost all participants seemed to have had some more detailed knowledge about COVID-19, in particular its ways of transmission, prevention methods and the main symptoms. During the course itself it became clear however that this knowledge was often limited than expected. Some people for example said: "COVID is transmitted if people do not wear a mask and do not keep the distance" – but they did not know exactly how transmission worked and why a mask and physical distance is important to reduce it. Participants had many detailed questions concerning less-common symptoms, the use of masks and face-shields, correct handwashing, the vaccine and many more.



1. Epidemic control for Volunteers Training. Source: Health

The feedback that was given through the evaluation forms, during the course and through personal emails and WhatsApp contacts was excellent. Many people commented how much they enjoyed the course in general, the current topic, the didactics, the knowledge and teaching style of the facilitators, the organization of the event and the amount of information received.

For future trainings some participants mentioned that they would like to learn more about mental health in communities during COVID-19, the impact COVID-19 has on the environment and post-Covid care and management in the community.

Risk communication, community engagement, and health and hygiene promotion

We Are in This Together

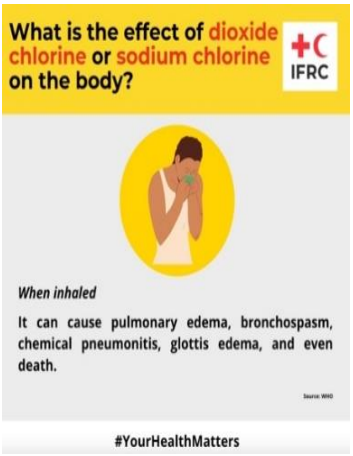
With the ongoing spread of COVID-19, it was important to have new ways of reaching the public. Keeping this in mind the Americas CEA team created the video program #WeAreInThisTogether to continue to build our other work. The program shares information and talks about prevention of COVID-19. The IFRC is providing guidance on how to prevent the virus and deal with the current emergency, and national societies come on to share local experiences. There are two hosts, one reaching Latin America and is in Spanish, and the other reaching the Caribbean and is in English. It is streamed on Facebook, Twitter and YouTube.

Sample interviews:
#WeAreInThisTogether: Taking Care of Your Mental Health during COVID-19 with JRC PSS volunteer Dr. Jason Wynter - Link

Campaigns to stop rumours.

Sometimes rumours impact many national societies in many countries, so the IFRC works alongside those Red Cross organizations to create a campaign that can reach across borders.

As an example, IFRC saw that many people in many countries were discussing the use of chlorine dioxide as a treatment for COVID-19, so a campaign was developed to combat these rumours.



2. Campaigns to stop rumours. Source: Health



3. Risk communication messages. Source: Health

Risk Communications messages

Risk communications messages are a very important way to reach people throughout the Red Cross response to COVID-19.

Throughout the past year the team in the Americas has updated global graphics for the Americas, as well as generating graphics, messages, and videos specific to the region including: Addressing Dengue during a COVID-19 pandemic; Addressing Diphtheria during a COVID-19 pandemic; How to celebrate holidays safely; Preventing Stigma and Discrimination through the Together We Can Achieve Inclusion campaign; Violence Free Isolation Campaign; Mental Health Care Campaign; Livelihood and recovery; Anti-Stigma COVID-19 Claymation video series. All of these resources are in Spanish and English and shared not only through IFRC channels, but through the networks and channels of NSs

National Society Guidance Document

The CEA team developed the guidance document for NSs that have been selected in their countries as part of the priority groups for vaccination. This brief guide has been developed using Community Engagement and Accountability (CEA) to enable a participatory approach with NSs internal community, and to provide an opportunity to clarify questions and collect feedback from staff and volunteers. This feedback will also support the design of social mobilization and RCCE plans to be implemented.

Community-based surveillance (CBS)

Community-based surveillance is undoubtedly one of the strategic lines of work in the Americas region and has been assumed this way throughout the COVID-19 operation. Although official and formal epidemiological surveillance systems are implemented in practically all countries, there are specific situations and contexts where community systems' adoption is of paramount importance. For example, areas with situations of isolation of communities and those exposed to chronic violence, represent an area of special propensity to the uncontrolled transmission of COVID-19, absence of effective referral mechanisms, lack of clinical care, low adherence to public health measures and deficient quality of institutional responses.

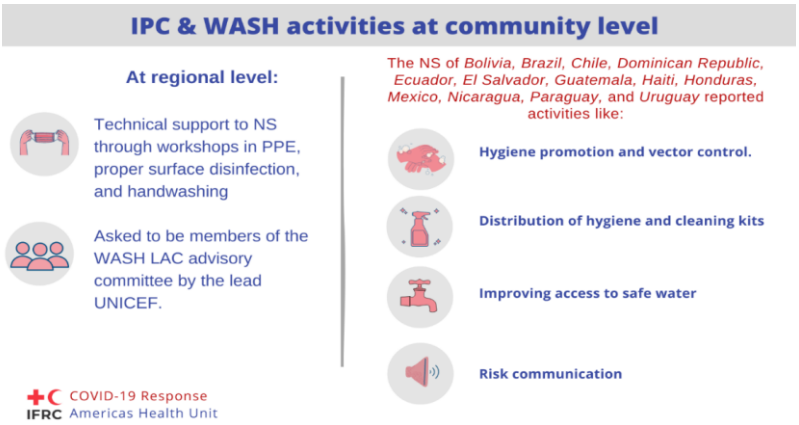
In addition to the primary or direct impact of the SARS-COV-2 pandemic, the potential risk of epidemic outbreaks of other communicable and immune-preventable diseases is added due to the decrease in vaccination coverage as in the detection of cases and prompt epidemic control response. It is here that the routine work already carried out by the NS in CBS is crucial.

Infection prevention and control and WASH in health facilities



4. IPC and WASH activities in Health Care Facilities. Source: Health

Infection prevention and control and WASH at the community level



5. IPC and WASH activities at community level.
Source: Health

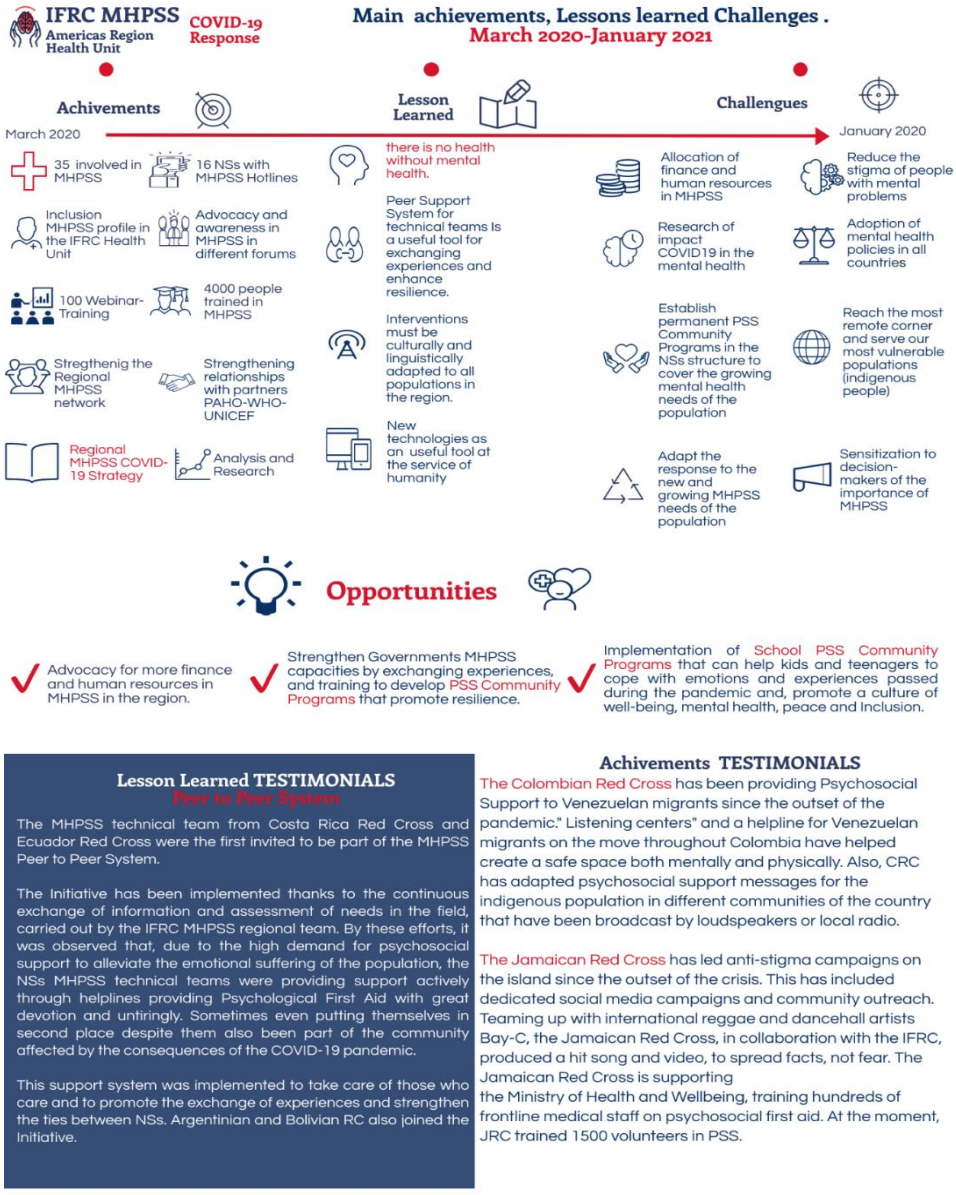
Mental health and psychosocial support services (MHPSS)

Highlights of the first 12 months of operation

The year 2020 came along with a great learning experience in terms of MHPSS where both the NSs and the IFRC have realized that there is no health without mental health. In this regard, the MHPSS team successfully implemented a peer support system where different NSs have supported each other in these difficult times, new technologies have also been a great ally of humanity as it made it possible for us to keep in contact and with some adaptation still provide the help and support needed.

Hard work has been done to raise awareness at different levels about the importance of investing in PSS systems and mental health services and the inclusion of MHPSS actions not only during emergencies but having it permanently as the benefits are invaluable and applicable in so many ways to alleviate daily stressors. Also, given the stigma towards people with psychological or mental problems or towards the use of psychosocial services, different campaigns have been carried out in social media, different forums and meetings have been done to change this misperception and promote a culture of mental health and well-being. However, there are still many gaps to meet the needs of vulnerable populations, and the Movement will continue to advocate and give voice to the most vulnerable populations to ensure total inclusion in the response to mental health.

A summary of the achievements, lessons learned, and challenges, faced since the beginning of the COVID-19 include:



6. MHPSS Summary of achievements since the beginning of the COVID-19 operation.

Activities conducted throughout the last quarter

To help to achieve the main MHPSS objective of this appeal "reduce the Impact of the COVID -19 In the well-being and mental health of the population", throughout the last quarter, the MHPSS regional team carried out different actions to contribute especially to the strengthening of NSs MHPSS interventions to meet the growing MHPSS needs of the population, including:

Capacity building on MHPSS:

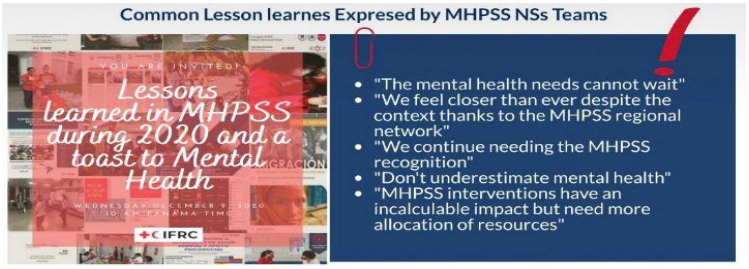
The request for training in different topics continues to be one of the main needs expressed by the NSs. For this reason, the following courses and events were organized during this period.

- Training:

In December, a training of trainers in Psychological First Aid during COVID-19 and Community Based PSS was organized with the participation of 15 volunteers from Jamaica, St. Vincent and the Grenadines, Grenada, The Bahamas, and Dominica. The year started with a training on grief at COVID-19 in coordination with Panama RC, the Ministry of Health, and PAHO Panama.

Webinar:

During November, a monthly workshop about PSS Community Programs was held. Honduras RC was Invited to share their field experience on this topic. Also, the MHPSS officer participated in the Global MHPSS Policy and Resolution Community of Practice webinar presenting the achievements of the Americas. On December 8th, the "***Regional MHPSS Lessons learned during 2020"*** webinar was held with the participation of 22 NSs from LA and the Caribbean where NSs had the opportunity to share their growth and development during a complex and challenging year that was 2020.



7. Common lessons learned expressed by MHPSS NSs Teams. Source: MHPSS

In January, the MHPSS regional team participated as a Co-Facilitators in the training "Coordination Mechanisms of MHPSS in Emergencies organized by MHPSS PAHO.

- Surveys:

The Interaction with the NSs by surveys is a way to learn about their needs, interests, priorities, and point of view; Also, by this way is possible to understand the field dynamics and population needs. The surveys provided valuable information to plan and coordinate different support actions. Different surveys have been carried out:

- MHPSS and CEA approach - to where NSs expressed their Interest to know more about CEA;
- MHPSS-SET2 - to contribute to the research agenda for mental health and psychosocial support in humanitarian settings in the next decade, 2021-2030.
- The Roadmap 2020-2023 - to identify the NSs needs and gaps faced to achieve the Resolution 2 commitments that will contribute to increasing the capacities to meet the mental health need of the vulnerable population.



8. IFRC reference framework For monitoring and evaluation In psychosocial support interventions. Source: MHPSS

Technical support:

NSs face different challenges and demands daily to respond to the MHPSS population's needs, therefore, NSs request the support of the technical team to find the best solutions. In this reporting period, different technical support actions were carried out, such as:

- In this period, several meetings took place with NSs to assess them about different issues, develop and implement new initiatives.
- A checklist with the minimum PSS activities to be delivered in accommodation settings was created, and three MHPSS emergency assessment tools of the PSS Reference Centre were translated and adapted to the region.
- Continue with the agenda for the MHPSS strengthening support to Uruguay, Chile, Bolivia, Honduras, and Guatemala NSs.

Strengthening collaborations internally and externally with other humanitarian partners:

The collaborative work is essential for joining efforts in a situation with the dimensions and social impact as COVID-19. The actions carried out have been:

- In the Caribbean, continue the Coordination with MHPSS representatives of the Overseas Territories NSs (French, British and Nederland RC) to join efforts to strengthen MHPSS on this subregion of the Americas.
- Establish of a memorandum of understanding together with Caribbean Alliance of National Psychological Association (CANPA), CCD T&T and National Societies to collaborate and cooperate to provide MHPSS training for National Societies
- Collaboration with Communication Unit to set-up a Regional Campaign about support and care for the Older Adult.
- Participation in the design of the PAHO training MHPSS Mechanism of response during emergencies.
- To organize a harmonized MHPSS training agenda during 2021, a meeting took place with the CREPD.
- Active participation in the Global IFRC MHPSS meeting to exchange COVID-19 experiences with other regions.

Isolation and clinical case management for COVID-19 cases

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

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

Ambulance services for COVID-19 cases

Pre-hospital continue being one of the most important and most widely conducted activity among NSs, not only for COVID19 patients but also contributing to the continuity of services for life threatening conditions. Virtually all NSs have continued
to provide transfer services for suspected and confirmed COVID-19 cases. Strengthening and supporting appropriate biosafety
protocols for these activities have been one of the secretariat's priorities.

A major update for this pillar has been the procurement of ambulances by the NSs. A total of 46 ambulances so far have been provided to NS in order to strengthen ambulance services.

Maintain access to essential health services (community health)

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

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

Maintain access to essential health services (clinical and paramedical)

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

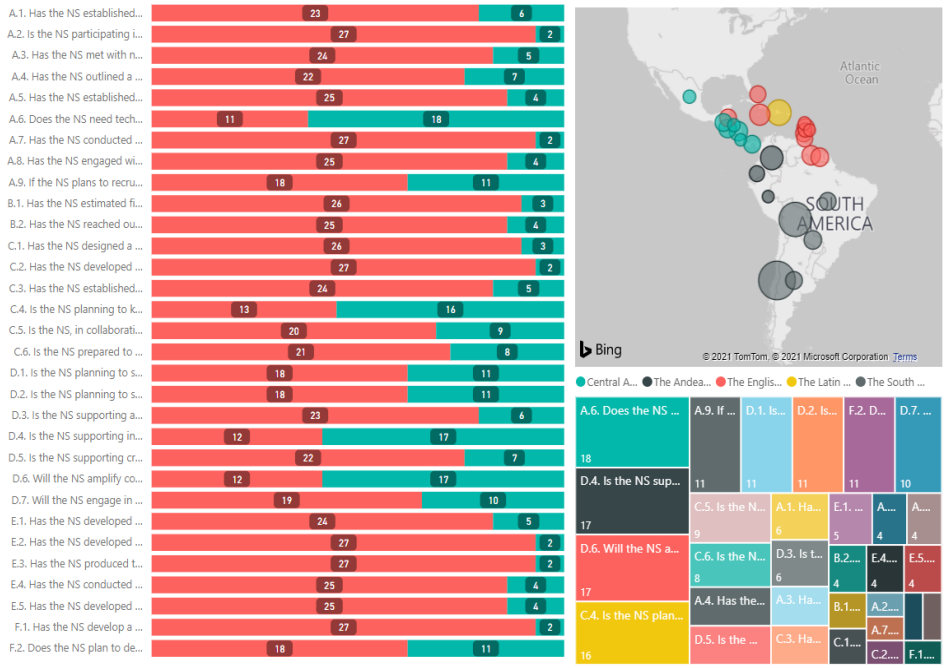
In all these situations to guarantee access to quality paramedical and clinical care has been essential to save lives. Through the support provided to NSs in the development of Business Continuity Plans (BCP) and Contingency Plans (CP) parallel responses have been possible, all of them assuring correct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

Management of the dead

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

Support for Vaccination activities

The regional office has carried out intensive information work and dissemination of the global and regional strategy to support NS to guide, advise and accompany them in the complex process of preparation for vaccination activities at the national level against COVID-19. A total of four working sessions have been held with all NSs in the region to present and clarify all aspects of the self-assessment tool and individual informative meetings with all NSs that have requested it. As a complement to the tool in the spreadsheet format, an online model has been developed through the Kobo platform that has allowed the development of analysis and visualization products that are allowing the customization of the required support and the refinement of the regional strategy. According to the preliminary analysis, as might be expected, a wide variability is found in NS's involvement in vaccination campaigns. However, the vast majority of them state the need for technical guidance and support and the key role they play in communication tasks, community mobilization and advocacy.



9. Example of NS Self-assessment Dashboard.

There are very few NSs that, at the moment, refer not to be developing any component concerning vaccination campaigns against COVID-19. In contrast, others, such as Chile, Bolivia, Dominican Republic, Colombia, and Jamaica, declare that they have already started their preparation in most of the activities in this regard.

It will not be surprising that this panorama, especially for those NS with less degree of preparation so far, may change in the coming months, as vaccines become more accessible and national authorities' requirements in search of support increase.

The regional office continues its work in providing information to staff and volunteers. There have already been numerous webinars and specific sessions with NSs in the region, such as the one that has taken place with the Panamanian RC, the Paraguayan RC, and Brazilian RC.

Priority 2: Addressing Socio-economic impact

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

Highlights of the first 12 months of operation

During the first 12 months of operation, the regional office has provided technical support to National Societies and CCDs. Emphasis has been placed on generating relevant information on the impact of COVID-19 to support the NSs and preparing guidance documentation on alternatives to address the crisis.

It is important to bear in mind that the effects of the COVID-19 socioeconomic crisis have been transversal in the region, affecting all countries and income groups. This has been more acute in those countries with less capacity to implement social assistance programs and those that depend mainly on tourism, exports of raw materials, among others. United

Nations[3] reports indicate that the poverty rate will increase by 7% in 2020, reaching 37.2%, while extreme poverty will increase by 4.5%, reaching 15.5%. Another relevant aspect is the effect on employment, although the indicators do not show a significant increase in unemployment, what has happened according to Economic Commission for Latin America and the Caribbean (ECLAC) and International Labor Organization (ILO)[4] is that many of the people who lost their jobs did not start looking for a new job, because of the restrictions imposed on economic activities and the low probability of getting a new job, in this sense many self-employed workers who had to stop their activity would have decided to wait for a more propitious moment to resume it.

Activities conducted throughout the last quarter

The main actions carried out in the last 3 months include:

Meetings with Livelihood focal points:

During 2020, meetings were held every 15 days to discuss livelihood issues in the context of COVID. This group has been generated in Spanish for the time being.

The year 2021 has generated a change in the regional meetings, establishing them once a month. These will have a central theme to discuss and identify alternatives for implementation in the NS. The first meeting was held on January 29 and the topic addressed was the socioeconomic impact of COVID-19 in the region with a gender focus. Similar meetings are expected to begin with the English-speaking countries during the first half of 2021.

Capacity building:

The team has coordinated with the Livelihoods Resource Center to conduct online trainings for NSs in the region, both in Spanish and English. In addition, a training calendar is being coordinated for 2021 that includes:

- Livelihood Programming Course (LPC).
- Emergency and Recovery Livelihood Needs Assessment (ERLA).
- Employability (course available during this year).
-

Technical Support:

On November 17, 2020, Cluster Central America added a Livelihoods Coordinator. This position collaborates with the Cluster and NSs in the identification of needs, capacity building and formulation of projects for livelihood protection and recovery.

It provides ongoing support to National Societies and the Cluster in technical consultations, supports implementation activities and promotes livelihood actions that advance livelihood recovery.

Next steps:

The worsening of the socioeconomic crisis in the region makes it urgent to move forward with the implementation of livelihood activities that address the needs of the most vulnerable groups. This group includes those whose sources of income have been affected for a prolonged period, such as the tourism sector, restaurants, small commerce, street commerce, among others. Also, those groups whose productive structures have undergone permanent changes. All these actions must have a strong gender focus.

CVA Activities:

[3] Naciones Unidas. 2020. Informe: El impacto del COVID-19 en América Latina y el Caribe.
[4] Comisión Económica para América Latina y el Caribe (CEPAL)/Organización Internacional del Trabajo (OIT), "La dinámica laboral en una crisis de características inéditas: desafíos de política", Coyuntura Laboral en América Latina y el Caribe, N° 23 (LC/TS.2020/128), Santiago, 2020

The new region context, aggravated by COVID-19 pandemic, increased the number of NSs which considered to use CVA as a good option to deliver the humanitarian aid to the most affected people. This new scenario generated a new demand of technical support to different and simultaneous implementation in multi-countries.

Cash and Voucher Assistance - NS Implementation

- 24 NSs evaluated the possibility to use CVA in 2020.
- 13 NSs decided to delivery their aid using CVA in 2020.
- 6 NSs decided to implement CVA only in 2021.

Different kind of delivery mechanisms were adopted considering the context of each country and National Society. Local and Regional Agreements with different FSP have been used to implement the activities, respecting the outcomes from the feasibility studies. The Regional Delivery Mechanism was considered as a good option for 6 of the NSs which did not have a local FSP validated.

Capacity Building and Coordination

- A technical evaluation was handled to identify the ways to improve the support provided to the NSs. PPTs were developed to facilitate the CVA induction to the NSs as well as basic documents and templates, as an initiative to standardize the tools and documents using in the region.
- Work sessions organized with NS and CCD to follow the progress of the feasibility study and program implementation.
- Considering the importance to share good experiences of CVA at the region, 2 webinars were organized with the support of CashHub on Adapting to COVID-19: Use of Cash Transfer Programs in the Red Cross and Red Crescent Movement.



10. Invitation to CTP Webinar #2. Source: Cash Hub

For the 1st trimester of 2021, the team expects to:

- Continue the implementation in Antigua & Barbuda and Jamaica
- Start CVA activities in Bolivia, Guatemala, Honduras, Nicaragua, Paraguay, and Uruguay
- Start a new phase of implementation in El Salvador and Panama.

Shelter and urban settlements

As a preventive measure, several governments in Latin America have opened up Collective Centers or similar spaces to provide people who need to be isolated in quarantine or need a temporary home to reside to prevent the spread of the virus. Currently there is still some migration flow either because of Natural Disasters or due to the economic crisis. Therefore, some National Societies are assisting their governments with Camp Coordination and Camp Management (CCCM) activities. To support that effort, the Shelter Sector is currently providing a CCCM online training alongside with IOM for the Uruguayan Red Cross and working on the revision of guidelines that can be used for any future operations.



11. Opening Session for the CCCM online training for the Uruguayan Red Cross. Source: Shelter

Coordination activities:

Currently different National Societies are supporting coordination or helping the Collective or Transit Centers to support their local governments with the movement of population that is taking place on the borders or families that have lost their homes due to natural disasters such as the tropical storms and Hurricanes that passed through Central America and the Caribbean. IFRC is participating of the Shelter and CCCM regional working groups to identify potential challenges as well as possible emergency responses with the support of PGI and Migration leads from Americas Regional Office.

Webinars:
Webinars were provided on how to adapt our emergency response on CCCM, shelter and settlements during COVID-19:

- Sharing experiences: Management of collective centers during COVID-19 in Bolivia.
- Management of Collective Centers facing COVID-19 (With AmCross).
- Shelter and settlements - Adapting to COVID-19 the use of cash and markets in RCRC (with Bahamas RC).
- Shelter management, good practices and tools for hurricane season preparedness (in the context of covid-19) in collaboration of Organization of Eastern Caribbean States, CDEMA and USAID.
- Strengthening cash transfer programs in the Shelter Sector: With the participation of the Shelter and Humanitarian Transportation Group and the Regional Cash Transfer Group – English



12. Webinar on Shelter Management in the context of COVID-19. Source: Shelter

Trainings:

- Educational Sessions:
  - Participants from 23 Latin American countries.
  - 2,191 people connected in total during the 4 sessions
  - 833 participants completed the registration process
  - 477 registered participants work or has worked during 2020 in Collective Centers

In order to support the emergency response, the International Federation's Shelter sector requested support and coordination from the CCCM LAC working group to provide educational sessions in order to share updated information on Camp Coordination and Management, considering the context of COVID-19. As a result, a 9-weeks online training has been developed and three trainings have been provided up to date. Two of them have already been completed, while one is still ongoing.



13. Camp coordination and camp management course. Source: Shelter

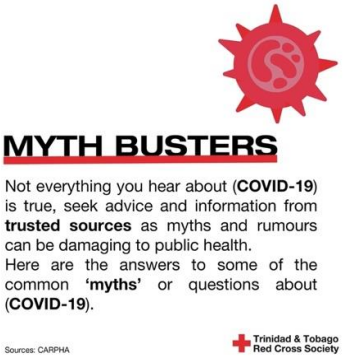
This training is provided on the Red Cross Virtual Campus with the support of IOM. It aims to develop awareness of international principles and standards in the sector, and to build competence in using guidelines and tools preparing the participants to contribute to effective settlement responses considering COVID-19 awareness.

- Documents provided to support the implementation of programs:
  - As part of the global initiative the Step-by-step Rental Assistance Guidelines have been shared to support any possible programmatic implementation around this topic. Available in English and Spanish
  - Global Shelter alongside with the IFRC shared Tip sheet Rental Assistance Programming. Available in English and Spanish
  - Interim guidelines and recommendations from IOM and other agencies related to management and provision of services on collective centers have been shared since the beginning of the emergency.

Shelter Newsletter
As part of our efforts to connect with the network of people working in the Shelter Sector and different cross cutting areas in the region, we have started to share the "Shelter Newsletters" with key resources, messaging and experiences in the sector. Available in English, Portuguese and Spanish.

Community engagement and accountability

RCCE is a key cross-cutting component of the response of IFRC to the COVID-19 pandemic. During the reporting period, the work of the regional RCCE team has been focused on providing technical support to National Societies in the region to ensure their action takes into account community dynamics and features when developing activities to mitigate the spread and impact of COVID-19.



14. Rumour tracking campaign. Source: TTRC

Rumour Tracking:
Rumours around COVID-19 sprung up in an absence of information. In the worst-case scenario, rumours can spread rapidly and have serious consequences for the reputation and community trust to the National Societies. The IFRC has been providing support to National Societies to counter these rumours and not let them affect the image of the Movement. Also, a myth buster document was created to help them address some of the most common rumours.

Red Hearts Podcast
In an effort to connect with communities and share good practices taking place around the world, the IFRC in the Americas created the Red Hearts podcast. Since the podcast launch in the middle of August 2020, there has been more than 1,400 downloads on five digital platforms including Spotify, Apple, Pocket, Google Podcasts, and Breaker, as well as other channels. The episodes have covered many topics related to COVID-19, including Mental health, volunteering, using art for inclusion and more.

WhatsApp Support Line
In April 2020, a WhatsApp Support Line for COVID-19 was launched in Peru. By December 31st of 2020, the WhatsApp Line has reached 2,852 users with more than 57,000 messages. Over time, the line has grown to cover other themes beyond COVID-19, like economic aid, PSS, promotion of healthy lifestyles, information about health promotion and disease prevention, and even help identify possible beneficiaries of the Cash Transfer Program (CTP) program.



15. red HEARTS Podcast. Source: RCCE

The successes of this program have been shared with other National Societies to provide examples of ways to set up feedback mechanisms. A study case has been made and shared in the CEA Hub.

Training
As part of the strengthening of the capacities in Community Engagement and Accountability (CEA) with focal points of the National Societies throughout the Americas Region, two Training of Trainers (ToT) webinars were developed, one in Spanish and one in English. Over a two hour training, participants learned the basics of CEA, how to apply the concepts to their communities and how to deal with the current challenges of COVID-19.



16. Meetings with NSs to provide technical support continues in a regular basis. Source: RCCE

Over the past year we have held training for Costa Rica Red Cross staff as well as Red Cross staff and volunteers in Bolivia, Brazil, Trinidad and Tobago, Jamaica and Guatemala. We continue to hold meetings with National Societies to provide technical support for issues and questions that they may have on topics including feedback mechanisms, validation of materials, and other general advice.

Perception Survey
Understanding people's beliefs and perceptions around COVID-19 are very important in shaping our response, especially around risk communications measures. To this end, an online survey about the perception of COVID-19 was created, together with a guide for its development and use, in order to improve the communication strategies of the National Societies and to provide relevant information about COVID-19. This tool was created to support the work of the National Societies that are unable to move to the field to make particular interviews. They can use the online survey

through their social media, WhatsApp, email and other electronic media to be able to monitor the communities´ perception and its changes.

During January, the team were processing the information from a perception survey that ran throughout the region in November and December. The results of the different surveys are being processed and they will help the team to understand the next steps for 2021.

Social care, cohesion and support to vulnerable groups

Highlights of the first 12 months of operation

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

Trainings and support sessions for NS:

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

Webinars:

Some of the webinars held include:

- Effects of gender-based violence during COVID-19 together with Luz Patricia Mejía – Member of the Follow-up Mechanism to the Belém do Pará Convention (MESECVI).
- Launch of the Protection, Gender, and Inclusion in Emergencies Toolkit.
- Launch of the Fact Sheet and the Technical Guidance Note "COVID-19 Impact on Trafficking in Persons" together with the British Red Cross and the Colombian Red Cross.
- Launch of the "Interim guidance for Red Cross and Red Crescent staff and volunteers working with older people during COVID-19 response" together with the PSS Regional Team, Costa Rican RC and Trinidad and Tobago RC.

Mainstreaming and working with other sectors:

- During the month of June, the PGI area was included into the interagency training "CCCM management during COVID-19" addressing topics such as PSEA, Code of Conduct, Child Protection and Gender.
- Support to the Argentinian Red Cross to develop their PGI protocol for their quarantine center Tecnópolis.
- A MHPSS Strategy for the Care of IFRC Staff in ARO (named "You have my support") was launched together with PGI, PSS and HHRR staff, including key messages, mental health recommendations and group sessions.
- Support provided to the Chilean Red Cross to develop their PGI and COVID-19 National Plan.

Activities conducted throughout the last quarter

During the last quarter of 2020, and the first month of 2021, the following actions were Implemented:

- Support during the virtual training of the Uruguayan Red Cross of Camp Management during COVID-19. This specific course includes different PGI related topics such as Code of Conduct and PSEA, PGI adaptations to CCCMs based on the Minimum Standard Commitments, Sexual and reproductive health and gender-based violence.
- Facilitation of a technical session during the first Regional Meeting of Livelihoods Focal Points. The session focused on a gender analysis during COVID-19 provided by the Livelihoods Coordinator and key recommendations to better mainstream and consider a PGI approach when responding to livelihoods needs.
- Creation of the radio program "*Prevention and response to gender based violence*" through the Red Hearts podcast: Link. The program includes specific actions implemented by the National Societies of Venezuela and Argentina, to prevent and respond to gender-based violence during COVID-19. The Regional Campaign *16 days*

of activism against gender-based violence, included key messages on how COVID-19 affected migrant populations with a differential effect and impact on woman and girls.

Priority 3: Strengthening National Societies

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

CREPD (Reference Centre for Institutional Disaster Preparedness)
A total of 24 NS receive support from CREPD in five areas of work, Technical Assistance, Knowledge Generation, Tool development, Training and webinar management. Among the related topics are methodological support in projects such as Monarch Butterfly, presence and online PER approach, development of Plan for mobilization of first response teams, Pedagogical Mediation Course, Training Needs Study, Humanitarian Needs Study in the midst of Crisis in CA project DIPECHO CA, Training Module RC2 Migration Appeal, Virtual Coffee, Lessons Learned, COVID 19 Toolbox and Web events Protocol, PER GO, RMS, RC2 Health, Online course emergency operations centers. 1,665 people have been reached through training: Epidemic control for volunteers, vector-borne diseases, DREF, pedagogical mediation, RMS, PER, NIT.

Main activities
Web events protocol
At the initiative of the CREPD, the guide of steps and online tools for the management of webinars for NS and IFRC users was developed, a space that has been managed since 2016. To date this guide has evolved into the "Webinar Protocol" with mechanisms for requesting, monitoring and recording events. Now, in coordination with CADRIM and led by PSK, it has provided support in three languages for 121 sessions, with more than 4,972 participants in 5 continents Link.

Pedagogical mediation
Within the framework of strengthening the capacities of the NS and with the aim of promoting online education as a tool for working in the context of COVID-19, the CREPD developed the adaptation of the Pedagogical Mediation course, which offers the necessary tools for the development of online courses, using different online applications for this purpose.

A total of 149 applications were received and 99 met the requirements of the requested profile. The process was coordinated through the Clusters as well as the NS of El Salvador, Honduras, Nicaragua, Panama, Mexico, Colombia, Ecuador, Paraguay, Peru, Costa Rica, Dominican Republic, Brazil, Guatemala, Bolivia, and American Red Cross delegation. The course comprises a total of 30 hours of study. The first edition has 24 active participants graduated.

Training Needs Study
In the midst of the COVID-19, training should continue being a priority for the region, especially in the new normality. CREPD has implemented a survey together with CADRIM to identify needs, which will allow to continue doing effective work in terms of education in line with IFRC's global priorities. To date, there are more than 3,244 surveys in the system from 22 countries.

Implementation of outcome 1 DIPECHO CA project, in coordination with the Cluster
Based on the development of the PER approach, this approach was organised and implemented in the NSs of El Salvador, Guatemala, Honduras and Nicaragua. The main activities are: coordination with NS, facilitators, administrative management, coordination for the development of video CA PER. More than 100 people have participated in the PER processes, and the action plans have been finalized and adapted to COVID-19. The modalities used were self-assessment and simulation - Link.

Lessons learned DIPECHO CA project
Based on the implementation of the PER approach and the products of the Virtual Cafes on PER and Disaster Risk Reduction (DRR), among other experiences, the report of lessons learned was elaborated in the framework of COVID. It

contains lessons learned, good practices and future needs identified during the response to the COVID-19 pandemic; these have been compiled in the framework of the regional DIPECHO project - Link.

Implementation of the PER Online approach.
In the framework of AECID funding and in coordination with DCPRR, the PER process was developed in the Costa Rican RC, with the participation of more than 100 people, including volunteers and officials. The online implementation involved more than 70 hours of preparation and development of the self-evaluation, using different technological resources, platforms and APPs: Teams, Kahoot, Mentimeter, smartsheet. In this process, responding to the PER roadmap, the regional team of facilitators plays a fundamental role as well as the participation of the different internal and external partners.

The Toolbox for COVID-19 was developed.
Different departments of the IFRC Regional Office participated in the construction to complete the product, and this was absorbed by the global toolbox of GDPC. Two consecutive weeks were dedicated to this work which was organized by focus areas and different audiences (institutions, donors, presidents and directors, staff and volunteers, among others). Link

Course virtualization: "Fundamentals of Emergency Operations Center Management"
COVID-19 is challenging response systems at the global level, showing their weaknesses and highlighting their strengths in emergency situations. In this sense, the course "Fundamentals of Emergency Operations Center Management" was launched in Spanish, Portuguese, English and French, financed by BMZ, with the aim of contributing to an effective and timely response, strengthening the response systems and the capacities of the volunteers of the different NSs at a global level.
Rapid Response Teams Refresher Workshop
In the context of a COVID-19 pandemic, the IFRC Regional Office along with CREPD recognizes the importance of keeping National and Rapid Intervention Teams (NIT and RIT) up to date, and to be able to provide assistance in emergency situations that arise. Therefore, the 12-week Refresher Course for ENI and RIT has been developed with the purpose of strengthening the knowledge, skills and abilities of teams in topics such as: emergency response framework, surge process, competency framework, analytical framework, GO platform, use and equipment of RC2 Relief, Action Plan and DREF procedures.

National Society auxiliary role and mandate
Support provided by Americas DLP to DCPRR/Ops and GVA PSK in relation to the response to the COVID-19 disease
As part of the "real time evaluation", a legal mapping and "country information sheets" were held, to understand the scope and impact on Red Cross Humanitarian Access of the emergency decrees and other extraordinary measures being adopted in the Americas by the Disaster Law Team for the four sub-regions of the continent. The document fed the monthly regional information updates until December 2020, published by Operation. The initiative was replicated globally.

National Society auxiliary role strengthening
To support NSs and IFRC in requesting humanitarian access from their authorities for their preparedness and response efforts during the COVID-19 pandemic, the Americas DL Team developed, in coordination and with the technical support of the Global DL Coordinator: (i) key advocacy messages to provide NS the legal foundations to request the public authorities to be granted special facilities and exceptions to the travel restrictions and lockdown measures; (ii) letter templates for both NSs and IFRC to urge governments to ensure RCRC humanitarian access for essential lifesaving work and humanitarian assistance.

Webinars
- Humanitarian diplomacy: Access and assistance during the pandemic by COVID-19, held in August and September 2020, focused on technical and leadership areas of the Spanish-speaking NSs of Central America, Latin Caribbean, Andean Cone and Southern Cone, related to the legal team, health coordination, ambulance services, COVID-19 pandemic response coordination, among others.

National Society sustainability

Highlights of the first 12 months of operation

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

Activities conducted throughout the last quarter

Two finance professionals joined the team to support National Societies in identifying tools and methodologies to work on diversifying income sources. In the last 3 months, the professionals located in the Regional Office and the CCD English Caribbean office are working on the implementation and socialization of the financial sustainability framework, through the creation of work plans to identify process improvement practices, business models, strategic planning, and feasible accountability measures. All National Societies have shown interest in working on Financial Sustainability. Grenada, Bahamas and Jamaica are the first to apply the methodology, and a future work plan for the Venezuelan Red Cross and its 35 branches is in the pipeline to initiate implementation in the first quarter of 2021.

Furthermore, an external consultant was brought on board to create workshops and creative sessions, using design thinking methodologies through a co-creation lab. The objective of the lab was to create a safe space to generate “outside the box” solution ideas on specific financial sustainability problems that NSs are currently facing. The sessions took place in December and January. Main participation was received from the NSs of Mexico with positive feedback and bright preliminary results. Due to the time constraints natural of current times, further product prototyping was unfortunately not covered. In addition, it is also noteworthy to mention that the laboratory aimed to serve as a forerunner to the WIAL Action Learning program.

Conclusions and Observations

Several meetings were setup during the final week of January with Central American NSs to discuss overall support measures in relation to NSD assistance and priority 3 indicators reporting. This direct contact aimed to serve as a support bracket for information management (IM) and process improvement backing. Reports from El Salvador and Panama were met with satisfactory turnover rate. Continued efficacy is expected from these NSs. Conversely, Guatemala compromises better reporting turnover since this past cycle many data was not provided. The reasoning behind this was extensive work overload. Similar initiatives with other National Societies in different clusters were explored to better deep dive the indicators and potentially influence better reporting success rates. The results were mixed as general observations indicate shortness of incentives from various acting parties to fully engage the tasks. In addition, it seems that the lack of trained personnel in affect the quality of data obtained. We encourage greater alignment and awareness messages to be explored to fill the gaps or disconnecting work flows that have been experienced during this and previous cycles of the indicator tracking exercises. At their disposal is our aid in trying to tackle these challenges looking ahead and highlight the successes achieved thus far.

Support to volunteers

Highlights of the first 12 months of operation

The new Analysis of Volunteering and Youth in the Americas 2020 and the Global Review on Volunteering stresses the importance of volunteering management systems. It explains the challenges and opportunities in volunteering and youth in the region to better recruit and retain volunteers. The RCRC needs to drill down to the branch and community levels to understand how the massive societal changes occurring locally are changing the way people can engage with volunteering, identify current motivational drivers of volunteers, analyse the various obstacles to the recruitment and

retention of new volunteers and young people, tailor and test ways to enhance volunteer motivation and performance during the pandemic.

Volunteer Development focused mainly on ensuring the safety, security, protection, and well-being of volunteers. In coordination with NSs, mechanisms were established to ensure that volunteers are regularly provided with information about the pandemic and its possible effects in volunteers that are working during the emergency. In addition, they received tools to manage stress, specialized training, permanent motivation and recognition, safe and secure spaces, as well as PPE to carry out all the activities on behalf of the NS. Finally, work was done in each country to identify better insurance alternatives for them.

Activities conducted throughout the last quarter

In the reporting period, the Volunteering & Youth Development Regional Unit continued technical support, knowledge sharing and strengthen initiatives that support NSs of the region. Some of the major achievements include:

- **Webinar with RC Volunteers from the Americas Region**. With the presence of more than 1,000 volunteers from all the region, 3 webinars have been held where volunteers obtained first-hand information about COVID-19 directly from the Americas Regional Director. This opportunity also served to share the main tools where volunteers can get and share information. SOKONI, the Americas Volunteering Development Platform (VODPLA), GO Platform and Fednet were highlighted as the primary IFRC web spaces to access this information.
- **Meetings with NS volunteer managers and focal points.** Tailored meetings have been taking place with the volunteer national directors to find several options to ensure a safety net for volunteers.
- **CIGNA Insurance.** As part of the efforts to reinforce security and protection for all volunteers in the region, the Volunteering and Youth Development Regional Unit has negotiated with the private insurance company CIGNA a tailored solution for the NSs in the Americas region. As a pilot, three NSs from Caribbean Cluster will receive the options for this insurance and it is expected to expand to different subregions later in 2021.
- **Actions from Volunteers and young people in the Americas in relation to COVID-19**. As part of the results of the processes of motivation and promotion of the actions of the volunteers, key documents were produced on the Humanitarian Actions Carried out by the NSs of the Americas and on the Perspectives of Volunteers and Young People in Relation to COVID-19 in the region. Also, an interactive presentation with the actions carried out by the volunteers and the NSs are found here and a specialized map on humanitarian initiatives is accessible by clicking here.
- **SOKONI 2.0.** As part of the evolution of the COVID-19 global virtual space, the IFRC Volunteering & Youth Development Regional Unit in the Americas is supporting the different departments in Geneva to create a new space of the called SOKONI website.
- **Security and Protection of volunteers.** In January 2021, Tailored meetings took place with NSs and Clusters to provide technical support in relation to implementation mechanism systems of protection for volunteers. Guidance was provided in relation to how find options for private or public insurance and the creation of local solidarity funds.

For further information on activities carried out prior to November 2020, please refer to the 9-month report.

Volunteering Indicators

The following National Societies reported against the two key indicators in relation to insurance and personal protection:

NS volunteers are provided with insurance that covers accidents, illness, or death benefits to their families, including private, organizational (e.g., solidarity funds) or public coverage from authorities:

- Number of Volunteers with Insurance: El Salvador: 2,058 – Ecuador: 3,200 – Peru: 2,212 – Cuba: 7,000 – Dominican Republic: 200 – Bahamas: 500 – Suriname: 50 – Argentina: 4,750 – Chile: 863 – Paraguay: 1,044 – Uruguay: 292 – Mexico: 11,801 – Venezuela: 3,617.

NS COVID-19 volunteers have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty:

- El Salvador: 2,300 – Honduras: 8,326 – Guatemala: 633 – Panama: 403 – Ecuador: 3,200 – Colombia: 2,000 – Cuba: 8,348 – Dominican Republic: 1,089 – Antigua and Barbuda: 75 – Bahamas: 54 – Suriname: 50 – Trinidad and Tobago: 200 – St Lucia: 300 – St Kitts and Nevis: 150 – Jamaica: 350 – Guyana: 101 -Grenada: 66 – Dominica:20 –

Belize: 30 – Barbados: 35 – Argentina: 4,750 – Chile: 160 – Paraguay: 1,891 – Uruguay: 292 – Mexico: 10,370 – Venezuela: 210.

Enabling Actions

Coordination for quality programming

- **Weekly monitoring** meetings with the Regional core workforce to monitor the implementation, bottlenecks and actions to be taken to accelerate the implementation. The core-workforce it is integrated by Regional Ops. Manager, Finances Analysist, PRD, Logistic, IM and PMER.
- **Bi-weekly Regional Task Force** integrated by all CCD and Regional Office to share news, instructions and review implementation and identify the main bottlenecks to be solved, this meeting serves as key element to interconnect the technical areas in Panama and CCD to find solutions, support and advise.
- **Monthly CCD** This meeting is organized between Regional Office (Ops. Manager, PMER, PRD, Finances and IM) and CCD to review the implementation, procurement plans, bottlenecks, news instructions from RO/GVA and raise concerns and solutions about implementation. This meeting is highly important because permit to address concrete issues related for allocations, implementation rates, financial reports etc.
- **Bi-weekly cluster meetings with each NS** - Follow-Up meeting COVID-19 Operation. This meeting is led by the Operation Coordinator with the participation of Finance, PMER, and technical specialist (health, wash, livelihood, STP. CEA) in the cluster and the same areas representative from NSs. At this meeting the agenda includes:
    - Situations report on security, COVID cases, political any other context that impacts the operation.
    - Operational progress and addressing issues and capturing lessons learned.
    - Financial progress and burn rate against progress.
    - Technical area progress against the plan.
    - Plan for the next three months (outlook, changes in strategy and challenges).

Evidence-based insights, communications and advocacy

Planning, Monitoring, Evaluation and Reporting (PMER):
Over the past 12-months, the PMER team has provided continuous support to clusters and NSs with COVID-19 operation. Efforts has been focused especially on the consolidation and revision of NS response plans, development of monitoring tools, and submission of GO Field Reports, Quarterly Reports, and Operation Updates. In the coming months, the team will concentrate on the revision of the Global Emergency Appeal (EA) and Regional Emergency Plan of Action (EPoA) to include the new Vaccination indicators and adjust the activities to be carried out.

More specific activities conducted by PMER Team include:
Planning: The PMER Team has been working closely with NSs to ensure a proper planning of the COVID-19 operation and a healthy implementation of funds. PMER Focal Points worked closely with NSs in the revision of NS Response Plans. The second revision session, scheduled in October 2020, was very productive and 32 out of the 35 NSs in the region submitted their revised plans. PMER Focal Points are currently in conversation with some NSs who have expressed their interest to revise their Response Plans in 2021 to include the new vaccination pillar and indicators.
Monitoring: Considering that the COVID-19 operation requires constant monitoring of data on budgets, implementation and reporting, the core-workforce team holds monthly meetings with all clusters in the region to track the progress of the operation and be able to take proper decisions in a timely manner. A SMT report is being published in a monthly basis with high-level information on finance, program highlights and challenges etc.
Reporting: The Regional PMER along with PMER Focal Points have been working hard to meet Federation-wide reporting requirements. During the last month, the team has focused on the completion of the 1-year anniversary report for COVID to be published both by the Region and Geneva. In addition, a lot of support has been provided to NSs to ensure the completion of GO Field Reports, Quarterly Reports, and KOBO Financial Overview and Indicators Tracking forms. Finally, pledge reports have also been part of the continuous work done by the PMER team and they will be sent to donors by the required deadlines.

Information Management (IM):

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

Livelihoods: IM provided support in the implementation of a survey that aims to capture the impact of COVID-19 on beneficiaries' volunteers, workers, and their families. So far, four National Societies participated, and around one thousand surveys were registered. IM is collaborating with Livelihoods on visual products to showcase the analysis and main takeaways from this survey (link). Additionally, IM is collaborating on the collection and visualization of macroeconomic indicators to serve as a reference for National Societies on the impact of COVID-19 in the region.

Cash and Voucher: The IM team is collaborating with CVA on the collection and visualization of data on distribution programs within the COVID operation as a tool to monitor and gage the impact of these distributions across the region.

Communications:
Over the past 12 months, the IFRC Americas Communications team has focused on working closely with technical, cluster and NS teams to develop key messages about the response, coordinate crisis communications and strategic media plans to develop and enhance further the IFRC and NSs position. As a result, multiple communication materials have been created to raise awareness of the virus and its impacts, the role of the RC, and to respond to media and key narratives, such as vaccines.

Key Messages
The team has led on the creation of key messages and reactive lines documents in English and Spanish. These help NSs stay up to date on the latest developments and key talking points and are essential for IFRC spokespeople. The documents provide a basis from which to create content, respond to media enquiries, deal with reputational and reactive issues etc.

Spreading facts not fear
From producing videos on handwashing and sneeze etiquette in March 2020, to developing engaging guidance on how to stay safe during the holiday season at the end of 2020, the Communications team has focussed on delivering accurate information about the coronavirus. This has been distributed on our channels, through the media and developed and shared with NSs. More than 150 pieces of online media coverage have been recorded with COVID messages, thousands of social media posts, hundreds of infographics, and social media cards and photos stories have been published on our website.



17. Vaccination campaign poster. Source: Comms

Vaccinations
The team has been working with National Societies and Cluster leads on key messages and reactive lines on the issue of vaccines and collaborated with National Societies to support them with bespoke lines, content, and other communications support. The primary goal is to share reliable and trustworthy information about COVID vaccines, to engage the public on this issue and to address vaccine hesitancy and pandemic fatigue. The team has produced multiple communications assets to be used across different platforms, these are regularly shared among the National Society communications network and via the weekly global Newswire.

Media coverage
The objective of using media is to influence change at both a behavioural and policy level, and to demonstrate the role of the Red Cross and the impact of its operations. It also serves to position the IFRC in the region. More than 150 pieces of online media coverage have been recorded with COVID messages, spanning local regional and global media outlets. This averages at just *over 12 pieces of COVID media pieces containing IFRC messaging, every month* over the last year. Our monitoring only allows for online coverage, therefore we expect the coverage from print, radio and TV to bring this number significantly higher. Key highlights include featuring frontline volunteers from the Americas for World Volunteer Day in global media; more than 20 other online regional and global outlets, featuring comments from regional director Martha Keays alongside quotes from WHO and OPS, recapping on the challenges the region has faced and still faces; and widespread media coverage in more than 20 online outlets, including global, regional and local news.

Support to National Societies

Capacity building remains central to the work of the IFRC communications team, and webinars have proved a useful tool for sharing information and training during a time when travel is not possible. Regular webinars have been held with NSs to address communications issues, and to discuss potential areas of support.



18. #ViolenceFreeIsolation campaign flyer. Source: Comms

Thematic campaigns

The Communications has worked with the various technical teams to highlight the secondary impacts on some of the most vulnerable groups of our region. Examples of this work include:

- Migrants

Teams have collaborated both in the region and globally, to ensure that the vulnerabilities that migrants face, in particular during these COVID times, are highlighted. Various stories about how NSs are supporting migrants during the pandemic have been published over the past year.

- Anti-stigma

Anti-stigma work has also been a key part of our collaboration with National Societies. Various products for social media, media and other platforms have been produced. This includes several videos, such as the collaboration with international reggae and dancehall artist, Bay-C, in Jamaica, which was produced with cross-organisation support and funding.

Mental Health

The impacts of the pandemic are having a severe effect on people's mental health. National Societies across the region are providing PSS support in many different ways. Working with the MHPSS team, the Communications team has developed Key Messages in English and Spanish on this topic. Social media assets and a video series was developed to give people coping tips on how to deal with some mental health issues. The first of this series was on how to deal with worry.



19. Tips to take care of Mental Health. Source: Comms

Content gathering and highlighting the work of National Societies

Every week we receive tens of dozens, if not hundreds, of photos and videos from NSs across the region, which we use to create web stories, social media posts and to generate media interest. On our website, around **50 stories have been published**, telling the stories of NSs. At the end of 2020, we showcased in one photo piece just some of the stories and examples of incredible work the NSs have been undertaking in a piece that was published in English and in Spanish.

Social Media: (Mar 2020 - Jan 2021)

We have **reached close to five million people** via our social media platforms, based on the insights the platforms allow us to collate, though the likely number is a lot higher. We post stories from National Societies, conduct live streams with National Societies, key experts and from the field, share images of the work of the Red Cross, and risk communications messages through social media on CADRIM (for the Port of Spain Cluster) and IFRC_ES for IFRC Americas.

Breakdown of engagement figures (to note: impressions are the number of people likely to have seen the post):

- **CADRIM Twitter:** 310 tweets with 111,773 impressions.
- **CADRIM Facebook:** 234 posts with 67,856 impressions.
- **IFRC_ES Twitter:** 1,745 tweets with more than 4.5m impressions.

International support and resourcing

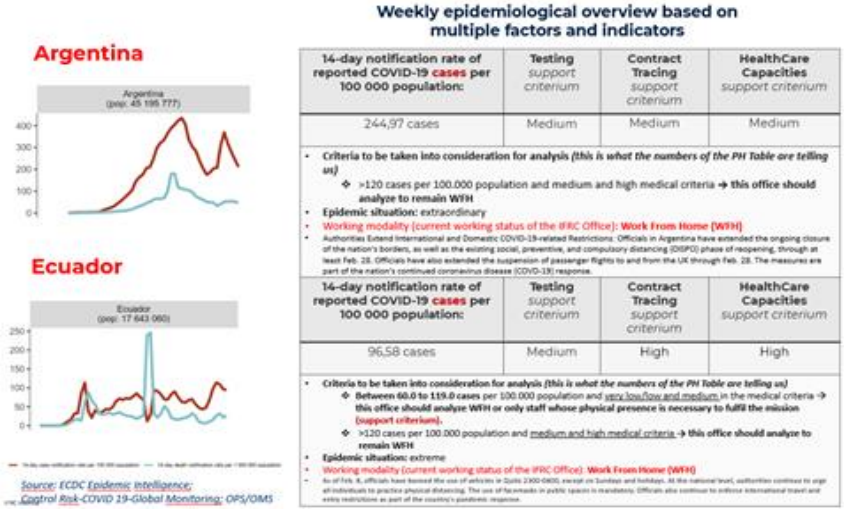
Logistics, procurement and Supply Chain:

The Americas Regional Logistics Unit (RLU) is still working in additional shipments already coordinated with National Societies and corresponding to 2021 requests. Our procurement team have been supporting the National Societies with the file revisions for the local procurement, and technical advisory on the process. The logistics unit continue monitoring the supply chain management of the necessary materials for the operation, in advance of the upcoming requests.

The ambulances procurement services and quotation for additional units, is undergoing and following up until the arrival to their respective destinations. The RLU Continue with the support to DCPRR team to ensure the monitoring of the process during the next part of funds allocation for COVID-19 operation.

Security and Safety:

The Regional Security Unit continues to work daily for guarantee the duty of care. During these last 12 months, the Americas security dashboard on travel restrictions and internal measures applied by Governments continues to be updated and has been used as an analytical tool for our decision makers. Coordination meetings with regional IT team were and are held to analyse the way to move forward with the Americas Security Dashboard.



20. Weekly epidemiological overview based on multiple factors and indicators. Source: Security

Regional Security Unit is the coordinator of the Regional Business Continuity Plan Team; therefore, we continue providing to Regional and Global BCP Team a weekly analysis of the epidemiological curves of the countries where IFRC has offices to monitor the possibility of progressive reopening of the offices.

We are working to guarantee the Duty of Care of our personnel, providing constant guidance to responsible people on the field. Security Briefings continue to be provided to new personnel and to those exceptions that had to carry out essential missions during COVID-19. Detailed follow up is being made with essential missions to guarantee constant communication and awareness, following security regulations while travelling during a pandemic.

Our internal security network is being strengthen through our security focal points and we are teaching all of them the duty of care that we have and how this is related with COVID-19. During the last 12 months it is highlighted the first virtual training that was carried out for the IFRC Security focal points to explain key aspects related to COVID-19 and security as how to do a security risk assessment, what is meant by duty of care, how to do pre-briefings, among others.

Due to the COVID-19 operation financial support in the Americas, some internal positions in the regional security unit were able to deliver its security requirements and work for an institutional duty of care of our personnel during the pandemic, working every day to prevent and reduce risks, follow our protocols, etc.

Business Continuity Planning and Security within IFRC Secretariat

A regional meeting is held every two weeks with the Business Continuity Team to analyse the epidemic situation and the progress of the different offices and compliance with parameters, among others. Meetings are held with the BCP Global Group in Geneva to ensure alignment and compliance with procedures. Security in the regional team supports as well with administration to review the physical facilities of the Regional Office to ensure full compliance with biosecurity measures.

Support is provided to the IFRC country clusters and offices in the guidance on what to analyse when looking the working modality of an office and how to do a business continuity plan for the different offices. Security also provides support to the BCP liaising the requests, challenges and opportunities with BCP GVA.

Partnerships & Resource Mobilization:

The Americas Partnerships & Resource Development (PRD) unit continues its efforts to raise additional funds for the COVID-19 response in the Americas, through the engagement with partners and donors from different funding streams, as well as with external communication.

The current funding requirements for the Americas are CHF 75,000, out of which CHF 39.5 million have been raised (53%). As such, the current funding gap for the Americas region is CHF 35.5 million.

The IFRC regional office organized several international virtual meetings with donors and partners to: (i) Showcase the work of the Red Cross in the Americas in response to COVID-19, (ii) Highlight the new trends and needs in the region and, (iii) Encourage future engagement support and partnerships

The latest virtual meetings took place in October 2021 and included the participation of both Red Cross & Red Crescent partners, as well as external partner and donors. In addition to this, the regional PRD unit is providing constant support to NSs in the Americas to increase their fundraising and partnership results at domestic level. This includes support with private sector partnerships, the sharing of experiences at peer-to-peer level, the development of new income generating activities, and the support in overall financial sustainability.

Human Resources:
Over the past months since the implementation of the WFP (Workforce Planning) for the COVID19 Appeal, the Regional HR Unit in the Americas Region has continued its efforts in strengthening our NS in the region by supporting regional office units, CCD and CO in the recruitment and selection of National and International Staff in response to the COVID19

Total new positions (FTE) recruited for COVID19 in the Regional Office units.	21
Total new positions (FTE) contracted for COVID19 in all cluster offices/country.	29
Total new FTE positions recruited for COVID19 under national contracts in the whole Americas Region.	38
Total new FTE positions hired for COVID19 under international contracts across the Americas region.	13
TOTAL	**51**

21. Regional Headcount COVID-19 Workforce Plan: as of Feb. 2021.

pandemic.

Main Challenges:

- During the past year for HR Recruitment process has been finding bilingual profiles
- During the first phase of the recruitment process, we faced the challenge of delegates arriving to Duty Station due to travel restrictions.
- A detailed new hire orientation due to COVID 19 Protocols, to overcome it, we have been able to enhance Working from home modality to guaran job tenant adaptability in the post.

Major Achievement:

- Total Average Recruitment Days of new national and international staff in the region to date is: 57.

Financial Analysis

DATA	IN CHF
Funding Requirement	75,000,000
PEAR19	**39,265,722**
Annual Ops Budget	36,983,363
YTD Income	38,985,857
YTD expenses	19,077,185
Operative Budget Implementation	52%
YTD Income vs Funding Requiremen	52%

The COVID-19 Operative Plans for 21 months, ending December 2021 is starting the Appeal Revision process, this time including an annex for vaccination across the region. The actual operative plans are based in the health situation between March/April 2020 and follow the timeframe stablished by donors – ending March 2021.

As of January 2021, the Americas region reach a total funding coverage of 52% from the total funding requirement of 75M CHF before the Appeal

Revision process. With an actual funding of 38,978,188 CHF, the region is adjusting the activity plans to given donor conditions to fulfil the expectations of this operation with 52% of implementation so far.

Funding Coverage:
Although received funds are unearmarked for the operative action plan, there is a limited time to implement the activities. From a total funding of 39M CHF, 48% ends by March 31, 2021. During the last months we had communications with actual donors to request extension of the time frame and we got positive confirmation that allow our National Societies to complete their activity plans.

Activity Implementation:
As of January 2021, the region reaches a total implementation of 52% form the Operative Plans for the 21 months. The current distribution of the operative budget by implementers is: National Societies 34% and IFRC 66%.

The core workforce continues with regular monthly monitoring meetings that allow us to coordinate with Project Managers and local teams the execution of the activity plans, keeping a healthy level of implementation and foresee any potential situation that stop the regular dynamic. As a positive remark, by September 2020 thanks to a global contribution, the region received approximately 3M CHF to be implemented in a shorter term than the actual operative plans. In coordination with the Project Managers, a realistic plan of activities for take advantage of this funds was raised and they were successfully executed.

Project Name	Actual Budget	Total Funding available	YTD Exp	YtD Exp vs Annual Budget %
Americas Regional Office	4,841,032	6,038,148	2,077,227	43%
CCST Central America Group	8,925,115	8,959,596	5,829,682	65%
CCST Andean Countries Group	7,219,016	7,599,889	3,208,923	44%
CCST Southern Cone Group	2,759,261	2,748,681	1,435,629	52%
CCST Haiti, Dom Rep and Cuba Group	4,327,732	4,328,842	2,375,614	55%
CCST English Caribbean Group	6,926,119	7,325,781	3,301,361	48%
IFRC Venezuela	1,985,089	1,984,920	848,749	43%
Totals	**36,983,363**	**38,985,857**	**19,077,185**	**52%**

Right after the close of the Y2020, all the operative budgets will be updated before the exercise of the Appeal Revision that will allow the region to annex new activities/funds.

Some highlights regarding the implementation by cluster include:

- Central America: One of most advanced in terms of implementation despite they have been severely affected by other emergencies in previous months as Dengue, Hurricane ETA and IOTA etc.
- Andean Countries: Highest funds allocated but a large percentage of the funds have not been implemented due to inadequate coordination thus resulting in countries not having a clear work plan of activities which affect the working advances process. The IFRC cluster team has delivered training with the NSs to support them by clarifying the process concerns to use of contributions, time frame of implementation and reporting process.
- Southern Cone: Good advancement in terms of implementation with defined plan of activities. A major problem is that most of the pledges are earmarked, which translates into few unearmarked funds available until the end of the appeal.
- Latin Caribbean: Defined plan of activities with leadership. A major problem is limited innovation in activities.
- English Caribbean: Working advances clearance is slow. Some balances that were not implemented from other emergencies are being reallocated to COVID-19, thus creating a concern that the same will happen with COVID-19 funds. Therefore, all clusters are being pushed to ensure full implementation of funds according to plan and timeframe.
- Venezuela: Since the Venezuelan RC does not have bank account, the team can only advance minor amounts as working advances. The main implementation remains with IFRC and the procurement plan has been revised. Limited capacity in the local warehouse has been solved and the delivery of items has resumed.

National Society Response – key highlights

Antigua and Barbuda Red Cross

Country context

Up to date, Antigua and Barbuda has reported a total of 646 COVID-19 cases with 14 deaths. The twin island nation, highly dependent on tourism has gone through a series of lock downs and re-openings which included the receipt of international travellers from North America and parts of the eastern Caribbean. The increase in the spread of COVID-19 has led to the closure of businesses as well as a halt on travel which has severely impacted the country's economy. In the last year the Antigua and Barbuda Red Cross (ABRCS) has focused its efforts on Risk Communication and Education, helping the vulnerable through distribution of care packages, PPE, hygiene products and food.

NS response highlights

The NS cotinue providing RCCE through ads via national television, (digital) newspapers and social media, Facebook and text blasts reaching at least 350 people directly. Communication also include information on common myths and facts surrounding COVID-19. The NS also produced material related to shelter management in the COVID-19 context during last year's Hurricane season. Additionally, during two tropical storm warnings, the NS integrated COVID-19 protocols into its preparedness messaging.



22. RCCE Flyer. Source: ABRC

Health activities also continue being provided. The Barbuda branch has provided screening for 749 persons. Also, a total of 150 persons have been supported through WASH activities conducted by the NS including hygiene kit distributions and hand washing demonstrations. Over the period, the NHQ also installed two hand washing stations at the Barbuda branch to conduct hand washing tutorials. WASH is a major concern on Barbuda as some people are still living in tents as a result of Hurricane Irma and there are still people without running water.

In an effort to support cancer patients, on October 16th, 2020, the ABRC donated twenty-one (21) Chemotherapy COVID Care Packages to the individuals currently being treated at The Cancer Centre Eastern Caribbean. Each package contained: an ABRC branded water bottle, a blanket, a pillow, disinfectant spray, hand sanitizer, Vitamin D3 supplements, Emergen-C Vitamin C packets, a notebook and pen, water-based lotion, face masks and a personal Sterlite bin. Currently, the Cancer Centre is treating twenty-one diagnosed cases: seven cases of prostate cancer, one case of lung cancer, one case of laryngeal cancer, nine cases of breast cancer and two cases of endometrial/cervical cancer.

As part of its COVID-19 Response Initiative, the ABRC implemented a Cash Transfer Program (CTP), in an effort to help alleviate the negative financial impact that the COVID-19 pandemic has had on the livelihoods. The ABRC partnered with the Antigua and Barbuda Workers Union to identify persons who could benefit from the CTP. The staff at the Jolly Beach Resort & Spa were selected as recipients of the first iteration of the CTP, as they were one of the many hotels that have been adversely affected by early closure and severely reduced work hours. A total of three hundred (300) individuals benefited from the



23. Volunteers of the NS preparing for distribution at the cancer centre. October 2020. Source: ABRC

financial distribution, which was conducted over a one (1) week period. The distribution was achieved via prepaid debit cards which were slated for use at ATMs only. In total, $120, 000.00 XCD were distributed to selected recipients.

Argentine Red Cross

NS response highlights

The Argentine Red Cross (ARC) works in epidemic control through three activities: Telephone support to the emergency system), Sanitary controls at city accesses, airports and bus terminals. Support to out-of-hospital centers for people with COVID-19.

There have been 700 publications in Social Networks that include: Information about COVID-19, dissemination about the Argentine Red Cross response to the pandemic, home cleaning, awareness about stigma and discrimination to health workers, gender violence and other protection issues, recommendations to face isolation individually or as a family, blood and plasma donation, healthy lifestyle habits, identification of risks at home, child care during the pandemic, and use of psychoactive substances.

The ARC branches have distributed basic supplies to people in isolation, such as food and medication for people with chronic diseases or who belong to at-risk groups. Health personnel were trained in topics related to COVID-19, and hygiene kits and biosecurity elements were distributed in hospitals and primary health centers.



24. Volunteering at Parque Sanitario Tecnópolis. August 2020.

Communities received training on the importance of safe water, basic sanitation and proper hygiene practices. The general health status of the Wichi and Toba communities was favoured after the water and sanitation actions carried out since February 2020. A total of 6,870 hygiene and cleaning kits were distributed. Work continues with the production and distribution of safe water, pre-positioning of storage tanks and delivery of filters and water purification powders to more than 900 families in vulnerable situations in the north of the country.

With the mental health and psychosocial support services (MHPSS), a total of 5,433 people were reached through: 1) Home teleassistance in emergency (TAE), 2) Coping with isolation and Psychosocial Support by telephone, 3) Accompaniment and Psychosocial Support for the Elderly.

Currently, the Argentine Red Cross is supporting the Vaccination Campaign with the communication, the registration of people to be vaccinated, and supporting distancing and logistic issues in vaccination centers.

Through the National Livelihoods Project initiated in 2020, the branches have received the tool kits to start the Labour Skills Strengthening Workshops, to train individual competencies that are a requirement in today's labour market. In addition, other services provided include accompaniment and food security for homeless people, psychosocial support to people in prostitution, delivery of food kits to migrant and refugee women in Argentina, and support to the migrant population in food security through the delivery of 3,450 food kits and 3,000 hygiene-prevention kits.

The Argentine Red Cross Law (National Law No. 27,547) was passed, which regulates the legal framework between the Red Cross and the National State. Resources have been acquired, such as mobile vehicles, trailers, modular field hospitals. Training has been provided to volunteers on the

following topics: COVID-19, basic institutional training for new recruits, safer access, isolation and psychosocial support, RFL, food security, livelihoods, health promotion, audio-visual recording, reports, information management, PGI, CEA, shelter management. A total of 594 psychosocial support sessions were carried out within the volunteer.

Belize Red Cross

NS response highlights

The Belize Red Cross Society (BRCS) COVID-19 response operation has facilitated countrywide distribution of school supplies and food packages with the support of 10 Staff members and 110 volunteers representing 7 branches and the headquarters. The target population for the NS's response are older persons, persons living with disabilities and migrants. Allowance was also made to support persons who had lost employment due to COVID-19 and did not receiving assistance from any other source.

A total of 19,698 families (98,490 persons) have been reached through NS relief efforts countrywide and 11,500 have been reached indirectly with health education campaigns. It should be noted that the BRC in 2020, responded to compounded emergencies in the form of COVID-19 as well as Hurricanes ETA and Iota. Despite this, the NS, whose operational finances were severely affected by the pandemic, was still able to maintain its complement of staff and provide relief to over 40,000 people.

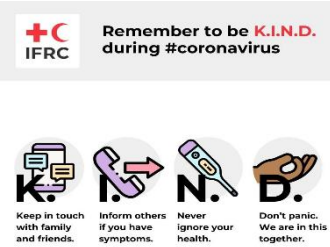
Over the reporting period, the BRC sought to ensure that people who were not covered by the government food pantry programme, were not left behind. Funding for 2,640 food packages was donated by the Belize Bank Ltd. through the Lord Ashcroft COVID Relief Fund. Other sponsors for food were: Courts Belize Ltd., the Diplomatic Corps, Belize Tourism Industry, Price Premier Products, Protected Areas Conservation Trust (PACT), and Nestle. By July 31st, the NS had reached a total of 4,578 families (approx. 22,890 persons), exceeding its target by 73%.



25. Corozal Branch volunteer distributing food pantries to family in Sateneja Village. Source: BRC

Under epidemic control, 1,985 pairs of surgical masks were distributed to members of the public, front line workers, including medical staff, NS Staff and Volunteers. A total of 7,604 COVID hygiene kits were distributed to frontline personnel which includes the Ministry of Health's isolation and COVID-19 ward, police force, Belize Defence Force, and sanitation workers from the Belize City Council, Salvation Army, Mental Health Resource Centre, and Belize Assembly of Persons living with Disabilities (BAPDA). 3000 sewn masks were distributed to members of the public and frontline workers and 100 Pairs of gloves were distributed as single distribution.

During food distributions, a family of 8 in dire need of assistance with basic life needs was reported. A proposal was developed, and a donor was identified. Axiory Belize Ltd. provided financial support for the family to complete a 3-bedroom house, and obtain basic household items. A water tank was also installed, and the house was retrofitted with gutters for water catchment. Additionally, 3 of 7 children received school supplies and the single mother of 7 will also receive skills training in sewing and a sewing machine.



26. RCCE Developed by the NS. Source: BRC

In quarter 3 2020, Belize was affected by two hurricanes which led to devastating floods in many communities, particularly in Belize and Cayo Districts. The COVID-19 Project supported the Floods relief by providing 652 food packages and 800 hygiene kits.

The NS also continued RCCE through Facebook, WhatsApp, posters, flyers reaching 173,785 persons. Messages were also posted in Spanish to ensure it reached migrant populations who may have come from Guatemala, Mexico or other parts of Central America.

A COVID-19 Contingency Plan was developed and submitted to the Board and IFRC for approval. Volunteers were trained in matters of the virus in 4 of 6 branches and prepared for deployment. New Volunteers have been recruited through the interventions and were registered into the database. Orientation sessions for new Volunteers were held in 5 of 7 branches. In the last year, 110 volunteers have received hygiene kits, PPE, vests, and food allowances to support them while performing their duties.

Bolivian Red Cross

NS response highlights

The Bolivian Red Cross (BRC) supported all three priorities of this operation, with a particular focus on health, including SMAPS, care for returnees, first-line responders (including volunteers) and those requiring medical products (PPE and transport of 66 tonnes of medical oxygen). Additionally, three branches have funding to carry out home-based care campaigns. This operation has enabled the BRC to acquire three ambulances, which currently are in-route to the country.

At the request of State authorities, the BRC supported three isolation centres in border regions with Chile, Brazil and Argentina. In these centres, BRC volunteers reached 5,598 people with hygiene kits and shelter (mattresses and bedding), health (rapid testing for COVID-19) and APS actions, as well as protection aspects (RCF).

The BRC APS volunteer team is composed of one volunteer in each of the 8 departmental and 2 municipal branches, led by a professional at the national headquarters. This team reached 3,324 people (health staff and police officers). The telecare psychosocial support team at the national level reach 6,912 people. To support healthy hygiene and measures to reduce contagion, 5,040 fumigations were conducted in health centres, police stations etc. The BRC's distribution of hygiene kits reached 1,965 people.



27. BRC has been providing prevention messages in different parts of the country. Source: BRC

The BRC also has conducted RCCE actions to reach different populations in the multi-lingual country. A total of 76 radio spots were broadcast in 4 languages (Spanish, Aymara, Quechua and Guarani), as well as 13 key prevention message campaigns on social media.

The BRC has strengthened its branch network capacities through courses and workshops on shelter, health promotion and prevention, biosecurity, PPE and cleaning in COVID-19 contexts, APS and CEA. Beyond enabling the BRC to conduct the response actions, the increased technical skills contribute to increase quantity and quality of actions throughout the country.

Thanks to complementary support from other partners (UNDP, Nestlé Bolivia, US Embassy in Bolivia, CONMEBOL, Volunteer Civil Firefighters, among other donors), the BRC has been able to enhance its response actions. This includes general support for the response, as well as the distribution of PPE for first-line health staff, workers in small and medium-sized businesses and BRC volunteers.

Brazilian Red Cross

NS response highlights

The Brazilian Red Cross (BRC) tests people suspected of having COVID-19, positive cases are referred to the hospital or to isolation depending on their health conditions. Rapid tests for the diagnosis of COVID-19 were carried out on a total of 25,462 people, (to people in vulnerable situations or with risk factors, the homeless and health professionals).

Hygiene and personal protection items have been delivered to people in risk groups, the general population and health workers, reaching a total of 2,921,119 people. Health education and prevention activities are also carried out reaching a total of 1,433,39 people. Key messages on correct use of masks, social distancing and hand washing were disseminated. The distribution activities of hygiene items were accompanied by the delivery of graphic material (63,629 folders) produced to promote useful information on COVID-19.

Training was conducted in CEA for volunteers (focal points) from the different branches, for the national response team with the branches working within the migration response and COVID-19, a total of 114 people were trained. Emergency Training in Protection, Gender and Inclusion and Psychosocial Support was carried out for the volunteers of the Amazonas branch, with 15 volunteers.

Support has been given to different state health facilities in immunization activities against influenza. A total of 2,451 people were vaccinated against measles and H1N1 influenza, targeting the elderly, the general population and public agents. The NS continues to liaise with the Ministry of Health to support the National Immunization Plan with the implementation of the provision of qualified volunteers to carry out the activities.

Food and basic items were distributed, a total of 947,722 people were reached, including the elderly, immigrants, the general population, children and adolescents, and people living on the street. The NS is working on a survey to feed the decision-making process for the revision of the operational plan, in which it is expected to propose actions that generate sustainable solutions.



28. Children's Day action at the Damasceno Tribe. São Paulo, SP. Source: BRC, São Paulo Branch.

The National Society uses institutional Website, twitter, Instagram, Facebook, Publications and a Dashboard that has allowed it to measure the impact of the dissemination of actions as well as accountability to partners, donors and the community in general.

Training has been developed on PGI, CEA and APS, to work together in planning activities with the branches. The Brazilian Red Cross developed the formation of a National Response Team, formed by 17 volunteers from 6 states of the federation, which aims to maintain a group of volunteers responsible for facilitating actions in response to emergency situations, crises, socio-environmental disasters, as well as assisting and operationalizing projects, initiatives and capacity building in these.

The National Society provides insurance and all volunteers participating in emergency response actions, in addition to providing the appropriate PPE and carrying out the necessary health education orientations for a safe performance of their actions in terms of health. The CVB records the participation of 2,930 volunteers in response activities.

Chilean Red Cross

NS response highlights

The Chilean Red Cross (CRC) conducted a virtual training on COVID-19 for volunteers (intervention protocols, prevention and general aspects) reaching a total of 785 volunteers. Continued to take IgG/ IgM immune tests to detect possible symptomatic and asymptomatic cases of infection in volunteers and workers who are involved in activities in its branches and in the community.

An information campaign was developed to support the national vaccination process. Graphics were made to be included in portable hand-washing stations to promote proper handwashing. The Regional Committee of Libertador Bernardo O'Higgins carried out the "Habla Conmigo" (Talk to me) campaign to disseminate the COVID-19 isolation stress mitigation program.

Currently, two vaccination and summer campaigns are being carried out, and weekly graphic pieces are being generated to inform about vaccination dates and post-vaccination advice. For the summer campaign, 6 graphic pieces were generated with the objective of informing about biosecurity norms and tips that promote mental health for families on vacation.

The CRC collaborated with the community medical centers by lending the infrastructure of the branches as a vaccination centre, to carry out PCR tests or to support the municipal blood bank.

To date, 15,917 people have been assisted nationwide, including hygiene kits, PPE material, food kits, shelter kits, among others. The delivery of kits has been carried out gradually, adapting the type of intervention to the needs of each region.



29. Humanitarian Aid - Colchane, February 2021, Source: CRCH

A Psychosocial Support and Psychological First Aid Workshop for volunteers and personnel on psychosocial support through teleassistance was provided and a total of 163 volunteers were trained. Psychosocial support sessions for people and volunteers who participate in the operation carried out through teleassistance. The CRC assisted 703 people with the "Speak with me" program through accompaniment and psychosocial support for people affected mentally, socially and economically by the isolation generated as a result of the pandemic.

An agreement is being negotiated with the SEREMI of Health of the Metropolitan Region for the transfer of COVID-19 patients to health residences, since the Chilean Red Cross has 3 ambulances (advanced ambulance and 2 basic ambulances). The SN has kept 49 polyclinics and medical centers that provide primary care services in operation, and the San Miguel branch has collaborated with the taking of PCRs in support of the community's CESFAM.

Delivery of food kits and food rations for people affected by COVID-19: To date, 15,917 kits and 16,210 food rations have been delivered nationwide. Also, migrants have been reached with safe and adequate shelter and settlements in the circumstances of COVID-19. A temporary shelter was set up for 266 Bolivian migrants in the municipality of Calama.

Colombian Red Cross Society

NS response highlights

Throughout the first year of the COVID-19 pandemic, the Colombian Red Cross Society (CRCS) launched a National Response Plan consisting of a three-phased strategy (1. Prevention, 2. Mitigation and 3. Recovery), coordinated with the Colombian Ministry of Health, the Presidential Agency for Cooperation, the National System for Disaster Risk Management, the Ministry of Foreign Affairs, the National Institute of Health, and the Colombian Air Force.

As the demand for humanitarian services in the country exponentially grew, along with the expectations of the government and the general public on the CRCS's role and contributions to the national efforts to protect the health and wellbeing of the population, the NS reached its allies inside and outside the Movement, calling for financial support to fund the response plan, achieving as a result, new partnerships, and funding opportunities.

Throughout partnerships, the CRCS's National Response Plan encompassed a total of 27 new projects, as well as previously non COVID-19 initiatives, which were modified to some extent to address the pandemic, implemented in 175 municipalities of 31 departments of the country, with a special focus in Chocó, Amazonas, and Nariño, as locations largely affected by the virus spread, with the greatest needs and most limited response capacity. The CRCS not only obtained the funds necessary to implement its National Response Plan, but also consolidated is position in Colombia as a leading and trusted humanitarian organization, and a key partner in the multilateral efforts to address the pandemic.

As of January 2021, the CRCS's National Response Plan has managed to raise the equivalent of approximately CHF 4 million cash and in-kind donations, reaching 1.7 million people by the delivery of humanitarian services in health, WASH, and socioeconomic interventions. Regarding health efforts to contain the pandemic, the actions carried out have comprised the purchase and distribution of more than 600,000 PPEs, among the 31 branches and 72 government health facilities, including the application of 8,000 quick diagnostic tests donated by the American Red Cross. In order to assist the Colombian government, with the support of IFRC, USAID and private donors, the CRCS is procuring, importing, and distributing 195 tons of medical equipment and supplies, including electrocardiograph, defibrillators, hospital beds, stretchers, trolleys, and clinical equipment to 193 government health facilities.



30. In Nariño, Colombia, volunteers from the CRCS hold health promotion and prevention days for COVID-19. Source: CRCS

The response of the CRCS has also addressed the mental health needs of the population, by the implementation of a remote assistance strategy through phonelines, which so far have assisted more than 5,200 calls, to provide essential information to the general public on the management of COVID-19 cases, and to deliver remote psychosocial assistance. Regarding education, the CRCS adapted the strategies of its Education Division, to offer digital training courses on key aspects of the virus, the pandemic, and the management of infection cases, reaching more than 200,000 people. Regarding the dissemination of essential information on the virus and its prevention through biosafety measures, the CRCS has reached 122,000 people with key messages circulated by digital media, radio, and television.

To address the socioeconomic impact of the pandemic, the CRCS has provided CVA to 1,876 families by 2,909 cash transfers worth approximately CHF 200,000 reaching 317,072 people including groups at greater level of vulnerability and risk, including sex and gender violence survivors (SGV), sexual workers, and armed conflict victims. The cash assistance also targeted 2,000 CRCS volunteers at 31 branches, by means of conditioned and unconditioned transferences. Actions to address the socioeconomic impact have also included the distribution of 95,000 food and hygiene kits to 380,000 people at 20 departments.

Costa Rican Red Cross

Country context

The Government of Costa Rica declared a state of emergency on March 16, 2020 and as a result of this declaration, a series of health guidelines have been implemented. The national authorities have been varying and adapting the measures that include restrictions on vehicular traffic, closures of establishments, mandatory use of PPE, among other administrative measures such as the budgetary readjustment of public spending and the negotiation of international loans to meet the cost that the pandemic represents in different areas.

In December 2020, the Government began vaccinating the population by priority groups.

NS response highlights

The CRRC in its auxiliary role to the State and as a member of the National Risk Management System participates in the virtual and face-to-face sessions of the National Emergency Operations Centre (COE), as well as in the ordinary and extraordinary meetings of the different Technical Advisory Committees such as Psychosocial Support (CATAPS), Animal Protection for Risk Management (CATPAD) and Communication Coordination (CATSIPAE) and in the meetings of the Health Sector Roundtable and the Health Cluster. At the institutional level, a response level 4 (NR4) alert has been declared for the entire national territory.

The CRRC maintains a training and follow-up process for personnel on COVID-19 (procedures, correct use of personal protective equipment, among others). The psychosocial support service is maintained virtually and the pre-hospital services are provided for COVID-19 cases as well as for all other daily incidents.

Support is being provided to local and regional structures to determine the degree of exposure and the need for preventive isolation in coordination with the Ministry of Health. Similarly, coordination is being maintained with the Costa Rican Social Security Fund (CCSS) for taking samples from the National Society's personnel, and with the Judicial Investigation Agency (OIJ), work continues on guidelines, communication channels and coordination in the case of patients who died in CRRC ambulances due to natural causes and probable deaths caused by COVID-19.



31. CRRC personnel being vaccinated. Source: CRRC, January 2021

In the different regions, representatives of the CRRC continue to participate in meetings of the Regional and Municipal Emergency Committees, and participate in the activities requested, for example, the distribution of humanitarian aid from the National Commission for Risk Prevention and Emergency Attention (CNE).

Epidemiological and statistical surveillance of the cases of COVID-19 that have appeared in the CRRC personnel, as well as the contacts, due to their proximity to the positive cases, are preventively isolated to increase the protection of the rest of the personnel, remains active.

The CRRC coordinates with the Costa Rican Social Security Fund (CCSS) to take samples for their personnel and to vaccinate those who are more vulnerable due to their work in patient care and transportation.

Cuban Red Cross

NS response highlights

After the first COVID-19 case was detected in Cuba on 11 March 2020, the Cuban Red Cross has been supporting the Ministry of Health in its response efforts. As of 11 February 2021, a total of 2,106,593 tests have been conducted, of which a total of 36,595 patients tested positive for COVID-19. Of these, 4,748 were admitted to hospital, 257 were deceased and 31,534 have fully recovered.

A total of 12,015 volunteers have been mobilized to take part in the COVID-19 response activities in 15 provinces, covering all 168 municipalities. The main implementation areas of the NS include community-based surveillance (CBS), support to health centres through disinfection activities as well as food preparation, risk communication activities, and mental health and psychosocial support (MHPSS) activities.



32. Volunteers provide support with screening activities to detect positive COVID-19 cases. Source: CRC

For CBS activities, the NS has mobilized 5,234 volunteers to actively support 462 community border points and areas that have been isolated due to a high number of reported cases. These volunteers have been involved in various activities that include screening, monitoring of symptoms, disinfection in health centres, the manufacture of cloth masks, chlorine supply, and food distribution to the more vulnerable households.

In the area of risk communication and hygiene promotion, the NS has mobilized 782 volunteer facilitators that have conducted 8,470 sensitization sessions on topics related to how COVID-19 risk and the measures to contain its spread. A total of 1,039,549 people from across 2,609 communities, 3,739 work sites and 301 educational centres have been reached with risk communication and hygiene promotion activities. Additionally, the Cuban Red Cross has installed a total of 621 handwashing stations in key locations across the country including isolated communities, hospitals and various work sites.

In addition, the National Society has mobilized 119 volunteers in psychosocial support and has supported 10,710 people with MHPSS services in various ways. As a result of its efforts, the Cuban Red Cross has continued to gain the government's recognition thanks to its dedication and consistency in its service delivery to those most in need.

Dominica Red Cross Society

Country context

As of January 2021, the Commonwealth of Dominica has had a total of 116 confirmed cases of COVID-19 with 0 deaths.

NS response highlights

The Dominica Red Cross Society (DRCS) serves on the Health Sub Committee of NEPO (National Emergency Planning Organization) and as part of its collaboration with the government, the NS identified for action several response requirements including education about the disease,

psychosocial support to assist persons suffering from anxiety, or who have difficulty coping, and support to persons who were unable to provide for their families during the lock down, or who may have lost their source of income.



33. Students of Wesley Highschool receive hygiene kits. Source: DRCS

During the reporting period, the NS has reached 852 persons with community wash and hygiene activities. Six (6) Primary schools and one (1) secondary school benefited from DRCS Health and Hygiene promotion activities. Schools were presented with hygiene products (Rubbing Alcohol, Soap bars, Hand Sanitizers, and Facemask). The students were also reminded of the proper wearing of a face mask and the importance of wearing their masks at all times. Additionally, 20 of the most vulnerable students were provided with personal care packages to assist in the fight and prevention of COVID-19.

Students and Staff members from CALLS (Centre where Adolescents Learn-to Love and Serve), were taught life-saving skills in First Aid. This is the first time that they will be done on an NVQ/CVQ level (National Vocational Qualifications/Caribbean Vocational Qualification), and learners will be certified by the Technical and Vocational Educational and Training Council (DTVET) when they are deemed competent. This training will prepare them to respond to emergencies and will add value to their advancements in the fields of Agriculture and Fishing. To date, a total of 139 fisherfolk and farmers have been trained.

During the response the NS also focused on its readiness and branch strengthening through the completion of an Emergency Operation Centre. Under MPHSS, the NS maintained an active hotline for persons who required support. A total of 48 volunteers and staff have been trained in psychosocial support. The National Society also reported to have reached 20,000 with RCCE via social media such as Facebook, WhatsApp, banners, an airing of PSAs.



34. RCCE on stigma associated with COVID-19. Source: DRC

The NS also supported vulnerable families through the provision of vouchers each at a value of 150 EC dollars to 201 persons, and food and in-kind assistance to 416 persons. 166 persons in home isolation also received material support from the National Society.

Dominican Red Cross

NS response highlights

To support the government in containing the spread of COVID-19, since March 2020 the Dominican Red Cross has been implementing various response activities in key areas including WASH, Risk Communication, Food security, and MHPSS among others. To ensure the safety of all its staff and volunteers, the National Society has provided each with personal protective equipment (PPE) kits every 15 days. These kits contain masks and sanitiser, and additional items such as face shields, coveralls and shoe covers are provided depending on the activity to be implemented.



35. Distribution of food and hygiene kits in the Villa ortega community in the Hato Mayor province. Source: DRC

Since the start of its response operation, the NS has made WASH activities one of its core areas of implementation, where a total of 151 handwashing stations have been installed in health centres and key public areas where large gatherings occur such as shopping centres and bus stations. National Society staff and volunteers often visit these sites to conduct additional hygiene promotion activities. It is estimated that these handwashing stations have benefited up to 1,997,048 people. Similar activities have taken place in two prisons, where the focus has been on providing disinfection training as well as disinfection materials along with the installation of handwashing stations.

Additionally, a total of 3,867 food parcels and hygiene kits have been distributed to older adults and these distributions were accompanied by sensitization sessions on COVID-19 transmission and on the importance of maintaining good hygiene. In the area of risk communication, a total of 5,617 people have been sensitized with educational materials in both Spanish and Creole on COVID-19 contagion risk and hygiene promotion.

The DRC also has a service hotline where MHPSS services are provided. As of February 2021, a total of 2,475 adults have received PSS first aid. Of these, 449 were referred to the National Mental Health Service.

Also, through its ambulance service the DRC has been able to assist 14,080 people with pre-hospital care, of which 1,551 were COVID-19 suspected cases, who were referred and transferred to health centres.

As a result of its active role in the COVID-19 response, and in recognition of its wide reach and presence throughout the country, the DRC is currently liaising with the Ministry of Public Health to identify key intervention areas in support of the national vaccination strategy. Based on these consultations, the National Society is also adjusting its own action plans accordingly.

Ecuadorian Red Cross

NS response highlights

The Ecuadorian Red Cross has been able to strengthen its health and pre-hospital assistance services, as well as support primary care health centers by installing respiratory triage stations and decongesting the waiting rooms of the primary care providers of the public health system.

Through the COVID Action Plan, the Ecuadorian National Society was able to support the Galapagos Provincial Board for the first time with medical and paramedical personnel on Isabela Island. The positive impact of this intervention on the residents is already being seen.

The Ecuadorian Red Cross, as part of the National Risk Management System, has actively participated in the meetings of the National Emergency Operations Committee (COE) and the respective cantonal COEs. CRE has provided advice and participated in the construction of protocols adapted to the context of the health emergency.

Several agreements have been signed with the Ministry of Public Health for the implementation of Respiratory Triage stations, whose purpose is to decongest the demand for care in health units whose severity does not require hospitalization.

Strategic alliances with members of the Movement and international and national partners strengthened the funding of the ERC Plan. The CRE maintains operations by providing technical support and responses through the implementation of the COVID-19 Action Plan, the activities are carried out within the established biosafety standards and procedures, for all mission actions developed at the community and coordination levels.



36. Delivery of Hygiene Kits, Izamba, Tuguragua, January 2020. Source: Ecuadorian Red Cross

In order to guarantee the continuity of operations and safeguard the health and well-being of humanitarian personnel, health insurance is provided, in addition to accident insurance, and training has been provided on the proper use of personal protective equipment and the disinfection of vehicles and facilities.

Within epidemic control, the COVID-19 tests that have been carried out on the population can be highlighted that reached a total of 4,307 people in 11 provinces (Azuay, Cañar, Guayas, Loja, Manabí, Napo, Pastaza, Pichincha, Santo Domingo, Tungurahua). A total of 34,785 people were supported through community WASH activities.

Mental Health and Psychosocial Support Services (MHPSS) reached 8,677 people. This important support has been provided in the 24 Provincial Boards of the country.

Addressing socioeconomic impacts Household livelihoods and economic security. A total of 67,956 vulnerable people received assistance in the form of food and other in-kind assistance. The Humanitarian Assistance figure has decreased from the previous report due to an adjustment in the calculation of supplementary kit beneficiaries. Support was provided in 21 provinces. Regarding CTP, 8,788 vulnerable people have received conditional cash support. Support is provided in 4 provinces: Manabí, Santa Elena, Pichincha, Pastaza and Guayas.

Grenada Red Cross Society

Country context

The Grenada Red Cross Society's response to COVID-19 has focused primarily in the areas of health and wash, MPHSS, RCCE and NS business continuity. While at present the country has no known active cases of the virus, since the start of the pandemic there were a total of 148 cases and 1 death. Government restrictions are still enforced on the island with the Ministry of Health continuously reminding the population of the necessary protocols.

NS response highlights

During the reporting period, the GRCS partnered with the Ministry of Education to distribute 66 infrared thermometers to primary schools to assist in the government's fight against the COVID-19. The society also played a major role in providing support during the pandemic by installing 14 public handwashing stations in the parishes of St David, St Mark and St Andrew; 8 of these stations were installed in schools across the country.



37. Red Cross volunteer and community member at handwashing station. Source: GRC

In terms of MHPSS, the Grenada Red Cross held a virtual training in November for PSP Volunteers to operate its COVID-19 hotline. A practical role play session was conducted with the volunteers to prepare them for potential scenarios they may encounter so that they may better respond to hotline users. To date, a total of 75 persons have been reached through NS MPHSS activities.
The organization continues to conduct debriefing and PSP support to volunteers and staff by facilitating several team building initiatives within the reporting period. Volunteers and staff were also exposed to training to boost their competencies at the required RC level to provide PSP.

The GRC continues to maintain contact with the Ministry of Health and the National Disaster Management Agency to coordinate all intervention with them. The organization continues its public education and awareness initiatives by dissemination information on prevention, proper use of PPE's, Support to vulnerable, Coping Mechanisms etc. via WhatsApp, email and Facebook.

To date, a total of 219 vulnerable people were also reached with food and hygiene parcels.

Guatemalan Red Cross

Country context

Since the first case of COVID-19 was confirmed on March 13, 2020 in Guatemala, the Government, through the institutions in charge of the contingency of the virus, created a series of restrictions, including the closing of borders for a large group of people of different nationalities, allowing entry only to Guatemalan residents.

As of October 1, 2020, the process of gradual mobilization, opening of some businesses and non-essential activities has been launched, as long as taking the recommendations established by the COVID-19 alert system.

During the weeks of the end of the year and the second week of January 2021, the Ministry of Public Health and Social Assistance reports an increase in positive cases in the population, which is in accordance with the relaxation of the people due to the end of the year holidays. As of January 31, 2021, there were 159,421 accumulated positive cases and 6,057 deaths.

NS response highlights

The Guatemalan Red Cross (GRC), fulfilling its auxiliary role, works in coordination with the Ministry of Health and other government institutions to mitigate the impact of the pandemic on the health, nutrition and livelihoods of the vulnerable population. This, providing timely medical care, pre-hospital care to the general population, patient transfer services including people confirmed with COVID-19, strengthening water and sanitation systems in both communities and health services, and contributing to re-establish, strengthen and protect livelihoods in line with its Strategic Development Plan.



38. COVID campaign in Social Media. Source: GRC

Personal protective equipment has been distributed, as well as equipment and supplies for cleaning and disinfection of work areas in all GRC's Delegations.

The GRC continues distributing supplies for people who are in transit or returning to their places of origin as a result of the health emergency in the Central American region (hygiene kits, snacks, safe

water, key messages, orientation, information, PSS, APH and RFL). These actions and services were implemented in the northern, eastern, western and southwestern regions, covering 6 departments of the country.

In addition, psychosocial support and self-care guides are being implemented specifically for the work teams that deal with human mobility in conjunction with the health emergency.

To date, these are the humanitarian actions carried out by the GRC: 16,155 pre-hospital care services in all types of emergencies in delegations, in the care of vehicular emergencies, maternity, common diseases and COVID-19. 27,785 medical care services, 1,804 beneficiaries received humanitarian aid (basic needs and supplies), 1,754 units of blood distributed in assistance centers and 17,290 people trained.

Coordination of actions is maintained with local authorities in the active Emergency Operations Centers, with the participation of the GRC's Delegations in the Departmental and Municipal Coordination's for Disaster Reduction.

Haiti Red Cross Society

NS response highlights

Since the first COVID-19 cases were detected in March 2020, Haiti Red Cross activated its response plan, focusing on risk communication, supporting health centres with disinfection services and WASH activities.



39. HRCS Volunteers provide sensitization and hygiene promotion activities in school in port au prince. Source. HRC

The NS has conducted risk communication and hygiene promotion activities through the mobilization of 1,367 of its volunteers, all of which have been provided with personal protection equipment items including masks, facial covers and access to sanitizer.

Through risk communication activities, an estimated 2,547,620 people have been reached with key sensitization messages on COVID-19 transmission and hygiene promotion. For the WASH activities, the National Society has installed a total of 218 handwashing stations across seven departments (similar to provinces), where it is estimated that a total of 1,023,097 people has benefitted from these facilities.

Supporting the Ministry of Health in its response efforts, the Haiti Red Cross Society has also conducted disinfection activities in 46 health centres. The National Society has also provided MHPSS services, benefitting a total of 44 people. Since December 2020, the National Society has been collaborating with the Ministry of Public Health in relation to Haiti's vaccination response. The Haiti Red Cross has liaised with various working groups to identify key areas where it can support the national vaccination activities.

Honduran Red Cross

Country context

Since the confirmation of the first two positives in March 2020, efforts for case management, epidemiological surveillance, strengthening of diagnostic and laboratory capacity, as well as protection of health personnel and community risk communication have been increased.

However, Honduras receives the coronavirus pandemic in the midst of one of the most serious health emergencies in its history, the dengue epidemic recorded in the country, which during 2019 reported more than 112,000 cases and more than 200 deaths.

The emergency revealed the low response capacity of the National Health System and especially of the Integrated Health Networks. Characterized by the insufficient number of human resources (doctors, nurses and health promoters), a deficient and inadequate distribution of these resources in primary care, low percentage of medicines and supplies in health facilities, low availability of tools and equipment for timely diagnosis and treatment.

NS response highlights

The HRC, with the support of technical, financial and human resources from partners of the movement, is responding to this humanitarian situation by determining the steps to follow in hygiene promotion, CBS, care of suspected and confirmed cases of COVID-19 of its employees and volunteers and making technical assessments of the needs of the communities most affected by the pandemic.

The work done with the Secretary of Health and strategic partners, defining essential elements required at this time and generating humanitarian actions that contribute to this cause, include:

- 40,066 antibody tests performed and 5,352 antigen tests.
- 198,723 people from 296 communities reached with COVID-19 prevention messages.
- Training of 42 people in the virtual ToT Course in Epidemic Control with focus on Arboviruses and COVID-19, with support from German RC.
- 10,000 people reached with comprehensive epidemiological control days (Dengue and COVID-19) including fumigation, attention and sensitization in 3 communities.
- A total of 7,765 food rations have been delivered nationwide
- 72 health facilities with delivery of PPE, training actions and logistics for COVID-19 care in the communities, with over 355,000 people reached.



40. Hygiene promotion activities. Source: HRC, January 2021

- Training in Biosecurity Protocols for 658 health personnel.
- Training of 21 volunteers in Choluteca to raise awareness about the importance of continuing to comply with biosecurity standards to prevent the spread of COVID-19.
- 219,700 gallons of water safe for human consumption have been distributed in the areas of Choluteca and Tegucigalpa.
- Installed 106 hand-washing stations, COVID-19 hygiene and prevention communication materials, and donated hygiene kits for 10 beneficiary schools.
- Delivery of 82 water filters in the community of El Porvenir.
- Delivery of 3,095 personal and household hygiene kits distributed to vulnerable populations and in nursing homes and children's homes.
- Delivery of 7,466 food kits.
- The HRC has reached 2,918 people with MHPSS services.
- Cash Transfer: in process to award $170,000 (L. 4,000,000) to Mipymes in alliance with the Tegucigalpa Chamber of Commerce and Industry and the "Ayuda en Acción" project.

Jamaica Red Cross

Country context

The impacts of COVID-19 in Jamaica have progressively worsened with increased rates of infection resulting in heightened restriction measures being implemented by the Government of Jamaica. The

number of confirmed cases which was 9,131 on October 31, 2020 stood at 18,237 on February 11, 2021 representing an almost 100% increase in the 3-month period. The number of deaths stood at 363 on February 11th. This increase has caused an economic contraction especially in tourism, agriculture and small-scale entrepreneurial activities and placed a strain on the health care system.

NS response highlights

The Jamaican Red Cross Society (JRCS) has been a central figure in the national response to the COVID-19 pandemic, playing a key role in coordination as well as on the ground response, especially in responding to humanitarian needs. The JRCS supports the National COVID-19 Response Plan of the Government of Jamaica with its roles clearly outlined. The NS has also seen a drastic increase in partnerships as a result of the pandemic despite the crippling effects on revenue streams.



41. JRC Staff and Volunteers Preparing items for distribution. Source: JRC

Under Epidemic Control, the JRC supported over 2,000 persons in 8 quarantined communities with food packages, masks and sanitation items. Overall, 9,500 families served with food packages and over 1,000 families served with sanitation packages in 339 communities. In addition, other essential household items such as clothing, hygiene kits, cleaning kits, kitchen sets, and tarpaulins have been distributed for local communities to better face the dual threats of COVID-19 and flooding during the very active hurricane season.

A COVID-19 education and awareness programme mounted throughout the year inclusive of the following activities: the distribution of one thousand (1,000) T-Shirts with COVID-19 awareness and PSS messages and six thousand (6,000) posters with COVID-19 Messages. The NS also procured and distributed physical distancing signs to both large enterprises in town centres and small establishments in local communities.

The JRC partnered with the IFRC and Listen Mi News (local "edu-tainment" company owned by reggae artiste Bay-C) to develop an anti-stigma discrimination song and video which is being used throughout the Caribbean in media campaigns.

The JRC launched its CVA Livelihood Restoration Programme under the COVID-19 Response Project and served 525 Beneficiary families receiving cash cards. The three livelihood groups which were served were school gate vendors, Middle Quarters shrimp vendors and River Raft Captains (Portland, Trelawny & Westmoreland)

The JRC at the request of the Ministry of Health provided COVID-19 operational training to 14 Volunteer Ambulance Drivers. Also, around 200 staff and volunteers have been trained in Psychological First Aid.



42. JRC doing distribution of items to vulnerable communities. Source: JRC

Government facilities such as emergency shelters as well as local communities were supported by the Jamaica Red Cross through the provision of blankets, and sanitation supplies (hand sanitizer, bleach, disinfectants, mask etc). These shelters were called into action especially during periods of flooding, which resulted in some local community members were displaced and needing to take refuge in public shelters.

Country context

Mexican Red Cross

As of January 31, a total of 1,864,260 confirmed cases of COVID-19 have been registered in the country, from which 93,327 cases remain active. In addition, a total of 158,536 deaths from COVID-19 have been registered. Also, there are 19,462 suspected deaths from COVID-19 that include those pending by laboratory as well as those that are in the process of clinical judgement.

NS response highlights

The Mexican Red Cross, leader in mobilization, linking and social cohesion, through community networks, volunteers and donors that respond in solidarity in emergency situations, continues to generate in the participants of their services a culture of health care, preparation to face and recover from natural or man-made threats and adversities.

Some of the main activities conducted throughout the 1-year of COVID-19 operation, include:

In terms of epidemic control, the BIOS-CRM platform has been integrated for the control of COVID-19 cases on voluntary and paid staff of the institution, as well as the cases to which COVID-19 have possibly or accurately been confirmed. The purpose of this platform is to generate statistics on the care granted during the bio-contingence, which serves as reference for future response plans.

On Risk Communication and Community Engagement (RCCE), the official institutional Communication was established in a National Biosafety Manual, which contains the measures that subsidiaries must implement to be biologically safe, and protect the health of staff against infectious agents, as well as users of RC services.

The Biosafety trainings have achieved over 15,925 people of which 67% correspond to internal personnel. In addition, during last quarter, activations for health prevention and promotion were intensified, where 468,721 direct beneficiaries were served.

The personnel trained in biosafety in the 32 states of the country, part of the volunteers of the MRC, have 1,314 operational ambulances at their disposal, of which 293 are equipped with biosafety capsules and dedicated to the exclusive transfer of COVID-19 patients, 23 of them are classified as intensive care. Of the 47,261 services to registered cases, 37,973 transfers have been made.

The MRC offered its operational capacity to support the government's vaccination strategy, and staff and volunteers are awaiting the official response to coordinate actions. Until the information cut-off (January 31), the COVID-19 vaccine had been applied to 980 of 6,703 members of the operational team who are providing pre-hospital care and medical emergencies to people confirmed or suspected of COVID-19.

During the pandemic, the MRC has provided support through the program Restoring Family Links (RFL). This program operates through an approach from COVID19 hospitals with people separated from their relatives due to the contingency, offering the Red Cross Message, call or video call service with the aim of re-establishing the lost family bond. From April to September, 17,193 services have been granted.



43. MRC Staff and volunteers providing ambulance services. February 2021. Source: MRC

The MRC has continues providing support to volunteers through different actions such as insurance coverage and access to PPE. The NS has provided PPE to the country's delegations, health personnel and "TRIAGE" units that allow the channelling of suspicious patients safely. In the BIOS_CRM system, the Delegations can report the access they have to the protection team and report shortages that could interrupt their activities in the operation.

Nicaraguan Red Cross

Country context

Currently no confinement or quarantine has been declared since the alert was declared in the country, the state has promoted tourism-oriented activities, public celebrations and other types of activities that have led to crowds of people.

NS response highlights

The NRC continues to respond to the emergency with actions aimed at reducing the spread of the virus nationwide, through communication campaigns on hygiene promotion, hand washing, use of masks, and delivery of hygiene kits to the most vulnerable sectors, as well as to volunteers and members of the NS.

The country's economy continues to be impacted, especially in the unemployment rate, as a result of the closing of some companies. Informal work has increased, and the prices of the basic food basket have increased at the beginning of the year. Therefore, the NRC is committed to address aspects such as food security of families, so it has contributed to support their livelihoods, mental health and health care in medical assistance and supplies of medicines. These actions are recognized by the governmental entities of the country, through the work of the auxiliary role played by the National Society and the established spaces granted by law.

The NRC continues to work in coordination and synergy with governmental entities, both in the area of the health crisis and natural disasters. The auxiliary work also continues through the worktables and active participation in the state health system.

Through the emergency response to the Eta-Iota hurricanes, the NRC has promoted and prevented the spread of contagion in the response activities, especially in shelters, schools and churches, specifically among children and families affected and in unsanitary conditions, taking into account that the main problem for families has been water sanitation.



44. Dissemination of key-messages in house-to-house visits. Source: NRC

The NRC, through its National Centre for Psychosocial Support and Mental Health, has provided individual and family care to people affected by COVID-19 in two modalities: face-to-face and tele-assistance, thus reaching the most remote areas of the country.

The National Society is developing a strategy and mechanisms to support the livelihoods and economic security of families affected by the pandemic or whose situation has been aggravated by the loss of employment. The profiles of the beneficiaries to be selected and the modalities of delivery have been elaborated. Progress has also been made in the quotations and negotiations with the banks to proceed with the Cash Transfer Program (CVA). Three working sessions have been held with the IFRC team to review and advance the process.

Paraguayan Red Cross

NS response highlights

The Paraguayan Red Cross (PRC) continues to support the Ministry of Public Health and Social Welfare in the Call Centre for the reception of emergency calls, triage of cases for referrals and dissemination of information. A total of 117,600 calls were received.

The NS has also worked in shelters carrying out sanitary controls, management tasks and delivery of basic supplies in coordination with the National Defense Council, Ministry of Health and Ministry of Children. The PRC trained prison officials in prevention, infection control, water, sanitation and hygiene promotion. They delivered 2,200 biosafety kits and supplies for water improvement and sewing machines to people deprived of their freedom to reactivate the labour system by making masks to prevent COVID-19.

Ongoing communication campaigns were carried out to provide information on COVID-19 and essential prevention measures. With the increase in the number of dengue cases, a complementary campaign was conducted to differentiate the symptoms of both diseases. Branches have a communication focal point for the management of social networks and false news and rumours.

The NS conducted home visits to monitor health status, provide PSS and disseminate information on COVID-19 protocols and prevention. A total of 919 households were visited. A total of 2,000 menstrual hygiene kits were also delivered to these families.

A total of 148 hand-washing stations were installed in health units, educational institutes, community kitchens and at strategic points in the cities through agreements with state institutions for their maintenance. Also, the NS held popular dinners and snacks with talks on COVID-19 prevention and hygiene promotion. Biosafety and food safety kits were handed out to 35,804 people.



45. Delivery of Menstrual Hygiene Kits. Source: PRC, Nueva Italia Branch

A total of 611 ambulance transfers were made in support of hospitals. 12,969 consultations, 3,680 admissions and 1,125 deliveries were carried out at the Reina Sofia Hospital. The PRC plans to accompany the vaccination awareness campaign to be carried out by the Ministry of Health.

300 returnees have had access to cash transfers. People have access to an amount of US$160, which they mostly use for food, housing, health, investments or business ventures.

PRC trained its volunteers in biosecurity, hygiene promotion, pre-hospital care, temporary shelters, triage and sanitary control. 1,044 volunteers have accident insurance and 9,119 personal protection kits have been provided (mouth guards, surgical gowns, caps, goggles, protective glasses, gloves, and shoe covers).

The facilities at the SN were adapted for the operation of a Situation Room, which has the appropriate equipment and supplies to provide accurate information at the right time.

Peruvian Red Cross

NS response highlights

During this period, the Peruvian Red Cross (PRC) reached more than 500,000 people in the departments of Tumbes, Piura, Lambayeque, La Libertad, San Martin, Lima and Ica with community-level actions to prevent and control contagion of COVID-19, including WASH actions, and support livelihoods and household food security with the distribution of food assistance and cash assistance.

In impoverished areas in the city of Lima and in the Lambayeque department, many families have benefited from the delivery of basic food items for 203 community kitchens. This support is vital for those in the informal and/or hand-to-mouth economy, supporting collective resilience. It is estimated that these kitchens have reached 309,000 people with food, as well as the stoves, pots and other cooking utensils required. This action has enabled the PRC to maintain its presence and action in the most vulnerable areas of Peru, which has been recognized and appreciated by the population itself.



46. PRC volunteers provide humanitarian assistance to vulnerable communities. Source: PRC

As part of the support for community kitchens, 43 safe water stations were installed, obtaining 1.5 million litres of water for the preparation of food, which has reached 528,900 people.

To support basic needs, the PRC distributed pre-paid Visa cards with the equivalent of USD 109 to 484 families in the regions of Tumbes, Piura, Lambayeque and La Libertad. This also included 100 migrant families in the Lambayeque region.

The PRC has distributed 1,100 PPE items (surgical gowns, face shields, simple face masks, nitrile gloves, goggles and coveralls) to its branch network, as well as visibility items.

The PRC has received generous support from the German Red Cross with 250 food kits that were distributed in Huarochiri, Lima region: Spanish Red Cross for 600 food kits in Lima and Huarochiri. The Qatar Red Crescent Society donated 25 community disinfection kits and 1,000 family protection kits. Additional thanks to Colgate, Clorox, Bayer and the Ching Hai Supreme Master fund.

Red Cross Society of Panama

Country context

On March 9, 2020 the first case of Covid-19 was registered in Panama. Once a state of emergency was declared in the country, the Centre for Health Emergency Operations (CODES) was activated. The government took several actions to control the spread of the virus, such as temporary closure of commercial establishments and businesses, restriction of mobility of the population according to gender and ID number, curfews, partial and total quarantine, closure of borders, airports, and schools and cancellation of outpatient medical appointments.

Based on the monitoring of daily positive cases, the government proposed and carried out a strategy to gradually reactivate the economy taking into account all biosecurity measures. The opening of economic activities is done in blocks of priority sectors and economic activities.

During the last days of December 2020 and the first 14 days of January 2021, the MINSA re-established sanitary measures due to the high rates of contagion, including total quarantine, restriction of mobility by gender and ID, curfews, and temporary closure of stores.

NS response highlights

From the time of receiving communication from the CODES, the Panamanian Red Cross (PRC) in compliance with its auxiliary role of the public authorities continues to support the National Government with actions to mitigate the spread of the virus.

With the reopening of beaches, rivers and resorts in November 2020, the Ministry of Security sent a request for support in "Operation Ocean 2020" together with the Joint Task Force and Government entities, to ensure compliance with biosecurity measures adopted by the Health Authorities. Ambulances were placed at strategic points with the highest number of people during the weekends. The PRC covered 14 beaches throughout the country.

Due to the increase in positive cases by the end of 2020, the Ministry of Health re-established the epidemiologic fences, where the PRC continues to provide support.



47. Delivery of Medicines, Changuinola Local Committee. Source: PRC, December 2020

Support is given to the Social Security Fund (CSS), with the home delivery of medicines for the elderly, chronically ill, and COVID-19 positive patients.

With the donation received from the Canadian Embassy and Scotiabank, the installation of a second modular hospital in Santa Fe of Darien was completed. The first one was located on the Irma Lourdes Tzanetatos Hospital. Each modular hospital has the capacity for 16 hospital beds, 5 oxygen concentrators and all the necessary equipment for first aid.

Reinforcing the support to volunteers, specifically to those who have been detected positive for COVID-19, food kits are delivered under the Sphere Manual standard, home medical follow-up kit containing pulse oximeter, digital thermometer, surgical masks.

The PRC has been included in stage 1B of the first phase of vaccination against COVID-19. Therefore, in coordination with the health authorities, a database was created which includes administrative staff, volunteers, members of the movement (IFRC, ICRC) who have been intervening in the pandemic mitigation actions.

In addition, through the EOC, the following activities are maintained:

- Spokespersons and loudspeaker campaigns: in different parts of the country, bringing prevention and care messages to the general population.
- Delivery of masks and guidance on their use.
- Transfer of COVID-19 patients.
- Delivery of medicines (supplied by health authorities).
- Psycho-social support, dissemination of key messages on social networks and radio.
- Disinfection of facilities including the PRC, schools and government offices.

St Kitts and Nevis Red Cross Society

Country context

St. Kitts and Nevis has had a total of 37 positive cases of COVID-19 up to the end of January 2021. Like several of its Caribbean neighbors, the islands have experienced a significant loss in revenue and livelihoods particularly in the tourism sector.



48. Staff of JNF Hospital and SKNRCS Volunteers. Source: SKNRCS

NS response highlights

The Saint Kitts and Nevis Red Cross Society (SKNRCS) has focused its COVID-19 response on alleviating suffering and maintaining human dignity, sensitizing the public about the virus, training volunteers on COVID-19 protocols and supporting the NEOC at all levels.

In 2021, the National Society outfitted and donated two emergency response vehicles through USAID to the JNF Hospital. The Ministry also received 700 PPE and N95 masks, 360 surgical gowns, 360 shoe covers and 20 thermometers. SKNRCS continues to collaborate with the Ministry of Health by advocating good hand hygiene practices and mask wearing. The National Societies has also begun discussions with the Ministry about its potential role during the vaccination drive.

During the reporting period, the St. Kitts Branch of the SKNRCS donated 48 care packages to vulnerable families on St. Kitts and the Nevis Branch made donations to 15 vulnerable families and several institutions including nursing homes and the prison. Some of these packages were donated to the Red Cross by the Royal Bank of Canada. To date, the NS has reported reaching 558 persons with food and in-kind assistance. Additionally, a total of 240 supermarket vouchers valued at 230ECD each, were distributed to vulnerable persons.


49. Volunteers at CDRT training. Source: SKNRCS

The NS also set up a hotline for persons emotionally affected during the pandemic. A total of 58 persons were reached with mental health and psychosocial support during the reporting period.

The SKNRCS continue to do some building upgrades for potential rental and has now began to attract tenants on a lease basis as well as for meetings. The NS also purchased equipment to assist in its response capabilities in times of disasters. Finally, the NS conducted pandemic proof DRR activities reaching 235 persons. This also included CDRT training for volunteers which was supported by other Disaster partners on the islands.

St Lucia Red Cross

Country context

St Lucia recorded its first case of COVID-19 on Friday 13th March 2020. Several control measures to respond to and reduce the spread of COVID-19 have been introduced including travel restrictions, closing of schools and reduced commercial activities to restrict movement in addition to Public Education; testing, quarantine and isolation; case finding and contact tracing.

As of January 31st, a total of 1,195 persons tested positive for the virus, with 13 deaths of which the majority were males. A COVID-19 impact survey conducted in July 2020 suggests that many persons were unable to meet their economic needs including food, rent and utilities. St Lucia has no unemployment insurance and limited social safety nets. Although the government implemented some humanitarian activities to support food-insecurity, there are gaps in the response, resulting in serious levels of food-insecurity for several vulnerable households. Additionally, the Economic Support Program of the National Insurance Corporation (NIC) ended on September 30th, 2020.

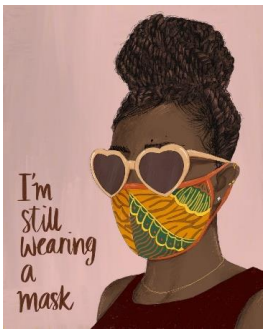
NS response highlights

The Saint Lucia Red Cross (SLRC) main focus has been to provide food-support in the form of food-parcels and food-vouchers to vulnerable households which has resulted in a change in the image of National Society from First Aid to become associated with the food-security. Currently, government agencies seek out the National Society to provide food to beneficiaries including the elderly, homeless and other vulnerable persons. Both food and cash distributions are supported by 75 volunteers. To date, 12,888 people have been reached with food and in-kind assistance and 1,233 with cash and voucher assistance designed to aid sustenance. During the two-month period of the food-voucher distribution, a hotline remained available to receive comments and questions on the program.



50. Volunteers providing support to the elderly. Source: SLRC

The National Society also provides contact tracing support to the Ministry of Health with the aid of five volunteers. To date, nearly 900 case investigations have been followed up. The volunteers' responsibilities include informing persons of their test-results and regular phone-calls to persons in home-quarantine and home-isolation.



51. RCCE for COVID-19. Source: SLRC

The St Lucia Red Cross produced messages under the tagline "Keep your guard up. COVID-19 is not over!" to encourage citizens to continue practicing prevention methods. In addition, 500 posters using the 3W's message of "Wash", "Wear" and "Watch" were printed and distributed in communities around the island and at various locations including barbershops, community shops by St Lucia Red Cross volunteers and staff.

Messages were also placed on two electronic billboards along the main road networks in the northern district and city-circuit from November to December 2020. The messages were also printed as web-banners and posted on the back windscreen of six vehicles including two vehicles belonging to the NS. Four PSAs have been produced for airing on radio, television, and social media to support risk communication. PSAs focused on disease prevention, wearing of masks, self-care during COVID-19, and the importance of proper fitting of masks[5]. All PSAs were aired on two radio stations and four television stations reaching nearly 200,000 persons. An additional 1,500 persons were reached by the NS social media platforms including WhatsApp and the SLRC Facebook page and website. On January 19th, the SLRC published a video on Covid Stigma and has addressed various forms of stigma on their social media platforms.

Salvadorean Red Cross Society

NS response highlights

The SRC continues responding to the emergency with actions aimed at reducing the spread of the virus nationwide. Some of the activities done throughout 1-year of the operation include:

[5] https://fb.watch/3UorlgN7PG/

Health: To date, 60 confirmed cases have been transferred, but 490 people have been treated and referred for suspicion of COVID-19 from the emergency clinic at the headquarters; 100 of these people received a family sanitation kit. The SRC is also working on separating the cabins of 7 ambulances to minimize the risk of contagion. Simultaneously, the sanitization of Operational and Administrative spaces at the SRC HQ is being carried out; to date, 328 sanitization days have been conducted. The SRC has delivered 60 hospitalization kits to the Ministry of Health and provided sanitation kits to 908 people who work on the front line on a daily basis. The NS has also ensured that the branches continue to provide services and delivered kits of supplies to provide pre-hospital care and 60 emergency kits.



52. SRC volunteers prepare hygiene kits to be distributed to vulnerable people. Source: SRC

WASH: Criteria was developed to select communities due to the high demand for safe water. From March 24, 2020 to date, a total of 115 water distributions has been made in 41 communities in the departments of San Salvador, Cuscatlán, Chalatenango, La Paz, La Libertad, San Vicente, and Santa Ana, with over 236,000 gallons of water distributed. In addition to the deliveries, hygienic habits are promoted among the population with recommendations on the use of masks, hand washing and proper food handling.

PSS: To date, 911 tele-therapies have been provided, including 66 volunteers from the NS, 15 face-to-face meetings reaching 279 people, 14 Facebook live with approximately 100,000 people reached (including topics such as prevention of stigma and discrimination, provision of care to older people, and support to children with disabilities, among others), videoconferences have been held with 574 volunteers reached in PSS activities by tele-assistance. In addition, Psychological assistance is provided, as well as psycho-educational assistance and practices on the management and control of emotions and behaviour.

Livelihoods: 704 families in vulnerable conditions were benefited with the transfer program implemented by the SRC. Also, a technical team is working on the feasibility of a new CVA program that would benefit 660 new families, where priority is given to visually impaired people.

Shelter: Support has been provided to the authorities, in coordination with the General Directorate of Civil Protection (DGPC), the Municipal Civil Protection Commissions (CMPC), authorized containment centers, COVID-19 El Salvador Hospital, Communities, Ministry of Health, Metropolitan Agents Corps (CAM) and branches of the NS. To date, 2,263 people have benefited from the distribution of blankets, mattresses and 4,657 personal hygiene kits.

St Vincent and the Grenadines Red Cross

NS response highlights

The Saint Vincent and the Grenadines Red Cross (SVGRC) has had in the last year the extraordinary experience and challenge of working in a compound emergency setting which has put a strain on the country's government. The National Society has stretched its reach to not only support the COVID-19 response, but also the Dengue Outbreak response as well as propositioning for a potential volcanic eruption. It should be noted that over the period, the National Society has skilfully managed to integrate its response, maximising its resources to meet to this tri-fecta of threats.



53. RC staff demonstrate GO Bag for emergency, COVID-19 & Dengue. Source: SVGRC

Under epidemic control, a total of 100 elderly persons were in receipt of PPEs and hygiene packages, as well as 1,100 students from 6 schools. The NS also supported the Ministry of Health and wellness with 150 sanitizing kits, for quarantined persons as well as 100 blankets for the International Airport. Volunteers also supported the testing and temperature checks reaching a total of 852 students at schools.

During the period, a total of 112,647 persons were reached through Risk Communication and Community Engagement (RCCE) for health promotion and hygiene activities to curb the pandemic. The NS, who has also been an important part of the country's National Health Disaster Plan, provided training to health care workers and volunteers on risk communication and hygiene practices. Throughout the reporting period, 18 WhatsApp chat groups has been used to get messaging across. In March of 2020, the National Society hosted a risk communication session with hygiene practices according to guidance from PAHO.



54. Food distribution to the elderly. Source: SVGRC

The National Society donated PPE and hygiene packages through CDRT volunteers working in 15 communities, isolation centres and to shelter teams at the start of the Hurricane season. Furthermore, 11 nurses received packages with gowns, masks, and gloves.

During the Summer, the St Vincent and the Grenadines Red Cross held a wellness camp after consulting with the Ministry of Health for children. Areas of focus included diet and introduction of fruit and vegetables through creative snacks, handwashing and sanitising techniques. In addition, lectures from Red Cross first aid instructors and epidemic volunteers were provided. Students participated in sporting activities such as hikes. Finally, Psychosocial Support (PSS) volunteers completed a review of the camp where parents reported improved sleeping and eating habits as well as improved hygiene habits.

While vaccination is not yet part of the activities carried out by the NS, the SVGRC has begun conversations with the government on how the work will be supported. Currently, all vaccine advocacy messages of the Ministry of Health are shared on the social media platforms of the National Society.

Suriname Red Cross

Country context

As of February 15th, 166 persons have been recorded to have died in Suriname who currently has an active known case load of 51 persons with a total of 8,803 testing positive since the start of the pandemic.



55. Volunteers at regional hospital in wanika. Source: SRC

NS response highlights

In the last year, the Suriname Red Cross (SRC) has provided clinical services at the regional Hospital of Wanika designated specifically for COVID 19. These include record keeping for patient admissions and discharges, measuring and recording vital functions, making and collecting beds, dividing nutrition and the transportation of patients to unit 1 or 3.



56. Regional health department received handwashing posters for all clinics. Source: SRC

The NS has also assisted the National Coordination Centre for Disaster Management with repatriated flights coming into Suriname. The NS has also disseminated risk communication vial social media (Facebook, Instagram and WhatsApp). RCCE videos have also been produced on hand hygiene, social distancing and quarantine in languages of indigenous persons living in the interior. A total of 9,000 persons are reported to have been reached with RCCE.

In the Nickerine district in the West part of Suriname, volunteers were trained to become health promoters in their community. Additionally, a NIT refresher training was completed. Overall, 1,500 persons have been reported to be reached through pandemic proof community, preparedness, response and DRR measures throughout the year.

The Bahamas Red Cross Society

Country context

The rate of reported COVID-19 infections in the Bahamas began slowly in March 2020 but increased considerably from July onwards. While October 2020 saw a peak of over 240 daily COVID-19 infections recorded, the situation in the country from the beginning of 2021, however, has been more encouraging with case numbers dropping to double digits below 30 per day[6]. The Bahamas government has rolled out a series of preventive and precautionary measures to curb spread of the virus, including enacting night curfews; suspending school classes and activities; limiting workplace staff attendance; restricting movement and limiting entry across its international borders.

NS response highlights

Since the first reported case of COVID-19 on 18 March 2020 in the country, the Bahamas Red Cross Society (BRCS) has continued to respond with a variety of actions to mitigate and prevent spread of the disease; reduce psychological impact on people affected; enhance awareness of and encourage good hygiene practices; and provide food and cash grants to mitigate household economic stress.

[6] https://www.worldometers.info/coronavirus/country/bahamas/



57. BRCS volunteers prepare hand-sanitizing units for installation in schools and care homes. Source: BRC

With the support of IFRC, BRCS procured the Biofire Film Array Torch 2[7] molecular diagnostic testing machine for the Ministry of Health, which arrived in January 2020. This equipment is now housed at the National Laboratory in the Princess Margaret Hospital, where it will help increase national government capacity to test people for COVID-19.

Industrial laundry equipment was procured for the Princess Margaret Hospital to facilitate sanitization of bed linens, towels and uniforms to reduce the spread of COVID-19 among patients and hospital staff. In support of the hospital's Emergency Management Services (EMS) department, procurement of hand-held radios is underway for use with ambulance services.

In partnership with the Ministry of Education, BRCS installed wall-mounted hand sanitizing units in 272 classrooms in 3 schools in November 2020. Inspections are ongoing to ensure these are fully operational to coincide with the opening of schools when deemed safe. At present, students have begun lessons online through the Ministry's virtual learning platform[8]. Wall-mounted hand sanitizers have also been installed in three homes for older people. BRCS currently has an estimated six-months' supply of sanitizer to refill all the units installed. In addition, 2,000 cloth face masks have been purchased and will be provided to students, older people and the facilities that BRCS is working with.

To date, BRCS has also engaged in risk communication, community engagement, and health and hygiene promotion, including public campaigns focusing on proper handwashing techniques and awareness/transmission of COVID-19; installation of message boards on safety against COVID-19 in schools and at care facilities; distribution of information pamphlets; and a telephone hotline providing information on the virus as well as psychosocial support (PSS) services. Three marine aquariums have also been delivered to the care homes for PSS purposes.

BRCS was a member of the National Food Task Force established by the government to provide food to the most vulnerable households throughout the Bahamas that have been impacted by the restrictions placed upon the economy to mitigate COVID-19 spread. As part of this Task Force, BRCS provided over 10,000 food parcels per week within designated zones of Nassau and to the northern Family islands.

BRCS has 18 active volunteers on the ground supporting its COVID-19 response activities and once the re-opening of schools is confirmed, this number is anticipated to increase.

The Barbados Red Cross Society

Country context

Following a series of COVID-19 cluster related events starting in late December 2020, the number of cases in Barbados rose dramatically at the beginning of 2021. At the close of 2020, there were 383 confirmed cases of COVID-19 locally. In the period from 3 January 2021 to 15 February 2021, there have been 1,885 confirmed cases, bringing the total number of confirmed cases to 2,268. Twenty-three deaths have been recorded to date. The Barbados Red Cross (BRC) has engaged in multiple partnerships to achieve the objectives in the National Response plan and has adopted a public health approach to its programming.

[7] https://www.biofiredx.com/products/filmarray/
[8] https://www.facebook.com/opmbs/posts/741191136602866?comment_id=741302043258442

NS response highlights

With the closure of the majority of businesses, including small community shops, the economic impact of the COVID-19 pandemic on the population is significant. During the reporting period, the BRCS signed a partnership agreement with the Household Mitigation Unit to implement a cash transfer programme. 53 beneficiaries (38 females and 15 males) between the ages of 19 and 73 received a total cash amount of US$450.00 (less applicable bank and transfer fees). With donation of food from the Barbados Port authority, the BRCS was also able to provide (150) fresh food baskets (fruit and vegetables) to vulnerable families. Additionally, in a partnership with the Anti-Human Trafficking Project (AHTP), the Barbados Red Cross has provided supermarket vouchers to (35) migrant women without legal status.



58. Students of West Terrace Primary School with PSS Kit. Source: BRCS

In a continued effort to support livelihoods, the National Society broadened its partnership with the HMU, 50 home gardening starter kits were delivered to families to stimulate home cultivation for food security. These kits included including pots, a bag of compost mix, gardening tools, and 5 types of seedlings (okra, chives, pepper, eggplant and pak choy). The National Society also started its own kitchen garden to fortify its meals on wheels programme.

Psycho-social counselling services have been facilitated by the Barbados Red Cross in partnership with the Barbados Psychologists Association. Beneficiaries include staff, as well as persons identified in initial PSS sessions as being in need of specialized services have been referred, and the cost of 3 sessions are paid for by the National Society. In some cases, upon consultation with the counsellors, additional sessions are facilitated for those in extreme need. To date, 13 people have benefitted from the service.

The BRCS has actively been providing training in PSS including:

- Training in Community Based PSS and Psychological First Aid for 25 volunteers.
- Virtual Training in Community Based PSS and Psychological First Aid for 18 members of St. Michael South East and Christ Church East District Emergency Organisations (DEOs)
- In-house PSS sessions for volunteers on Stress and Coping strategies for 30 volunteers

To date, 15 Barbados Red Cross volunteers have been trained in Epidemic Control. And the National Society has donated:

- (98) PSS kits to West Terrace Primary School.
- (150) masks on World Red Cross Day
- BRCS masks to (98) primary school students at the West Terrace Primary School
- Barbados Alliance to End Homelessness (BAEH) - Hand sanitizers (36), infrared thermometers (4), latex gloves (1,000), nitrile gloves (1,000), gowns (20), N95 masks (200), hygiene kits (2), infrared thermometers (2), hand sanitizers (20), latex gloves (500) and masks donated to Barbados Alliance to end Homelessness
- (30) hygiene kits donated to Haynesville Youth Club.

Country context

The Canadian Red Cross Society

The first COVID-19 case was reported in Canada on 25 January 2020 after a Toronto man returned to Canada from Wuhan, China; over the next week more travellers from Wuhan arrived and tested positive, and by 7 February 2020 a plane carrying over 200 travellers from Wuhan arrived to Canada and were placed in isolation for 14 days at a Canadian Forces Base in Trenton, Ontario. The Canadian Red Cross was activated early on to support this operation and has since been active in multiple COVID operations at the local, provincial, and federal levels.

As of 15 February 2021, the COVID situation in Canada has seen over 826,000 COVID cases and 21,311 deaths; over 23 million tests have been performed with a 3.7% positive rate. Most cases (68.1%) and deaths (79.4%) have been reported by Ontario and Quebec.

As of 6 February, 922,234 people (2.43% of the population) have received at least one dose of a COVID-19 vaccine. The Government of Canada has designed a 3-stage approach for vaccinations in priority populations and currently anticipate that there will be enough vaccines available to all Canadians who desire it by September 2021.



59. CRC staff and volunteers set up field hospital tents at an arena in Quebec, Canada. Source: CRC

NS response highlights

COVID-19 tested Canada's readiness capacity as emergency health needs exceeded communities' capacity to respond. Over the past 12 months, the Canadian Red Cross (CRC) has received requests to assist with a broad range of activities in support of Federal, Provincial and Municipal partners including support to quarantined travellers, support to isolation centres, dedicated support to Indigenous populations, staffing in long-term care homes, health surge resources including field hospital capacities, support to testing and vaccination, contact tracing and expertise to support Epidemic Prevention Control (EPC) efforts in a variety of facilities.

The Canada Red Cross has worked with the Federal government to implement long-term sustainable surge staffing across all functions to levels required in a COVID-informed emergency management environment, and to maintain business continuity capacity. Further, the National Society has engaged in a number of planning and coordination tables at all levels, to design and deliver services aimed at addressing the impacts of COVID-19 on individuals, communities and partners. Over the next quarter, this work will continue with a particular focus on vaccination capacity and support at both urban centers and to remote and Indigenous populations.

The Guyana Red Cross Society

Country context

The COVID-19 situation in Guyana continues to be alarming. The number of COVID-19 positive cases continues to rise in addition to COVID-19 related deaths. As of February 14th, 2021, a total of 8,231 positive cases were recorded with 710 active cases and 186 deaths. Authorities maintain public health efforts by emphasizing the importance of respecting social distancing, wearing face masks and following good hygiene practices. However, this has been counterproductive since international borders have been re-opened, curfew has been extended from 10:30pm to 4:00 am, businesses are allowed to operate as per normal and schools have been partially reopened.



60. Hygiene kit distribution and Hygiene promotion. Source. GRCS

NS response highlights

The Guyana Red Cross launched a comprehensive RCCE campaign including video on social media to systematically communicate and engage with communities. Because of the diverse topography of Guyana, reaching communities including in the interior requires long trips by car and boat and sometimes plane[9]. To date 5,528 persons have been reached with risk information and 1,000 hygiene kits have been distributed to vulnerable populations such as the elderly, persons living with NCDs and migrants across the 10 Regions in Guyana. Altogether, a total of 706 persons were recorded to have been supported with WASH activities. The GRCS also implemented hand washing demonstrations at 20 health centers and hospitals. In the last 12 months, 848 Migrants (382 males and 466 females) have been supported with risk communication activities, hygiene promotion and 180 benefitted from hygiene kits under COVID -19 project, the additional migrants were given hygiene kits through the Population Movement Project. The COVID-19 project and the Population Movement Project often collaborated to give assistance to the migrant population.

The GRCS also focused its efforts on MHPSS during the period providing psychological support and psychological first aid to community members, volunteers and staff. The GRCS has also supported the Ministry of Public Health with a 24-hour hotline from the onset of the response using 12 consistent volunteers to operate the lines.

The NS began to alleviate the immediate impact of the COVID-19 epidemic through the Meals on Wheels programme to cater for persons affected by COVID-19 scaling it up to cater for 60 persons.

The GRCS has procured 100 kitchen sets and 100 tarpaulins for distribution to the migrant population. This is currently an ongoing collaboration with the Population Movement Project for distribution. COVID-19 information is also disseminated during distributions. Persons have indicated that this has been most helpful as it has created shelter at their homes and has facilitated small business for them to earn an income, such as “cook shops”.



61. GRCS delivering meal and hygiene supplies, Georgetown. Source: GRC

Guyana has recently received 1,500 vaccines, 100 of which was given to the Caricom Secretariat and 1,400 administered to frontline workers. There is currently no active vaccination campaign by the Government, however the NS is in the process of engaging authorities to establish a role and offer assistance.

Trinidad and Tobago Red Cross Society	**NS response highlights**

[9] Publication: By Car, plane and boat: Reachng the most remote communities in Guyana.

The Trinidad and Tobago Red Cross Society (TTRCS) has positioned itself within the country, capitalizing on its auxiliary role, to support the Ministry of Health, and the Ministry of Social Development with programming that has the filled gaps within these agencies. The NS is strategically increasing its visibility in interventions through new and unique programs such as livelihoods, and basic primary health care through their new Henry Dunant Clinic which provides medical services to persons afraid to seek healthcare as a result of the pandemic. Additionally, the high levels of engagement and reporting has increased the NS profile and made it an attractive partner who has drawn direct support from agencies such as the UNDP and the EU as well as large private sector entities. Through institutional strengthening, the TTRCS has been able to modernize its overall systems to be able to more effectively manage the demands of working in the pandemic such as improved IT infrastructure including the digitization of the Finance Department to enhance efficiency in payment processing, server-based data management which will also allow seamless work from home arrangements when needed.



62. volunteer wearing visibility vest. Source: TTRCS



63. Planting seedlings Garden to Kitchen initiative. Source: TTRCS

In the last year, the NS increased its impact and community footprint and created a safety net by providing food parcels to 175 persons in mandatory home and state quarantine and 97 food vouchers to vulnerable families. Also, the TTRCS, working in partnership with the Country Medical Offices of Health (CMOH), was able to preposition a total of 135 food and hygiene parcels for distribution to people in need identified by the County Surveillance. Once identified, the CMOH offices was able to quickly dispatch one of the pre-positioned parcels to the families.

Additionally, in preparation for the partial re-opening of schools in January, the TTRCS installed handwashing stations in 11 schools directly reaching 6,566 students and 487 staff and distributed handwashing posters to all schools reaching over 100,000 students and teachers.

One of the most innovative actions of the TTRCS society over the period is the Garden to Kitchen Initiative which was further developed with the completion of the TTRCS Headquarters Urban Garden as well as the Aquaponics Demonstration Site at the Tobago Branch. The purpose of these two sites is to serve as learning points for communities to know more about agriculture through video and webinars. As a supplement to the Garden to Kitchen Initiative, the TTRCS supported 30 groups and organizations with 200 commodity vouchers, redeemable for essential gardening supplies such as fertilizers, soil, seedlings, tools or chemicals, valued at TTD$400.00. These vouchers were meant to help the organizations reward the development of these small-scale projects and give purchasing power to the participants to maintain or expand depending on their individual needs.



64. TTRCS ambulance refitted for COVID-19. Source: TTRCS.

TTRCS in partnership with the Ministry of Rural Development and Local Government completed a virtual Community Emergency Response Team (CERT) training. 200 participants completed the final examination with 171 receiving a passing overall score from the theory and practical. To wrap up the training a virtual simulation exercise was held on 29th November 2020 with 167 participants.

Additionally, the NS continues to provide volunteers with PPE and have taken measures to ensure ambulances are compliant with new standards for IPC including Installation of barrier between driver and patient compartments on all Ambulances, installation of improved equipment such as AEDs, BVMs, and Airway Management, improved IPC systems for disposal of biohazards such as bags and bins.

Uruguayan Red Cross

NS response highlights

The Uruguayan Red Cross (URC) implements internal epidemiological surveillance measures through the epidemiological investigation protocol applied to volunteers and staff. It has been reinforced with printed graphic material for delivery in distributions as well as reinforcing key messages in social networks, health controls (thermometer) in each of the activities. Sanitary protocols have been developed specifically for food safety interventions and for the distribution of hygiene, asepsis and disinfection kits. At the same time, health protocols have been implemented with guides and awareness-raising talks for volunteers.

The URC carried out daily follow-up and monitoring reports on the evolution of COVID-19 and ongoing needs assessments. It continues to reinforce promotion and prevention to mitigate the spread of the virus, conducting health awareness talks aimed at both volunteers and people in the community. Each activity is accompanied by graphic material printed and distributed to people to reaffirm care. Key messages on health promotion in the context of COVID-19, proper hygiene practices are disseminated through social networks. Participated in the Flu Vaccination Campaign where 1,520 people were vaccinated.

The psychosocial support team is working to develop the MHPSS approach, developed key messages on the subject addressed to the general population, a self-care guide and a national survey where a preliminary diagnosis of the mental health situation of people affected by the pandemic was obtained. It also trained volunteers to continue with these actions throughout the country. In order to provide emotional containment and psychosocial support to migrants and volunteers deployed in Rivera (border area), a comprehensive day of emotional care was held.

The NS expresses its willingness to provide support in the vaccination process to the authorities of the Ministry of Public Health. In this sense, implementation strategies, community work and awareness-raising through communication, health and risk management are being prepared within the organization.

Food baskets were delivered to 3,689 households, 300 meals and 299 shelter kits to homeless people. The implementation of a cash transfer program is planned for March to reach 100 families in the first instance with funds from the Covid-19 appeal supported by the IFRC.

The Uruguayan Red Cross, in coordination with the state, coordinates the reception of migrants at the Rivera border who remain in quarantine until they receive the results of the PCR test to enter the country. Food and hygiene kits are provided at the contingency centre. The SN coordinates the

logistics and management from the arrival of the people until the delivery of the results. PSS sessions and reestablishment of contact between family members are also provided. There are six contingency centers managed by the Uruguayan Red Cross in different areas of the country.



65. Summer with you campaign - awareness talks and delivery of kits. Source: URC.

The NS has prepared support documents such as: risk management policy and strategy, migration policy and strategy and its national response plan.

The URC has generated alliances with private companies to improve the response based on resource mobilization strategies articulated with support areas of the National Society to raise financial and in-kind resources. An agreement was signed with Airbnb to provide volunteers and staff with accommodation in each of the deployments.

The URC has the insurance of the International Federation of NSs and in turn invests in a group life insurance for all the people who are in the response lines in the health emergency. The insurance contracted by HDI is a life insurance policy that includes all staff and volunteers at the national level.

Venezuelan Red Cross

Country Context

As of January 31, 2021, authorities confirmed a total of 126,323 cases. Of the total number of cases, 118,385 people have recovered, representing 94% of infections, while 6,755 are active.

NS response highlights

During the first year of implementation of the operation, the support of the VRC focused, in general, on the provision of primary health care, health and hygiene promotion and strengthening of the National Society.



66. Hygiene promotion to children. Source: VRC – La Vela- Falcon Subcommittee. Date: January 2021

Through the application of biosecurity protocols, educational sessions on hygiene promotion were held in the waiting rooms of the VRC hospitals, addressing topics such as: hand washing, social distancing and correct use of face masks, reaching 53,279 people.

Sessions have been held between the national Mental Health PSS team and volunteers to strengthen capacities in this area, reaching 1,846 people.

With the support of the IFRC, VRC designed and implemented the campaign "ME CUIDO - TE CUIDO" (taking care of me, I care for you), which consists of delivering key messages for the care of the mental health of the members of the Red Cross Movement in Venezuela. At the same time, the "Guide of recommendations for Parents, Schools and Students before the COVID-19" was developed.

VRC also supported the transfer of patients with COVID-19, both those detected at the NS´s headquarters for referral to a sentinel centre, as well as for those confined in public centers that

require transfers for tests in other centers. To date, 340 transports of patients have been made (5.58% to COVID patients and 94.42% to non-COVID patients).

Progress has been made in the implementation of IPC protocols in 8 hospitals and 35 outpatient clinics, which has allowed the 42 CRV health centers to remain operational, providing care to 41,231 non-COVID-19 patients.

In order to maintain its capacity to provide accessible and quality care, VRC, supported by the IFRC, has worked with each branch and subcommittee to identify opportunities to improve their physical structures through 30 micro projects.

In order to provide protection and support the well-being of volunteers, the VRC Governance initiated the implementation of the Lacoste Solidarity Fund, providing timely support to volunteers affected by COVID-19.

A total of 2,689 units of Personal Protective Equipment (PPE) have been distributed, of which 60% were distributed to volunteers and 40% to CRV personnel. In addition, 3,617 volunteers of the National Society are currently insured by the IFRC.

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

Contact information at the IFRC Americas Regional Office

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

National Society	Health and Wash	Socioeconomic Impacts	NS Strengthening
American Red Cross	6	4	2
Antigua and Barbuda Red Cross	6	5	4
Argentine Red Cross	11	6	5
Belize Red Cross Society	7	6	5
Bolivian Red Cross	5	4	4
Brazilian Red Cross	7	3	4
Canadian Red Cross	6	6	3
Chilean Red Cross	10	5	5
Colombian Red Cross Society	10	6	4
Costa Rican Red Cross	13	6	5
Dominica Red Cross Society	6	4	4
Dominican Red Cross	12	6	4
Ecuadorian Red Cross	12	5	4
Grenada Red Cross Society	8	4	4
Guatemalan Red Cross	12	5	5
Haitian Red Cross	7	3	4
Honduran Red Cross	13	6	4
Jamaican Red Cross	4	3	4
Nicaraguan Red Cross	8	3	1
Paraguayan Red Cross	11	2	4
Peruvian Red Cross	2	2	2
Red Cross Society of Panama	11	4	5
Saint Kitts and Nevis Red Cross Society	3	3	4
Saint Lucia Red Cross	5	4	4
Saint Vincent and the Grenadines Red Cr...	11	6	4
Salvadorean Red Cross Society	10	5	4
Suriname Red Cross	3	3	5
The Bahamas Red Cross Society	10	5	4
The Barbados Red Cross Society	6	4	5
The Guyana Red Cross Society	8	3	3
The Trinidad and Tobago Red Cross Soci...	7	4	5
Uruguayan Red Cross	10	6	5

Data source: Public COVID-19 Field Reports submitted to GO Platform by National Societies

Five steps to tackle climate disasters during a pandemic

By Alexander Matheou, Regional Director for Asia-Pacific, International Federation of Red Cross and Red Crescent Societies.

In the year since we launched our biggest ever appeal to help tackle COVID-19 globally, we have also responded to more climate disasters in the Asia Pacific than at any point in the last two decades.

Just a few weeks into 2021 and we have 28 emergency response operations underway in this region: destructive storms from the Philippines to Fiji, record floods in Malaysia and a devastating earthquake in Indonesia. And this year's disaster seasons have hardly begun.

COVID-19 is a threat to everyone. yet it moves down the hierarchy of concerns when the house is destroyed, or the children haven't eaten in days. The most immediate threat to life takes precedence. That is why the International Federation of Red Cross and Red Crescent Societies (IFRC) revised COVID-19 appeal will emphasise the greatest challenge of our modern era: converging crises.

We must sustain and increase our capacity to surge wherever humanitarian need is greatest. Funding must enable that flexibility. Since the launch of the COVID-19 appeal, IFRC has received generous support to counter the spread of the pandemic in over 160 countries. This is our largest ever response. At the same time, our disaster relief emergency fund (DREF) has depleted to its lowest point in years, forcing harder choices about who gets support amid growing climate emergencies.

We need to take stock of these converging crises and make sure we have the right strategies to address them. Fortunately, we have the insights and learning to make good decisions. We know climate-related disasters are accelerating in frequency and intensity. We know which countries are most likely to be hit and at what time of year. We know the pandemic has localised disaster response due to lock downs and restrictions on travel.

Faced with these hard facts, we need to make sure we are taking appropriate actions. These are five steps that will help:

- The humanitarian logistics of disaster response needs to further decentralise and to merge with plans for cash-based assistance. It remains true that even regionalised relief supplies don't move fast enough for many disaster-affected communities. Resistance and a lack of systems for cash-based programming still keeps the fastest and most dignified option for support off the table. We need further efforts to merge and advance these capacities based on mapping of the disaster risks we face.

- National Red Cross and Red Crescent Societies are usually the first responders to disasters, alongside their local communities and emergency services. The international financing mechanism behind this global network of localised disaster response, DREF, is underfunded. A contribution from UK's FCDO late 2020 has topped up the fund a little, but to enable Red Cross and Red Crescent Societies to continue being an effective first line of defence against small and medium scale disasters, DREF needs much more support from governments and funders.

- Given that many of these climate events are predictable, we need to accelerate the use of anticipatory financing to release money prior to the disaster based on risk analysis and climate forecasts. This saves lives and money, addressing two critical issues at once. It allows people to take mitigating actions, as we've seen in Mongolia where early financing is allowing herders to keep livestock safe through a harsh winter, preserving livelihoods and reducing recovery costs and risks of long-term impoverishment. And it addresses risks of a slow supply chain of relief items by enabling pre-positioning of stocks, especially in multiple-island states such as the Philippines, Fiji and Papua New Guinea.

- National and local response capacities require more investment backed by disaster laws in every country. The Australian government and USAID are funding an initiative called Red Ready, which invests in the legal, financial, logistics and human resources base of Red Cross and Red Crescent Societies, so that they are better equipped to be the first, local responders on behalf of a global effort to mitigate climate disasters. More donors and partners need to fund these initiatives as part of a long-term strategy to ensure the right relief is available to address the humanitarian risks of climate change.

- In the more than 400 climate and earthquake disasters that have triggered emergency responses in the last year, all the affected communities have been at risk of COVID-19. So have the volunteers and responders providing the assistance. All frontline responders, including staff and volunteers of Red Cross and Red Crescent Societies, need to be prioritised for vaccination, as a critical enabler of their emergency response work.

Faced with converging threats of pandemics and climate change, the sharp end of disaster response is far from the only thing we need to get right. There are more durable solutions that need attention. But for the sake of people experiencing extreme hardships, we need a global plan for improving localised, emergency responses. Having strong Red Cross and Red Crescent National Societies better prepared to respond to climate disasters, now and after the pandemic, should be part of the plan. It's realistic, affordable and most critically: **it saves lives.**



Mongolia, October 2020. In response to the economic impact of COVID-19, the Mongolian Red Cross, together with IFRC, has been providing food and hygiene parcels to the most affected families. So far they have reached more than 3,000 households.

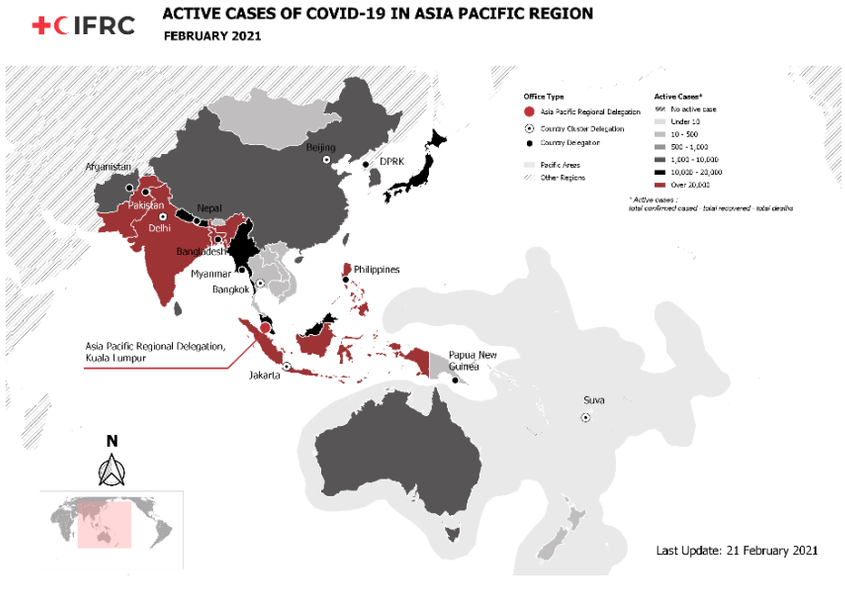
© Mongolian Red Cross

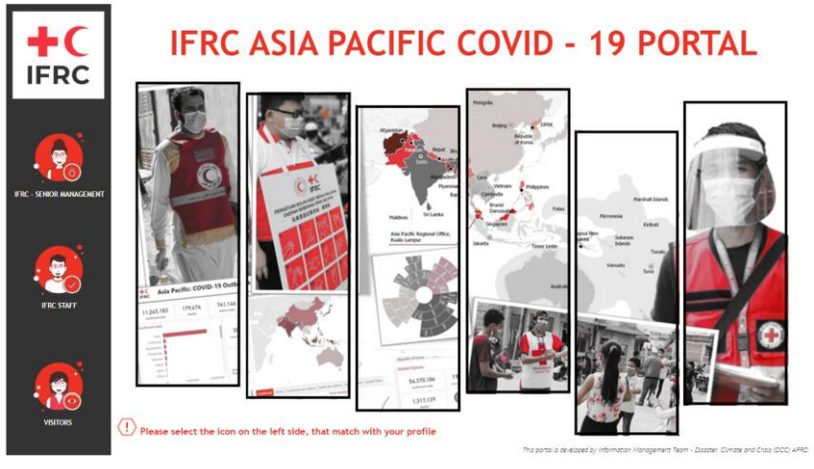
Situation Update

14,890,294 confirmed cases in Asia Pacific

236,732 confirmed deaths in Asia Pacific

reported by WHO as of 31 January 2021





National Society Response

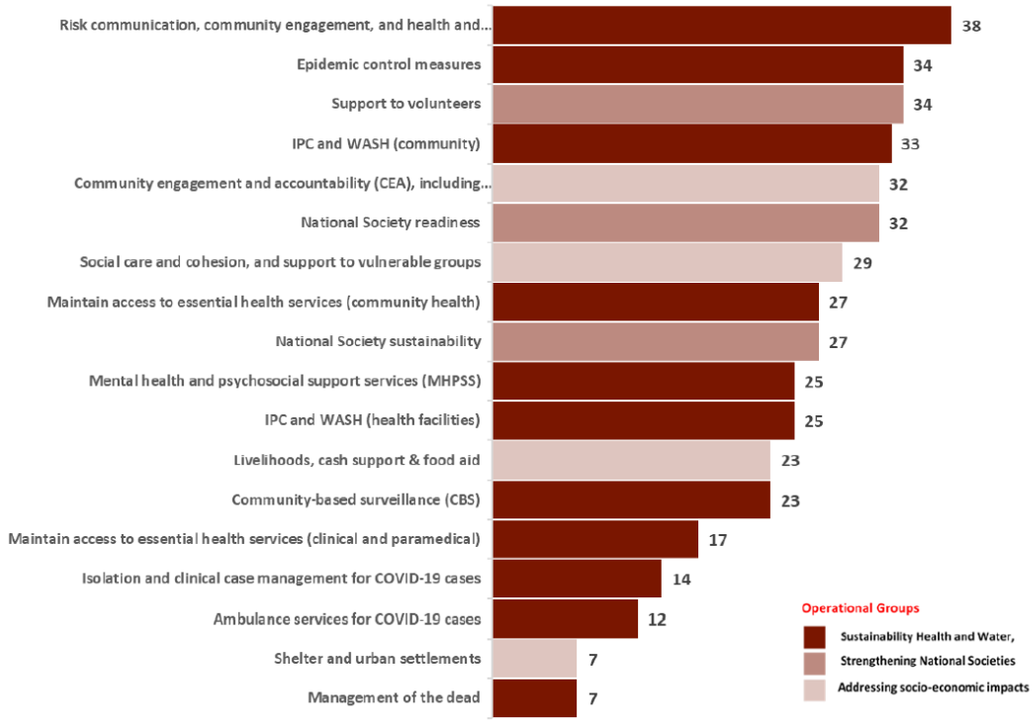
38 National Societies engagement in the 3 operational priorities

Health and WASH
38

Socioeconomic Interventions
37

NS Institutional Strengthening
35

ACTIVITY OVERVIEW



Regional overview

The Asia Pacific region was the first epicentre of the COVID-19 outbreak. Across the region, the pandemic ranged from widespread community transmission to countries that were believed to have zero cases. The pandemic has had far-reaching socioeconomic consequences and health systems impacts. There remain wide discrepancies in epidemiological surveillance systems in many countries and, therefore, likely under-reporting of both cases and deaths. Some countries are better prepared across the region, while others are among the most vulnerable with weaker health systems.

Since the onset of the outbreak, the IFRC Asia Pacific Regional Delegation (APRD) has been providing guidance and coordination support to 38 National Societies through the 5 Country Cluster Delegations (CCD) and 8 country delegations Regional task force meetings have been conducted weekly and from September onwards on bi-weekly basis. CCDs and country delegations have regularly updated the region on progresses of in-country preparedness measures, trends in the number of confirmed cases, governmental actions, and activities being implemented or planned by National Societies.

The Asia Pacific region has issued its third revision of Emergency Plan of Action. Since the last revision, the COVID-19 crisis has deepened, but also the COVID-vaccination has brought hope to the countries around the globe. National Societies have continued to develop their containment and response plans, including several countries with substantial clinical interventions. IFRC launched an Immunization annex that builds on the work underway since the start of the pandemic and aims to ensure the equitable distribution of vaccines. This plan will support National Societies in raising awareness and trust in vaccine campaigns, identifying high-risk communities and individuals, and supporting the Ministry of Health to roll-out successful vaccination programs. In all countries, this crisis's socioeconomic impacts are being felt, with the poor, excluded and marginalised being most at risk. As a result, IFRC and National Societies across the region have increased the timeframe and funding ask for the Emergency Appeal, to 75 million Swiss francs until 31 December 2021.

Priority 1: Sustaining Health and WASH

The epidemiological situation is diverse in the region with 34 countries in the region with confirmed cases of COVID-19. More than 74 percent of active cases in the region are coming from just 4 countries (India, Bangladesh, Indonesia, and Malaysia). India is currently registering the highest number in single-day rise of COVID-19 cases. Maldives on the other hand is registering the highest number of cases per million population. The situation is rapidly changing in Japan, Sri Lanka, and Malaysia as these countries are witnessing a sharp rise in cases recently.

All 38 National Societies in the Asia Pacific region are working in the Health and WASH priority for the COVID-19 response reaching more than 100 million people with key health messages and more than 4.5 million with psychosocial support services. According to the evolving scenario, Asia Pacific Regional Delegation continues to provide technical support to National Societies by updating the technical guidance. Regional Health Unit has conducted 23 health technical webinars in the reporting period. The regional health team has developed a 'New Wave' technical document to prepare National Societies in the region for possible multiple waves in 2021. IFRC Asia Pacific Regional office is a part of the Regional Working Group on COVAX in the Eastern Mediterranean Region, covering Afghanistan and Pakistan, and the South-East Asia Region.

Asia Pacific National Societies are gearing up to support COVID-19 vaccine rollout. As of 22 January 2021, 27 national societies across the region have identified national societies' role with their Ministry of Health in the COVID-19 vaccine rollout. Asia Pacific regional office organized an orientation webinar where more than 100 people participated across the region on national societies' role in vaccine roll-out. More than 17 National societies have completed the readiness self-assessment and are preparing the action plan for COVID-19 vaccine rollout.

Safely managed water, sanitation, and hygiene (WASH) services are essential in preventing and protecting human health during infectious disease outbreaks, including the COVID-19 pandemic. Therefore, ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, prisons and health

care facilities will help to prevent transmission of the virus. Safely managed WASH services are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on community livelihoods and wellbeing.

Epidemic control

National Societies in the region are working with the Ministry of Health to suppress the pandemic. During the reporting period, 34 National Societies in the region are actively involved in epidemic control with public health interventions such as entry/exit point screening, testing, home isolation services, and contact tracing. The Philippine Red Cross has developed contact tracing training curriculum for staff and volunteers and trained its staff and volunteers.

National Societies are involved in measuring body temperatures especially in the border areas, collection of swabs for testing, operating Biosafety level – 2 labs, providing social emergency services in quarantine facilities. More than 47,000 staff and volunteers are mobilized to support screening activities.

Examples include:

- Philippine Red Cross has 21 laboratories located on 10 sites in the country and has reached more than 1.5 million COVID-19 tests. Currently, Philippine Red Cross embarked on a saliva RT-PCR test.
- Nepal Red Cross Society has supported 469 tents, 3,922 tarpaulins, 15,416 blankets, 3,907 mosquito nets and 8,439 mattresses to various sites including quarantine and isolation sites.

Risk communication, community engagement, and health and hygiene promotion

National Societies have been quick at adapting to the situation, carrying out WASH activities with COVID-19 preventive measures taken into consideration, to protect its staff, volunteers and the people they serve. Preventive measures taken include social distancing, wearing appropriate PPE and practising hand hygiene, and carrying out activities in smaller groups of people to reduce risk of transmission and spread of diseases. Emphasis continues to be placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines and distributing suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants, and cleaning materials. Dissemination of key hygiene messages is focused upon, particularly on the importance of washing hands with soap and displaying relevant IEC materials.

Examples include:

- Pakistan Red Crescent Society has conducted community level risk communication sessions through sharing information through mosques via 60 volunteers in 13 districts.
- Indonesian Red Cross (PMI) has broadcasted 2 public service announcements via the 100 KBR radio network stations informing communities on COVID-19 prevention in community markets, reaching nearly 900,000 listeners.

Community-based surveillance (CBS)

Since the beginning of COVID-19 response actions, 23 National Societies have been involved in community-based surveillance. National Society volunteers are trained on collecting data based on case definition of probable and suspected case from the community and report to designated health authorities to detect potential cases in the community. These volunteers are also trained on Epidemic Control for Volunteers toolkit to disseminate health awareness messages. To date, more than 57,000 staff and volunteers have been trained on COVID-19 health risk and basics of surveillance.

Examples include:

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

Infection prevention and control and WASH in health facilities and communities

National Societies are at the forefront of increasing awareness, knowledge, and skills to prevent cross infection and transmission of SARS-CoV-2 amongst their staff and volunteer, communities, refugee/displacement camps, urban dwellings, places of detention, and health services. Several National Societies support government authorities on

contact tracing in communities, refugees, and displacement camps and through their mobile and stationary health clinics.

National Societies have been quick at adapting to the situation, carrying out WASH activities with COVID-19 preventive measures taken into consideration, to protect its staff, volunteers, and the people they serve. Preventive measures taken include social distancing, wearing appropriate personal protective equipment (PPE) and practising hand hygiene, and carrying out activities in smaller groups of people to reduce risk of transmission and spread of diseases. Emphasis has been placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines, and distributing suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants and cleaning materials. Distribution of key hygiene messages has focused on the importance of washing hands with soap, coupled with dissemination/display of relevant information, education and communication (IEC) materials.

As some National Societies are resuming face-to-face trainings, it is important that we take the necessary preventive measures and precautions to alleviate risks associated with transmission of diseases, to protect ourselves and the people around us. National Societies can refer to a training protocol drafted by the APRD which outlines some of the recommended steps to be considered and taken in training preparations and during a face-to-face training. The training protocol elaborates on key considerations, from what do consider when selecting a training location, to how best to layout a classroom seating. There are ten headings, covering different considerations that training organizers/managers are free to adapt as required and as per context. This training protocol is available in a database of WASH resources related to COVID-19. This database contains the latest guidelines and reference materials, from both internal and external sources, covering different key WASH topics related to COVID-19.

The APRD continues to provide technical support to the National Societies, including coming up with a distribution protocol that outlines precautions to be taken when distributing kits in the pandemic context to limit the risks of spreading the virus and to protect those involved. The protocol comes with supplementary information on how to layout a distribution site and proposed steps for house-to-house distributions.

Examples include:

- Philippines: Training on use and distribution of face masks, PPE kits (N95 masks, face shields/goggles, gowns, gloves, shoe coverings) to front-line health workers working in health facilities.
- Thailand: Thai Red Cross distributed 10 million cloth masks to village health workers and volunteers as well as to people who conducted home visits for people in quarantine
- APRD: Webinars on PPE use and volunteer safety and 'green response' - PPE disposal and waste management.

Mental health and psychosocial support services (MHPSS)

One year into the pandemic, many people started to report experiencing pandemic fatigue. A webinar on Pandemic fatigue was conducted in Dec 2020. A survey on Pandemic fatigue was conducted for RCRC staff and volunteers in the Asia Pacific region from Dec 2020 - Jan 2021. Over 470 responses were collected with respondents affiliated with 21 National Societies and regional, cluster, and country delegation in APRD. An opinion piece on pandemic fatigue is also published at some newspapers in the region. A webinar on suicide prevention was also conducted together with the Philippines Red Cross with other partners in the country on several online platforms with more than 6000 views. A MHPSS case study series capturing National Societies' experience, including the Philippines Red Cross, Indonesian Red Crescent, and Hong Kong Red Cross branch on COVID-19 is also being prepared.

Over the year, the IFRC Psychosocial Reference Centre has published several guidelines and online trainings to assist in COVID-19. Some National Societies in the region also published and translated several guides. For example:

- MHPSS IFRC PSC COVID-19 Guidance – Japanese, simplified Chinese
- Remote Psychological First Aid during COVID-19 – Bahasa Indonesia, Burmese, Bangla
- Three faces of the COVID-19 we must be alert to (produced by Japanese Red Cross)
- 14 Day Well-Being Kit – Chinese (produced by Hong Kong Red Cross branch)
- IEC materials: MHPSS during disease outbreak – Chinese (produced by Hong Kong Red Cross branch)

Isolation and clinical case management for COVID-19 cases

National Societies in the Asia Pacific region are playing a vital role with their different capacities in clinical case management of COVID-19 cases.

Philippine Red Cross (PRC) has set up molecular laboratories in 13 different areas of Philippines and have tested 1,818,401 individuals till date These laboratories are operating to increase capacity for COVID-19 testing in Metro Manila. The molecular laboratory has a capacity to test 12,000 samples per day, and a significant contribution towards achieving the country's expanded targeted testing of 30,000 per day. Recently, Philippines RC has also begun saliva PCR test for COVID-19 since January 25, 2021.For its initial rollout, the PRC has designated its Logistics and Multi-Purpose Center in Mandaluyong and its laboratory in Port Area in Manila as saliva testing facilities. At present, only PRC is mandated by Department of Health to conduct such testing services. This initiated after successful completion of pilot test of Saliva PCR test. Additional to this, PRC has already reached more than 15,657 people with 80 medical tents they have set up to support more than 46 private and public hospitals and facilities to provide isolation and care.

Addressing the primary impacts of the virus, Pakistan Red Crescent Society (PRCS) assisted 327 healthcare facilities with in-kind support and assistance to help mitigate the spread of the virus among the already limited active healthcare workers available within the country. Outside of assistance to existing healthcare facilities, PRCS established the country's first designated COVID-19 healthcare facility, Corona Care Hospital in Rawalpindi in April 2020.The facility is equipped with an isolation ward (consisting 120 beds and 70 oxygen ports) and an Intensive Care Unit (ICU) (consisting of 10 beds and 9 ventilators) providing both primary and critical COVID-19 care. A total of 296 patients have been admitted in the hospital's isolation ward out of which 225 were able to recover/are recovering within the isolation ward, 13 were transported to a referral government hospital for critical treatment, 52 successfully recovered in the ICU and 6 passed away in the ICU. To help improve the country's testing capacities, the facility further expanded its in-house services to conduct Polymerase Chain Reaction (PCR) tests through their own lab conducting 3,070 tests. While in Karachi, PRCS Sindh Provincial Headquarters established a sample collection centre in collaboration with Indus Hospital collecting 1,467 samples.

Palang Merah Indonesia (PMI) has been supporting their Ministry of Health through PMI Bogor Hospital. In collaboration with the government laboratory, PMI has supported health services in PMI Hospital Bogor by providing several medical equipment to ensure standard IPC for Covid-19 case management, this also included up-grading room treatment for Covid-19 patients, the detail of medical devices like Mobile X-ray machine, HEPA Filters- 91 units. PMI has also been supporting PMI Bogor Hospital with 30,000 PCR test for patient through MoU with LIPI (national laboratory). IFRC will continue to support the training to medical staff and laboratory team to ensure standard capacities for Covid-19 testing are in place.

In Cox's Bazaar, Bangladesh Red Crescent Society (BDRCS) has set up 2 isolation and treatment centres. The first one which is operational since 21st July is in camp 2E, has 30 bed capacity. The second one that recently started to provide isolation and treatment facilities is a 50-bed facility and is in Rubber Garden. BDRCS has also been continuing essential health care services. BDRCS has also trained their technical team in sample collection and handling of samples while sending samples to MSF and WHO's diagnostic facilities in Cox's Bazaar. BDRCS hospital in Dhaka, Holy Family Hospital, had been one of the major hospitals of country with COVID-19 case management facilities but has now ended the operation in September 2020, as government is taking lead on providing care from their facilities.

Afghanistan RC through their health facilities have screened 465,115 individuals for COVID-19. They had also admitted a total of 82 cases in their health facility out of which 65 recovered from COVID-19. 4673 patients were referred to facilities with higher care for COVID-19.

Other National Societies who have also been instrumental partners of their government in providing support for clinical case management in country are Red Cross Society of China, Korean National Red Cross, Myanmar Red Cross, and Japanese Red Cross society.

Ambulance services for COVID-19 cases

Linked to the government's referral mechanisms, many National Societies have a network of ambulances supporting the COVID-19 response. Malaysian Red Crescent Society, Afghan Red Crescent Society and Nepal Red Cross Society have

been supporting patient transfer since the beginning of the pandemic. PRC has 6 negative pressure ambulances to transport COVID-19 patients and they have assisted referrals of 2144 suspected and confirmed cases of COVID-19. PMI supported ambulance upgrades for 6 ambulances and conducted ambulance simulation for COVID-19 patient.

Volunteers and ambulance crew of the National Societies are trained in IPC standards and use of PPE. Pre-hospital care and emergency medical services guidance documents have been shared with National Societies in the region. APRD health team is also working with APRD logistics team to provide support during procurement of transport vehicle and equipment in those vehicles.

Maintain access to essential health services (community health)

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

Essential lifesaving services such as routine immunization recently resumed in the Philippines, Pakistan, Bangladesh and Afghanistan under extreme care and caution, with medical workers and Red Cross Red Crescent volunteers helping to keep everyone safe.

Philippine Red Cross mobilized about 1500 volunteers to vaccinate around 275,000 Children in recently concluded supplementary immunization for Measles-Rubella and Polio.

Maintain access to essential health services (clinical and paramedical)

Primary health care services are continued in various communities with the effort from National Societies such as Bangladesh Red Crescent Society, Myanmar Red Cross Society, Pakistan Red Crescent and Afghan Red Crescent Society. They play a crucial role in the country's health system by delivering essential health care during emergencies. National Societies continue to work together with their government to reduce gaps in essential health care also during other emergencies in the current context.

Blood services have been one of the key areas of work for several National societies in the AP region. Korean Red Cross, Bangladesh Red Crescent Society, Nepal Red Cross and Philippines Red Cross have been providing blood services, which also includes the collection of plasma for therapeutic use. Indian Red Cross Society through its 89 blood transfusion centres in the country has been providing uninterrupted blood supply to Thalassaemic patients and other blood transfusion dependent patients. Philippines Red Cross has established one convalescent plasma centre and they have assisted 547 individuals with plasma therapy and they have dispensed 638 convalescent plasma units.

Management of the dead

Since the beginning of the pandemic, seven National Societies are in close coordination with their Ministry of Health to increase the capacity on management of the dead. Bhutan Red Cross Society has been entrusted with a lead responsibility on dead body management by the government's Health Emergency Management Committee. More than 1275 dead bodies of confirmed or suspected cases of COVID-19 were buried or cremated directly by the volunteers of the National Societies.

Examples include:

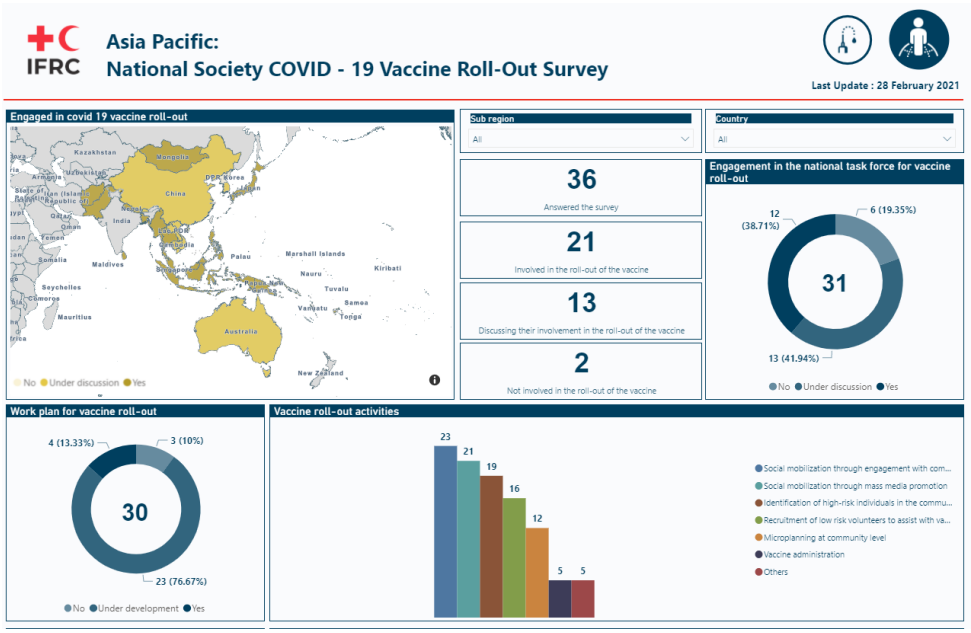
- Bhutan: Trained 854 volunteers on dead body management across all 20 branches. National Society has been accredited by the government's Health Emergency Management Committee as the lead agency for dead body management.

Support for vaccination activities

Asia Pacific National Societies are working on the vaccination plan together with the Ministry of Health, As of 22 January 2021, 27 national societies across the region have identified the role in the COVID-19 vaccine rollout. More than 17 National societies have completed the readiness self-assessment and are preparing the action plan for COVID-19

vaccine rollout. The Asia Pacific Regional Office has developed a dashboard which allows us to analyse the COVID-19 vaccine roll out across the region and to assess what NS are prioritising and how we can better assist with, for example, financial, technical, and logistical support.

Bangladesh Red Crescent Society has mobilized 150 Red Crescent volunteers in the first phase of Bangladesh's COVID-19 vaccine rollout, working alongside government health workers in five hospitals in Dhaka. The second phase of the vaccination campaign national society expects 15,000 of its volunteers to be involved in immunization effort.



Priority 2: Addressing Socio-economic impact

The socio-economic repercussions of the pandemic are being widely felt across Asia Pacific. COVID-19 has substantially affected all sectors, while disproportionately impacting the poor, migrants and displaced people, and families dependent on informal economy. A year after the declaration of the pandemic, the socio-economic impact of COVID-19 further worsened. In the latest joint report of UN agencies in Asia-Pacific, an estimated of 1.9 billion people are unable to afford healthy diets due to lack of decent work opportunities and uncertainties in food systems and markets. To address the enormous socio-economic impact of COVID-19, various initiatives have been launched, such as providing immediate in-kind, cash and voucher assistance with consideration of longer-term recovery support.

Over the past 12 months, IFRC has provided remote technical support and guidance to National Societies in drafting framework to address socio-economic impact as a part of their National Society Response Plan. A COVID-19 livelihood webinar was participated by 61 National Societies and Partner National Societies. COVID-19 specific guidance on food security and livelihoods, on the impacts of COVID-19 on migrants and displaced people, and tip sheets on cash and voucher assistance were developed and shared to National Societies.

Across the region, shelter and settlements preparedness and response activities have been carried out to support containment of the virus along with mitigation of its spread. This has included support to local quarantine centres through distribution of relief items and assessment of appropriate, dignified and safe living conditions and the provision of temporary shelter where necessary.

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

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

In the past 12 months, a total of 13National Societies reported utilizing cash and voucher assistance to address immediate basic needs of households affected by the pandemic and the secondary economic impact. At the regional level, IFRC continuously co-chairs the Regional Cash Working Group (RCWG) together with WFP and OCHA. A RCWG meeting was held in August and December where ongoing regional cash responses to COVID-19 were discussed with emphasis in strengthening linkages to government social protection mechanisms. Stronger coordination and sharing of best practices and learning from among AP National Societies has been done with monthly calls among National

Society cash focal points. Several features and presentations from the AP National Societies were also made to the global Cash hub webinar series.

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

Coordination: The Food Security and Livelihoods HelpDesk continues to provide remote support to National Societies. The main requests are focused on conducting remote livelihoods assessments, adjusting the ongoing operation to COVID-19, how to target effectively, and how to integrate the social protection systems in the response. A new webinar has been conducted providing information about the impact of COVID-19 in people's food security and livelihoods, potential intervention and services, tailored and facilitated by for Asia Pacific Region.

Several infographics related to livelihoods and food security have been developed, focusing on migration and food security and livelihoods assessments.

Shelter and urban settlements

The IFRC Asia Pacific shelter focal point has continued to provide regional coordination and technical guidance to National Societies to support any shelter and settlements related activities. This has included:

- Technical support and guidance for the development of National Society Response Plans that include shelter and settlements considerations in response and in preparedness to mitigate the spread of COVID-19.
- Ongoing monitoring and analysis of regional development, trends, risk and emerging needs, and working with technical counterparts in other regions to inform ongoing activities.
- Working with other technical leads (Migration and Displacement, Cash, Emergency Health, MHPSS) to address requests for integrated support.
- Dissemination of Shelter Cluster guidance on shelter and settlements programs to help mitigate the spread of COVID with Shelter Cluster and National Society focal points.
- Capacity building initiatives including contributions to the development IFRC COVID Safe Guidance for camp and camp-like settings and presentation of this to regional and sub-regional colleagues.
- In addition, a COVID and Shelter webinar was held for Pacific National Societies, which was co-facilitated by PNG national Society. 8 NS were in attendance: Cook Islands, Kiribati, Tonga, Vanuatu, Fiji, Micronesia, Samoa, plus CCST Suva COVID-19, Health and DM teams in the North and South Pacific.

In the past 12 months, the main shelter and settlements needs in National Societies' COVID responses have been in the form of household items, tents and emergency items. Support provided in the region has included:

- ARCS has provided 184 family tents and tarpaulins for temporary screening and shelters in the cross border between Afghanistan and Pakistan.
- NRCS has supported local quarantine and isolation facilities with relief items including tarpaulins, tents, blankets, bed sheets, mattress, mosquito nets. As of 23 July 2020, NRCS has supported 449 tents, 2,406 tarpaulins, 14,772 blankets, 3,546 mosquito nets and 7,850 mattresses to various sites including quarantine and isolation sites.
- IRCS has provided support to 130,410 with household items and IRCS are using tents for quarantine to support government isolation activities.
- BDRS has provided cash in urban areas, with PDMs indicating that over 10% of families have used this money for rental assistance and utilities. Tailored HHI support has also been provided to the elderly living in these settlements.

- PRCS handed over 6 containers to the local authorities to establish temporary quarantine facilities at the Pakistan-Iran Boarder area of Taftan. Blankets & Jackets were provided for 600 people to local authorities supporting quarantine facilities at Pak-Afghan Border (Chaman).
- As cases have remained low in the Pacific, there has been some minimal provision of a few tents for use as 'fever clinics', and essential household items such as blankets and a bit of clothing at quarantine centres. Both Samoa and Marshall Islands have reached 490 and 236 persons respectively.

In the Philippines, Indonesia and Nepal through the Shelter Cluster, IFRC has also provided support and key preparedness documentation such as mapping of in-country stocks and shelter capacity to facilitate coherent and effective shelter and settlements preparedness and response activities. In addition, technical guidance has been developed and disseminated to partners to help to mitigate the spread of COVID-19.

Overall, as COVID-19 continues to pose challenges such as movement restrictions and physical distancing in parts of Asia Pacific that are significantly affecting livelihoods, shelter and settlements is also consequently affected in some countries with families needing support for this, despite the 'invisibility' of the impact.

For example, in Malaysia, PDM data from the cash interventions show that 56.99% of the beneficiaries have used MPCG for payment of utilities and house rental fees. In Afghanistan, 23 % of the respondents reported that they used the cash for their non-food needs as well

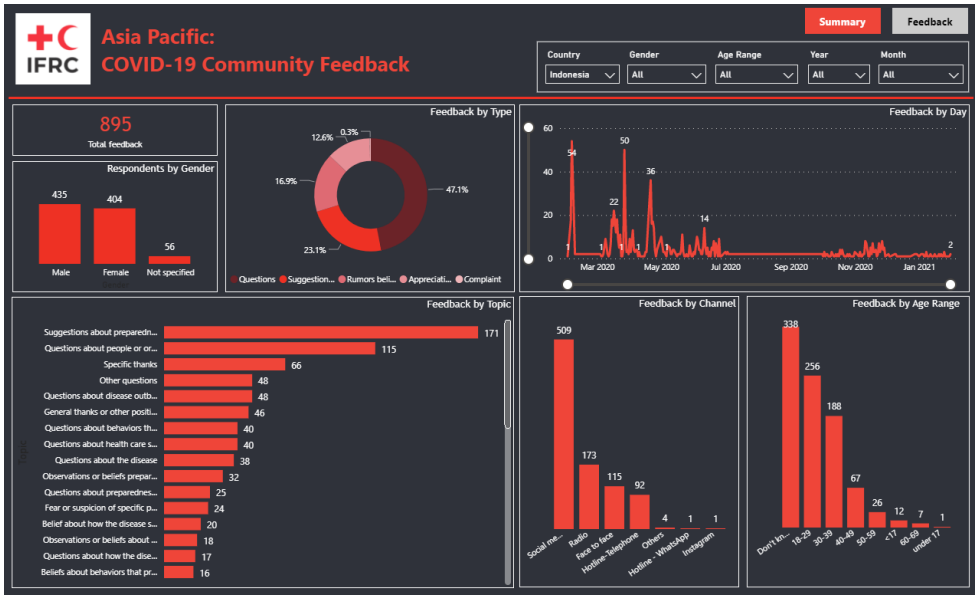
The APRD team will continue close collaboration with the CVA teams to ensure families are protected from evictions, or shelter and settlements needs are adequately addressed, through the cash support that is a continued response modality for support by several National Societies.

Community engagement and accountability

While COVID-19 continues to pose challenges with movement restrictions and physical distancing and pandemic fatigue, National Societies have continued to implement planned activities and where possible, expand feedback mechanisms and engage with communities through multiple channels. Additionally, National Societies are continuing to build CEA capacity of volunteers and staff with the support of IFRC. An increased number of National Societies are participating in CEA webinars and the CEA sessions that are part of other sector/thematic webinars.

Examples include:

- Several CEA webinars and a training of trainers (TOT) were implemented. The TOT was translated in 12 Asia Pacific languages to support National Societies to deliver the same training to the volunteers and staff.
- Several regional and global resources related to CEA were translated as per request from National Societies.
- Community Feedback:
  - IFRC has launched a community feedback dashboard reflecting cross-country feedback analysis from National Societies in Nepal and Indonesia. Further countries are in the process of joining the effort.
  - Thai Red Cross has implemented several focus group discussions with migrants on COVID-19 and with the support of IFRC finalised



a short bulletin analysing the collected feedback.

- Perception surveys:
  - First round perception survey was carried out by Indonesia, Malaysia, Myanmar and Pakistan (dashboard).
  - Second round perception survey questionnaire has been developed by the interagency RCCE working group led by IFRC.
  - MRCS Malaysia has implemented their second perception survey funded by WHO (dashboard).
  - BDRCS has collected first national survey sample.
  - Nepal has finalised planning for their perception survey.
- NS youth café organised a session on COVID-19 misinformation management for their peers with interactions with peers from Nepal Red Cross and other agencies (Internews, more viral than the virus, UNFPA).
- IFRC is co-leading an interagency CEA training on vaccine roll out with WHO and UNICEF. It is a scenario based six weeks online training. This has proven to be a great opportunity for RC/RC country teams to engage with their MOH, UNICEF and WHO counterparts and draft a joint RCCE plan.
- Philippines Red Cross is running number of helplines supporting testing process carried out by the National Society.
- A new unit action team of social media volunteers and district volunteers from Nepal Red Cross keeps the community informed with lifesaving messages and appropriate referral services in several districts.
- CVTL has led a total of 10 CEA trainings (in 10 branches) to CVTL volunteers and staff with a total of 97 participants. The topics included feedback collect with Kobo, introduction to CEA and feedback channels/mechanism.
- IFRC/PMI trained four PMI CEA focal points in South Sulawesi and East Java on CEA basics, feedback management, and establishing radio programme as well as how to establish and run a hotline. Additionally, a CEA orientation was given to 10 PMI CEA focal points in 5 provinces.
- Pakistan Red Crescent Society has established a medical helpline in Sindh to answer health questions.
- Bangladesh Red Crescent Society and IFRC CCST Jakarta participated in an interactive live panel led by IFRC CEA APRD that was part of the Humanitarian and Sustainable Development Initiative (HDI) 2020 organised by CCST Beijing.

Social care, cohesion and support to vulnerable groups

Migration and Displacement

The IFRC Asia Pacific Migration and Displacement team has provided regional coordination and technical guidance to National Societies to support migrants, refugees and internally displaced people (IDPs) at risk from COVID-19 and its impacts. This included:

- Regional monitoring and analysis of developments, trends and risks related to migration and displacement.
- Coordinated the development of specific guidance on assistance and protection activities for migrants, refugees and IDPs during the COVID-19 pandemic. This was complemented by IFRC and external guidance on protection, trafficking, supporting populations in migrant, refugee and IDP camps, and cross-sectoral guidance, e.g. addressing social stigma and discrimination of migrants and refugees.
- Support for programme-level implementation of National Society plans to reach migrants, refugees and IDPs. For example, project management and coordination support for the Thai Red Cross Society's project assist more than 400,000 migrants.
- Capacity strengthening initiatives such as a series of webinars on including migrants, refugees and IDPs in COVID-19 preparedness and response. Tailored support and bi-lateral dialogues such as National Society capacity strengthening initiatives for the Myanmar Red Cross Society and the Thai Red Cross Society. Guidance on how National Societies could align their activities and strategies with migration and displacement targets contained in the Manila Call for Action, and the Global Migration Strategy.
- External engagement included participation in the inter-agency regional Thematic Working Group on Migrants, Refugees and COVID-19 (hosted by IOM); and support for national and regional level communications on migration, displacement and the COVID-19 crisis, including a regional op-ed and a series of live and recorded interviews with national media.

Preventing and responding to risks of violence, exclusion, and discrimination

Some National Societies are incorporating prevention and response to SGBV in their operations through different channels. For example, incorporating messages in home visits to communities (Mongolia) and having hot lines in place to enable disclosures of violence. A webinar is being developed with ICRC on SGBV prevention and response.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage
An increasing number of National Societies have participated in sub-regional webinars on PGI and COVID-19 and violence prevention. The participants have started to train others in their respective National Society and mainstream PGI in the COVID-19 response.

National Societies are collecting sex, age, and disability disaggregated data and having gender and diversity analysis to understand who is most at risk in this outbreak, looking at the health factors and their protection and livelihoods.

Priority 3: Strengthening National Societies

COVID-19 has presented new challenges for National Societies. Movement restrictions and physical distancing have had an impact on their established ways of working and hampered humanitarian access, requiring new and safe modalities for volunteers and improved processes for business continuity and ongoing delivery of operations, services and programmes to people in need. The IFRC APRD has prioritised National Society strengthening so that National Societies can fulfil their role as auxiliary to the government and transform their ways of working to be COVID-19-safe and disaster-ready.

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

Offices have been providing support to National Societies in business continuity planning, with a focus on supporting duty of care and operational capacities. A mapping of issues and solutions is ongoing, with a focus on duty of care aspects towards staff and volunteers, especially around insurance. National Societies have also been linked with the global Help Desk on business continuity plan and the region has been actively involved in building up guidance and support documents to National Societies for business continuity planning.

As auxiliary to the government, the National Societies are working closely with governments in the areas of containment, isolation and social distancing activities. National Societies are also conducting activities in collaboration with local authorities such as organizing community kitchens, distribution of dry rations, community-based surveillance, logistic support to quarantined homes and centres, ambulance services for transporting patients, distribution PPE and hygiene kits, shelter homes, Red Cross Hospitals and isolation centres, and risk communication and hygiene promotion. Some National Societies are also involved in dead body management with the Ministry of Health. Many National Societies also continue to organize blood donations as an essential service acknowledged by the government.

- **Support to National Societies to implement Forecast-based Financing (FbF) and related early actions under COVID-19**: BDRCS activated its Early Action Protocol (EAP) for cyclones in May and for floods in June 2020 to implement early actions that reduce the impact on vulnerable populations. Funds allocated allowed BDRCS volunteers to reach communities before the main hazard impact. Implementation was adapted to COVID-19 by including awareness on COVID-19 prevention and protection in early warning messaging, making more safe spaces available to allow for physical distancing, and distributing PPE to volunteers and beneficiaries. Similarly, the Philippine Red Cross adapted its EAP for typhoons to reflect the COVID-19 context.

Webinars on different topics related to COVID-19 response have been organised to provide technical support to National Societies and promote knowledge sharing. Examples included:

- **Two webinars on COVID-19 RC/CEA** were organised at the beginning of the COVID-19 response to introduce the importance of CEA in the COVID-19 response, challenges and solutions. Both webinars were attended by 30 to 50 participants.
- **Global RC/CEA Training of Trainers Global RC/CEA Training of Trainers** was organized – the RC/CEA coordinator and delegate co-facilitated two global training of trainers (ToTs) on Risk Communication and Community Engagement and Accountability, reaching around 100 participants, with many drawn from the National Societies in the region. Based on this CEA team adapted and facilitated a regional ToT with contributions from National Societies from Pakistan, Indonesia and Bangladesh with over 50 participants.

- **Two online trainings on Data Analysis for Perception Surveys.** This is a webinar organized in collaboration with WHO, to offer a two-hour deep dive into what data points to compare and what questions to ask from your perception survey data. The webinar offered practical guidance and a few short exercises.
- **COVID-19: The Role of the Media in Addressing Stigma** with speakers from Internews, BBC Media Action and The Wire News.
- **How to use Kobo for community feedback & perception data**
- **COVID-19: Training of Trainers for Risk Communication, Community Engagement and Accountability** was a pilot training using several interactive methods on zoom. The slides are currently being translated into several languages relevant for Asia Pacific.
- **CEA & Cash** is a webinar hosted jointly by the CEA Hub and Cash Hub, with Monira Parvin, CEA manager BDRCS presenting their experience on CEA and Cash with her colleague Mohammad Kamrul Hasan in addition to speakers from BRCS London, ICRC Geneva and Kenya Red Cross Society.

National Society sustainability

Business Continuity thinking is a new concept for most National Societies in the region. As it is not an institutionalised way of working, understanding and prioritisation of business continuity has been challenging for National Societies, sometimes leading to a more reactive than proactive approach. A key challenge in some countries has been the lack of practical and technical possibilities to work from home, not allowing for easy reduction of staff in the office. COVID-fatigue linked to better periods with few cases has also impacted the attention given to busines continuity measures. In 2021, new webinars will be arranged to highlight available approaches, tools and templates, both with National Societies and with IFRC offices supporting them, with a view to and focus on ensuring preventive measures are in place and with that plans to deal with possible cases in a timely way.

The IFRC has developed financial sustainability guidance and toolkit to support National Societies in assessing the current situation, anticipating challenges, and ensuring financial sustainability to continue providing services for vulnerable communities.

The guidance document highlighted six main areas (both at strategic and operational level) for National Societies to consider in response to COVID-19 and its economic impact. These six areas are listed below, and details are supported by the toolkit:

- Analysing the economic situation and scoping for possible scenarios and impact on National Society.
- Understanding the current financial sustainability situation and possible risk.
- Getting ready to scale up and scale down.
- Investing in emergency fundraising, new and diverse ways to generate income.
- Liaising with authorities, partners and donors.
- Supporting branches to enhance local actions, partnership and fundraising.

An analysis of financial sustainability situation of National Society has been conducted and shared with National Society leadership. The National Society Development team has developed partnership with an organisation to support National Societies to provide pro bono peer support using action learning methodology in the areas of financial sustainability and leadership development.

Support to volunteers

- A Volunteer Management Guidance and Checklist document was developed and adapted to the current COVID-19 response and shared with all National Societies within the region. A webinar to address and explain the document was organized for volunteering focal points and representatives from National Societies, IFRC Country Delegations and Country Cluster Support Delegations.
- 33 out of 38 National Societies have personal accident insurance coverage for their volunteers. 24 of which are utilizing the IFRC Global Volunteer Insurance Scheme facilitated by IFRC Country Delegation, CCSDs and APRD.
- Support is currently ongoing for Lao Red Cross to register insurance for their volunteers through the IFRC Global Volunteer Insurance Scheme and the remaining 11 National Societies.

- Support for developing a national level Volunteer Solidarity Fund mechanism is currently ongoing, targeting six national societies (Myanmar, Nepal, Malaysia, Bangladesh, Pakistan, Indonesia). Myanmar Red Cross Society has successfully completed the requirements and has established a national level solidarity mechanism.
- Support to review private local insurance for Bangladesh Red Cross and Myanmar Red Cross was conducted to ensure that volunteers' protection is adequate without discriminating age, gender and medical background of volunteers.
- Mapping of the national healthcare system has been conducted to facilitate the prioritization of Solidarity Mechanism funds for National Societies that do not have free and universal healthcare coverage.
- Webinar sessions were also organised to engage volunteers in discussion and peer-to-peer support on innovative ways of volunteering during the pandemic response.
- 4 youth-led interactive virtual events "Asia Pacific Red Cross Red Crescent Youth Café" were organised targeting youth from Asia Pacific region and 229 youth from more than 20 NSs were joined and shared their feelings and exchanged their experiences during the pandemic in small breakout groups.

Enabling Actions

Coordination for quality programming

Since the onset of the pandemic, IFRC has remained engaged with key counterparts in the international community across the region. For example, the first interagency working group for Asia Pacific, in late January 2020, was initiated by IFRC and OCHA and hosted by IFRC in Bangkok. Since then, the Asia Pacific regional interagency COVID-19 working group meetings have been held weekly, and every fortnight since June 2020 and the last meeting was held in January 2021, after when the COVID-19 related matters were agreed to be discussed in the Asia Pacific Emergency Preparedness and Early planning Working Group. This specific interagency COVID-19 meeting is chaired by OCHA and WHO and falls within the regional IASC meeting structure. IFRC has remained engaged and attended all these meetings, bringing forward the unique insights and knowledge of IFRC based on the reach and presence of National Societies.

The international community's persistent challenge using diverse geographical regions in their administrative and operational setup has become yet again obvious in this response. As an example, the Asia Pacific region for the IFRC does not have the same geographic coverage as the Asia Pacific region for WHO or UNICEF, and UN agencies and programmes do not have the same regions. This has been overcome by a sustained and coherent institutional engagement by the IFRC in all relevant meetings. For example, IFRC co-chairs the regional interagency working group on risk communication and community engagement.

Furthermore, IFRC has facilitated inter-agency lessons learnt from emergency response affected by the COVID-19. For example, IFRC used its role and platform as chair of the Asia Pacific EPWG to share experiences and lessons drawn from Tropical Cyclone Harold. These findings and challenges have also been shared with donors through IFRC's continued engagement at a regional level in donor coordination meetings for COVID-19.

At the initial phase of the pandemic, the interagency coordination at the regional level was essential to gain information as systems and structures were being established. As things developed, the regional structures have become less instrumental as the national engagement is where the operations take place. IFRC remains engaged with national authorities as well as the UN country teams and national interagency coordination. This is especially important for long-term socio-economic operations which reach beyond the immediate humanitarian health concern. IFRC continues to advocate for localisation and the humanitarian-development nexus engagement.

Evidence-based insights, communications and advocacy

Planning, Monitoring, Evaluation and Reporting

The IFRC Asia Pacific Regional Office has worked closely with the global and regional operations team to develop a streamlined Federation-wide planning and reporting framework that ensures high accountability standards. Epidemic Field Report, 3W country mapping, operations update, financial overview and indicator tracking tool have been regularly updated on IFRC GO.

National Societies in the Asia Pacific region is undergoing revision of National Society Response Plan (NSRP). The revised NSRP will incorporate findings from the Asia Pacific COVID-19 Needs Assessment for Response and Recovery and take into consideration evolving situation and needs in the country for the next phase of response operations including COVID-19 vaccination plan.

The Asia Pacific regional PMER team is also involved in real-time learning on targeted areas of the response globally. The first real-time learning exercise was on rapid response adaptability, while the second one was on prioritisation and funding allocation. A Federation-wide evaluation is currently underway to assess the Red Cross and Red Crescent's effectiveness and relevance to the COVID-19 pandemic. National Societies are supported on technical capacity in overall planning, monitoring, and data collection methods at the country level.

Information Management (IM)

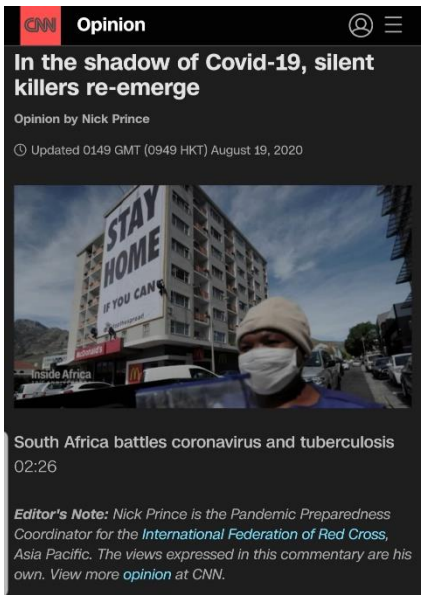
To enrich the information related with COVID-19, the APRD IM team has developed the first vaccine dashboard for IFRC. The dashboard aims to present the progress of COVID-19 vaccine development, vaccine roll-out survey, and present the result of the National Society COVID-19 Vaccine Readiness Assessment in the Asia Pacific countries. The Vaccine dashboard along with 14 dashboards have been included in the IFRC Asia Pacific COVID-19 Portal – accessible at https://ifrc-asiapacific.org/COVID_portal – which launched officially on 21 January 2020. The portal centralized various information generated from COVID-19 related-works in Asia Pacific. In collaboration with National Societies, the portal provides detailed evidence-based gathered from many different sources for better understanding and decision-making. The portal can be shared with partners and has password protection for IFRC-only links (IFRC Senior Management and IFRC Staff profiles).

The APRD IM team has supported the Malaysian Red Crescent Society (MRCS) on conducting a rapid assessment during the floods in December 2020 by developing Mobile Data Collection (MDC) using Kobo collect application. To support the data collection process, IM team has provided online training that was participated by staff of MRCS's and volunteers.

Three Mobile Data Collection (MDC) kit was purchase in December 2020 to support the National Societies data readiness and Digitalization in Asia Pacific with support from the German BMZ Fund. One MDC kit has been dispatched to support the West Sulawesi-Indonesia earthquake assessment.

During the reporting period, APRD IM team provide technical support for National Societies through guidance and briefing on the GO platform to enhance efficient reporting on COVID-19 operations. In 2020, 290 public field report have been submitted on GO platform and 98 activities reported on GO 3Ws from 37 countries. This is a significant increase compared to 2019 with only 97 public field reports.

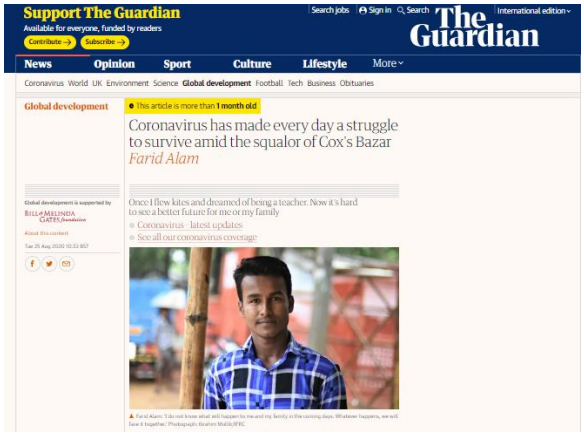
Communications



IFRC Asia Pacific has worked with National Societies and IFRC Geneva to achieve major international media including opinion articles and coverage across digital news, print, TV and radio reaching tens of millions of people in Asia and around the world. Major opinion articles have been published in a range of major global and regional media outlets including CNN, Bangkok Post, South China Morning Post, Nikkei Asian Review and the UK Guardian. In the shadow of Covid-19, silent killers re-emerge – is the first such Op-ed from the region published in CNN International by the IFRC Pandemic Preparedness Coordinator for the Asia Pacific. Opinion pieces also were published in the South China Morning Post in the latter part of the year: Don't let home be a place of fear for any woman or child by APRD's Emergency Operations Manager and Head of Health John Fleming featured in a half-hour programme Coronavirus, or malaria, tuberculosis and HIV? on Al Jazeera Inside Story.

Two press releases on Red Cross action to prevent COVID in Indonesia and COVID in the Philippines scored significant national and global media coverage including: SBS Australia, UK Telegraph, India Today, Malaysian Star, Tech Today, Japan Times,

Al Jazeera, Philippines Sun Star, Verdict Medical. On DPRK, Voice of America and CNN included comment from IFRC spokespeople on humanitarian work including COVID-19 prevention. Al Jazeera ran a special feature following the global release of an IFRC report on climate change and COVID-19: Asia Pacific hardest hit by COVID-19, climate-related disasters. Red Cross Red Crescent Climate Centre Director Maarten Van Aalst appeared on Channel News Asia TV prime time. A Vice News special appeared across digital news sites globally on climate disasters and COVID.



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

An Opinion article by Dr Susan Mercado, IFRC Strategic Adviser, was published in Nikkei Asian Review : Polio stalks the Philippines. Again, as COVID-19 lockdowns hamper polio vaccination efforts. Al Jazeera: Myanmar reports biggest daily rise in cases. Al Jazeera Inside Story featured Brooke Takala - Secretary-general of the Marshall Islands Red Cross Society and Jagan Chapagain - IFRC secretary-general - Is the coronavirus pandemic a chance to tackle climate change? An opinion pieces on preventing violence against women in times of COVID-19 by APRD's Emergency Operations Manager was published in the South China Morning Post. APRD Head of Health John Fleming also featured in a half-hour programme Coronavirus, or malaria, tuberculosis and HIV? on Al Jazeera Inside Story.

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

Communications content packages focused on preventing COVID-19 across the region, including in the most at-risk communities from Philippines to India, Timor Leste, Indonesia, and Nepal. Audio-visual communications also centred on psychosocial support for children, cash support in vulnerable communities, along with health and hygiene promotion among older populations. On World Day, a wide range of stories and content from National Societies across the region were shared successfully on IFRC Asia Pacific and global IFRC social media channels with high engagement rates. Asia Pacific colleagues organised and took part in five RedTalks streamed live across IFRC's social media platforms resulting in a combined total of more than 64,000 views across Facebook and LinkedIn.

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

Disaster Law and Legislative Advocacy

IFRC has supported National Societies on issues related to humanitarian access and advocacy related to COVID-19. This has been achieved through development and dissemination of key messaging and tools to support the continued movement and operations of National Societies in the tightening COVID-19 regulatory environment. There has been

ongoing advocacy on easing regulatory barriers for humanitarian supply chains at national level (Bangladesh, Afghanistan, China, Malaysia, Philippines, Samoa, Fiji) and regional level (through advocacy with World Customs Organisation and Oceania Customs Organisation. Support was also provided for the recognition of National Societies as essential service providers in COVID-19 emergency measures as well as ongoing support to National Societies to formalised and strengthen auxiliary role provisions in relevant COVID 19 related laws and policies. A guide and online training module have been developed to support National Societies in these efforts as well as a Model Pre-Disaster Agreement. Global research on law and public health emergencies is near finalization, including research and analysis from 18 Asia Pacific Countries. There will likely be an increased demand for disaster law support in 2021 to support governments review and strengthen their DRM arrangements to better integrate public health measures into relevant frameworks. This research will be critical to ensuring ongoing Red cross Red Crescent leadership in this area, and support National Societies with their ongoing advocacy and influence efforts to strengthen national and local systems.

International support and resourcing

Partnerships and Resources Development

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

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

PRD is currently developing the Asia Pacific COVID-19 Immunization Strategy promotional document, to be utilized as an additional tool to engage with potential donors and stakeholders. This tool will also help increase awareness on IFRC'S 5 areas of work on immunization that are adaptable to local contexts, capacities and needs of the Red Cross Red Crescent response activities and in turn, contribute to mobilizing additional resources for the region.

Logistics, Procurement and Supply Chain

The Global Humanitarian Services & Supply Chain Management in Asia Pacific (GHS&SCM-AP) unit in Kuala Lumpur has been actively managing and providing logistics and procurement support to the COVID-19 operation since its outbreak. This support was not only to the AP region but also extended to the overall global supply chain needs. The global sourcing allowed consolidation of needs and enables sourcing without having competing supply chains within the organization, as the source of the supply was the same. At the same time, the sourcing strategy also reinforced the local procurement processes with National Societies while managing the mobilization of the goods (which included but not limited to PPEs, medical items, ambulances, vehicles) to the countries. In view of the anticipated volumes of procurements for members, and to avoid an over-recovery of procurement fees vis-à-vis the associated costs, a Decision Paper was approved to reduce the procurement fees charged to member National Societies on all COVID-19 related procurement.

GHS&SCM-AP with support and close collaboration with GHS&SCM in Geneva was also engaging closely with relevant stakeholders and finding solutions to support the implementation of the operation's action plans, amongst which included proactive approach to mapping PPE demand across the region to anticipate needs as they arise. Following the mapping exercise, GHS&SCM-AP coordinated and facilitated both international and local procurements of the PPE and other related in-kind items for CHF 20 million for the AP region and global needs (CHF 15.7 million for AP + CHF 4.08 million for global). Out of the CHF 15.7 million procurement done for AP, 74% (CHF 11.6 million) is for local procurement. This effort reinforced the overall localization agenda of the organization. A total of 31 procurement files being technically reviewed and approved during the period of February 2020 – January 2021 worth CHF 3.74 million.

The procurement and sourcing support had extended to cover the procurement under the German Government's grant (MFA & BMZ). A total of CHF 1.973 million worth of local procurement completed which included PPEs, IT equipment

and first aid items. Various shipments had been organized to mobilize the procured goods to each respective country in the AP and other regions where technical review on National Societies and Country Offices' COVID-19 response plan had been extended by the GHS&SCM-AP unit, which included logistics, procurement and fleet support. On fleet especially, technical support and assistance had been provided to facilitate the purchase of the negative pressure ambulances, mobile blood unit vehicles and upgrade of the ambulances. This was done in close collaboration with the Global Fleet Base Unit in Dubai.

The COVID-19 Logistics Dashboard was developed for the COVID-19 operation detailing the procurement and mobilization achievement (quantify in value (total procurement undertake/secured) and quantities (total shipments delivered in countries). Coordination efforts within Movement partners was also initiated with ICRC on the pursuit of PPE joint tender and accessing their stock and organized joint weekly calls with Partner National Societies to share logistics information and address challenges and gaps resulting from the COVID-19 outbreak. The same effort to strengthen coordination with external partners had taken place where the GHS&SCM team in Geneva was actively engaged with the Pandemic Preparedness Cell in coordination with other partners. Logistics team also collaborated on freight solutions with World Food Programme (WFP)/Logistics Cluster on Global Cargo Provision Service & Qatar Airways which pro-bono shipments had been requested and activated to Bangladesh, Indonesia, Pakistan, Philippines and Papua New Guinea. 13 shipments within AP region were provided free of charge by World Food Programme and Qatar Airways with a total savings of approx. CHF 105,000.

Collaborative efforts and promotion of humanitarian diplomacy agenda continued throughout year 2020 with partners from different organizations such as the AHA Centre, World Custom Organizations (WCO) and UN agencies on different platforms from operations on shared logistics and preparedness on advocacy. The GHS&SCM-AP had participated in the AHA's Webinar Forum on Pandemic & Natural Disaster: Rethinking Humanitarian Logistics and WCO Virtual Regional Workshop on disaster management and supply chain continuity in time of COVID-19. Both platforms offered an opportunity to share from IFRC perspective the challenges faced during the COVID-19 operations on supply chain and custom importations & exportations. These participations were crucial to ensure that the relevant stakeholders and governments across Asia Pacific were aware of the challenges the humanitarian community was facing, not only on COVID-19 and emergency responses but also on overall preparedness strategies.

Under this operation, 8 personnel have been deployed under various profile which included both procurement, logistics and supply chain coordination. Due to the restriction of travel, five of them provided remote support from their home-based while one was on-site and the other one provided both remote and on-site support. The human resources support was extended to China, Mongolia, Fiji and regional coordination.

All the activities were conducted in line with IFRC Logistics & Procurement Procedures and quality assurance guidelines, focusing on the overall support enabling the National Societies to carry out their response plan in a timely and effective manner.

The pandemic has disrupted the global supply chain and its impacts across the world is inevitable. It had and is still presented widespread challenges to the supply chain management of the organization and the needs to adapt the existing system and working modality to meet the changing demand for this operation. The challenges posed by the COVID-19 includes the following which are not only purely from supply chain perspective but also challenges in engaging human resources support.

- Global shortage on medical supplies especially on PPE. At the beginning stage during the COVID-19 outbreak, the demand for PPE worldwide had far exceed the supply line which caused price hike due to huge competition in the market. The prices of PPE during the initial sourcing stage 12 months ago was about 28-93% higher than the prices of PPE in the market now.
- Limited PPE suppliers in the organization database which additional lead time need to be factored in for due diligence process. There were also limited access to alternate suppliers outside of China as most of the PPE manufacturers are based in China.
- Unclarity of PPE requested quantities by the countries that make it challenging to plan and strategize the sourcing and procurement for the PPE supply chain.

- Long production lead time for goods readiness due to demand exceeding supply. The situation exacerbated with restriction rules set by countries' government to prioritize supplies for domestic consumption and reduced manufacturing capacity due to countries' nationwide lockdown. The production lead time during the height of the first wave pandemic spread was 29-67% longer.
- Authenticity of the products offered by suppliers are contentious. Quality certificates are not readily available for verification and not in English language. In most cases on local procurement of PPE, supplies are not meeting the minimum quality standards or lack of certification to support.
- For IFRC, albeit it is international or local procurement, baseline standards and specifications of PPE follows WHO/IFRC standards guideline with exception of the local MoH in the countries approve and confirm the acceptance of local standards (which are not as per WHO/IFRC standards). Lack of approval document from the local MoH delay the verification process.
- Long delivery transit time and increase of freight costs due to limited freight options available (both sea and air). We have also started to see the impact of the pandemic on critical containers shortage globally and heavily felt in Asia. This caused hike up of freight price to more than 100% of the cost compare to a year ago and shipping schedules are further delayed.
- Borders closure and additional requirements and regulations imposed by governments as part of their preventive measure on shipments during COVID-19 escalated the already existing challenges. Due to the closure of borders in some countries, its neighbouring countries who rely on its access (landlocked countries) were badly affected.
- Export and import restriction during COVID-19 were and still a focus challenge in our supply chain management. Export of PPE were banned in most of the manufacturing countries in the region that intensified the shortage of supplies during the first wave of the outbreak. In some countries, this imposed ban had not been lifted yet. Custom clearance formalities are not easing up for international importation where exhaustive list of import document is requires and higher import tax imposes for some items in most countries. This is part of their government's policy to protect local manufacturers and encourage "localization". For sanctioned countries, getting supplies in during COVID-19 doubled the efforts and complications with additional special permits to move goods from both export and import countries.
- It is still a challenge to mobilize technical human resources during the COVID-19 due to restriction on travel and movement. Most of the engaged surge supports were working remotely and practical logistics support that can be extended to the local country level was very limited. This created pressure to the already stretched local resources to take on added responsibilities to support the operation.
- The existing system and working modality of the organization was not developed to manage this type of unprecedented operation. The system and processes need to adapt to the evolving situation and requirements of the suppliers.

While observing the supply chain activities that had been carried out in the past 12 months, capturing the challenges posed and lesson learnt from this COVID-19 operation, the GHS&SCM-AP has during this period started to work on few initiatives and projects to promote good practice and ensuring better logistics preparedness of the organization in the future. A good practice and approach from this operation had successfully build up the capacity of the support staff and surge HR within the current GHS&SCM-AP team and the Movement in general. The logistics interventions in procurement of the PPE and medical supplies where the demand needs exceed the supplies, challenges with working with suppliers, managing shipments with limited transport options coupled with individual's country restricted rules and regulations provided a good practical training. This unprecedented crisis had built the necessary capacity and provide good reflection to the staff that had been involved and managed the supply chain support for this operation.

On procurement, under the suppliers' management perspective, GHS&SCM-AP with the support of the Medical Logistics had validated more than 20 suppliers including manufacturer and trader/distributor for PPE and consumable and completed the supplier due diligence process with the Finance. The relationship and trust with/from the supplier/manufacture who know IFRC requirement/system was developed to ensure sustainable collaboration in the future. The process of requirements for product validation and approval had been established with the support of the Medical Logistics. This will ease the additional lead time to work through the process with relevant stakeholders in the future. Framework Agreement (FA) of transport for COVID-19 operation was established and this will be a good practice approach to potentially extend such Transport FA to other operations.

Few months back, in anticipation of the new wave, the GHS&SCM-AP, in coordination with other departments such as Health, DCC and PRD were working to reinforce the close engagement with the National Societies in the region through the Country Offices team and strengthening its supply chain preparedness. The AP team in Kuala Lumpur had been connecting on the "Deep dive" calls with countries team to further understand the National Societies' plan on the preparedness for the new wave (s) of the COVID-19 as it will provide better understanding of the National Societies' plans and possible related activities which will be an opportunity to better preparedness planning and developing the strategy for more efficient and effective logistics support. In view of this, the GHS&SCM-AP had also engaged the British Red Cross to provide support on a study to further investigate and do an analysis on the changing local capacities and policies enforced by the local governments. The first draft document on "local capacity and infrastructure" has been developed for first five countries (Afghanistan, Bangladesh, Myanmar, Nepal & Pakistan) and currently under review.

Lastly, to align with the organization's overall strategy plan to prepare for the COVID-19 vaccine rollout worldwide, the GHS&SCM-AP was in discussion and communication with the DCC & Health departments to better understand the National Societies' plans on vaccine rollout for their countries and possible supply chain support that is needed. The logistics preparedness plan could but not limited to start working on the groundwork with the countries around the sourcing strategy (local or international procurement) and the feasibility on getting quality assurance of the COVAX related items or equipment locally, activated the PPE mapping exercise as potential additional needs of PPE is expected during the rollout and to look into the medical waste management guideline with both the Health and Medical Logistics once the vaccine rollout comes into full effect in the coming months.

Surge

A total of 26 rapid response members were deployed to support the covid-19 operations. Of the 26 members, 10 of them were deployed and the other 16 members provided remote support. Half of the deployed rapid response members had supported various technical functions at APRD, Malaysia who in turn supported the National Societies, Country Delegations and Country Cluster Delegations across the region. The other half had supported COVID operations in China through the Country Cluster Delegation. In terms of remote support, 12 of the members had supported Malaysia, two had supported Fiji, one had supported Pakistan and one had supported China.

The New Zealand RC had funded one rapid response member in the communications role. The British RC, Swedish RC and Netherlands RC funded one member each in the CEA, PSS and PRD sector respectively. The Singapore RC had funded two members for operations coordination and PMER. Likewise, Hong Kong RC had also funded two members and the sectors were communications and PMER. The Danish RC had funded three members to support the health, PSS and logistics sectors. The Finnish RC had funded five members in total and the sectors include two in logistics, two in communications and one in PSS. The Australian RC had funded a total of nine members which includes two in health, 2 in operations coordination and one each for pandemic preparedness, CEA, logistics, communications and PMER. Lastly, a PSS role was supported by DREF.

With significant number of Rapid Response members supporting remotely, surge desk Geneva conducted a review of remote rapid response. The recommendations aim at strengthening organizational preparedness for future response to COVID like situations. The final report and the recommendations are available for sharing.

Human Resources

The operation's human resources plan for COVID-19 or workforce plan (WFP) was revised and has been submitted for review and approval. There were about 71 positions listed in the initial version of the WFP and 10 positions were added to accommodate and reflect the needs of the current situation. At the end of Q4 of 2020, about 40% of the listed positions in the initial WFP have been successfully recruited. The HR department has employed a dedicated full-time employee to focus on staff health, ensuring health and well-being of personnel and volunteers during this outbreak and another employee to support APRD and as contact point for HR operational matters pertaining to and under the COVID-19 budget allocation.

Financial Analysis

The budget implementation for Asia Pacific is reported in the Interim (12-month) Financial Report attached at the end of this report. The PEAR budget of 44 million Swiss francs for Asia Pacific currently covers the entire time frame for the

operation until 31 December 2021, while the expenditure reported as of 31 January 2021 is about 29 million Swiss francs. Most of the pledges have time frame earmarking till December 2020 and March 2021. Therefore, there is a risk of not having enough funding to cover the operations in 2021 to address new wave of COVID-19 infections and its impact on countries in the Asia Pacific region. More funding will also be needed in 2021 for preparedness and readiness for the roll-out of COVID-19 vaccination.

National Societies and IFRC in the Asia Pacific region have requested no-cost extension for several funding to ensure that implementation can be carried out and reported in a timely manner. Flexibility of donors to extend project timeframe has been much appreciated. Being the most disaster-prone region in the world, many countries in Asia Pacific are also facing concurrent emergencies amidst the unprecedented COVID-19 pandemic that have caused delays in both implementation and expenditure. Emergencies such as Tropical Cyclone Harold in the Pacific, Cyclone Amphan in South Asia and several typhoons making landfall in the Philippines and Vietnam have caused significant damages to communities and impacted implementation rate of the COVID-19 response. Managing concurrent emergencies have stretched local capacities and delayed community outreach activities among affected population.

IFRC and National Societies staff and volunteers being infected with COVID-19 have also presented risks and challenges to the response operations. Staff and volunteers in countries with high number of cases have unfortunately been infected, reducing the workforce available to carry out implementation activities. Some offices in Asia Pacific with positive cases have also been locked down temporarily for contact tracing efforts and disinfection, causing delays in reporting and financial processes.

Movement restrictions, border closures and shortages of supplies have also delayed procurement processes and implementation in some countries. Supplies with adequate quality have been difficult to get especially countries in the Pacific that are dependent on international suppliers facing delays in shipments. However, with many countries loosening the restrictions, it is expected that the situation will improve in the coming months.

National Society response – key highlights

Afghan Red Crescent Society (ARCS)

ARCS has reached 3,509,127 people through risk communication, psychosocial support, staff and volunteer trainings (IPC, PFA, ECV, COVID-19 prevention and hygiene promotion), **awareness raising, screening and referral activities, mobilizing 6,250 volunteers and 138 health facilities**. More than 470,159 people were screened for COVID-19 by the ARCS COVID-19 Hospital, Mobile Health Teams, Basic Health Centres, Sub-Health Centres and Comprehensive Health Centre.



ARCS Parwan branch Mobile Health Team advising the local community on how to prevent the spread of COVID-19, December 2020. *Photo: ARCS*

PPE have been provided for frontline staff in ARCS health facilities including the district hospital in Kabul (around 1,000 staff) **as well as volunteers engaged in community engagement and risk communication** (4,000 volunteers).

A total of 5,647 households (Bamyan 1,000; Ghazni 747; Herat 1,200; Kabul 2,000; and Kandahar 700) received one-off **emergency food assistance** from the ARCS. Furthermore, ARCS was able to provide **cash and voucher assistance (CVA)** to 1,952 households in Balkh, 5,296 households in Daikundi for 3 rounds, 1,233 households in Badghis, 700 households in Samangan and 1,138 households in Herat province.

To seek the perception of beneficiaries on the assistance received from ARCS and to determine their level of satisfaction, post-distribution monitoring visits were conducted to the communities in Kabul, Daikundi, Balkh and Herat that received food assistance from ARCS. Overall, the beneficiaries were satisfied with ARCS's beneficiary selection process and quality of the food assistance. Reports with recommendations were submitted to the ARCS senior management for informed decision making and for taking corrective measures to improve similar future operations.

Australian Red Cross

Australian Red Cross is working with federal and state governments, hundreds of volunteers across the country, and millions across the world to respond to the COVID-19 pandemic. The focus remains on **helping those left most vulnerable and supporting all Australians to maintain their wellbeing and cope with disruption and uncertainty**. To date, Red Cross has supported more than 65,000 Australians with the COVID-19 response.

As people enter mandatory self-isolation and quarantine, Australian Red Cross is providing some extra help to those who don't have the support of an income or a network of family and friends. **More than 235,516 wellbeing calls were made, providing psychological first aid, information and services to over 91,910 people across the country in quarantine and self-isolation.**

<u>Community Activation and Social Initiative program (CASI)</u>

CASI helps people receive practical assistance and emotional support, including enabling social connections and networks in their community. Red Cross volunteers provide psychological first aid and link people to community connectors in their local area who can help them access local services and support. To date, the number of calls handled through CASI is 16,287 and Red Cross volunteers have delivered more than 6,553 emergency food and hygiene packages to people in isolation.

Other essentials

- Providing hygiene packs and health information to remote Aboriginal communities in the Northern Territory.
- Providing food, hygiene items and health information to young people experiencing homelessness.
- Emergency relief funds, complex case work, food parcels and service referrals to 131,000 people on temporary visas or who have no visas and are facing destitution.
- Disseminating daily community health and hygiene information to refugee and asylum seeker communities in 18 different languages.



Red Cross staff in Cairns delivering relief packages full of food, water and personal care items to people in need. *Photo: ARC*

Many existing services have been adapted to keep supporting people in need, this includes providing over 100,000 calls per month to more than 1,400 clients at risk of homelessness, 600 families who need support, 2,300 people who are socially isolated and 4,500 people who are elderly and live alone.

Helping all Australians to prepare and manage self-isolation

- Sharing health and safety messages to prevent the spread of COVID-19.
- Created useful resources to help people maintain their wellbeing and manage isolation.
- 'Spreading kindness' – encouraging safe and practical ways for people to look after each other and support those who may be more vulnerable at this time.

Supporting the global response

Australian Red Cross is amplifying the efforts of Red Cross and Red Crescent societies worldwide to tackle the pandemic in the region. This includes:

- supporting Palau, Marshall Islands, Solomon Islands, Vanuatu, Tuvalu, Papua New Guinea and other Pacific countries in their efforts to prepare communities for COVID-19.
- supporting efforts to contain the pandemic in Cox's Bazar in Bangladesh.

Bangladesh Red Crescent Society (BDRCS)

BDRCS has deployed its nationwide largest volunteer network for the COVID-19 response operation. More than 14,000 staff, Red Crescent Youth (RCY) and community volunteers have been deployed.

Health and Psychosocial Support – BDRCS has reached 109,462 people with various essential health services through its nationwide 54 MCH centres. 23,359 individuals received personal counselling on mental health and psychosocial support services specific to the COVID-19 response. As a part of BDRCS auxiliary role to the Government of Bangladesh, BDRCS assisted to establish 20 COVID-19 walk-in sample collection booths positioned in 10 different districts to support the government in increasing testing facilities.

BDRCS' Holy Family Red Crescent Hospital provided medical services as one of the COVID-19 hospitals till September. 1,348 COVID-19 patients have been treated by Holy Family Medical College & Hospital in Dhaka. 12,804 PPE has been provided to frontline healthcare professionals dealing with COVID-19 cases in 4 hospitals. To enhance the capacity of Holy Family Hospital, a project for Intensive Care Unit (ICU)/ High Dependency Unit (HDU) with provision of medical equipment and Polymerase Chain Reaction (PCR) laboratory has been prepared. To support COVID-19 operation in the country, 6 vehicles (4 ambulances, 1 COVID-19 testing van and 1 blood collection van) were handed over to BDRCS by IFRC Delegation in December 2020.

Infection, Prevention and Control (IPC) – BDRCS volunteers worked at the entrance of 60 district Central Jails through respective branch offices. 240 RCY volunteers reached 9,600 people with IPC materials and awareness messages for behavioural change in prisons. Government hospitals in 60 districts received disinfectant spray machine, chemical solution and orientation to conduct their own disinfectant activities. Orientation and support provided to organizations including airport authority, government agencies and high commission. 263 hospitals have been sprayed with disinfectants for 2,921 times throughout the country. 63 Deputy Commissioner offices have been provided with water purification kit and disinfectants spraying materials. 10,240 handwashing stations have been installed countrywide. BDRCS reached 218,378 people through community WASH activities.

Livelihoods and Basic Needs – BDRCS reached 1,479,440 people with food or other in-kind assistance through all 68 branches nationwide, out of this, 575,925 people were reached with food assistance. 146,910 people who were made vulnerable by COVID-19 were reached with unconditional cash grant assistance. 760,800 drinking water bottles distributed among selected COVID-19 dedicated hospitals, test and response centres, police stations and Deputy Commissioner offices at several districts. 610,000 people received one-week food packs and 134,785 people received cooked food pack during Ramadan.



Distribution of food parcels by BDRCS in Rajshahi district. *Photo: BDRCS*

Protection, Gender and Inclusion (PGI) – 204 volunteers and staff participated in orientation on PGI, Prevention and Response to Sexual Exploitation and Abuse (PSEA) and Child Protection sessions.

Community Engagement and Accountability (CEA) – 4,450 community feedback through hotline, feedback boxes calls were received by BDRCS. BDRCS directly reached 1,004,798 people through risk communication and community engagement and accountability approaches such as community-based activities, face-to-face and interpersonal communication (door to door, community dialogues, community meetings) to promote hygiene and other risk reduction interventions, indirectly 10,313,688 people reached by BDRCS including social media engagement, community radio shows.

COVID-19 response in Cox's Bazar – Up till 31 December 2020, 1,010,837 people in both camp and host communities were reached through integrated isolation and treatment support and the dissemination of key messages by trained community volunteers. The total number of people reached included 862,277 people in the camps. This extensive reach was made possible through 3,880 community volunteers.

Key activities undertaken throughout 2020 include the following:

- The Integrated Isolation and Treatment Centre (IITC) in camp 7 and camp 2E treated 2,873 patients with COVID-19 symptoms, while 163 COVID-19 symptomatic and 29 confirmed positive patients from the camps were admitted to the IITC through referrals. The IITC had a combined capacity of 80 beds. 43,669 households in the catchment areas of the IITC received COVID-19 key messages from community health volunteers through door-to-door or courtyard visits. Key messages covered topics such as hand washing techniques, mask-wearing, the availability of IITC facilities, disinfection activities and physical distancing.

- 257,112 people reached through COVID-19 hygiene promotion and hand washing sessions held in the camps and the host communities.
- 256,838 IEC materials distributed to complement the COVID-19 response and preparedness.
- 60 women in camps 13, 14 and 19 were trained to sew reusable cloth face masks at the BDRCS Dignity, Access, Participation and Safety (DAPS) centres in these camps - they produced a total of 60,127 masks.
- 9,836 households in camps were made aware of COVID-19 through RCCE activities.
- 94,560 sets of PPEs distributed to staff and volunteers.



Patients are screened at the BDRCS IITC in the camp settlement in Cox's Bazar. *Photo: BDRCS*

Lessons Learnt of the COVID-19 response in Cox's Bazar

From the start of the COVID-19 pandemic until 3 January 2021, a total of 10 deaths was recorded in the camps, and another 73 was reported in the host or local community. 367 cases were recorded in the camps and 5,407 among the local population. While it was heartening to note that the extensive COVID-19 outbreak predicted by research modelling to occur in the camps did not materialise, it was important to note that the Red Cross Red Crescent in coordination and collaboration with other humanitarian actors in Cox's Bazar and the health authorities, was able to scale up preparedness and response efficiently. This was done through the establishment of the BDRCS IITC and the massive outreach to communities undertaken by community volunteers supervised by BDRCS staff. This experience bodes well for future epidemiological emergencies.

A population-based sero-epidemiological investigation study for COVID-19 infections was undertaken in the Cox's Bazar camp settlement in December 2020. This inter-agency study included measuring the seroprevalence of antibodies to the SARS-CoV-2 virus in the general population. BDRCS, supported by IFRC, was assigned to 14 camps to collect 2,762 samples. The results of the study are expected to be out in early 2021.

During a temporary lockdown (early April to August 2020) when BDRCS staff and volunteers were not able to access the field, trained community volunteers comprising residents in camp and host communities proved to be the backbone of support in continuing critical activities. These activities included hygiene promotion and physical distancing to prevent the transmission of COVID-19.

Bhutan Red Cross Society (BRCS)

BRCS has been accredited by the government's Health Emergency Management Committee as the **lead agency for dead body management.** The National Society has been providing crematorium services in the national and district crematoriums. BRCS volunteers have also supported the Ministry of Health in the collection of swab samples for COVID-19 testing, in coordination with the Royal Center for Disease Control, and have been part of health screenings organized at Bhutan's border entries.



BRCS training on safe and dignified management of suspected or confirmed COVID-19 deceased. *Photo: BRCS*

Prior to the national lockdown, BRCS carried out extensive **COVID-19 advocacy program**, set up **WASH facilities in the public areas across 20 districts**, and **reached out to vulnerable communities and elderly people in remote areas** across the country.

The National Society organized a **'Red Cross Ride for Health' initiative.** BRCS volunteers provided free transportation (taxi services) to vulnerable groups like cancer patients and those suffering from chronic diseases to the National Referral hospital in Thimphu, and back to their communities, many of which were at distant locations. The taxi volunteers were trained responders who supported contact tracing.

Brunei Darussalam Red Crescent Society (BRC)

As an auxiliary to the Bruneian government, Brunei Darussalam Red Crescent Society has been **providing transport for patients from the airport to quarantine facilities**. This is an essential service as all COVID-19 positive cases in the country have been detected among these new arrivals from abroad. Volunteers dressed in PPE greet arrivals at the airport and coordinate their transport to the government-designated quarantine facilities.



Volunteers providing information to the public at a helpdesk on BruHealth. ***Photo: BRC***

In addition, **volunteers have been manning helpdesks at shopping malls** over the weekend to assist the public to download and register for the BruHealth application. This application is used for contact tracing and is mandatory for people living in Brunei. As of today, 98% of the population are registered on this application. Brunei Red Crescent also started a **food distribution programme for elderly citizens** living in Bandar Sri Begawan. Most of the assistance from the government had been geared towards the general population and students, leaving some groups in the society vulnerable. Seeing the need to fill this gap, a total of 300 households with senior citizens have received food parcels. Brunei Red Crescent held a food donation appeal in November, where the public can drop food and school items through a drive-through at its headquarters. The items collected would be distributed to the elderly and low-income population in districts out of the city centre – Brunei and Muara, Tutong, Belait and Temburong.

The effort to reach the vulnerable population has not gone unnoticed and has come to the attention of the Community Development Department (JAPEM) which is under the Ministry of Culture, Youth and Sports. Recipients that had been identified under BRC's food parcel programme (and not in the department's database) would also receive aid from JAPEM. BRC would share its list of beneficiaries and newly identified recipients to the department.

Cambodian Red Cross (CRC)

In collaboration with the local authorities, health department, and relevant stakeholders, the Cambodian Red Cross (CRC) and its 25 Red Cross branches (RCBs) actively mobilized staff, Red Cross Volunteers (RCVs), Red Cross Youths (RCYs) and communities to take immediate action towards COVID-19 prevention and epidemic control measures. **Since the beginning of the operation, CRC reached an estimate of 1,006,521 people (534,389 females) in 25 provinces through the distribution of IEC materials on COVID-19 and on safe migration and the distribution of face masks and hand soaps to people in need.**

CRC adapted IEC materials received from the Ministry of Health and the International Federation of the Red Cross, and subsequently procured and distributed 84,910 flyers, 550 banners, 30,000 posters, 100 flipcharts, 70,000 bars of soap, 2,000 Red Cross caps and T-Shirts, and 435,029 face masks to

RCBs to support risk communication and health promotion activities. IEC materials aimed to educate community members on best practices to prevent COVID-19 infection, proper handwashing, and on the new normal order. Each RCB implemented information sharing and hygiene promotion activities over a period of five days each month with small groups of less than 10 people per group reaching a total of 5,505 villages.

CRC held demonstrations on how to use masks, scarves, and wash hands properly to prevent COVID-19 infection. CRC also continuously disseminated key COVID-19 preventive messages utilizing various approaches such as home-visits, portable loudspeakers, radio messaging, and IEC materials, and incorporated COVID-19 messaging into core RCBs' activities. Due to outbreaks of Chikungunya and Dengue in some parts of Cambodia, preventive messages related to these viruses were integrated into awareness-raising activities. CRC produced a video clip of the COVID-19 operation to communicate response efforts, challenges, and milestones to the public, which can be viewed here.



CRC volunteers conducting COVID-19 awareness with IEC materials among migrant workers. *Photo: CRC*

In 2021, the IFRC is supporting CRC with a top up of CHF 100,451 to support COVID-19 related activities in seven provinces. The activities will mainly focus on provision of MHPSS for community members and strengthening CEA in the programme.

Red Cross Society of China (RCSC)

Since the beginning of the COVID-19 pandemic, RCSC has been working closely with the government, especially the National Health Commission and the Ministry of Foreign Affairs, in response to the COVID-19 pandemic.

Resource mobilization

In 2020, RCSC received **a total of public donation worth around 500 million RMB from 80 countries** and all these donations were dispatched to the front line for COVID-19 prevention and response. RCSC also **donated medical supplies to 41 countries in need**. Under the IFRC's Global Emergency Appeal for prevention and management of COVID-19, RCSC received a total of **43,750 surgical masks, 27,500 FFP2 masks and 11,815 coveralls procured by IFRC**, which were delivered to RCSC branches located in Hubei, Beijing, Xinjiang, Tianjin and Yunnan.

Volunteer engagement

In addition, RCSC actively **mobilized around 390,000 volunteers nationwide** to work at the community level, including health monitoring, door-to-door inspections, supporting vulnerable groups, rendering **more than 71 million hours of service to over 7.5 million people** in 2020.


RCSC volunteers ask a driver to register at the entrance of a residential community. *Photo: RCSC*

Ambulance service

RCSC has provided **ambulances services to 10,572 people with presumed COVID-19**.

	Supported by the IFRC's Global Emergency Appeal for prevention and management of COVID-19, RCSC procured **28 negative pressure ambulances** in total. The ambulances were involved in the COVID-19 prevention and control work in Beijing Xinfadi cluster infection in June 2020 and the recent cluster infections in Beijing in December 2020, as well as routine public health emergency work in Yingshan County, Hubei province. As of 26 January 2020, these ambulances have been used for **1,387 turnouts and served patients/close contacts 1,902 times**. **RCCE & psychological support** **RCSC reached 17,160,000 people through risk communication and community engagement directly, and provided mental health and psychosocial support to 340,000 people**. From January 2020 to 25 January 2021, Hongkong Red Cross, branch of RCSC, has disseminated health and hygiene knowledge and provided **psychological support to more than 3.4 million people**, distributed over **4.57 million masks**, provided more than **201,000 relief materials** to quarantine centres, helped over 400 people under quarantine to collect prescription drugs, set up a 24-hour appointment on psychological support service, and provided emergency support to over 17,000 people under quarantine. Macau Red Cross, branch of RCSC, discharged their duty as an auxiliary to the Macau government's Health Bureau and continued their work at Macau's checkpoints and entry ports, mainly in **temperature monitoring and coordinating necessary medical assistance** for the travellers in need.
Cook Islands Red Cross Society (CIRCS)	CIRCS is supporting the national response efforts through the village (Puna) Emergency Operation Centers (EOCs) in each province on the main island of Rarotonga. The support included providing the Puna EOCs with volunteers and resources for activities like VCA, quarantine assessment and surveys. The National Society continues to actively roll out messages on safe greetings for physical distancing and rules such as wash your hands and do not touch your face. These messages are also part of the first aid trainings which is currently in high demand. IFRC continues to provide technical support for different activities the National Society is doing. This includes providing guidelines on food and livelihood activities and self-care in quarantine, as well as development of Business Continuity Plan. ICRC has supported provision of hygiene materials for the prisons in Rarotonga. In addition, online training for comms leads has been conducted to empower the National Society with the traditional skill of storytelling and adapting it to the current/emerging digital platforms to increase their visibility and reach. **CIRCS has supported the development of contact tracing system through CookSafe**. Around 6,400 people have either signed up to CookSafe or have scanned at events and location. CookSafe is a fast contact tracing code card that scans your information and whereabouts through Cooksafe "Tag here" participating outlets. The CookSafe QR card scans information in case a person comes in contact with a COVID-19 infected person, enabling the Ministry of health to contact that person quickly and bring them in for testing. **Around 6,321 people have been reached directly through risk communication and community engagement for health, hygiene promotion** and indirectly a total of 14,000 people have been reached through social media promotions. The National Society also continues to provide mental health and psychosocial support services specific to COVID-19 response. CIRCS has also supported approximately 450 migrant workers displaced during the COVID-19 pandemic.

Fiji Red Cross Society (FRCS)

FRCS trained 305 volunteers for COVID-19 response and a total of 44 volunteers were mobilized. To date, **FRCS has reached 36,851 people** (18,841 males, 18,010 females) in 2,900 households from 94 communities, **providing COVID-19 awareness messages door-to-door and through public forums.** Through social media campaign, FRCS has reached 536,765 people. While the aftermath of the two cyclones demands effective and efficient response measures, volunteers from Red Cross branch also carefully considered response approaches and the need to minimize COVID-19 risks in the affected schools by installing soap holders and distributing water filtration systems to assist these schools in maintaining good health and hygiene practices.



FRCS volunteers installing soap holders at schools to support good hygiene practices. *Photo: FRCS*

FRCS has been focusing on **disseminating messages on "COVID-19 Social Stigma" through community awareness, reaching 24,660 people across 125 communities to date.** 15 FRCS branches were engaged to provide the awareness programmes. Community messaging in several communities were also done in partnership with local health authorities, and this continues to add to the reach of the FRCS COVID-19 response. IEC materials on COVID-19 were developed. Restoring Family Links (RFL) services were provided to displaced individuals and groups in lockdown areas or identified red zones. FRCS conducted Community Emergency Response Team Training in the Western, Northern and Central/Eastern Division. PPE items such as hand sanitizers, disinfectants, gloves, and surgical masks were procured to further strengthen the FRCS's capacity to fight COVID-19.

Activities that will be implemented by FRCS moving forward include public health awareness to prevent outbreak of leptospirosis, typhoid, dengue, and diarrhea (LTDD) in the wake of Severe Tropical Cyclone Yasa and Tropical Cyclone Ana in Fiji to help reduce the impact on the healthcare system. Red Cross is also planning to support the government in COVID-19 vaccine rollout; a KAP survey focusing on the vaccine will be carried out by the National Society.

Indian Red Cross Society (IRCS)

IRCS has been actively involved in **COVID-19 awareness activities and distribution of IEC materials** in local language. **Distribution of personal hygiene items** included washable masks (2,447,290), sanitizers (9,525), body bags (1,450), PPE Kit (14,897), gloves (695,900), face shield (23,931) and soaps (2,000,000). IRCS handed over 320 ventilators and 20,000 oxygen concentrators to the government. Other activities implemented during the reporting period included distribution of **packed food and dry ration, community surveillance** and community counselling, logistic support to quarantine or isolation centres, establishing **connection with families of migrants, providing shelter homes to migrants, ambulance and transport services for patients,** disinfection of public places, home **delivery of food and medicines to patients with chronic diseases,** pick and drop facility to individual blood donors and mobile blood collection.

IFRC also advocated through social and news media to remove myths about blood donation during COVID-19. Training webinars for volunteers and staff were held and guidelines for safety of staff and volunteers were issued. The National Society also **established 24/7 control room for blood requirements and psychosocial support.** Livelihood projects have been initiated. Pedal sanitizers and hand washing kiosks were also installed by the National Society.

The Indonesian Red Cross (PMI)

With its large network of volunteers across the country and in its capacity as an auxiliary to government, Palang Merah Indonesia (PMI/Indonesian Red Cross) continues to be an active member of the Indonesia's National Task Force for COVID-19 Response. The response by **PMI has impacted over 60 million lives**.

Health and WASH – As of February 2021, PMI COVID-19 response operations have been conducted in 34 provinces and 403 PMI districts/cities all over Indonesia, where 6,490 personnel were mobilized for **sanitizing 110,368 locations**; conducting **health promotion reaching 6,929,981 people**; providing **health services to 1,783,971 people**; and providing **psychosocial support reaching 37,892 people**. To support the operation in all PMI Branches, PMI NHQ has **distributed more than 8 million pieces of various PFIs** including PPE, medical devices, and other items. Furthermore, PMI has strengthened its infection and prevention efforts through the installation of **647 handwashing stations** and distribution of **20,000 household hygiene kit**. **52,000 pieces of printed materials** such as posters and banners have been distributed.



PMI volunteers distribute hygiene kits to the most vulnerable communities. ***Photo: PMI***

Risk Communication and Community Engagement – As the co-chair of the RCCE working group at national level, IFRC supported PMI to contribute findings from the **rapid assessment on community perception of COVID-19** into the *Suara Kommunitas* bulletin which brought together the findings of multiple perception surveys undertaken on COVID-19 by different stakeholders with a view to summarizing and making all the relevant information available for decision makers in Indonesia. Several hotlines have been established in PMI province offices and a total of **1,000 pieces of feedback** have been received through various PMI's channels including established hotlines, radio shows, and social media. Furthermore, PMI has established collaboration with existing local radio channels to **deliver podcasts and radio talk shows along with PSAs** that aimed at providing accurate and up to date information on a range of topics related to COVID-19 trends and issues. More than 20 radio talk shows were broadcasted and **reached approximately 3,125,000 people.**

Institutional Readiness – PMI NHQ continued to review PMI's business continuity plan (BCP) to ensure that each PMI Branch adjusts their BCP in accordance with local situations and contexts. A total of **14 protocols and 9 SOPs have been developed** to ensure productivity while safeguarding its personnel and imposed throughout headquarter and branches. Furthermore, a total of **240 staff and volunteers have been trained for Community Epidemic and Pandemic Preparedness**, along with **2,517 PMI volunteers that have been insured.**

PMI Blood Transfusion Unit and PMI Hospital Bogor – PMI has committed to providing **convalescent plasma service**. As per the reporting period, a total of **9,702 COVID-19 patients** have benefitted. Meanwhile, PMI Hospital Bogor has examined **2,325 samples for RT-PCR testing** and upgraded some of its isolation rooms through the procurement of several medical devices including 52 units of HEPA filter.

Ambulance Services and Management of Dead Bodies – PMI's ambulance services have been carried out in 63 PMI offices and 25 PMI offices continued the management of dead bodies. To date, the services have been provided to **1,429 suspects/patients** and **381 dead bodies**. In addition, PMI also completed upgrading 6 ambulances of PMI provinces to meet the IPC standards and apply COVID-19 protocols.

Japanese Red Cross Society (JRCS)	At the national level, JRCS has been working closely with the government authorities, especially in providing medical treatment through the Red Cross hospitals and the national blood donation efforts. **Medical treatment and blood donation** There are **over 70 out of JRCS's 91 Red Cross Hospitals actively accepting COVID-19 patients**, and a total of **91 hospitals and 254 blood centres maintaining services to pre-COVID-19 levels**. During the third wave of COVID-19, there was increasing number of old people with severe symptoms transferred to Red Cross Hospitals, which led to the lack of medical resources. And the outbreak of in-hospital infections also became more serious than before. By the mid of January 2021, JRCS was able to assure enough blood. But after the state of emergency was declared in January, the stock of blood inventory/supply would be pressing. **JRCS internal response** To ensure staff safety and security, JRCS has taken thorough infection prevention measures in the workplace, and promoted remote work and staggered working hours, cared for staff who has underlying disease or is pregnant. **Regular activities affected by COVID-19** Due to COVID-19, JRCS chapters are trying to promote their services and activities **using online as much as possible**. In Oita chapter, Junior Red Cross members pound mochi for elderly people who live alone every December, but the event was cancelled in 2020. Instead, members wrote 218 heart-warming letters and sent them to the elderly's houses. In Chiba chapter, disaster response drill with Narita Red Cross Hospital was conducted via web system. In addition, JRCS is **supporting overseas project countries with remote deployment and technical support**. One staff was deployed to APRD remotely.  **Junior Red Cross members prepared heart-warming letters to the elderly who live alone.** ***Photo: JRCS*** Adhering to COVID-19 prevention measures for staff and customers, the JRCS social welfare facilities (nursery home, nursing home) continue to provide essential services. **Stigma and discrimination prevention** JRCS developed and translated a guide titled "**Three faces we must be alert to the novel coronavirus – A guide to breaking the negative spiral**" in English and Japanese. Many schools used "3 faces guide" produced by the JRCS as textbook to teach children ways to fight fear and stigma attached to COVID 19. This is followed by a series of activities conducted by the Youth Red Cross members. Based on the "Three faces guide", JRCS developed a video titled "What comes after the virus?". As of 31 January 2021, this video has been viewed **2,407,095 times** on YouTube. As stigma and discrimination against COVID-19 positive patients and medical workers are of concern in Japan, the Ministry of Education, Culture, Sports, Science and Technology has launched a project called "**Let's stop discrimination**". JRCS has been actively involved in this project and ensured that the video developed by the Ministry and materials is available to all schools in Japan.
Kiribati Red Cross Society (KRCS)	Though the island does not have any COVID-19 cases yet, KRCS attended the online Red Cross regional communication refresher course to have a better public reach especially during the COVID-19 pandemic. Other activities that Kiribati Red Cross have been engaged in are risk communication and community engagement and Restoring Family Links.

Currently, KRCS is completing the COVAX Readiness Self-Assessment Tool for vaccine rollout administered by the local government. This tool is adapted from the WHO/UNICEF Vaccine Introduction Readiness Assessment Tool (VIRAT) introduced to national governments leading COVAX administration.

KRCS continues to disseminate key messages on COVID-19 and hygiene best practices through community engagement, mass media (tv, radio, newspaper) and social media. Around 66 preschool teachers were trained in COVID-19 response and preparedness. People reached directly through risk communication are 33,628 (17,262 males and 16,366 females), while people reached indirectly are 33,628 through mass media.



KRCS distributing COVID-19 awareness brochures in the community. ***Photo: KRCS***

KRCS has been working very closely with MoH to plan and implement ways in identifying priority groups for vaccine rollout. Also, a KAP survey focusing on COVID-19 vaccine will be carried out by the National Society.

Red Cross Society of Democratic People's Republic of Korea (DPRK RCS)

The Government of the Democratic People's Republic of Korea (DPRK) has taken and maintained pre-emptive and offensive anti-epidemic measures since the early stage of the COVID-19 outbreak in neighboring countries. Stringent anti-epidemic campaign has been launched by continuously raising the awareness of the people to prevent rapid spread of a new COVID-19 variant.

As an auxiliary to the government, DPRK RCS has fulfilled its mandate on emergency anti-epidemic work against COVID-19. During the reporting period, over 399,000 Red Cross volunteers were mobilized across the country to regularly visit communities to disseminate the importance of anti-epidemic measured by working closely with household doctors and anti-epidemic authorities. Hygiene promotion, disinfection, social distancing and screening in the communities were also implemented. Around 58,000 volunteers were trained in COVID-19 prevention by household doctors to carry out community-based activities. These volunteers provided hygiene messages and psychological first aid (PFA) to vulnerable groups including the elderly, children, pregnant women, the disabled and chronic patients. For the past 1 year, the number of beneficiaries reached by Red Cross service is around 5,510,000 across the country.



Red Cross volunteer working closely with a household doctor in the anti-epidemic activities. ***Photo: DPRK RCS***

The DPRK RCS, in close cooperation with the IFRC, has provided health items including one set of RT-PCR machine, reagents for 10,000 tests, 200 personal protective gowns, 790 infrared thermometers and 36 PPE kits, thus contributing to the anti-epidemic activities of the government, and essential household items for around 13,000 people in quarantine.

During the period, the DPRK RCS has developed a contingency plan against COVID-19 to enhance its institutional readiness and actively introduced its activities via its homepage and national mass

media. The DPRK RCS also conducted various activities during nationwide "March-April hygiene months", "September-October hygiene months", Global Handwashing Day, World Blood Donor Day and World First Aid Day, in close collaboration with health workers to disseminate hygiene knowledge, life-saving first aid knowledge and blood donation to a wider population alongside COVID-19 activities.

There has been no confirmed case reported in the country so far, and the stability of national anti-epidemic situation continues to be maintained.

The Republic of Korea National Red Cross (KNRC)

KNRC actively cooperated with the national authorities at the headquarters, branches, Red Cross hospitals, and blood donation centres across the country in response to the pandemic.

Relief activities

KNRC is carrying out relief activities in compliance with the government's guidelines of quarantine and social distancing. KNRC continuously provides **hygiene kits and emergency relief supplies to vulnerable groups and people under self-quarantine**.

Since December 2020, 20,000,000 masks for the vulnerable groups in quarantine have been distributed. The additional supplies were provided to areas or organizations where collective infection occurs. In particular, 1,000,000 masks were urgently provided through the Ministry of Justice to prevent the spread of infectious diseases in correctional facilities.



KNRC volunteers distributed emergency kit to people who are vulnerable. *Photo: KNRC*

Medical treatment

KNRC also provides **medical treatment through the Red Cross hospitals to treat and screen COVID-19 patients**. Seoul, Sangju, Yeongju and Tongyeong Red Cross Hospitals have been designated as Exclusive Hospitals to treat confirmed COVID-19 cases. Medical staff from the Red Cross Hospitals are dispatched to other primary hospitals in Seoul, Daegu, and Gyeongbuk, and they are engaged in the joint response work with the government to treat COVID-19 patients. KNRC also continuously supports medical staff and paramedics at the frontline in response to COVID-19.

Psychological support

Since December 2020, 500 additional sets of mind care kits for emotional support have been produced and distributed to the National Disaster Psychological Recovery Support Center. KNRC has **provided psychological support to 2,388 affected people and 11,734 vulnerable people**.

In addition, KNRC has **launched a campaign for the prevention and control of COVID-19** and **conducted disinfection activities at schools and public areas**. An English white paper will be produced and delivered to the related organizations to inform the Korean Red Cross's COVID-19 response activities.

Lao Red Cross (LRC)

Lao Red Cross (LRC) trained 181 staff and volunteers (97 females) from five branches (Luang Prabang, Xaignabouli, Bokeo, Savannakhet, Champasak) in epidemic control to support public awareness and public education (PAPE) activities. The training covered COVID-19 symptoms, prevention, disinfection, social distancing, and basic hygiene interventions. LRC provided Volunteer Group Insurance to 400 LRC volunteers who support the COVID-19 operation.

LRC HQ distributed masks, bars of soap, hand gel and IEC materials to eight branches to support PAPE activities in target provinces (Bokeo, Bolikhamsai, Champasak, Houaphanh, Luang Prabang, Savannakhet, Xaignabouli, Xiengkhouang). Key messages included information on infection prevention, quarantine measures, COVID-19 symptoms, stress management, and key emergency contacts to reach regarding COVID-19. Approximately 25,200 IEC materials were distributed to individuals in communities or through awareness-raising sessions and displayed in public areas such as the airport, markets, and hotels. LRC's PAPE activities directly reached 64,175 people (35,972 females) in 287 villages in eight provinces and many more individuals through the display of IEC materials in public areas.



LRC Attapeu branch staff preparing the mobile blood drive vehicle. *Photo: LRC*

LRC produced radio spots to disseminate key messages on COVID-19. The radio spots were aired on two radio channels in Luang Prabang, AM705KHZ and FM1026MHZ, and reached an estimate of 230,000 people. Champasak province broadcasted the radio spots on eight radio stations and reached approximately 215,000 people. Key messages on COVID-19 were also shared via Facebook to reach social media users.

During the outbreak, the country was under lockdown which led to no blood donors coming to LRC's blood centre. To address the blood shortage, LRC procured a mobile blood drive vehicle which was delivered to the Attapeu branch in January 2021.

By the end of January 2021, there were only 45 cases of COVID-19 in Laos and no deaths have been reported. LRC is monitoring the situation and preparing to support the COVID-19 vaccination efforts in close collaboration with the Ministry of Health (MoH). IFRC is also supporting LRC with CHF 292,206 for February to June 2021 to strengthen the health and WASH response through trainings on COVID-19 and epidemic control measures, procurement of more mobile blood drive vehicles, development of IEC materials, hygiene promotion in the community and provision of psychosocial support and psychological first aid (PSS/PFA), to people in quarantine.

Malaysian Red Crescent Society (MRCS)

MRCS mobilized staff and volunteers with medical background to augment the capacity of Hospital Selayang. MRCS **distributed PPEs that included 318,390 surgical masks, 10,000 respirators (N95), 20,948 isolation gowns, 2,000 overalls, 2,000 goggles, 11,601 surgical caps and 10,000 shoe covers** to detention centres and hospitals, as well as **22 ventilators and other medical equipment nation-wide**. MRCS mobilized its **volunteers to produce its own face shields and donated a total of 99,787 units** to the front-liners working in the Government hospitals and clinics.

MRCS has **supported 12 health facilities to maintain their services and supported health screening of 520 people** in six different locations within Kuala Lumpur. MRCS conducted **WASH activities which included sanitizing the public places and hygiene promotion activities for 2,250 people** in Kelantan.

MRCS **established a Mental Health and Psychosocial Support (MHPSS) Committee at the national level** in October 2020. The committee developed a strategy for a nationwide MHPSS program and launched 'RedCrescent4u Careline' in December 2020. **Total 10 PSS volunteers** have

been deployed, and up to now, **a total of 558 respondents had been reached by this Careline service**.



Family kit distribution in Kedah. ***Photo: MRCS***

MRCS also **provided support services for vulnerable groups (homeless and migrants) that included 33,750 family kits (food packages), 53,950 cooked meals, 271,524 hand sanitizers and 2,642 hygiene kits through in-kind distribution, and provided a cash assistance to 2,987 families** in nation-wide.

MRCS **conducted two phases of perception survey nationwide in June and in December 2020**, as part of its community engagement and risk communication activities, to understand the perceptions of the public regarding COVID-19. **Total 2,012 (Phase 1)** respondents and **total 5,921 (Phase 2)** respondents had been interviewed. MRCS developed the CEA strategy based on the result of the Phase 1. Currently, MRCS is working on the data analysis of the Perception Survey result of the Phase 2.

MRCS has been **mobilizing more than 2,000 volunteers** to implement those activities mentioned above. MRCS provided training to volunteers and staff related to COVID-19, included awareness of COVID-19, how to wear and to remove the PPE, Community Engagement and Accountability (CEA) on COVID-19, Psychosocial First Aid (PFA) training, Cash & Vouchers Assistance (CVA) training.

MRCS operates an Emergency Ambulance Service (since 1969) and manages the '999' emergency assistance hotline in Malaysia. Its ambulance service covers the Federal Territory of Kuala Lumpur and 11 states. Based on agreement with the Ministry of Health (MoH), MRCS committed to have its ambulance services support transportation of patients. Up to January 2020, **total 52 people presumed COVID-19** have received ambulance services of MRCS. **Two negative pressure ambulances** had been procured and delivered to MRCS in December 2020. These are to enable transportation of COVD-19 patients in a manner that does not put ambulance crew at risk. **Two 4WD ambulances** had been procured and will be delivered to MCRS in March 2021. These two ambulances are for MRCS Sarawak and MRCS Sabah, and will be utilized to reach patient in the remote areas.

Three medical service–vehicles had been procured and delivered in October 2020. These three medical service vehicles have been utilized for transporting personnel, water purification equipment, water supply equipment and hygiene supplies in hard-to-reach areas as part of health and hygiene interventions. Addition to those medical service vehicles**, three off-road (4WD) vehicles** also had been procured and delivered in November 2020. This 4WD vehicle have been utilized for transporting MRCS personnel supporting health activities in remote hard-to-reach areas.

MRCS is **co-leading the Malaysia COVID-19 Coordination and Action Hub (MATCH).** MATCH is a coordination platform that brings together local civil society organizations, donors, and relevant government agencies, including the National Disaster Management Authority (NADMA) and the Department of Social Welfare, to coordinate response and recovery efforts. In addition to co-leading MATCH, MRCS is hosting the platform's Secretariat and leading two clusters: (i) food security and basic needs, and (ii) community resilience. MRCS **established a ResponseMalaysia fundraising platform,** as a new source of funding stream.

MRCS **Migration Working Group had been formed**, and the Working Group have come up with the next action plan, which 1) to develop a Plan of Action; 2) to establish MRCS' National Committee on Migration and Displacement.

Maldivian Red Crescent Society (MRC)	As a part of the ongoing response, Maldivian Red Crescent (MRC) currently focuses on providing psychosocial support services (PSS), increasing PSS capacity, increasing risk communication and community engagement activities, supporting migrants in hardship, supporting the rapid response teams, supporting mass inspections and providing support to the Health Emergency Operations Center established by the Ministry of Health. **Providing support to migrants in hardship:** As a part of the response MRC has through the Migrant Support Center established by MRC Male' Branch**, a helpline has been providing service to migrants seeking help.** From 28 June 2020 to 30 September 2020, a total of 1712 calls were attended by the Migrant Support Center. Over 1100 calls were migrants reaching out for meals while 288 reached out to clarify and connect to authorities regarding repatriation. The Migrant Meal Provision Programme from 27 June - 30 September distributed over **7900 meals and 556 hygiene kits to migrants.** **Increasing PSS capacity** internally and externally to respond to COVID19: A total of **7313 individuals have been trained/oriented in psychosocial support and PFA**. 458 trainees undertook PFA and PFA for Children training in over 30 sessions, 133 trainees undertook supportive communication sessions in over 11 sessions. A total of 6426 individuals completed the PFA Orientation in 91 session, 33 individuals have been trained as trainers, while 81 attended additional sessions on topics such as loss and grief, SGBV, stress and copping organized by MRC. **Providing PSS helpline services through 1425 toll free number**: From April to September a total of **1221 calls have been received** to the helpline. 91.5% of people calling in to seek MHPSS services received immediate support. 46% of those who received the service are male while 52.8% were female. 11.25% of the callers were minors and 3.13% were elderly (older persons). Most calls, especially for young people, were mental health concerns related to anxiety, worry, low mood/sadness, and sleeping difficulties. There were also concerns about health and safety of loved ones, concerns about medications, and family or relationship issues.
Marshall Islands Red Cross Society (MIRCS)	Red Cross volunteers have been supporting RMI MoH and Human Services in the roll-out of the vaccination since January 18th, 2021. Red Cross volunteers have been providing support through data entry, registration, and house-to-house calls. As a part of the vaccine roll-out team, MIRCS has been engaging directly with household to address vaccine hesitancy and misinformation. The programme roll-out is reaching 300 to 500 people, six days a week  **Volunteers providing support to RMI Ministry of Health during the COVID-19 vaccine roll-out registration.** ***Photo: MIRCS*** Red Cross participated in a COVID-19 tabletop exercise and simulation exercise as a part of the national preparedness for COVID-19. There has been on going engagement with traditional leadership and the Majuro Atoll local government to support pilot test of condition level outreach. This activity aims to help communities become aware of COVID-19 situation in the RMI, represented by yellow (no potential or confirmed case in the RMI), orange (threat identified, COVID-19 potentially present in RMI) and red (threat confirmed; confirmed initial cases identified in Majuro, cases spreading widely). Colour coded flags are hoisted in RMI to visually inform people of the condition level.

The Nationals Society finalized the mental health awareness tool in coordination with Ministry of Health, IOM, and Marshall Islands Epidemiology Prevention Initiative to be included in condition level training of trainers (ToT). Completion of two COVID-19 outreach teams and first aid (FA) trainers to Ebadon (26 people trained) and Mejatto (19 people trained). Completion of COVID-19 outreach team and FA trainers to Utrik Atoll (36 people trained) and Arno Atoll (13 communities). Finalization of and preparation for the First Aid Strategy retreat as a part of the preparedness and response plan of action. Distribution of hygiene supplies in national jail (with ICRC's support). First Aid (FA) and emergency response team (ERT) training at Aur, Wotho and Lep. FA/ERT training, COVID-19 awareness, hygiene promotion and hygiene kit distribution on Jaluit, Arno, Ebadon, Mejatto, Enewetak Atoll, Utrik Atoll and Ebeye community.

A total of 81 people was trained and over 80 volunteers have been engaged in the response to provide continued COVID-19 awareness and hygiene promotion to 336 people. The National Society has continued to conduct COVID-19 awareness, hygiene promotion and hygiene kit distribution on Majuro, Jaluit, Arno, Ebadon, Mejatto, Enewetak Atoll, Utrik Atoll and Ebeye Community.

Micronesia Red Cross Society (MRCS)

Micronesia Red Cross (MRCS) youth volunteers took the lead in COVID-19 house to house awareness efforts. There are more than 100,000 locals, including 40,000 children who inhabit the island. As people in remote areas are still unaware how to prepare and prevent the spread of this deadly pandemic.

MRCS is implementing a COVID-19 Community Outreach Package, which aims to empower the communities to protect themselves from COVID-19. Volunteers provide education on COVID-19 awareness and prevention including handwashing best practice and distribution of hygiene items. To date, MIRCS has reached 15,240 individuals.

About 75 schools in the main islands (Pohnpei 32 schools, Kosrae 8 schools, Chuuk 14 schools, and Yap 21 schools) have been trained by MRCS on safe school protocol such as daily temperature checking prior to entry and daily hand washing program. This has benefited over 9000 children across the country. In addition to that, those schools also benefited from the distribution of COVID-19 preparedness supplies such as infrared thermometer, water buckets for handwashing, and soaps.



3 volunteers of MRCS received their first dose of COVID-19 vaccine along with the health officer. *Photo: MRCS*

Currently, MRCS have been promoting vaccine rollout and assisting their local MoH to reach the population COVID-19 vaccination campaign following the arrival of the first 1,600 doses of the Moderna vaccine on December 28, 2020, the government informally launched the vaccine campaign on December 31, 2021.

MRCS has been advising public to practice best preventive practices such as handwashing, mask wearing, and physical distancing between individuals, and such measures will become mandatory when COVID-19 arrives in the states.

Mongolian Red Cross Society (MRCS)

Since 25 January 2020, as a member of the State Emergency Commission, the Mongolian Red Cross Society has been organizing prevention and preparedness activities among the communities. MRCS started to actively engage in the response activities after the first case was confirmed in Mongolia in March 2020.

Volunteer mobilization and engagement

In close collaboration with the National Emergency Agency, health departments and relevant partners and stakeholders, MRCS **mobilized volunteers and staffs across all 21 provinces and 9 districts**. They completed key prevention and containment activities in all provinces of Mongolia.

Through the IFRC Global Emergency Appeal for prevention and management of COVID-19, **"Volunteering in Public Health Emergencies" training** programs were conducted for **a total of 600 volunteers across all 21 provinces and 9 districts**. MRCS pre-positioned 40,625 pieces of face masks and 510 pieces of personal protective clothing to equip the volunteers and staff to provide psychosocial support to self-quarantined people. The trained volunteers made **regular phone calls to the quarantined people to check on their well-being** and referred them to the national psychosocial support hotline when necessary.

Community engagement & prevention message delivery

Since February 2020, MRCS has produced and delivered various brochures and handbooks on COVID-19 prevention, hygiene promotion as well as psychological support.

According to the COVID 19 community engagement survey conducted by MRCS, **97% of households living in the provinces stated that TV is their main source of information**. Thus, MRCS made contracts with two main public channels, two main daily newspapers and one most accessed website to disseminate COVID 19 prevention messages to the public. Now MRCS is continuously taking measures to **disseminate prevention messages to people via social media such as Facebook, TV**.

Food & hygiene assistance

Since the first community transmission was recorded on 8 November 2020, several local-transmitted clusters continue to report by the end of December. The country extended the lockdown to contain the pandemic, making it difficult for many families to earn a daily wage to buy food. Therefore, MRCS **launched the campaign for public donations**, procured a total of **18,421 food parcels in December** through the support of public donation and IFRC, and distributed them to the 18,421 vulnerable households in the capital city and other areas. In total, IFRC has supported MRCS to **procure 2,500 hygiene parcels and around 5,100 food parcels**.



MRCS volunteer is delivering food parcel. ***Photo: MRCS***

By the end of December, MRCS **constructed 20 hand-washing stations** in the 20 most populated markets of urban cities and the railway stations.

Myanmar Red Cross Society (MRCS)

The first cases of COVID-19 were detected in Myanmar in late March 2020. Although there was only a gradual rise in the number of confirmed cases from April to July, by mid-August 2020 outbreaks of local transmission in two regions (Rakhine and Yangon) and eventually affected all states and regions. By the end of January 2021, Myanmar had a total of 140,145 confirmed cases of COVID-19, including 3,131 deaths.

The Myanmar Red Cross Society (MRCS) has been actively responding to the COVID-19 pandemic, even before the first domestic cases were confirmed. Since February 2020, MRCS, along with the setup of the COVID-19 Preparedness and Response Operation Team, in coordination with the Ministry of Health and Sports (MoHS), has mobilized over 5,700 volunteers and staff across the country focusing on three main operational priorities: Health and WASH; Addressing Socio-economic impacts of

COVID-19; Detailed Institutional Strengthening Plan. These operational priorities aim to lessen the suffering and socio-economic impacts of COVID-19, and building resilience in the community as well as strengthening staff, volunteers, and the system of the National Society.

Key achievements in the reporting period include:

- 2,395,242 people reached with key RCCE activities and hygiene promotion messaging;
- 264,293 people in quarantine/self-isolation provided with material support;
- 205,718 people supported with maintaining access to essential health services in communities;
- 126,505 people provided with mental health and psychosocial support (MHPSS) services;
- 32,562 contacts of positive COVID-19 cases traced;
- 73 health facilities supported with infection prevention and control measures;
- 5,158 people made economically vulnerable by COVID-29 supported with cash-based assistance;
- 3,408 people from highly vulnerable groups (displaced, migrant, host families) supported with cash and/or in-kind assistance for basic needs and livelihoods.
- 295 volunteers from the States and Regions' branches were deployed to COVID-19 medical centres in Yangon for provision of assistance in handling the spike in cases there, and an additional project was launched, in collaboration with the Myanmar Maternal and Child Welfare Association, supporting the Yangon Community for easy adherence to public health guidelines concerning the outbreak to counteract the explosive spread of the virus.



MRCS volunteer preparing material support to be delivered to patients in isolation. *Photo: MRCS*

Furthermore, through adaptation of existing programmes to the direct as well as indirect humanitarian consequences of the pandemic beyond the COVID-19 response operation itself, MRCS has helped ensure it continues to provide key humanitarian services to some of the most vulnerable and hard to reach communities, such as those living conflict-affected areas of Rakhine, Kachin and Shan states. It has also adapted and activated internal business continuity measures, integrating COVID-safe practices and approaches, for instance through appropriate adaptation of MRCS facilities, delivery of trainings and other internal activities remotely via online platforms, and more. MRCS takes its duty of care towards its volunteers and staff seriously: comprehensive insurance covering over 6,600 volunteers has been provided, and to further enhance their capacities, epidemic control for volunteers (ECV) trainings have been carried out for almost 2,000 volunteers, while PPE has been made available to almost 6,000 volunteers.

Despite these adaptations, the pandemic and its effects have and will continue to produce challenges. Whilst there were signs of hope with the first batches of COVID-19 vaccines having arrived in Myanmar by the end of the January 2021, the emergence of multiple new variants globally has meant the country remains highly vulnerable and at risk from future outbreaks and/or the impact of related control measures, as well as from other natural and human-made hazards which will also be more difficult to respond to as a result.

Nepal Red Cross Society (NRCS)

As of 31 January, **434,700 people have been reached through awareness sessions**, orientation sessions, door to door visits, messaging through hand mic and Red Cross volunteers supporting the help desk either established by the government or by Red Cross. Similarly, more than **359,568 personal protective equipment;** masks, gloves, hazmat suits, boots, air-tight goggles, etc. have been distributed by the headquarters and District Chapters to NRCS first responders. A total of **2,761 members from the community received psychosocial support** from NRCS and **195 staff and volunteers have been trained/oriented** in Psychological First Aid. Another **832 people including RCRC staff and volunteers, people from the communities and staff from other organization** in isolation and quarantine sites were reached through PFA.

In addition to this, the Government of Nepal has started the rolling out of the COVID-19 vaccination (Astra Zeneca/ Oxford University) from 27 January 2021. It is expected that approximately 450,000 front line worker including health staff, health worker, people managing the dead of the infected, security forces, etc. will receive the vaccine in the first phase. NRCS is supporting the vaccination campaign through preliminary examination of persons receiving the vaccine and provided necessary counselling regarding the vaccine.



A NRCS volunteer conducting preliminary examination of a person receiving COVID-19 vaccine in the Sukraraj Tropical and Infectious Disease Hospital on 27 January 2021. *Photo: NRCS*

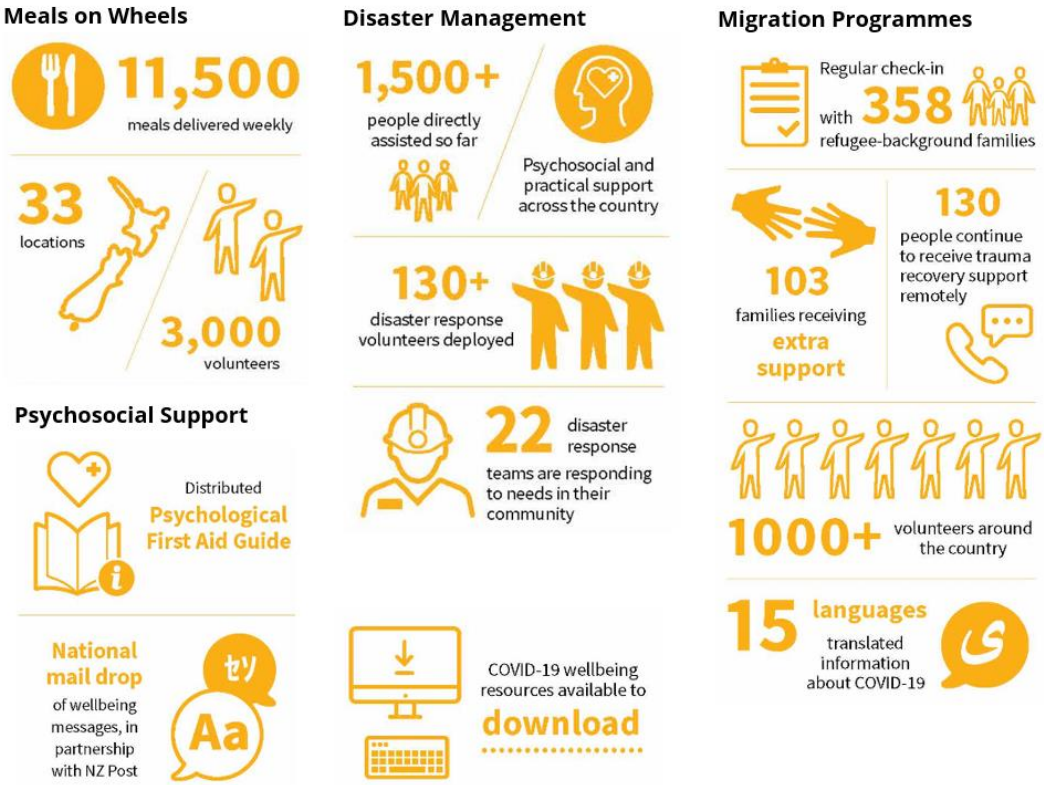
A total of **2,637 hygiene kits**, 38,823 soaps have been distributed in various quarantine sites, public places and government offices. Likewise, **890 handwashing stations** have been installed in the quarantine sites, public places and government offices providing hand washing services. In addition, **55,667 people have been reached with hygiene promotion activities** such as hand washing demonstration and practical sessions being conducted by the WASH-trained volunteers. As of 31 January 2021, 304,525 people coming back to Nepal have benefitted from the bottled water supported by NRCS through its **help desk established in the border areas** in coordination with other agencies in different districts.

NRCS has distributed **737,232 IEC materials** among the communities and **173 episodes of radio programmes** have been broadcasted with the objective to create awareness against COVID-19 infection which has covered topics such as: blood donation and blood donors, monsoon, COVID-19 infection and preventive measures. In addition, **1,371 calls related to COVID-19 have been received and resolved in the NRCS holine-1130.**

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

At least **1,969 Red Cross volunteers** have been mobilized to provide support to the COVID-19 preparedness and response operation. In order to enhance the COVID-19 Preparedness and Response Operation through-out the country, NRCS has developed various guidelines as part of the institutional capacity building.

New Zealand Red Cross (NZRC)



Pakistan Red Crescent (PRCS)

Transitioning between COVID-19 preparedness, response and recovery through the continuous multiple waves hitting the country, Pakistan Red Crescent Society continues to contribute to the Government's countrywide response in its auxiliary role. With its vast coverage across the country, the NS has reached 32,006,501 people over the 12-month period.

The novelty nature of the virus automatically resulted in many misconceptions, misinformation and negative stigma associated with COVID-19 and its transmutability. The NS response has heavily been tailored to ensure addressing this problem through maximizing awareness building and risk communication efforts among both rural and urban population throughout the country. Using perception surveys to gauge community awareness and acceptability, PRCS assessed the best approaches to develop the methodology to be used while ensuring safety and adherence to the new SOPs. Alongside using traditional methods of media, IEC materials, demonstrations and mobilization, the NS further expanded its scope introducing their 1030 hotline at the National Headquarters, additional hotline numbers in Sindh and Khyber Pakhtunkhwa and the COVID-19 AAGAHI Call Centre at Sindh Provincial Headquarters as platforms open to all to seek information and tailored guidance. In addition, building on the Red Cross movement foundation, a specialized volunteer force called 'Muhafiz' was established, uniting and engaging active volunteers in the field mobilized to build awareness and introduce means to practice preventive practices. 54,297 beneficiaries were directly reached through provision of household and individual hygiene kits and installation of hand washing stations in collaboration with Nestle, equipping the communities with the means to practice the preventive hygiene practices being promoted.

Addressing the primary impacts of the virus, PRCS assisted 327 healthcare facilities with in-kind support and assistance to help mitigate the spread of the virus among the already limited active healthcare workers available within the country. Outside of assistance to existing healthcare facilities, PRCS established the country's first designated COVID-19 healthcare facility, Corona Care Hospital in Rawalpindi in April 2020.The facility is equipped with an isolation ward (consisting 120 beds and 70 oxygen ports) and an Intensive Care Unit (ICU) (consisting of 10 beds and 9 ventilators) providing both primary and critical COVID-19 care. A total of 296 patients have been admitted in the hospital's isolation ward out of which 225 were able to recover/are recovering within the isolation ward, 13 were transported to a referral government hospital for critical treatment, 52 successfully recovered in the

ICU and 6 passed away in the ICU. To help improve testing capacities in the country, the facility further expanded its in-house services to conduct Polymerase Chain Reaction (PCR) tests through their own lab conducting 3,070 tests. While in Karachi, PRCS Sindh Provincial Headquarters established a sample collection centre in collaboration with Indus Hospital collecting 1,467 samples.

In addition to addressing health impacts, PRCS expanded its support in ensuring accessibility to basic necessities of food, healthcare, WASH and social protection through providing 687,400 beneficiaries with food and in-kind assistance and 118,940 beneficiaries through unconditional cash assistance. Efforts to further strengthen the existing cash transfer process were made to ensure a more inclusive approach to beneficiaries who are residing without identification cards with even more limited access to basic necessities.

Additional efforts are being made to realign programming in 2021 to ensure the ongoing short and long-term impacts of COVID-19 are being addressed while complementing Government efforts.



PRCS first aid responder in Bagh, AJK, marking a two-metre social distance standing queue areas in a market. *Photo: PRCS*

Palau Red Cross Society (PRCS)

Deployment teams of PRCS revisited Airai State to **deliver hygiene kits and IEC materials** to vulnerable populations. A total of **12,383 households have been assisted** by PRCS through the help of **104 volunteers and 10 staff.** In addition, PRCS, as a support agency to the Ministry of Health, continued to provide access to blood services and programs. IFRC Sub-regional Office of the North Pacific continued to provide technical support to PRCS in developing **business continuity plan and contingency plan.**

PRCS and IFRC staff delivered the 'Pandemic Safety Certification' Trainer of Trainers course to stakeholders from the tourism industry. These trainers will be certified by the Bureau of Tourism, and with support from PRCS, they will then train the rest of Palau's tourism industry on the Pandemic Safety Guidelines, which is seen as a critical step towards reopening borders to tourism. The course covered topics such as COVID-19 preventative measures and scenario-based contingency planning. PRCS has also re-launched blood drive activities in partnership with MoH and Blood Bank.

Volunteers revisited Arai State to deliver hygiene kits and information, education, and communication (IEC) materials to vulnerable households. In the month of December, residents of Koror States were distributed basic hygiene kit supplies based on the selection criteria. Upon presentation at PRCS Headquarters, assessment questionnaire was verified and completed by a staff or volunteer. Hygiene kit packages was issued accordingly to all COVID-19 assessment-based vulnerable persons.



Hygiene supplies packed by volunteers to be distributed. *Photo: PRCS*

Currently, the National Society is planning to support the government in COVID-19 vaccine rollout.

Papua New Guinea Red Cross Society (PNGRCS)

As of 1st February 2021, there are 851 cases with 9 deaths in PNG. PNG Red Cross has been actively involved in **RCCE in 13 provinces** of PNG through its staff and volunteers. **72,387** people have been reached through the campaign in highly challenging geographical areas including communities living in small islands. **Health infrastructure in PNG is highly fragile to a level of non-existent in far flung areas due to accessibility, availability of resources at national and provincial levels as well as security issues.** PNGRCS has been able to coordinate and work well with national and provincial health authorities. Provincial disaster management authorities and local humanitarian actors were also involved in the campaign to supplement the efforts. **PNG Red Cross has been clearly visible at national and provincial level radars for its active involvement with communities.**

IFRC remained a major source of funding and technical support for PNG Red Cross. PNG country delegation has been actively involved in supporting staff, volunteers, senior management, and governance in awareness and best practices that could be replicated in PNG context. Mutual coordination and sharing of humanitarian actions with Department of Health at national and provincial level, Disaster Management Team and other UN agencies, INGOs remained good. 243,064 Swiss francs till PEAR 7 have been allocated to support PNG Red Cross in its efforts to reach out, engage community and spread messages about staying safe. There are 3 major lessons learnt so far during the campaign:

1.Expansion of outreach by the NS to cover its remaining 9 x provinces. At present, there are 13 branches in a country of 22 provinces.

2. Capacity to raise funds at domestic level.

3. Earmarking of some dedicated calamity fund for rapid response at national/provincial levels.

Philippine Red Cross (PRC)

The PRC response to COVID-19 has been strategic, sustainable, and commensurate with the massive scale of impact from the pandemic. Throughout the reporting period, PRC has proactively responded to the needs of the population it serves with a diverse range of services. It has maximised its efforts and application of resources by working collaboratively with partners.

The PRC maintained ongoing **support to healthcare authorities. It established 80 medical field tents** which are heavily utilised for medical, admission and triage purposes. **Isolation wards were also established across the country, these serving 15,657 people.**

Significant funding has been invested for the development and **operationalization of 13 molecular laboratories, strategically located across the Philippines. Human resources have been effectively managed, enabling continuity of service delivery from these laboratories throughout the reporting period and beyond.** Coordination with government authorities has been instrumental for ensuring that these facilities continue to operate for as long as necessary**. PRC has tested 1,818,401 specimens and has conducted testing for 29,474 healthcare workers in Metro Manila since 25 September 2020**.

These same laboratories have recently been utilised by the PRC as they continue to expand their testing operations with the **technological innovation of saliva testing. This innovation will transform testing to be cheaper, faster and dramatically improve access to care for millions of people**. The initial roll out, in January 2021, began the operationalization of saliva testing in Mandaluyong and in Port Area, Manila.

The PRC is the **only organization that has developed a systematic RT-PCR testing platform that provides results in 24 hours for health care front-line workers.** PRC has also **operated its Convalescent Plasma Center in Port Area; 633 units were collected and served 534 patients** during this reporting period.

The PRC has been actively preparing its personnel, particularly with technical capacity, to **support the authorities with the administration of COVAX.** Several chapters have been actively engaged with local government units and participated in trainings initiated by health authorities as a component of vaccine readiness. The roll out of COVAX will be initiated in Q1 of 2021.

Ambulance services for COVID-19 cases – PRC Ambulances were continuously mobilized to support DOH with the transportation of suspected and confirmed COVID-19 patients**. A total of 2,144 suspected and confirmed COVID-19 cases were catered**. The IFRC, ICRC, American RC, the Netherlands Red Cross, and the Australian Government is supporting PRC with the ambulance operation.

Significant effort and resources have been invested by the PRC in reinforcing COVID-19 safe behaviours. This has included:

- RCCE activities with focus on the correct use of masks, physical distancing, hand hygiene and respiratory etiquette. **Hygiene awareness activities reached 4,876,593 people.**
- Distribution of hygiene kits to communities and to COVID-19 patients. A total of **63,307 families were provided with hygiene kits.**
- **2,693 hand washing facilities** across the country and as well as construction of WASH facilities in priority quarantine and isolation facilities.

The PRC "Helpline (1158)" was established to take calls related to COVID-19. It is operational 24/7 and is currently **operated by 104 volunteers.** All volunteers have received appropriate training, such as psychological first aid, enabling them to provide psychosocial support (PSS) to callers. Most volunteers are social workers or psychometricians. The support provided by volunteers the enables information and advice to be provided those people seeking help in their own language. This support also helps to address COVID-19 misinformation. **A total of 142,972 calls have been received through the helpline.** Additionally, 143 volunteers were mobilized to assist authorities to identify individuals who are sick, require testing and isolation.

The PRC Welfare Services conducted face-to-face training to ensure the quality of services provided. Social media has been utilised to help address mental health concerns from the community. A **Facebook group named "Sama-Sama: A Safe Space Online Community" was established and at the end of the reporting period, the group has 98 members.** For cases where specialized mental health support needs are identified, individuals are referred to the National Center for Mental Health, and for telepsychology, using services of the Psychological Association of the Philippines.

A broad range of cash assistance interventions have been conducted (in Metro Manila, Bulacan, Rizal, Cebu, Batangas, Palawan and Leyte). These include an assessment and feasibility study, risk management for cash assistance, pilot disbursements of multipurpose cash grants and an evaluation. Recipients were assisted with the aim of addressing their immediate basic needs, providing income while livelihoods are disrupted, providing access to basic services and coverer incidental costs incurred during lockdown. **Food distribution recipients has encompassed front-line workers and families,** heavily affected by the economic impact from COVID-19. **A total of 21,264 beneficiaries were serviced through various types of cash grants (Multipurpose, Conditional, Food and Cash grants).**

The PRC has invested efforts to safely maintain business continuity. The PRC National Headquarter (NHQ) and all 103 active Chapters across the country have adapted to the new COVID-19 norm. This includes measures to ensure continuity of supply from the 95 blood service facilities and operation of a dialysis centre operated by PRC.

The PRC has informed all Chapters about protocols that need to be adhered to prior to implementing any program activity and this extends to coordination with Local Government. Further reviews of operations are being conducted to identify measures that can be incorporated with activities to maintain continuity. The PRC continues to safely utilize its volunteer base for a diverse range of COVID-19 risk mitigation and response activities throughout the country.

Coordination with Department of Health and authorities are prioritized to ensure special permits can be granted to blood donors and dialysis patients to ensure that they have continuous access to these services regardless of movement restrictions put in place due to COVID19.



Samoa Red Cross Society (SRCS)

In collaboration with WHO and MoH, SRCS has developed a COVID-19 Training Toolkit to facilitate the delivery of standardized information for sensitization sessions on COVID-19. The toolkit includes a component on home-based care. SRCS continues to prioritize RCCE on COVID-19 and to understand the possible barriers facing the public, communities and households to adopt prevention and care measures. Importantly, outreach builds on the early COVID-19 sensitization sessions held for approximately 200 Village Chiefs, Mayors, Religious Leaders and Women's Community. Through community awareness campaigns, SRCS has disseminated **IEC materials and distributed essential hygiene items to vulnerable groups.** SRCS is also working with communities to **improve access to safe water** through awareness activities and installation of rainwater harvesting tanks.

People reached through risk communication and community engagement and accountability approaches such as community-based activities, mass media (local radios, TV, press), Social Media outreach or face-to-face and interpersonal communication (door to door, community dialogues, community meetings) to promote hygiene and other risk reduction interventions to date are 5,778 and indirectly are 39,053. The National Society are also preparing for the COVID-19 pandemic ahead of time incase if there is a public health crisis when there is an outbreak of a disease and demand for blood will increase.

After completing the household vulnerability assessments, SRCS is in a better position to understand the risks of COVID-19 impacts in the communities. This will help National Society to prepare interventions for the most vulnerable and follow up specific needs at the household level.

Singapore Red Cross Society (SRC)

The COVID-19 situation may have caused extraordinary suffering, but SRC has pressed on with our work, learning from the new and unprecedented challenges we have been facing, and taking the opportunity to assess our on-going programmes while seeking to reinvent ourselves to face the future that is unpredictable but definitely going to be extremely challenging.

While uplifting others in the thick of the still raging global pandemic, SRC has also continued to maintain our essential services, learning new skills and collaborating with like-minded organisations to do good, better.

Locally, Singapore Red Cross has distributed 1,000,000 masks to the elderly, vulnerable families and migrant workers. Volunteers supported the National CARE hotline, clocking in 100 hours on psychosocial support calls. 1,528 life-sustaining trips were completed, where beneficiaries were accompanied by medical chaperones to their medical appointments. In total, 12,338 TransportAid trips to healthcare facilities were completed.



Singapore Red Cross volunteers distributing essential hygiene items, including masks and hand sanitisers, to migrant workers. *Photo: SRC*

As part of building community resilience, 19 emergency house calls were completed by trained responders during the COVID-19 lockdown and 3,546 manhours were clocked in on engagement calls with isolated seniors. Furthermore, volunteers distributed 2,364 customised care packages to elderly in need, along with 1,766 hot meals to the elderly living alone and vulnerable families.

34,000 food and hygiene packages, 100 thermometers, and 514 blankets were distributed to migrant workers.

As COVID-19 affected numerous countries in the region, SRC extended its support to 19 other countries in Southeast Asia, South Asia, and Northeast Asia. Approximately 1.2 million surgical masks, 129,000 N05 masks, 10,500 medical coveralls, 10,500 face shields, 120,000 coveralls, 10,000 isolation gowns, 36,000 goggles, 25 ventilators, and 28 negative pressure ambulances were procured and delivered to these countries.

Solomon Islands Red Cross Society (SIRCS)

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

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

SIRCS volunteers continue to provide support to the 6 quarantine sites by monitoring their welfare, supporting day-to-day needs, feeding back issues to relevant authorities on behalf of those in quarantine and helping to maintain family links. Discussions and planning are continuing with the rollout of vaccine preparedness tool kit with the volunteers and how SIRCS can contextualize the toolkit to deliver effective and engaging information to the communities.



SIRCS conducts training in preparedness for support at quarantine sites. ***Photo: SIRCS***

Sri Lanka Red Cross Society (SLRCS)

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

SLRCS supported the Ministry of Education with a **Transmission Risk Reduction (TRR) program** with its first phase in 128 schools, designed based on Inter-Agency Network for Education in Emergencies (INEE) guidelines. The IFRC and private sector; Ceylon Biscuits Limited (Munchee) and Maliban Biscuit Manufactories (Pvt) Limited support the program financially. At the same time, SLRCS continued its staff and volunteer care interventions. As direct support to the health sector, SLRCS continued to **support critical health facilities with 14,419 robes and 111,675 face masks** as part of Personal Protective Equipment (PPE) distributed across the island with the financial support of Movement partners IFRC, ICRC and the corporate sector. The ICRC is supporting a national level program in dead-body management in the context of COVID-19 targeting medicolegal institutions in the country at district and central level.



SLRCS volunteers supporting a government medical facility. ***Photo: SLRCS***

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

The Thai Red Cross Society (TRCS)

Early in the COVID-19 response, Thai Red Cross Society (TRCS) distributed at least 242,614 relief kits to people in home quarantine or those without support from any other organisation, in 69 provinces through TRCS' disaster relief application "PhonPhai". TRCS also provided 10 million cloth masks to village health workers and volunteers as well as to people who conducted home visits for people under quarantine. TRCS also delivered 2,076 hygiene bags to three Red Cross Health Stations located in Chiang Mai (473 bags), Ubon Ratchathani (500 bags) and Pang Nga (1,103 bags) which will be distributed to target schools to support school hygiene promotion activities.



During World AIDS day 2020, TRCS held an orientation on first aid in the times of the pandemic for school children. *Photo: TRCS*

With the support of the IFRC, TRCS produced an additional one million cloth masks for migrants in Thailand. TRCS distributed 824,400 cloth masks to migrant adults and children (adults = 730, 400 pieces, children = 94,000) in 24 provinces. TRCS also distributed 20,267 relief kits to migrants over the course of the operation.

TRCS collaborated with the provincial health office, the employment office, NGOs, and local authorities to train Migrant Health Volunteers (MHVs). TRCS provided COVID-19 prevention material for training and introduced 1,870 MHVs from 7 provinces to the "PhonPhai" application.

In collaboration with MHVs, TRCS conducted public awareness activities and distributed information, education, and communication (IEC) materials to migrant and local populations in eight provinces. Public awareness and public education (PAPE) on disease prevention including hygiene promotion in communities and schools was also conducted in five provinces towards the end of 2020. The IEC materials included leaflets and posters on COVID-19 in Thai, Burmese, Vietnamese, and Khmer. TRCS also produced 9 videos on COVID-19 prevention and protection. The videos were translated into Burmese, Khmer, Laotian and Vietnamese and broadcasted in 5 provinces in migrant communities.

TRCS is in the process of procuring a mobile bus for collecting blood donations. This is expected to arrive by March 2021. In addition, IFRC is supporting TRCS with a top up of 70,000 CHF to carry on with their COVID-19 prevention and response activities.

IFRC CCST Bangkok Office led a training in collaboration with the American Red Cross (AmRC) for TRCS on Migration and Displacement and Monitoring and Evaluation. A total of 30 participants attended the training.

Timor-Leste Red Cross (CVTL)

Health, WASH and Logistic – As of February 2021, as many as 956 CVTL volunteers have supported COVID-19 screening in several public locations and health/quarantine facilities. Dozens of tents were installed at several border checkpoints and government's quarantine sites, that are used as COVID-19 screening tents for people entering Timor-Leste, alongside tent for professional health workers. CVTL also deployed 34 health personnel (**10 medical doctor and 24 nurses**) to work in 14 quarantine facilities and one isolation facility in the capital Dili. **Mental health and psychosocial support services** were also provided to **593 people** in quarantine facilities. Additionally, CVTL has also managed to maintain



CVTL personnel set up tents for screening sites at quarantine facilities. Photo: CVTL

	access to its essential health services, especially on the **dengue prevention that reached 14,106 people**. Furthermore, since the beginning of the pandemic, staff and volunteers have been deployed to undertake community outreach going door to door to disseminate health and hygiene promotion messages along with conducting mobile public sensitization campaigns through megaphones in all 13 municipalities. During the reporting period, the efforts have reached 173,774 **direct beneficiaries** and **111,424 indirect beneficiaries**. CVTL has also installed **865 handwashing stations** across 13 municipalities and benefitted, along with provided hygiene/disinfectant spraying services to hundreds of public and private places that has benefitted **135,317 people** in infection prevention and WASH related activities. Additionally, **CBS training were provided for 65 local authorities** from Bobonaro, Covalima, Dili in Atauro Island and Oe-cusse municipality, targeting those whose areas are considered as high-risk due to the proximity with Indonesia's borders. In recognition of their work, **7 CVTL personnel received certificate of appreciation** from the MoH for their extensive efforts to provide logistic supports for governments' quarantine facilities. **Risk Communication and Communication Engagement and Accountability – A rapid assessment** of community perception on COVID-19 was conducted with total of **1,607 respondents**, and **98 CVTL personnel** in 13 municipalities were trained in data collection using the KOBO Toolbox. The findings from the survey were presented to the Ministry of Health (MoH) during the Pillar-2 Working Group Meeting that was also attended by several humanitarian agencies in the country in October 2020. CVTL is also working with several local radio stations to broadcast COVID-19 key massages and conduct **interactive radio talk-show** related to COVID-19 topics. CVTL also developed the COVID-19 counter-rumour messages which have been broadcasted during radio shows. In addition, CVTL also worked with various media such as RTTL EP (Rádio Televizaun Timor-Leste, Empreza Públika, Timor-Leste National Radio and Television) to share public health and hygiene key messages. The CVTL President was invited as a speaker for a live talk show by TVE Entertainment (CVTL National Television Station) to promote CVTL works and share success stories. **Institutional Readiness –** CVTL has its business continuity plan in place to ensure the continuity of its services during the pandemic. CVTL also continuously updated its COVID-19 National Response Plan to adjust with the current context and situation. Regular coordination meetings within COVID-19 task force from all 13 CVTL branches continued in place. In addition to that, CVTL has insured a total of **300 personnel**; developed the Health Voluntary Safety Guideline and Volunteer Protocol for Volunteer Mobilization; and provided **4,440 PPEs** for all personnel deployed.
Tonga Red Cross Society (TRCS)	**74 volunteers and 15 staff have been engaged in risk communication.** The National Society has been disseminating information on COVID-19 and ready to provide support to the government when needed. IFRC is working closely with the National Society in providing technical assistance in the acquiring of funding to support local preparedness activities. Remote technical support has been provided by IFRC Health and WASH technical experts at planning and implementation stages of the response. TRCS volunteers with the help of Ministry of Health are supporting those who were part of the repatriation flights form Samoa and New Zealand. Volunteers supply essential items such as hygiene kits, blankets to quarantined persons at Makeke and Taliai Camp quarantine facilities. Almost 600 items have been used at these facilities. Volunteers continue to pack more hygiene kits for the upcoming scheduled flights.

Tuvalu Red Cross Society

Tuvalu has no confirmed cases of COVID-19 within its borders. Red Cross recently conducted Epidemic Control for Volunteers (ECV) Training and Emergency Response Training (ERT) for volunteers and staff. TuRCS also conducted branch level cyclone season briefings integrated into COVID-19 outreach. TuRCS is now working alongside the Government to revise RCCE messaging to address gaps identified through the KAP survey concluded in December 2020. TuRCS has disseminated key messages through mass media and have reached 6,268 people through RCCE and health and hygiene promotion activities.



Mobile handwashing stations reaching out to communities on proper steps of washing hands. *Photo: TuRCS*

Ongoing WASH training for volunteers - how to do assessments, development of wash stations, hygiene promotion, drinking water safety and security planning.

RCCE drafting underway with TuRCS and the government for vaccine rollout. WASH assessment is being completed in various locations in Tuvalu. Tuvalu RCS is planning to do Psychosocial Support (PSS) and Psychological First Aid (PFA) training and blood donation campaign.

Vanuatu Red Cross Society (VRCS)

VRCS has set up a working group to mobilize volunteers and staff, facilitate regular updates on COVID-19 operation and ensure coordination with the government and Health Cluster. VRCS has delivered a **Health and Hygiene Training of Trainers course for 18 volunteers and 15 staff** on COVID-19 preparedness and response, hygiene promotion and key messages on quarantine, isolation and stigma. Volunteers have been trained to conduct surveillance in the community and monitor health and hygiene practices in the event of a COVID-19 outbreak. VRCS has also ramped up institutional preparedness by developing a **COVID-19 contingency plan and a business continuity plan**. PPE has been procured and prepositioned at branch level for staff and volunteers.



Volunteers educate school children on the importance of handwashing during COVID-19. *Photo: VRCS*

The VRCS COVID-19 working group has attended a series of meetings coordinated by the Health cluster and has been tasked by the Ministry of Health to deliver community-based risk communication that aims to prepare the general population for a potential COVID-19 outbreak. Through these cluster meetings, VRCS has been working closely with NGOs and faith-based organisations to ensure key messages are being disseminated across Vanuatu. VRCS has been **supporting a COVID-19 awareness hotline** set up by the MoH and conducted **volunteer-led surveillance in communities** to report any suspected cases and flu-like symptoms.

VRCS has mobilized 10 staff and 60 volunteers to deliver awareness on COVID-19 and hygiene promotion in multiple provinces, reaching a total of 68,562 people. VRCS has also been

	responding to Tropical Cyclone Harold and incorporated COVID-19 messaging in recovery activities. In coordination with the government and WHO, the VRCS has distributed IEC materials and disseminated COVID-19 messaging through various social media channels.
Viet Nam Red Cross Society (VNRC)	Viet Nam Red Cross (VNRC) conducted 4 Training of Trainers (ToT) courses on Epidemic Control Volunteers (ECV) with 103 VNRC staff from ten target provinces attending. ToT participants then delivered 34 ECV training to 1,224 volunteers who learned about communicable diseases, behaviour change communications, gender in epidemic control, and response actions for COVID-19. VNRC procured and distributed to its Chapters masks (152,393), hand soap (220,000 pieces), hand sanitizer gel (2,578 bottles), Red Cross T-shirts (1,540 pieces) and IEC materials with COVID-19 prevention messaging (2,750 posters; 121,000 flyers) to support risk communication and hygiene promotion activities that reached 75,832 people (33,505 males; 42,327 females). VNRC also produced a TV talk show outlining good practices for COVID-19 prevention and protection that was broadcasted on VTV1, the national television broadcaster of Viet Nam. The ten Chapters established COVID-19 epidemic prevention and communication points. Through the communication points, house visits and events, VNRC volunteers distributed the IEC materials and hygiene items reaching 100,000 households (at least 384,515 people including 188,496 males and 196,019 females). To address blood shortage due to COVID-19, VNRC held blood donation and collection events in reaching a total of 11,663 people (6,127 males; 5,536 females). VNRC finalised their organisational pandemic preparedness and response plan and framework and developed ten provincial-level and commune-level response plans, which include pandemic preparedness and response. VNRC distributed unconditional cash grants to 2,024 households (7,131 people, including 3,774 female and 3,357 male) whose livelihoods were severely affected by COVID-19. Prior to the distribution, VNRC delivered eight training on cash assistance. 295 VNRC workers and volunteers (92 female, 203 male) were trained on beneficiary selection and beneficiary information validation with adaptation to COVID-19. VNRC conducted a Financial Services Provider (FSP) mapping assessment in each target province to select the most suitable FSP to deliver cash grants. A workshop on lessons learnt from this intervention will be held in the second quarter of 2021. VNRC has updated its Contingency Plan for the HQ level and 10 provinces. With the recent third wave of community transmissions in Viet Nam, VNRC will continue to support affected provinces with response plans and contingency plans.

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Act now to prevent COVID-19's approaching mental health catastrophe

By Birgitte Bischoff-Ebbesen, Regional Director for Europe, International Federation of Red Cross and Red Crescent Societies

The verdict is in: COVID-19 worsens mental health and there is need for action.

There is no health without mental health, therefore recovery from the pandemic needs to factor in mental health and psychosocial interventions.

It seems that no one is immune from COVID-19's insidious effects on mental health: from school children, to those of us working remotely, to the elderly. Studies have documented the extreme negative impact of the isolation caused by school closures which, at one point, saw 90 per cent of the world's children locked out of school [1]. A study of children in China found elevated rates of depression and anxiety[2]. Similarly, another study found 86 per cent of Italian and Spanish parents noticed changes in their children's emotional states and behavior during home confinement.[3]

Sadly, children at home can be more at risk of abuse and neglect, as stressors on families increase, and the structure of the school day is taken away. [4] There is also evidence of increased risk of suicide and self-harm[5] among young people during the pandemic. Other studies have pointed to negative consequences of increased screen time [6].

For the wider population, the suicide risk has also climbed[7]. And new research project co-led by the International Federation of Red Cross and Red Crescent Societies (IFRC) has found older people are more likely to become sicker and poorer and to feel more alone as a result of living through the pandemic.[8]

The idea that COVID-19 has worsened mental health is not new. We are seeing increased attention to mental health and psychosocial support services from governments and others.

However, while these measures have helped make mental health and psychosocial support services accessible to many, millions more remain unable to access the services and care that they might need.

To bridge the gap between ballooning mental health care needs and services, traditional mental health care systems will not be the only answer. The IFRC and its network of 192 National Red Cross and Red Crescent National Societies is already part of this solution. Mental health and psychosocial support is a core part of the work of the network.

[1] https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000597
[2] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2765196
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7677301/
[4] https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.14916
[5] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext?fbclid=IwAR3hgyZavB7fLztwhhQAj5PXP607IdiOuYn_Vg-X-uKjxl6bTuqH0eW0ttI
[6] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231924
[7] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext?fbclid=IwAR3hgyZavB7fLztwhhQAj5PXP607IdiOuYn_Vg-X-uKjxl6bTuqH0eW0ttI
[8] https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2021/01/Regional-Report-COVID19.pdf

Following on the commitments we made to the state parties of the Geneva Conventions at the International Conference of the Red Cross and Red Crescent in 2019, we are making mental health and psychosocial support an increasingly integral part of the work that we do.



Globally, National Red Cross and Red Crescent Societies have already provided mental health and psychological support to 8.7 million people affected by COVID-19 in 2020.[9] Volunteers and staff have taken to telephone hotlines, new digital forms of support such as webinars, videos and SMS chats.

From the start of the pandemic, IFRC has supported National Societies' mental health and psychosocial services. It comes alongside a wider expansion in new ways of reaching out to people suffering depression, anxiety, and PTSD, such as videoconferencing, online forums, smartphone apps, text-messaging, and e-mails, which have been found to be effective ways of delivering treatment. [10]

In Armenia, Red Cross psychologists provide psychosocial support services to people in four centres across the country. They assign volunteers who can provide additional help with household chores to those they identify as struggling. To date, psychological support workers there have responded to 20,700 calls and carried out more than 1,000 home visits. Danish Red Cross set up a phone service for volunteers to chat with people who are home alone.

A new form of support was seen in a project run by Serbian Red Cross, which published a collection of creative writing about peoples' experiences of living through the pandemic.

French Red Cross has set up Croix-Rouge chez vous (Red Cross at Home), combining a national call centre and the dispatch of aid to all parts of France, both mainland and overseas territories. It targets any socially-isolated person who has no connections or support from family, friends or neighbours. They are able to call in and receive a listening ear, and follow-up with the delivery of goods, if needed.

Bulgarian Red Cross operates a telephone-based psychology service, where people can book free sessions online with qualified psychologists.

And Italian Red Cross psychologists are on board quarantine ships for migrants, to support the mental health and protection of the most vulnerable migrants, including minors, trafficked women, pregnant women and victims of discrimination. They also support the wellbeing of Red Cross personnel.

In a partnership with the IFRC, British Red Cross psychologist Dr Sarah Davidson has featured in a successful social media video series to reach new audiences.

The world needs to do more

[9] https://go.ifrc.org/emergencies/3972#actions
[10] https://www.liebertpub.com/doi/full/10.1089/tmj.2020.0068

With the pandemic's effects expected to extend well beyond the current year, it's clear more action needs to take place now if we are to be serious about preventing the deteriorating mental health of millions of people. Recovery from the pandemic has to factor in mental and psychological interventions now.

We are recommending three key steps:

- A **serious scaling up** of mental health and psychosocial services. This is critical and high attention to widening national societies' access to new digital and other innovative means is needed. The IFRC network is well placed to facilitate sharing new practices and learning, and to work towards minimizing the digital divide.
- Secondly, Governments and major donors should step up support and increase **investment in addressing mental health problems** to enable individuals, families and communities to cope with the challenges they face due to the pandemic. Early and effective access to mental health and psychosocial support is key to creating sustainable and healthy local communities.
- Thirdly, we must not forget to **care for the carers.** Red Cross and Red Crescent people, who have tirelessly worked through the pandemic, often at the same time as responding to overlapping disasters, are immensely tired. Their psychological wellbeing must be a priority for us. We ourselves have responded by becoming a more flexible workplace, and we are encouraging National Societies to increase support systems and monitor staff and volunteers' wellbeing.

Sadly, the full effects of this pandemic will only emerge much later, robbing young people and others of their future dreams. Now is the time to invest more in mental health care and psychological support that works. Even a small investment can have big results. IFRC's 192 National Red Cross and Red National Societies are uniquely placed to scale up our engagement through the variety of new platforms and services and our networks of trained volunteers in every community.



Belarus, 2020. Volunteers and staff of the Belarus Red Cross are providing psychosocial support to people affected by COVD-19. Volunteers are receiving calls from vulnerable people through a free hotline, provide psychosocial support and share information about COVID-19.

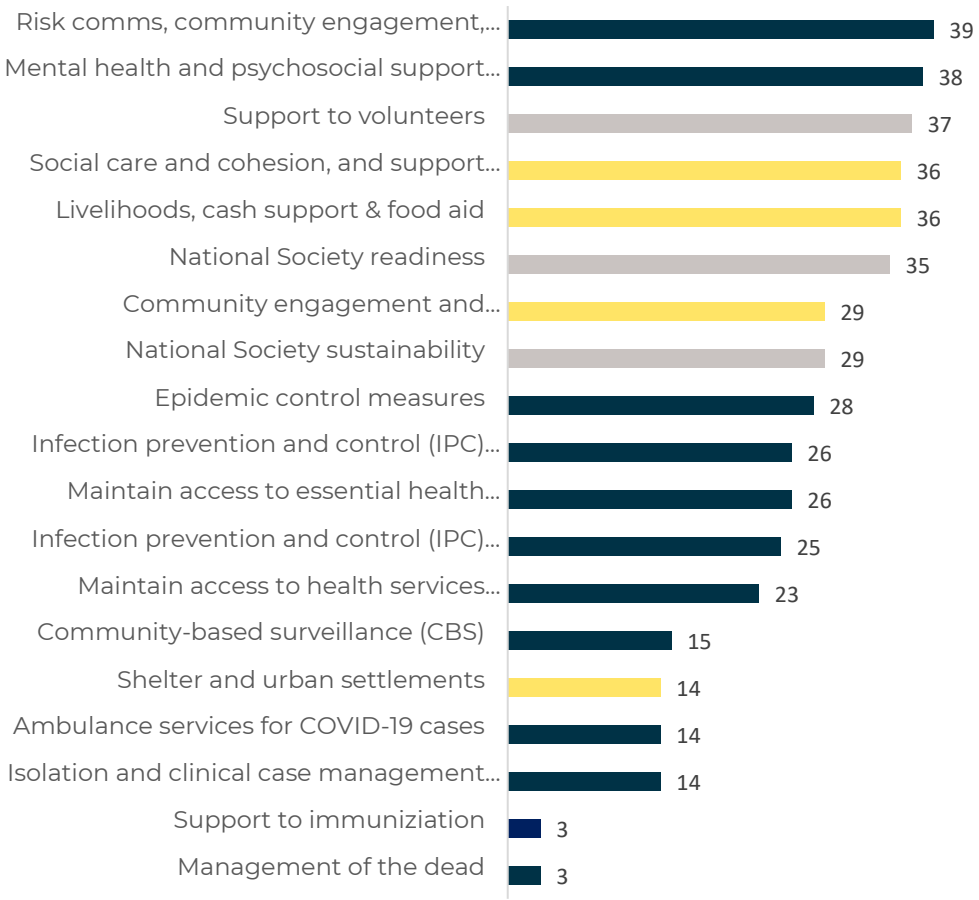
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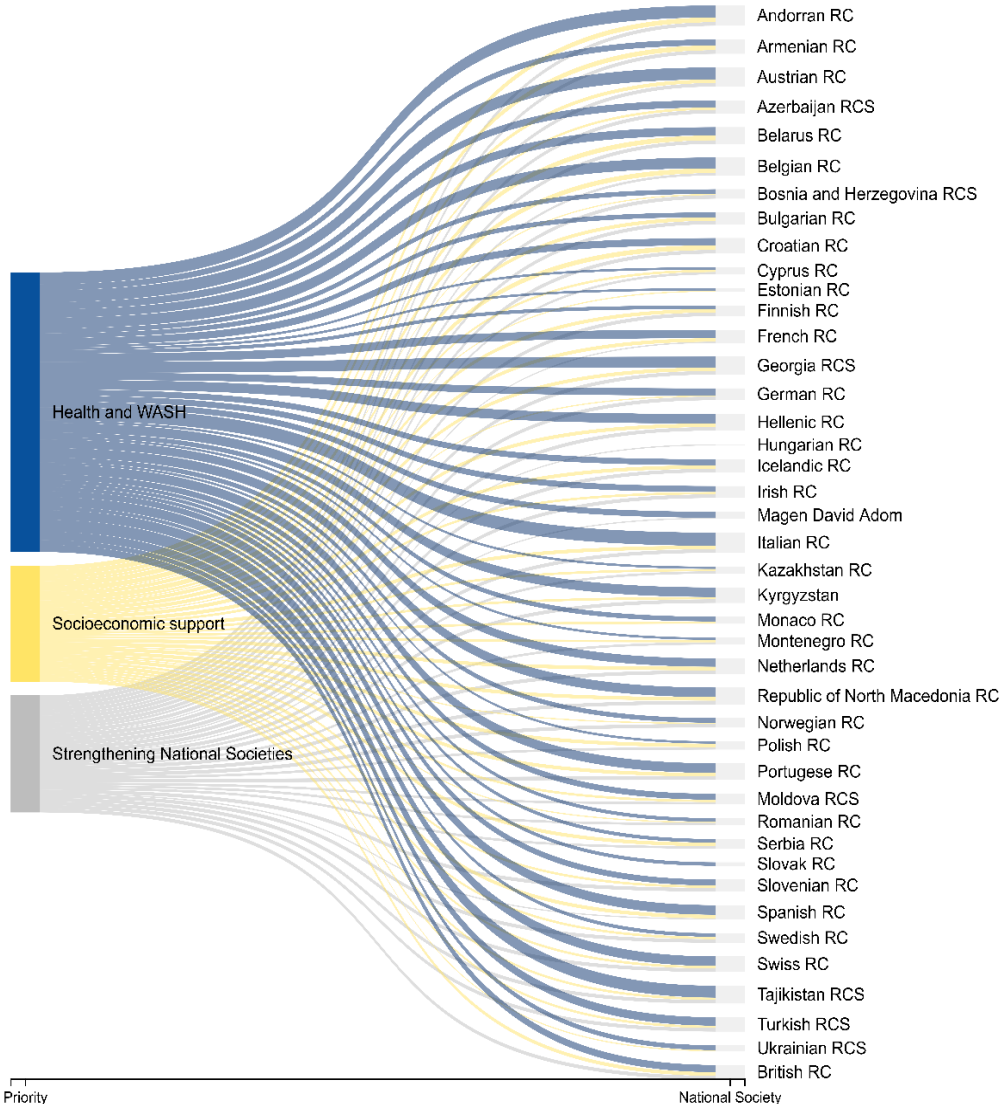
Europe Region – National Society Response

41
Sustaining Health and WASH

39
Addressing Socioeconomic Impact

37
Strengthening National Societi

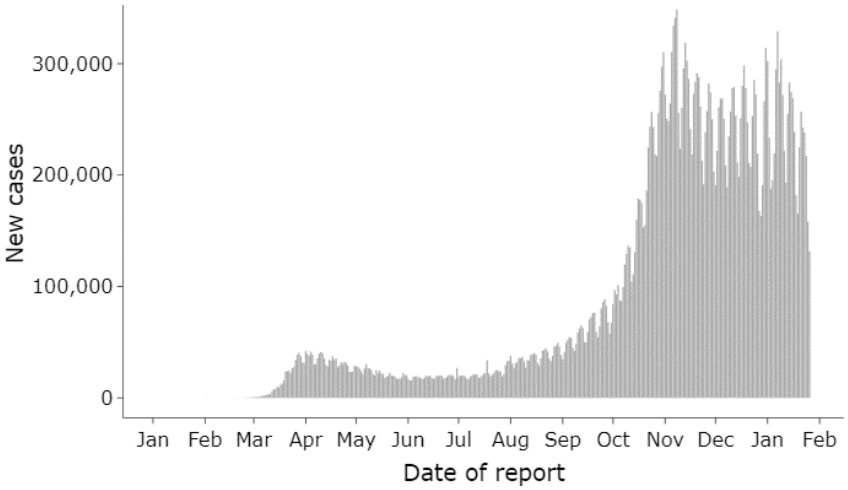




You can find detailed information of the National Society Activities on a country-level as well as regional COVID-19 response updates here. Data source: Public COVID-19 field reports as of 15/02.

Regional overview

Development of daily new COVID-19 cases in Europe region



During the past 12 months, the epidemiological situation in the Europe region showed a slight improvement after the first months of the pandemic, however, during the summer of 2020 the situation deteriorated significantly. The epidemiological situation continued to deteriorate for 17 weeks in a row starting from late July 2020 until the beginning of November, with new cases still increasing exponentially. After the first week of November 2020, the situation improved for several weeks, although the holiday season in December brought another peak of new cases in the beginning of January 2021. The last reporting weeks have showed a decline in the number of new cases and deaths. The situation varies greatly from country to country and some countries in the region are reporting accelerated increase of new cases. A concerning trend of case incidence and deaths rising in older age groups was observed during the last months of the reporting period. Although the Europe region reported a continued decrease of new weekly cases, it still accounts for the second largest proportion of new weekly cases worldwide, while death rates have continued to increase and accounted for approximately half of newly reported global deaths. So far, the Europe region reported more than 37.5 million COVID-19 positive cases and 838,000 deaths.

Since the beginning of the pandemic, National Societies (NS) of the Europe region with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Regional Office for Europe (ROE) have been implementing pandemic preparedness and response actions. From February 2020 when first cases of COVID-19 were registered in the Europe region, NSs continue to mobilise their resources to respond to the pandemic and address the main needs of the most affected people to tackle the global crisis.

The scope of the operation has gradually expanded from its initial focus on health and risk communication, to a comprehensive approach under the three strategic priorities identified in the global Emergency Appeal (EA), including a transition to regular programming as well as introducing innovative approaches for domestic resource mobilisation. Preparedness and effective response for next waves of the pandemic became increasingly relevant components of the operation, taking into account the dynamically changing trends of the pandemic.

During the first year of the operation, the IFRC ROE COVID-19 Response Team at the regional level – jointly with the Country Cluster Support Teams (CCSTs) and Country Offices (COs) – has been closely working with all National Societies in the Europe region. Focus has been given to methodological support in planning, implementing and reporting. Special emphasize was made to facilitate knowledge sharing, providing advisory support to NSs on different aspects of preparedness and response to the pandemic, network building, and to build capacities. Taking into account the health emergency nature of the crisis and specific multi-aspect challenges of the COVID-19 pandemic, the regional Health and Care Team organized 34 webinars, knowledge sharing and information exchange opportunities, webinars and trainings with the NSs of the region from March 2020 to January 2021, highlighting different aspects of the response to the pandemic. Topics included: contact tracing, mobile testing, Risk Communication and Community Engagement, WASH in COVID-19, health and care, mental health and psychosocial support to the most vulnerable groups, safety of volunteers and use of PPE. From November 2020, the regional Health and Care Team started to provide guidance to NSs on different aspects of vaccination and immunisation, with more than 40 NSs participating in meetings, allowing them to enhance the effectiveness of their response to the pandemic. In addition, systematic bilateral meetings were organized with more than 36 NSs to provide tailored support on the development and effective implementation of the country Plan of Action.

The IFRC Europe COVID-19 Response Team strengthened its strategic partnership, operational cooperation and coordination with international partners such as the regional WHO-UN-Red Cross Red Crescent Coordination Platform on the COVID-19 response, established in March 2020. Representatives of IFRC ROE participated in 14 Platform meetings in 2020 and provided country-focused meetings for the Red Cross Society of Bosnia and Herzegovina, the Hellenic Red Cross, the Red Crescent Society of Kyrgyzstan and of Tajikistan. These NSs presented their experiences and practice on community-based COVID-19 response actions for the general population and migrant communities, as well as intersectoral cooperation and coordination with public health authorities, WHO, UN agencies, international and local actors.

With regards to funding through the EA, as of 31 January 2021 32 NSs in the region received funding support from the COVID-19 EA for a total of CHF 46.1 million committed, including IFRC support costs. At the end of January 2021, the funding coverage stood at 66% (CHF 46 million income, CHF 70 million needed), leaving the region with a funding gap of CHF 24 million. More importantly, out of the committed CHF 46 million funding, 71% has an implementation timeframe until approximately the end of the first quarter in 2021, leaving the region with around CHF 14 million income available for the second to fourth quarters of 2021. Out of the CHF 46.1 million committed funding, approx. CHF 28.1 million was spent, representing a 60.7% expenditure rate after 12 months.

Priority 1: Sustaining Health and WASH

Since July 2020, many European countries started to ease government-imposed health rules and movement restrictions. At the same time, Europe saw its first weekly increase in new cases in two months, and several countries in the region have been reporting a second wave of infections. The situation since then continued to deteriorate, and countries across the region introduced new restriction measures, curfews and lockdowns in order to curb the exponential growth of new cases, and to keep health systems operational.

National Societies of the region, with technical support from the IFRC ROE COVID-19 Response Team, continue to support actions to contain, slow or suppress transmission of the virus and help affected communities maintain access to essential services; providing clinical, medical and paramedical health and care services—such as ambulance, hospital, and community health services to people affected by the pandemic, and those unable to access care because of the health system overload.

During the summer of 2020, guidance and recommendations were shared with NS Health managers for supporting the most vulnerable population groups in case of heatwaves in the context of the COVID-19 situation, as well as available publications from the IFRC, its climate centre and WHO, to help with the planning of activities in their respective countries.

The IFRC ROE Health and Care Team conducted a survey on a new round of webinars that took place in the autumn of 2020. The purpose of the webinars was to collect information on NS needs regarding training and knowledge sharing. The data from this survey was analysed and webinars were planned accordingly.

In October 2020, due to a significant increase in the number of cases in the Europe region, special attention was made to provide regular epidemiological updates (twice a week); thematic presentations in the Task Force meetings on clinical and community factors of COVID-19 infection; together with systematic bilateral calls with NSs. To ensure full alignment of the NS activities with the Emergency Appeal's priorities, guiding notes on the minimal requirements on Health/MHPSS/RCCE/WASH/PGI were developed and distributed, and a guidance document was developed on the correct use of Rapid COVID-19 tests, MHPSS, RCCE and home care activities.

The IFRC ROE Health and Care Team supported the IFRC Global First Aid Reference Centre in disseminating the concept note and related information materials to Health managers concerning World First Aid Day, so that NSs are well prepared and ready to organize activities to mark this occasion. More than 30 NSs of the region conducted country-wide events with the theme "2020: Adapting first aid practices to the pandemic."

In the end of December 2020, a race to start vaccinating people against COVID-19 started in the region as the first vaccine was approved by the European Medicines Agency. Countries in the region prepared their own vaccination plans and determined priority groups to receive vaccination. Criticism has arisen, claiming that vaccination progresses too slowly due to limited vaccine availability. National Societies in the Region are assisting their respective governments and authorities with vaccine roll-out. The IFRC ROE COVID-19 Response Team continues to support NS vaccination efforts, providing technical and operational support.

The IFRC ROE Health and Care Team continues to provide technical support to NSs applying for COVID-19 funds from the global EA for implementation of their activities in the pandemic response.

Main achievements, lessons learned and challenges:

- IFRC supported COVID-19 response actions of NSs to assist the most vulnerable individuals and communities by increasing their capacity to gain control over their own health and wellbeing, strengthening their health status and taking multi-sectoral action to promote healthy behaviors, empowerment, and to address stigma and discrimination.
- NSs with IFRC support, addressed behavioral risk factors, promoting positive healthy behaviors and lifestyles, preventing disease, and improving access to health services and health information for underserved communities and the most vulnerable. Health promotion and disease prevention activities carried out by the IFRC address issues related to communicable and non-communicable diseases, mental health and psychosocial support (MHPSS), substance abuse, sexual and reproductive health, WASH, epidemic control, and address different health risks caused by complex settings and migration.
- The ongoing pandemic once again underlined the need to invest in community-based Health and WASH with special focus on health promotion, pandemic and outbreak preparedness and response: community-based surveillance and early detection are key to tackling a potential epidemic at its onset. Similarly, during an outbreak, communities that are well-educated about the mode of transmission and treatment of the disease, as well as its psychosocial impacts, can significantly contribute to the swift end of an epidemic.
- NSs in the region provided unique support to national health systems, allowing them to enhance cooperation with public health authorities, positioning themselves as strong and reliable partners. The IFRC and NSs continued their humanitarian diplomacy efforts and actions to enhance dialogue with decision-makers in the interests of vulnerable people to advocate for access to health services, integration of RCRC actions to the national policies, strategies and curriculums on health and WASH accordingly.

Risk communication, community engagement, and health and hygiene promotion

All NSs engaged in public communication have scaled up their Risk Communication and Community Engagement activities through a variety of channels, including mass media (TV, radio, multi-media campaigns) and sensitization through social media, the production and dissemination of information materials (videos, posters, flyers, booklets), sensitization sessions in public and community places (e.g. schools, markets, public transport places, enterprises, local communities), information sessions for journalists, and telephone lines. As well as the general public, specific groups have been involved and prioritized, including people in prisons, people living in homeless shelters or informal settlements, older people, people from Roma communities, and people who are migrants.

Online trainings, educational and other platforms have been developed as well as several apps and applications such as: the “Stop Corona” app for voluntary contact tracing and information provision, an online mapping system for evidence-based data collection, applications for mapping vulnerable groups, a chat service by NS youth shelters, an MHPSS coordination platform, and applications to change voice messages into text for the hearing impaired.

Regular webinars have been organized to share good practices and lessons learnt in CEA. Prioritising the sharing of practical experiences and recommendations by National Societies, these have attracted scores of participants from across the region. An update of COVID-19 RC/CEA-related webinars, tools, materials and resources is circulated each week to around 350 Movement colleagues in the region. Further, more engaging and interactive webinars, more regular engagement with RC/CEA counterparts, and networking opportunities with partners both within and external to the Movement, are planned for the rest of 2021.

More than 20 NSs have established or participated in the running of telephone information lines, often working in partnership with governments and/or other organisations and operated by both volunteers and paid staff (e.g. psychologists, medical doctors). The telephone lines provide various services including information sharing, answering questions, collecting feedback, making referrals, telemedicine, PSS support, social care and linking people with needs to volunteers and services. The telephone lines have also provided an important channel to address rumours and misinformation. The lines have been targeting different groups including the general public, people in quarantine or isolation, people with specific information needs in relation to COVID-19 such as older people, youth, migrants, health care staff, as well as RCRC staff and volunteers. Information has been provided in several languages and many of the lines are providing 24/7 services.

NSs have also engaged in studies and perception surveys to better understand the changing knowledge, attitudes, practices and perceptions to COVID-19 and the most effective RC/CEA approaches. In Turkey for example, online meetings were conducted with pre-existing community fora (including refugees and members of host communities), and information was collected about knowledge on COVID-19 and gaps and barriers. Feedback from this Knowledge Attitudes and Practices (KAP) survey has been used to inform adaption of programmes and communication and dissemination approaches. Repetition of the survey at the end of 2020 (the formal report from this is due imminently), and again in spring and summer 2021, including the introduction of vaccine specific questions, will inform the ongoing COVID-19 response in the country throughout the year. The Armenian Red Cross Society has also completed a KAP survey which has informed programme planning and implementation through late 2020 and early 2021, while the Georgia Red Cross is currently in the process of implementing a similar study focusing primarily on schools. A survey in Kazakhstan in late 2020 highlighted extremely high levels of vaccine hesitancy in the country, as well as identifying preferred – and most trusted - channels through which information to tackle this could be shared. Further qualitative research is planned for 2021 in Central Asia, where Red Crescent Society of Tajikistan is working with WHO, the World Bank and other partners (e.g. UNICEF) to facilitate country-wide multi-agency perception surveys and rumour tracking expected to be implemented from March 2021

Do Better – Do More

To ensure that gains in RC/CEA are not lost during and beyond the COVID-19 crisis, the Do Better – Do More fund currently provides resources to four NSs (Armenia, Georgia, Kazakhstan, Ukraine) seeking to further develop their RC/CEA-related activities, skills, tools and systems and reinforce and consolidate them into NSs' normal ways of working.

In Armenia, Georgia and Kazakhstan, the development of chatbots is helping the respective NSs to better engage with people online and help counter COVID-19 misinformation. The NS in Armenia has also been consolidating its telephone hotline and data management systems. In Georgia, the NS has been running a COVID-19 awareness survey and improving its ability to use data to inform planning, whereas the NS in Ukraine has been developing a national-level feedback mechanism.

Community-based surveillance (CBS)

Two regional webinar sessions were provided by the IFRC Geneva Community-based Surveillance (CBS) Adviser for three NSs on community-based surveillance, which were followed by the training sessions at country level. National Societies started preparing for the CBS assessment, and established contacts with national health authorities responsible for disease surveillance.

Currently 15 National Societies in the Region are reporting CBS activities including the Armenian Red Cross Society, the Red Crescent Society of Azerbaijan, Belarus Red Cross, Georgia Red Cross Society, Red Crescent Society of Tajikistan and Ukrainian Red Cross Society.

Case detection, surveillance and contact tracing

National Societies in the region play critical roles providing prevention, detection and case management services at the community level. This includes carrying out community-based surveillance and contact tracing; supporting people isolated at home or in quarantine. These community-level interventions contribute to reducing the risk of transmission, support national health services on pandemic prevention, detection, and response measures within the most affected communities.

Since the beginning of the COVID-19 response, more than 25 National Societies have been involved in case detection, surveillance and contact tracing main and critically important components of COVID-19 response actions. The NSs contributed to contain, slow and to suppress transmission of the virus, and are helping affected communities to maintain access to essential services, especially those unable to access healthcare services.

Due to the rapid increase in the number of cases during the second wave of infections, National Societies scaled up their support to local health authorities in screening, testing and early detection of new cases, as well as in transportation of suspected or confirmed cases. National Societies support health authorities with operating testing stations including in some cases drive-through facilities to increase health authorities' testing capacities, triage facilities, outpatient fever clinics and quarantine centres, and are also contributing to public emergency medical care and mobile care services.

Some National Societies are conducting body temperature checks of passengers arriving to airports, others conduct thermal screening of individuals as they enter public spaces such as courts, hospitals and detention centres, as well as within migrant communities.

National Societies are also supporting large-scale prevalence studies and hot-spot testing on behalf of regional health authorities. For example, National Societies of the Czech Republic, Hungary and Slovakia are supporting their respective health authorities in providing testing services.

Increasing level of COVID-19 mobile testing capacity in EU Member States project – DG SANTE

The IFRC ROE Health and PRD Teams successfully completed negotiations with the European Union's DG SANTE and were granted a EUR 35.5 million funding to increase the mobile testing capacity of EU member state National Societies. Participating National Societies are Austria, Germany, Greece, Italy, Malta, Portugal and Spain. Since December 2020, these National Societies received funding and implementation of the initiative started with a foreseen implementation end date of July 2021.

The main objectives of this project are:
1. To strengthen the capacity of Red Cross societies in Austria, Germany, Greece, Italy, Malta, Portugal and Spain to rapidly respond to outbreaks and second wave, through a cycle of trainings of Red Cross staff on COVID-19 testing and with providing necessary equipment to take samples and perform tests.
2. To support national public health systems in these countries to increase the COVID-19 testing capacity by adequate collection of samples and performing tests by trained staff.

Infection prevention and control and WASH at the community level

During the current reporting period, the IFRC ROE Health and Care Team jointly with the IFRC Geneva WASH unit, Learning Platform unit and Country Cluster Support Teams for the South Caucasus and for Central Asia, conducted webinars on WASH within the COVID-19 context for the National Societies in South Caucasus and Central Asia. A total of five webinars were tailored to meet the needs of these NSs during the reporting period. Contents of these webinars included:

- Basic WASH,

- WASH and its relationship with public health, how to use platforms and tools,
- Hygiene promotion, WASH – COVID-19 in schools, handwashing resources, hygiene kits,
- Waste management; disinfection during COVID-19,
- General COVID-19 information.

In total, more than 25 participants from NS headquarters and branches in Armenia, Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan, as well as ICRC offices in South Caucasus took part in these webinars.

Mental health and psychosocial support services (MHPSS)

One year passed after the start of the COVID-19 pandemic. National Societies in the Europe region have been committed to including Mental Health and Psychosocial Support (MHPSS) activities in their responses, in order to respond to and overcome the barriers of the huge impact of the pandemic on mental health. The pandemic fatigue set in not only in the general population, but also within RCRC staff and volunteers, especially the ones on the frontline.

Since the beginning of the COVID-19 outbreak response, 38 Red Cross Red Crescent National Societies have provided Psychosocial Support (PSS) to populations and communities at risk as well as to affected individuals, reaching more than 1 million people with MHPSS services across the Europe region. A MHPSS Delegate was assigned to join the Regional Office for Europe Health and Care Team, supporting the strengthening of the emergency response, providing technical advice and guidance about MHPSS.

NSs are providing support through the establishment of mobile teams, assisting communities and especially the most vulnerable groups (older people, single parents, low-income families, people with disabilities, migrants, people living with TB, HIV and viral hepatitis) with the provision of, among other basic needs, Psychosocial First Aid (PFA). 22 NSs reported to have PSS hotlines available for the general population, guaranteeing access to psychosocial support for everyone, including people living in remote areas. These hotlines are also at the service of RCRC staff and volunteers, and whenever possible, to medical workers and their families. NSs are strongly advised to also provide PSS to all their staff and volunteers involved in the response. Support systems are being established and monitoring is to be done on a long-term basis to ensure first responders' well-being.

Different online and on-site trainings on MHPSS were conducted by NSs, assuring all staff and volunteers are aware of the psychosocial well-being impact of the operations, as well as on COVID-19's risk of transmission, prevention measures, and self-care. These knowledge sharing events were organized with methodological support from the IFRC PSS Reference Centre as well as some activities were organised in close partnership with the European Network for Psychosocial Support (ENPS).

To cope with the current complex emergency, NSs continuously built new tools and strategies to reach and protect not only the supported communities, but also their staff and volunteers. Following the IFRC guidelines and with the support of the IFRC Europe MHPSS Delegate, NSs conducted different activities to address the mental health needs. As few examples include the Red Cross of Serbia, which published a collection of creative writing about people' experiences of living through the pandemic, and a successful social media video series providing information on mental health considerations and self-care created by the British Red Cross. The Italian Red Cross implemented the "I Safe" project, consisting of two interdependent components*: "I safe school"* - psychoeducational training in school - and "*I safe town"* - to deliver PSS to the population. The uniqueness of this project was to link school and city life together to educate and prevent, and to reduce the vulnerability of the community. Also, the sub-regional MHPSS Platform in South Caucasus is showcases the innovative actions of the NSs in the region.

18 NSs became signatories of the open Psychological First Aid (PFA) Pledge, submitted by IFRC, the Danish Red Cross, Netherlands Red Cross, and the IFRC PSS Reference Centre. The Pledge aims to support the scaling up of global capacities for PFA to alleviate mental health and psychosocial needs and to promote individual and community resilience. The 18 NS signatories of the Europe region are: Danish Red Cross, French Red Cross, Italian Red Cross, Icelandic Red Cross, Netherlands Red Cross, Belarus Red Cross, Austrian Red Cross, Belgian Red Cross, Irish Red Cross,

Croatian Red Cross, British Red Cross, Hellenic Red Cross, Portuguese Red Cross, Red Crescent Society of Kyrgyzstan, Ukrainian Red Cross, Armenian Red Cross Society, Bulgarian Red Cross and the Georgia Red Cross Society.

On the occasion of the 10 October World Mental Health Day, several activities were organized online. The ROE Health and Care Team hosted a webinar on "*Psychosocial Support for the most vulnerable groups in times of COVID-19".* The event that took place on 14 October, gathered presentations from the Regional Health and Care Coordinator, the PSS Reference Centre's Technical Advisor, and MHPSS representatives of the Italian and Portuguese Red Cross, the Turkish Red Crescent and the regional RCCEA Delegate. Several other NSs of the region participated.

The Annual Forum of the RCRC European PSS Network (ENPS) took place on 23-24 October 2020. The Regional Health and Care Coordinator and the MHPSS Delegate conducted a presentation about IFRC and RCRC MHPSS activities in the COVID-19 response, as well as on the cooperation with other IFRC partners. 62 participants represented more than 25 NSs: Armenia, Belarus, Belgium, Croatia, the Czech Republic, Germany, Greece, Denmark, Ireland, France, Japan, Kyrgyzstan, Magen David Adom in Israel, Montenegro, Netherlands, Russia, Serbia, Slovakia, Slovenia, Sweden, Turkey, the United Kingdom, Ukraine, Uzbekistan as well as the Global PSS Centre and ICRC took part in the Forum.

As part of the PSS Reference Centre's contribution to the implementation of the MHPSS Roadmap, Policy and Resolution on addressing MHPSS needs, two pilot projects were launched: The Community of practice (CoP), developed as a virtual platform where NSs, IFRC and ICRC can meet, discuss and exchange on ways of implementing the MHPSS Policy and Resolution in accordance with the Roadmap; and the Integrated Model of Supervision (IMS) project aiming to strengthen supervision within MHPSS and Protection. Several NSs of the region expressed their interest in joining these two projects, reinforcing their commitments to MHPSS activities.

During the past year, with the continuation of the restrictions due to the pandemic, online webinars and conferences continue to serve as the platforms to share experiences, knowledge and lessons learned, and to enhance learning about addressing mental health needs.

With the number of new cases significantly increasing, the focus continues to be on strengthening NS capacities as part of the Movement Policy goals and the 33rd International Resolution on MHPSS, in order to mitigate the impact of COVID-19 on the mental health of the general population, as well as on staff and volunteers.

Maintain access to essential health services (clinical and paramedical)

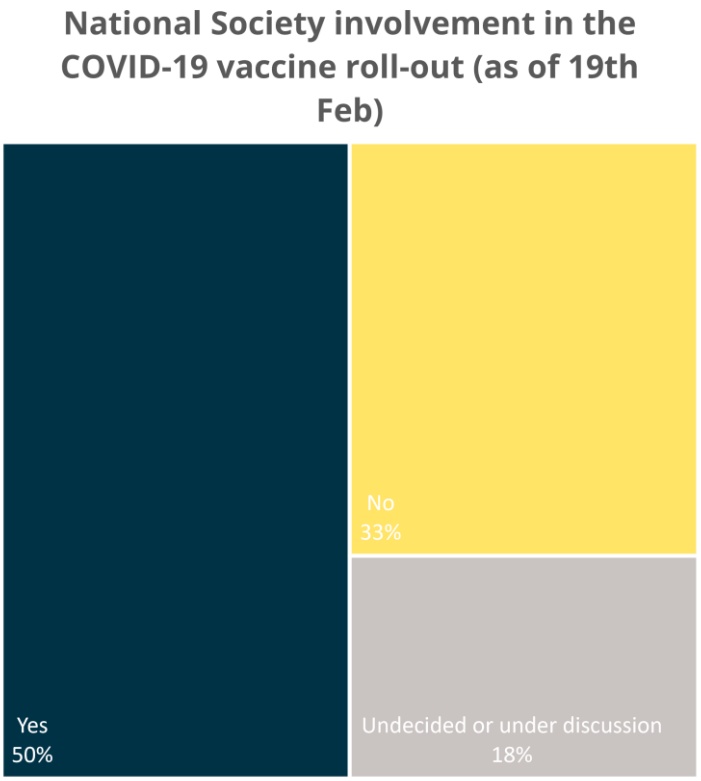
Currently, 23 National Societies are providing clinical and paramedical services, such as the National Societies of Germany, Italy, Israel, Spain and the UK. These services vary country by country and include support to the national health systems, hospital transport and ambulance services, psychosocial support, and delivering mobility and medical aid.

Additionally, National Societies are operating quarantine and testing stations, triage facilities and outpatient fever clinics to support the public emergency medical service. NSs are also providing mobile care services and are helping to expand bed capacity in hospitals. Some National Societies are supporting experimental treatments by collecting plasma from patients who recovered from COVID-19 and have antibodies, and in turn provide this plasma to hospitals to treat patients in severe condition. NSs have also been involved in developing trainings and guidance for staff and volunteers on COVID-19, on the proper use of PPE and ambulances cleaning and disinfection.

Support for Vaccination activities

Extensive activities have been undertaken to support National Societies in preparing for and planning to support vaccination efforts, highlighting the operational, mobilisation, community engagement and communication opportunities NSs may be well-placed to fulfil. Central to this has been the sharing of examples and experiences from National Societies who have already been playing a significant role in mass vaccination - for example the Austrian and British Red Cross, as well as Magen David Adom in Israel, who have seen activities ranging from direct involvement in vaccinations, supporting at vaccine centres, and successful community engagement and communication activities to inform people of government vaccination strategy, address people's fears and concerns, and reduce vaccine hesitancy.

National Societies have also been supported in advocacy for COVAX to guarantee fair and equitable access to vaccines by all countries, as well as advocacy within countries themselves for everyone to have equal access to vaccination, based on vulnerability alone, regardless of gender identity, age, sexual orientation, religion, ethnicity, ability, socio-economic situation, international protection status or any other factor.



Data source: Regional vaccine roll-out survey, responses from 40 NSs as of 19/02.

As vaccination unfolds at greater scale across the region, the divisive reality of vaccine diplomacy is already becoming clear, posing a political threat to the Movement's neutrality and impartiality. At the same time, as vaccination potentially enables some countries to reopen after lockdown, there is a risk of a new type of discrimination emerging both between and within countries with those who are not able to access vaccines placed at significant disadvantage, discrimination, stigma, and socio-economic hardship.

Proposed systems of vaccine passports represent a potentially greater dilemma – on the one hand offering an opportunity for countries to open up and restart economic and cultural activity (for those who can secure the passports), encouraging vaccine uptake and continuing to limit spread of the disease, while on the other hand further marginalising and punishing those who do not, or cannot, have them, exacerbating pre-existing vulnerabilities and inequalities.

Priority 2: Addressing socio-economic impact

The IFRC Regional Office for Europe has provided technical guidance and support to the National Societies' livelihoods response plans and has been advocating for further assistance to the most impacted and vulnerable people. Due to the varying NS context and capacities in addressing the socioeconomic impacts, the IFRC ROE has adapted its support accordingly and carried out a mapping of NS livelihoods and basic activities including challenges and opportunities for building on NS capacities and identifying areas of cooperation among partner National Societies in the region in the sector of livelihoods programming.

The ROE is also ensuring that NS response plans are inclusive and have a people-centred approach enabling and supporting early recovery of people's livelihoods and paving the way for mid to longer-term recovery strategies building communities' resilience for future disasters and crisis impacting livelihoods.

Additionally, in view of the increase of the COVID-19 caseloads in the region and consequent worsening of people's livelihoods, IFRC ROE addressed a letter in July to NS leadership on the evaluation of the pandemic and stressed the

need for scaling up the IFRC and its membership assistance by providing further guidance to addressing the wider socioeconomic impacts of COVID-19.

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

Since the outbreak of the pandemic, National Societies in the region continue to respond to the urgent basic needs of the most vulnerable and those whose livelihoods were impacted by the pandemic. This includes in-kind food distribution or cash and voucher-based assistance to cover immediate basic needs to those already vulnerable, to people that have lost their job, those in quarantine, people with illness or disabilities, migrants or households that have lost their main breadwinner.

While responding to people's basic needs, 9 NSs have selected multipurpose cash grants for their response and additional 5 NSs decided for vouchers. 7 NSs mainly in South Caucasus and Central Asia have integrated livelihoods interventions in their response plans to address the socioeconomic impacts of the pandemic, supporting households that faced deterioration or loss of their main livelihood, by designing intervention plans to assist targeted populations to recover, restore or start income generating activities. These include opportunities for income diversification and increase through enhancement of skills, or provision of cash or voucher-based working assets, or start-up cash grants for early to mid-longer-term recovery. IFRC ROE is providing necessary and tailored technical guidance and support to National Societies' Plans of Action in their efforts responding to the effects of COVID-19.

Three NSs in the South Caucasus have been supported by IFRC in conducting CVA feasibility studies. Furthermore, a CVA baseline study and a CVA Cash Preference Questionnaire were developed by the Red Crescent Society of Azerbaijan and a CVA work plan was developed by Georgia Red Cross Society.

IFRC ROE Cash and Voucher Assistance (CVA) currently supports 4 NSs (Armenia, Belarus, North Macedonia, Tajikistan) in the Fast-Track Cash Preparedness process with a duration of 5-6 months. This supports NSs relatively new to CVA to safeguard RCM minimum standards within their COVID-19 response. Also, the NSs of Azerbaijan, Bulgaria and Cyprus showed interest in a rapid preparedness process responding to the COVID-19 situation and are closely supported by the CVA team. Main activities centre around providing support to enable the organizational environment, developing HR technical capacities, Financial Service Provider negotiations, setting transfer values, enhancing feedback mechanisms and targeting.

A bilateral COVID-19 Response and Cash Preparedness project, funded by DG NEAR, covering Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia, led by the Red Cross of Serbia, is closely supported by the IFRC ROE CVA team, jointly with the Swiss and Austrian Red Cross (2021-2022).

A survey conducted in late 2020 amongst the European and Central Asian NSs, has shown specific needs in CEA & CVA as well as in cash feasibility and market assessment. 4 mini webinars have already been conducted in 2020 in English and Russian languages by the CEA team, supported by regional colleagues and Turkish Red Crescent. Additional sessions on the remaining topics (market assessment, cash feasibility and transfer value) are in discussion for Q1+2 2021.

The IFRC is not only engaging with NSs in assisting vulnerable people and those whose livelihoods have been seriously impacted by the crisis but is also advocating for the NSs to complement national social protection nets where those are insufficient or inexistent, and to include those historically excluded from such programmes. IFRC is also providing technical support in advising how to address gaps in protection mechanisms that may be unavailable, weaker or break down, and how to utilize the activities and the service provided to monitor the safety and well-being of the people reached. Check-ins with NSs were provided to support the mapping of new needs and the updating of the referral pathway.

Shelter and urban settlements

As part of the COVID-19 response, several NS (including Armenia and Kyrgyzstan) have introduced rental & utility support as part of their CVA assessment criteria and multipurpose cash support. As such, Shelter is accounted for in the above section on cash assistance.

Community engagement and accountability

For details on CEA activities please refer to the Risk communication, community engagement, and health and hygiene promotion section above.

Social care, cohesion and support to vulnerable groups

Protection, Gender and Inclusion (PGI)

The pandemic impacts people differently and exacerbates inequalities massively. The prolonged lockdown and the introduction of movement restrictions, the increased risks of poverty, are exposing people to new vulnerabilities. The impact of the pandemic as well as the distress caused by the uncertainty caused by the different measures have different effects on people based on their sex, gender and other factors, including age, disability, sexual orientation, health status, legal status, ethnicity, and other aspects of the person and the society they live in.

The socio-economic impact of the pandemic increased the risk of domestic violence, exacerbating pre-existing inequalities. Reports show a significant increase in risks and cases of sexual and gender-based violence (SGBV), including intimate partner violence, violence against children, exploitation and abuse. Likewise, movement restrictions and gaps in service provision paired with the risks of exclusion from health care and livelihoods opportunities, have been detrimental for minorities, migrants and seasonal workers, severely exposed to trafficking risks. Due to precarious living conditions and the loss of income and livelihood opportunities, some people may turn to negative coping strategies, such as criminal networks, domestic slavery and organized crime. Overall, the pandemic amplified the protection risks and made harder to access specialised services, increasing the need to fill this gap and to provide such support to people in need. For that reason, NS staff and volunteers has adapted their services to be better prepared in responding to risks.

During the whole year, NSs were supported with different technical guidelines, produced at global and regional level, to provide guidance on how to better address vulnerabilities related to COVID-19. The technical guidance documents provided key messages and activities to be included in the NSs' response, aiming at addressing needs of the most at risk of exclusion and isolation. Technical webinars were also organized to discuss NS activities and challenges related to addressing risks and vulnerabilities, and to provide guidance on best ways to adapt services and address access barriers. With the evolving of the outbreak, tools and guidelines were updated and more focus was given to the long-term impact and new vulnerabilities. General guidance was supplemented by a series of thematic topics including child protection and sexual and gender-based violence, trafficking in persons, and working with older persons.

Due to the outbreak, priorities and responses changed within the NSs and some of the planned activities were put on hold to address new priorities and needs. Meetings were held with different NS to explore possibilities of carrying out the activities in a remote modality. Some of the trainings planned were delivered as webinars and support was provided to adjust contents and material accordingly. Meetings with NSs were also held to provide ad hoc support during the beginning of the outbreak, addressing the new challenges posed by the lockdowns, which included the disruption of service provision and guaranteeing that the needs of the affected population were still met.

Regular coordination with the IFRC PGI Global Platform was continued in the reporting period, contributing to the global discussion on PGI topics and approaches. This coordination included regular meetings with the ICRC, and collaboration with networks such as ATN, CCM and the SGBV Working Group. Quarterly meetings organized by the Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings (OSCE) were attended and inputs to advocacy papers were provided. Evidence from past outbreaks demonstrates the necessity of carefully considering the

impact of the pandemic and its intersection with pre-existing inequalities and vulnerabilities, highlighting the need to adopt specific measures to better protect and keep people safe. COVID-19 has a long-lasting socio-economic impact that can deteriorate fragile systems and make people exposed to more or new vulnerabilities. In this regard, regular meetings were held with NSs to identify strategies and actions to mitigate the impact of the socio-economic crisis and to find ways to address secondary impacts related to COVID-19.

PGI was also mainstreamed across sectors. A cross-cutting approach was enhanced to create coherence between different areas of expertise and approaches, in collaboration and coordination with other departments and sectors and to guarantee that the do no harm principle is fully upheld. NSs were supported through learning opportunities and technical support activities to contextualize the PGI mainstreaming approach and to better address immediate risks and consequences of secondary impact faced by the affected population. Due to the worsening socio-economic situation, coordination with livelihoods and basic needs interventions was established to guarantee that people at risk of SGBV or exploitation are linked with economic opportunities and interventions. A technical help desk will start in the incoming month with the support of regional networks such as ATN, to guarantee regular, quick and ad hoc support and coaching sessions for those NSs in need of strengthening their technical capacities in addressing vulnerabilities and protection risks, and to enhance the mainstreaming approach. Regarding Child Protection, new tools were shared and piloted to address the challenges and risks related to the restrictions imposed during the outbreak. The new tool included child-friendly spaces at home, and cards designed to guarantee the continuation of the activities during the lockdown. A monitoring form was also included to capture the impact of this new approach on the outcomes of the child friendly activities and the well-being of the children. An Arabic and Turkish version of the tool was provided by the Turkish Red Crescent.

Weekly meetings were set with PGI officers in Turkey and Greece to discuss a strategic approach based on the current responses to improve the protection component during COVID-19. Other NSs were involved in learning opportunities organized at regional and global level. These events included discussions on PGI topics and sharing of new tools and working documents. Different webinars were organized to address the new risks and vulnerabilities related to COVID-19, including:

- Addressing vulnerabilities and risks related to older adults;
- Trafficking in persons during COVID-19;
- PGI in COVID-19: vulnerable groups and related protection risks;
- SGBV basic approach during COVID-19;
- Remote Case work.

Migration and Displacement

Migrants, including refugees are disproportionally at risk of COVID-19 and its related health risks. Because of their legal or employment status, migrants may not have equal access to health services and to social protection measures. Specifically, migrants with an irregular legal or employment status are often in precarious living conditions (in the streets, formal or informal camps settings, collective reception sites, and immigration detention), and are at risk of being excluded from prevention and treatment.

While national response plans are developed at the country level and some innovative and solidarity-based solutions have been found in numerous contexts, the situation of those newly arriving (especially in countries of first arrival or in those along transit routes) have become even more concerning during the summer months of 2020 and continued throughout 2020 and early 2021. The adverse effects of the COVID-19 pandemic and related measures for migrants may create not only increased health needs and a need for sharing appropriate information, but can also lead to additional concerns around stigma and discrimination, may force people to seek more dangerous border crossing means, and can lead to challenges in accessing essential services or protection. Policy measures in response to the pandemic affecting the situation of migrants have been very diverse across Europe, but the restrictions on movement and border closures have affected most adversely those seeking international protection, those living in collective sites or people in irregular employment or legal status, with the risk for many to become destitute or lack essential treatment. A particular challenge in this context has been that many National Societies have lost access to those in the most

vulnerable situation during the first and second quarter of the year, primarily in locations that have been turned into places of quarantine or while movement restrictions have been in place locally.

The primary objective at IFRC ROE has been to support NSs including migrants alongside other vulnerable groups in national COVID-19 response plans. While doing this, cooperation has been upheld with PERCO, RCEU Office, IFRC Geneva teams and ICRC offices. At numerous webinars, NSs presented innovative ideas of adapting existing or scaling up new migration/asylum support activities to the changing contexts and policies affecting migrants. NSs across Europe have been engaged in the following activities throughout the period:

- Risk communication and community engagement to ensure that migrants can access information on prevention and care connected to COVID-19, in an appropriate language and format;
- Targeted Health, PSS and WASH interventions for migrants and displaced communities in rural, urban and camp settings, including with mobile health units and the provision of personal protective equipment;
- Emergency relief and cash support for migrants and refugees;
- Managing and providing services in reception centres and quarantine facilities;
- Humanitarian diplomacy and advocacy on the rights and needs of migrants in the context of the COVID-19 crisis.

To support these activities, the IFRC ROE and ICRC Brussels offices have developed a "Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in face of COVID-19 pandemic", which was officially shared with all NSs in Europe and Central Asia on 29 May 2020. The document is now also available in Russian, French and Spanish languages.

Throughout the reporting period, cooperation was also maintained with different sectors of the response, primarily with PGI and CEA teams to ensure that support across sectors is also reaching vulnerable migrants/displaced communities and their specific needs are analysed and addressed. CEA teams have organized two webinars in June and July 2020 with a focus on including people who are migrants in the COVID-19 response, where several NSs shared good practices. A first webinar was organized jointly with the PERCO Network on 15 April 2020 on the topic of the specific vulnerabilities migrants face in the COVID-19 crisis. The Austrian Red Cross organized a webinar on 29 June 2020, discussing the socio-economic impact of the upcoming financial crisis on migrants, where IFRC ROE as well as the IFRC Greece Office participated. Throughout the period, attendance was also ensured at the regular coordination calls organized by the ICRC Belgrade office and at the thematic webinars organized by RCEU office and IFRC Geneva team.

Technical coordination meetings were organized at the regional level with several NSs to discuss and address the challenges of assisting migrants during COVID-19. A mapping exercise was carried out in October 2020 and confirmed that 14 National Societies out of those 33 who are supported through IFRC have included migrants explicitly in their COVID-19 response activities. However, most of the National Societies in Europe as explained below have been responding to migrants' specific needs, primarily with adaptation of their core migration activities.

A specific coordination was established with the Cyprus Red Cross vis-à-vis their activities in the Kokkinotrimithia First Reception Centre, where the COVID-19 pandemic and related measures have brought further changes to the context. In a follow-up of a Lessons Learned workshop for the DREF Population Movement Operation implemented over the period of October 2019 - April 2020, a specific session was coordinated in October 2020 with the NS on mental health and protection-related needs.

The ROE has also initiated a joint research with CEU University which will investigate the impact of the COVID-19 pandemic on the vulnerabilities of migrants in the Western Balkan region. As part of the research, 2-3 countries will be identified for the research where the analysis will focus. The result will be a study with a few country examples, which can help set response priorities and strategies but also support with internal awareness-raising.

Health and Ageing

National Societies since the beginning of the pandemic have been implementing different community-based activities and have a significant role in outbreak control to contain, slow or suppress transmission of the virus while ensuring that people affected can meet their basic needs, essential services and maintain their dignity. NSs are reaching vulnerable population groups including older people, people with chronic disease, with activities such as distribution of food and

hygiene parcels, procurement of medicines, hot meals, shopping services, providing assistance with farm animals/home pets care, paying bills, small housework (cleaning, washing, cooking) and check-ins on those who are known to be isolated and living alone.

During the reporting period, the Senior Health and Ageing officer in collaboration with the CEA, PGI and PSS delegates, and together with IFRC global colleagues and input from NSs, finalized a guidance for NS staff and volunteers on working with older people during COVID-19, including key messages and a list of resources. The guidance was published on GO and Fednet.

Several webinars were organized in order to provide technical support to NSs working with older people during COVID-19, and an online survey was conducted to identify the topics of the webinars among H&A in the first and second half of 2020, to better understand the needs of the NSs.

A home care for patients with COVID-19 online course developed by the Austrian Red Cross was adapted and with support of GVA, was launched on the IFRC Learning Platform.

The Translation and proofreading of the New Care in Community Guideline and the Interim Guideline for RCRC staff and volunteers working with older people during COVID 19 into Russian language was finalized with support of the colleagues from IFRC regional office in Belarus and the Red Crescent Society of Kyrgyzstan, and financial support from IFRC GVA.

The 2020 World Elder abuse Awareness Day took place on 15 June 2020 and called for decision-makers to develop universally applicable normative standards for the protection of older people. For this purpose, a set of informational social media cards and publications were prepared and sent to H&AAG members in order to be prepared and plan their activities.

Global Red Talks on Healthy Ageing during COVID 19 were held on 29 June with participation and support of two NSs of European region: The Red Cross of Serbia and the Swedish Red Cross.

From July to September 2020, the IFRC in close partnership with Austrian Red Cross, Swiss Red Cross and National Societies of Armenia, Azerbaijan, Georgia and with the UNFPA offices in Armenia and Georgia, conducted a study that aimed to understand the impact of COVID-19 on older people and caregivers. This study looks at the impacts of COVID-19 on older people, professional health and social caregivers and trained RCRC volunteers in the context of the general care system in Armenia, Azerbaijan and Georgia. It provides recommendations for improving both the response to COVID-19 and the care provision for older people and meeting the needs of professional caregivers and trained RCRC volunteers. The report is available here.

4 types of publications (Healthy Ageing toolkit, Community-based homecare toolkit, Interim guidance on working with older people, Care in communities guidelines) were translated to English and Russian languages and were disseminated to NSs actively involved in the H&A advisory group to support them in H&A capacity building activities for their staff and volunteers.

Priority 3: Strengthening National Societies

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

For the current reporting period, the IFRC ROE COVID-19 Response Team continued knowledge sharing and technical support to National Societies in the region by organizing the following webinars:

- *European regional webinar Working with older people during COVID-19*. On 8 June 2020, IFRC ROE and GVA Health, CEA and PGI focal persons conducted a joint webinar with 53 participants. NSs from the Europe region including the Bulgarian RC, Georgia RC, German RC, North Macedonia RC, Slovenian RC, Swedish RC, Swiss RC, Italian RC, Norwegian RC, Czech RC, Hungarian RC, Croatian RC, Finnish RC, Turkish RC, Belarus RC took part in the webinar. Several aspects of `Working with older people during COVID 19` from Health, CEA and PGI perspectives were discussed.

- *Webinar on First Aid in the context of COVID-19*. The IFRC ROE Health and Care team supported the Global First Aid Reference Centre to organize a webinar on first aid in the context of COVID-19 on 10 July 2020, to discuss the challenges NSs are facing with regards to organizing and conducting the first aid trainings for different target groups, especially for candidate drivers and in commercial first aid.
- Additionally, two webinars on the topic *Self-care – caring for staff and volunteers* were held, jointly with the IFRC PSS Reference Centre: the first on 3 June 2020 in Russian and the second on 11 June 2020 in English. They both included PSS peer to peer support and the use of PPE, with over 40 participants.
- On 29 May 2020, two webinars took place, one on *Remote PSS* (focused on running a hotline), held in Russian and with the participation of 25 NSs, and another on *MHPSS in the COVID-19 context*, for the Russian speaking NSs with 23 participants.
- A webinar on *Remote Psychosocial First Aid (PFA)* was hosted by the PSS Reference Centre on 4 June 2020 with the participation of several NSs.
- ICRC and IFRC Regional Offices for Europe together with headquarters arranged a *webinar on COVID-19 and Engaging an overview of the IFRC guidance on the impact of COVID-19 on trafficking in persons with Migrant Communities*. Presenters included: VOICES Network (an initiative bringing together experts-by-experience to advocate on refugee and asylum issues), Turkish Red Crescent, Hellenic Red Cross, and migration, CEA, and communications experts from ICRC and IFRC. During this interactive webinar, guests, National Society speakers and participants shared their insights and experiences on how to better engage people who are migrants in the COVID-19 response.
- IFRC PGI Global and Regional teams organized a *webinar on the SGBV guidance note*. The aim of the webinar was to explore the impact of COVID-19 on SGBV and how to address and mitigate potential risks. The webinar also highlighted the linkages between the pandemic and the increase in SGBV, and the need to remain aware of the risks of increasing SGBV during and after the pandemic.
- IFRC and ATN organized a *regional webinar on Understanding & Responding to Trafficking in Persons during COVID-19*. The webinar provided, while sharing experiences, trends and challenges, a platform to discuss concrete actions that different sectors can put in place to address the increased risks of trafficking.
- In the area of livelihoods, the Cash Hub and the Livelihoods Resource Centre held a webinar on 15 July 2020 focusing on *Livelihoods and Household and Economic Security (HES)*. Following the British Red Cross introduction of the concept Household and Economic Security of People, the Gambian Red Cross, the Afghan Red Crescent, and the Ukrainian Red Cross were invited to present and share experience on their livelihood programmes. The event ended was facilitated by the Cash Hub, the Livelihoods Centre and ICRC.
- From the Livelihoods Resource Centre, a *webinar on Protecting and restoring livelihoods in response to the COVID-19 pandemic* was organised on 28 May 2020. The event was attended by 31 people from NSs and IFRC from all regions with 11 NSs from the Europe region such as Armenia, Austria, Belarus, Bosnia and Herzegovina, Germany, Italy, Montenegro, Sweden, Switzerland, Poland and Turkey. It was the second webinar hosted by the Livelihoods Resource Centre and the British Red Cross, and was aimed at discussing the impacts of COVID-19 and related measures on people's livelihoods, and at introducing resources/infographics as well as at the creation of the LRC help desk made available for NSs to help address the socio-economic impacts of the pandemic.
- The IFRC Communications team organized *three training sessions on Canva*, a free design tool that allows National Society communications colleagues to translate and customize layouts designed by the IFRC team as well as to create original designs. These layouts are often used to publish information on COVID-19 prevention measures in a simple and appealing format, such as infographics, posters, flyers, etc. There was great interest from NSs to participate in the training, therefore the number of participants had to be limited to one person from each NS. During the three sessions, people from 16 NSs have gained practical design skills and started making great visuals.
- A *webinar on the Impact of COVID-19 on older people, what we can do more, what we can do better?* was conducted on 7 October 2020. Armenia RC, Austrian RC, Azerbaijan RC, Georgia RC, Serbia RC, Swiss RC as well as representatives of the EECA regional office of UNFPA presented research on the negative impact of COVID-19 on older people and caregivers. In total, 59 people from different NSs participated in this webinar, which was organized by the Health & Ageing and MHPSS delegate in close collaboration with the CCST in South Caucasus.
- A *webinar on Business Continuity Planning (BCP)* was organised on 31 July 2020, targeting 8 NSs, BCP focal points and disaster managers. The aim of the webinar was to introduce the new BCP guidance for NSs and to raise awareness on proper planning and anticipation of possible business impacts of COVID-19. Key messages centred around integrating work and support needed into NSs response plans and budget, encouraging NSs for BCP sharing and peer to peer learning, especially related to threat assessments. The webinar was organised in cooperation with

GDPC which was engaged in leading on producing NS guidance for BCP. A webinar was organised at the beginning of September followed by sharing the newly developed BCP guidance and template for NSs. Translation of the ready to fill in template in Russian language has been done by mid-September 2020 and was shared with relevant NSs. Requests to support this process with technical inputs or revision of existing BCPs at National Society level have been received from 13 NSs, while 11 NSs also requested mini grants to invest in actioning of the BCPs.

- On 23-24 September 2020, the *Annual Online Forum of the European RCRC First Aid Education Network (FAEEN)* was organized, actively supported by the IFRC Europe Regional Health and Care Team. A special session on IFRC priorities was organized jointly with the IFRC Global First Aid Reference Centre. The following topics were discussed during the sessions: continuing the development and adaptation of FA methodological tools; facilitation of the International First Aid Attestation process among NSs; engagement of NSs to the process of implementation of the new IFRC First Aid Guidelines (planned in 2021); adaptation of First Aid to the COVID-19 context; direct methodological support to NSs on FA standardization; advocacy and commercial FA. Representatives of 43 NSs participated in the Forum.
- As a celebration of the World Mental Health Day, the ROE Health and Care Team organised and hosted a *Webinar on the topic Psychosocial Support for the most vulnerable groups in times of COVID-19* on 14 October 2020. With this webinar, the Health and Care Team aimed to raise awareness on the urgent need to scale up investment in mental health for everyone, especially the most vulnerable groups, and to highlight the work of staff and volunteers of the Movement, providing psychosocial support during the pandemic response. 35 people participated at the presentations of the Regional Health and Care Coordinator, the PSS Reference Centre Technical Advisor, and MHPSS representatives of the Italian RC, Portuguese RC, Turkish RC and the regional RCCEA Delegate.
- A *contingency planning webinar* was organized on 27 October 2020 for seven NSs in South-Eastern Europe and another one on 26-28 January 2021 for five NSs in Central Asia. The main objective of the webinar was to present the updated contingency planning ready-to-fill template. The broader objectives of the webinar included: engage NSs in contingency planning or revision of existing contingency plans; revise/develop scenario planning, taking into consideration aspects of COVID-19/Health in Emergencies, and migration-related context; enhance the multi-hazard approach by developing CPs for multiple natural and man-made/ technological hazards and health emergencies with possible cascading effects. Scenarios can feed into other NS tools, including business continuity plans and financial sustainability plans.
- The *Annual Forum of the RCRC European PSS network (ENPS)* took place on 23-24 October 2020. The IFRC regional Health and Care Coordinator and the regional MHPSS Delegate presented on IFRC and RCRC MHPSS activities in the COVID-19 response, as well as on the cooperation with other IFRC partners. 62 participants representing more than 25 NSs participated in the forum.
- On 25 November 2020, the *Europe regional workshop on indicators for the global IFRC Health & Care Framework 2030* was organized jointly by the Regional Health and PMER teams. This regional workshop is a first step towards informing the development of the Monitoring and Evaluation approach to the IFRC Health and Care Framework 2030 with special focus on the pandemic preparedness and response. The main objectives of the workshop were to critically review indicators and targets for the Plan and Budget 2021-2025; to analyse National Societies' current capacity to collect, report on and utilize those indicators; and to support the development of a practical guide for National Societies and IFRC Offices to monitor and evaluate the implementation of the Health and Care Framework 2030. In total, 54 participants, health and PMER focal points from 25 NSs participated in the workshop. The outcomes contribute to strengthening the Membership's collection, reporting and utilization of health and WASH data through Federation-wide reporting.
- A consultation meeting is being organised in the framework of the *Global consultative process on RCRC priorities on COVID-19 vaccination*, to discuss and identify possible actions on awareness, promotion and advocacy of immunisation and COVID-19 vaccination in the migrant communities in the following countries: Bosnia and Herzegovina, Croatia, Greece, Italy, Montenegro, North Macedonia, Serbia, Spain, and Turkey. The focus is on the role and mandate of the NSs within the national public health system in immunisation and vaccination, and the framework of collaboration. It also includes mapping existing capacities of the NS and possible needs, as well as partnership with international organisations.
- The *Regional knowledge sharing webinar for contact tracing in the COVID-19 context* took place on 11 December 2020, with 38 participants from more than 20 NS, and included presentations on different aspects of the contact tracing: advocacy, methodologies, best practices.

- On 1 December 2020, the theme of *World AIDS Day* was "*Global solidarity, shared responsibility*" and focused on the COVID-19 pandemic. In the framework of the global advocacy campaign and regional HIV advocacy project, IFRC ROE supported small grants for country-wide advocacy actions in Azerbaijan, Kyrgyzstan, Russian, Tajikistan, Ukraine. The number of people reached by public awareness and advocacy campaigns was – 11,042 directly, and more than at least 729,124 indirectly. The number of people living with HIV who were, directly supported – was 500.
- The IFRC ROE CEA focal point presented at an MDA-organised event highlighting how *CEA principles and activities* are *supporting healthcare workers in the COVID-19 response*.
- A *Regional Webinar: "Addressing specific needs of people living with HIV, Tuberculosis, Hepatitis and drug users in the COVID-19 context"* was organized by IFRC ROE jointly with the European Red Cross Red Crescent Network on HIV/AIDS, Tuberculosis and Hepatitis C (ERNA). More than 50 participants, representing NSs, ERNA members, WHO Europe region and IFRC came together and discussed the most critical needs of people with HIV, TB and Hepatitis.
- On 14 January 2021, a regional *Information Session on COVID-19 Vaccination for the leadership of NSs* was held on the role and actions of RCRC in COVID-19 vaccine roll -out. More than 100 participants, representing the leadership and health/COVID-19 response teams of 42 Red Cross and Red Crescent Societies in Europe and Central Asia participated in the meeting, sharing experiences and practice. NSs discussed the possible ways to achieve equitable and equal access to the COVID-19 vaccine for different groups of people.
- In December 2020, IFRC ROE Health and Care and Communications Teams jointly with WHO Europe and INTERNEWS organized a *webinar on Vaccine roll-out for Russian speaking media*. More than 60 representatives of media agencies and NSs participated in this webinar. The aim of the webinar was to provide an overview of the situation with COVID-19 vaccination as well as a comprehensive information on RCRC and WHO activities.
- The IFRC ROE regional Health and Care team continues to support NSs on COVID-19 vaccination actions. *Information package on available guidance and materials on COVID-19 vaccination* including advocacy messages and guidance notes for were developed and disseminated in different languages.

Emergency Operational Centres (EOC)

The usual process to establish emergency operations centres: 1) National Society undertakes a capacity analysis for centre organisation and management and elaborates its concept and requirements; 2) centre is created in an allocated space at the headquarters and standard operating procedure for its work are introduced; 3) once necessary equipment and software is procured and installed, staff and volunteers are trained in using them; 4) centre is validated through a table-top simulation to test the functionality and interoperability at country and subregional level.

National Societies' Emergency Operational Centres (EOC) are progressing in accordance with NSs activity plans developed in consultation with ROE. The main outcome of the proposed intervention would be improved emergency response through strengthened organizational preparedness and interoperability of the respective National Society with authorities and with the wider RCRC Movement including the IFRC ROE and other partners.

- The Georgia Red Cross Society developed a concept by which they will integrate the current call centre within the new EOC to be established. In doing so, they will be able to investigate similar initiatives implemented by other NSs and learn from their experiences and efforts.
- The Ukrainian Red Cross finalised procurement and set up the EOC at the end of December 2020. The NS is also revising their contingency plan where the role of the EOC will be incorporated. Other pending tasks include setting SOPs for well-functioning EOC and inclusion of this capacity into trainings and future responses.
- The Bulgarian Red Cross completed the procurement for EOC equipment. The NS is also in close contact with civil protection authorities to develop interoperability with national early warning and response systems and a future EOC. At the end of January 2021, preparations for implementation of the NICS (Next Incident Command system) started for a future data base of the response operations, as well as easy presentation of NS capacities and resources used.
- The Red Cross of Serbia further strengthened the NS EOC functionalities by enabling several RC Branches to create their own EOCs and procured mobile data collection kit as per standardized Relief ERU specification to improve field assessments through standardized data collection and sharing towards EOC. Staff and volunteers in EOCs created several infographics, daily and weekly situation reports, and maintained information sharing with stakeholders and posting different information and updates through social media.

- 6 National Societies in the Western Balkans who are part of the project "*Building communication and coordination capacities for efficient preparedness and response in South-Eastern Europe*" finalised EOC implementation, and an IM workshop was organized on 14 October 2020 with the aim to discuss tools and processes to improve data sharing and interoperability among established EOCs.
- ERO procured additional 5 mobile data collection kit as per Relief ERU specification and kits will be sent to NSs who have established the EOC and have functional data collection systems in place including developed needs assessment modules in the EOC.
- In the reporting period, 6 NSs continued to use the PER plan of actions developed over the last two years to orientate their investments into capacity strengthening and scaling up of NS Preparedness for effective response. Plans have been prioritising identified gaps in NS preparedness and are evaluated about the new response realities. Components of NS disaster response mechanism such as BCP, EOC, Hazard, Context & Risk Analysis, Monitoring & Early Warning, Scenario Planning and Risk Management have been reviewed and upgraded. Currently six new NSs are in PER orientation phase and 5 more NSs from CA will join in the orientation session in February 2021.

National Society sustainability

The objective of the National Society Resource Mobilization Development Programme in Europe is to advance the financial sustainability and resourcing independence of National Societies through their own domestic fundraising and income generation activities. This is intended to be achieved through:

- Providing tailored on-demand peer support to National Society leadership and technical teams in (1) research and knowledge gathering, (2) strategizing and planning, (3) recruitment and staff development, (4) early programme implementation support, (5) ongoing coaching and consultancy, and (6) best practice and fundraising material collation and dissemination.
- Supporting an active network of practitioners in the field of fundraising throughout the Europe region through (1) annual regional skillshare in fundraising and communication, (2) tailored sub-regional workshops and skillshares, (3) co-ordination of interest in specific Communities of Practice, (4) experience and technical exchange opportunities, (5) digital collaboration network upkeep and regular updates, and (6) seed funding into fundraising development.

In 2020, in excess of CHF 3 million in new income has been raised by National Societies directly supported by the programme, of which circa CHF 1mil is unrestricted income. With the demand for support significantly outstripping current resources, IFRC ROE is seeking additional funding to enhance its RM support network provided by the programme.

Over the course of twelve months, ROE increased its methodical support for domestic resource mobilization development in light of COVID-19 and the related contraction of regional economies. A total of 16 National Societies in Europe have been receiving systemic support in income generation with a focus on unrestricted funding.

Dedicated support in corporate and individual giving (including digital fundraising) capacity building has been introduced alongside technical implementation support. Additionally, a set of research projects have been enacted during the period in support of National Societies and their income diversification efforts. Some examples include: (1) fundraising market research in Serbia, (2) Corporate Social Responsibility study in Ukraine, Georgia and Armenia, (3) Regular Giving capacity assessment in Armenia and Georgia, (4) Regional capacity mapping in fundraising.

Further budgetary allocations to support National Society domestic income generation towards financial sustainability have been made, including seed funding to launch digital resource mobilization. Other provisions included salary support for technical experts, database implementation, research, and product development. National Societies who have benefited from such allocations included those of Serbia, Georgia, Ukraine, and Tajikistan. Further allocations are considered for National Societies of Bosnia and Herzegovina, Russia, Romania, Armenia, and others.

ROE continues its series of technical upskilling webinars on topics of financial sustainability through domestic resource mobilization, including subjects relating to Regular Giving, Major Donors and Digital Fundraising. Webinars

are organized in partnership with the National Societies of Finland, Norway, Sweden, United Kingdom, Austria, Switzerland and others.

Some noteworthy advancements have been made over the course of the 12-month period, including:

- Database implementation in Russia, Georgia, Armenia (also part of the NSIA project), and Ukraine enabling National societies to commence methodical mass marketing campaigns,
- Digital fundraising trials in Lithuania and Belarus,
- Telephone fundraising trials in Russia,
- Direct Dialogue Campaign in Estonia.

Seven new specialists in fundraising have started during the reporting period in National Societies supported through the ROE programme, with further 4 expected in Q1, 2021. This also highlights the growth in National Society self-confidence in attaining financial sustainability though domestic income generation activities.

Notable progress has been made in corporate fundraising with several markets achieving record breaking results like those of Kazakhstan and Belarus or launching corporate programmes for the very first-time including Lithuania and Ukraine. There is also a growing interest in major donor fundraising in South Caucasus, Central Asia and Balkans.

Support to volunteers

Over the course of the 12-month period, RCRC volunteers have been impacted by COVID-19 like everyone else worldwide. Their worries are about being stigmatized by the family and the community members, contracting the virus, having to be in isolation or quarantine, losing colleagues or someone they supported, etc.

If not adequately supported, volunteers may experience stress responses that could have a long-term negative impact on their psychological well-being. For that reason, the IFRC ROE Youth and Volunteering (Y&V) Team supported the Y&V Networks in the region to organize, foster and facilitate specific meetings for the volunteers from NSs to share their experiences and talk about individual resilience.

Thousands of new volunteers in Europe and Central Asia have joined their National Red Cross and Red Crescent Societies this year, providing vital support to their local communities during the COVID-19 pandemic. Widespread increases of newly joined volunteers have been reported across the Red Cross and Red Crescent network, with some of the highest figures reported by the Italian Red Cross (nearly 60,000 new sign-ups as part of its 'Time of Kindness' initiative) and the Netherlands Red Cross (48,000 new sign-ups to their Ready2Help citizen aid network). Smaller but significant increases were also reported by the Red Crescent Society of Kyrgyzstan (nearly 2,000 new applications).

New and long-standing volunteers have dedicated their time to wide-ranging COVID-19 response activities, including delivering essential food and medical items; transporting patients to health facilities; supporting with testing and contact tracing; providing psychosocial support to vulnerable and quarantined people; distributing personal protective equipment (PPE); and providing trusted and accurate health information to their communities. Collectively, they have reached tens of millions of people in nearly every country of the world, while also responding to hundreds of other disasters.

During the reporting period, the IFRC ROE Youth and Volunteering Coordinator also provided support to NSs by coordinating the Youth Networks in the region – especially the European Youth Coordination Committee – in implementing thematic meetings with NS focal points on specific and urgent topics such as Mental Health, Climate Change and Migration.

Enabling Actions

Coordination for quality programming

At the country level, IFRC continues to provide ongoing technical support in the area of strengthening domestic COVID-19 appeals with a focus on building domestic resource mobilisation capacities. National Societies and IFRC CO and CCSTs are part of national inter-sectoral coordination mechanisms, IFRC Cluster and Country Offices are closely liaising with regional and country offices of WHO and UNICEF in the high risk/ priority countries.

IFRC-ICRC Movement coordination

The IFRC ROE COVID-19 Response Team further continued its close collaboration with the ICRC. The "*Joint ICRC-IFRC Guidance on the inclusion and protection of migrants in the COVID-19 pandemic in Europe and Central Asia*" was established and shared with all NSs in the region, focussing on supporting advocacy-oriented communications and providing talking points when engaging with external actors to ensure the protection of migrants and their access to key and basic services.

The IFRC ROE Health and Care Coordinator conducts regular (bi-weekly) meetings and exchanges of information with the ICRC's Head of Health Sector for Eurasia and Americas, based in Geneva. The following main areas of cooperation have been identified: MHPSS, RCCE, and PPE use. On MHPSS, close cooperation between IFRC and ICRC Europe regional PSS delegates is established, and joint actions are identified. IFRC and ICRC work together in RCCE with special focus on the most vulnerable groups, such as migrants and people living in fragile contexts. Since March 2020, two webinars on RCCE with ICRC participation were organized.

The IFRC ROE Communications Manager has monthly meetings with her counterpart at ICRC HQ to ensure alignment across each other's work. Joint communication materials have been produced with ICRC in several contexts - Greece (fact sheet), Ukraine (key messages) and Georgia (statement).

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

Inter-sectoral coordination with WHO Europe

In the reporting period, the IFRC Europe COVID-19 Response Team strengthened its strategic partnership and operational cooperation and coordination with its international partners. It was ensured mainly within the Europe Regional WHO-UN-Red Cross Red Crescent Coordination Platform on the COVID-19 response, established in March 2020. Overall, representatives of IFRC ROE participated and contributed to 14 Platform meetings in 2020.

In the framework of the IFRC cooperation with WHO, the IFRC ROE Health/RCCE/CEA Teams meet with WHO and other UN agency counterparts on a regular basis to share information and promote cooperation, including for the implementation of Perception and KAP surveys. In Armenia and Georgia, the National Societies have already undertaken surveying in coordination with WHO, while in Central Asia joint surveys are being implemented by National Societies in partnership with WHO and UNICEF, and with the support of the World Bank.

In 2020, the IFRC Health and Care Team facilitated participation of the NSs in a country-focused meeting for Bosnia and Hercegovina, Greece, Kyrgyzstan and Tajikistan. These meetings allowed to share positive experiences and advanced practice of IFRC and Red Cross of Bosnia and Hercegovina, Hellenic Red Cross, Red Crescent Society of Kyrgyzstan and Tajikistan on community-based COVID-19 response actions for the general population and migrant communities, as well as inter-sectoral cooperation and coordination with public health authorities, WHO, UN agencies, international and local actors. In total, 42 representatives of international organizations took part in these meetings.

In August 2020, the report "*Psychosocial support for people with TB, HIV and viral hepatitis in the continuum of care in the WHO European Region*" was published on the WHO EURO site. The IFRC ROE Health and Care Team participated in the

preparation of this report: positive experience and advanced practice of MHPSS activities of Armenia Red Cross, Belarus Red Cross and Kyrgyzstan Red Crescent for people with TB, HIV and Hepatitis, were included into this report.

On 14 September, the Acting IFRC Regional Director for Europe and Head of Health and Care Unit participated in the 70th Annual online WHO Europe Regional Committee meeting, a high level forum of the ministries of health of the member states, international agencies and civil society organizations. He made a statement on the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic, underlining the contribution and support of RCRC volunteers in the reduction of morbidity, mortality and in addressing the social impact of the COVID-19 outbreak. The close IFRC-NSs partnership with WHO at regional and country level, supporting national public health systems in their COVID-19 response, was also reflected.

In October 2020, a Joint meeting was held between IFRC ROE and UNFPA EECA regarding possibility to scale-up the collaboration and cooperation between the two organizations in the field of Healthy Ageing. For this, a brief presentation of IFRC ROE activities on older people and suggestions for mutual collaboration were prepared and shared with UNFPA colleagues.

Representatives of WHO Europe regularly participate in different IFRC organized meetings, webinars and provide an overview of the COVID-19 situation in Europe.

IFRC participation in the WHO-led European Regional COVID-19 Vaccine Coordination Group

In January 2021, representatives of IFRC ROE were invited to be part of the European Regional COVID-19 Vaccine Coordination Group led by WHO. On 26 January 2021, the Chair of this group, the Head of Vaccine-preventable Diseases and Immunization Division of Health Emergencies and Communicable Diseases of WHO Europe welcomed IFRC's Health and Care Team and emphasized the role of IFRC and RCRC in the COVID-19 response and further vaccination-related actions: social mobilization, vaccine promotion and advocacy and risk communication.

Regional monitoring mechanisms and tools

In the ROE, a number of monitoring tools have been developed to keep track of the operational developments of NSs. These tools have been developed in collaboration with other regional offices and have been made region-specific. The majority of the tools focus on the region-wide monitoring of the financial & administrative situation. A 'funding tracker' keeps an overview of funding income and compliance with donor regulations. A 'funding overview' provides oversight data on allocations and NS budgetary requirements. The 'operations monitoring' tool is developed to keep track of the (financial) implementation rate and possible (financial) support needs for the continuation of the COVID-19 operations across the region. The 'priority advisory tool' provide insight for priority setting and support decision making on allocations in light of contextual changes. The Operations, IM and PMER teams have also introduced the DEEP web-based platform into the ROE monitoring procedures. The platform offers analysis workflows and frameworks in humanitarian response, to create a monitoring framework of NSs' operations vis-à-vis signed concept notes and to flag possible support needs.

Together with the various centralized Federation-Wide Data Collections tools ("KoBo" forms) and the 3Ws on GO platform, the above monitoring tools make up the spectrum-wide mechanism utilized in the region to both report on achievements as well as steer where needed.

Evidence-based insights, communications and advocacy

Planning, monitoring, evaluation, and reporting (PMER)

During the reporting period, the ROE PMER team has continued producing monthly situation reports about the COVID-19 operation, engaging National Societies to showcase their work via submitting regular, monthly field reports via the GO platform. From the beginning of the operation until 31 January 2021, 12 regional monthly COVID-19 situation reports have been compiled and circulated widely among National Societies in the region as well as with DG ECHO via the RC

EU office. Starting from the beginning of 2021, the regional situation update has been redesigned to better serve as an information tool for internal and external audiences alike. The first new COVID-19 Operation Regional Monthly Highlights report has been published covering January 2021 and is available on the GO platform.

Regular donor reporting has been coordinated and led by the PMER team throughout the reporting period, such as monthly reporting for USAID for 11 National Societies, and for the Increasing level of COVID-19 mobile testing capacity in EU Member States project of the European Union's DG SANTE.

In the first year of the pandemic, several countries in the region had to face natural disasters and population movement-related emergency situations as well. The ROE PMER team ensured full support of Emergency Appeal-related operations such as the Albania: Earthquake; the Bosnia and Herzegovina: Population Movement; the Croatia: Earthquake; Turkey: Population Movement; and the Turkey, Greece and other countries: Population Movement. In addition to these EA operations, PMER support has been ensured to different DREF operations launched in Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Cyprus, Croatia, Georgia, Kazakhstan, Serbia, Tajikistan and Ukraine.

The PMER regional team has continued to support this operation by continuing to engage with the wider ROE team in providing different types of reports and timely situation updates. The PMER team has also supported project managers and technical focal points with drafting and reviewing project proposals and with the provision of technical support to ensure that technical teams' operational strategies are aligned with the global priorities in this appeal.

For the current reporting period, the regional PMER team expanded its workforce with an additional PMER Officer for a minimum of one-year period. PMER Officer recruitments successfully took place in the South Caucasus, Central Asia, Ukraine and Turkey.

The PMER team has also worked on a regional COVID-19 reporting guidance and progress reporting template to support the NSs in the Europe region. The new template seeks to streamline the data collection and reporting processes for those National Societies that are implementing their activities through funds from this appeal. This template was officially launched through a webinar on 21 July 2020 which focused on how to complete it as well as background information on the current Federation-wide efforts to showcase the collective progress and resources used by the Federation Secretariat and the membership in response to this pandemic. A total of 48 participants attended the call from National Societies and IFRC as well. The template was successfully used for the first time in August to collect information on multilateral funding for the 6-month global operations update. Besides providing information on the progress of the operational implementation, it also serves as an internal monitoring tool. The PMER team – jointly with the IM team – is supporting IFRC ROE DCPRR and Operations to develop an operations monitoring tool capturing in-depth information on the progress of COVID-19-related activities in the project countries in Europe and Central Asia.

Also, the final report on the second phase of the Real-time Learning (RTL) exercise took place. This second pilot focused on National Society needs during the COVID-19 pandemic, and how these needs are being addressed through the prioritization and allocation of funding. A total of 18 respondents were interviewed between July and August, including staff from donor National Societies, recipient National Societies as well as IFRC Secretariat staff. The findings have been shared at the regional Task Force and an RTL Response and Action Plan is under discussion for global follow-up. In 2021, more rounds of RTL exercises as well as an IFRC-wide COVID-19 Evaluation are planned to be conducted.

Information Management (IM)

The IM team has continued to provide information management support in the COVID-19 response on regional, country cluster and country-levels, including support on data collection, analysis and visualisation as well as setting up core information management processes to support evidence-based decision-making throughout the response.

Technical support has been provided to different sectors including CEA in COVID-19 Knowledge, Attitudes and Practices (KAP) surveys implemented in multiple countries particularly in Turkey, South Caucasus and in Central Asia to inform programming on attitudes and knowledge gaps related to COVID-19. Other key areas of support and collaboration include health, risk communication, cash-transfer programming and PMER.

IM support to National Societies: COVID-19 demonstrated the importance of mobile data collection capacities and digitalised situation awareness systems, and multiple National Societies have been supported in these areas. The IM-team is planning to place increasing emphasis in the future on sharing best practices and enhancing peer-to-peer learning opportunities around existing IM-solutions when responding to COVID-19 and looking at ways to support NSs in digital transformation processes from the information management perspective. Additionally, joint cash transfer programming and information management webinar series is being prepared for the first half of 2021.

Ongoing support is provided to National Societies to access and share information via the GO-platform, which has proven to be a central information sharing channel in the ongoing COVID-19 response including COVID-19 field reports and "Who does What Where" (3Ws) submissions. GO-platform demo sessions have been included in information sharing webinars on Federation-wide planning and reporting framework, while bilateral support is provided to NSs using the platform. Until now, 41 NSs from the region have shared information on the GO-platform in the context of the COVID-19 operation.

The IM-team continues to share region-specific dashboards, maps, visuals, and key documents on the regional GO emergency page available here enabling quick access to the country-specific COVID-19 emergency pages.

Communications

The regional Communications team attracted regular global positive media stories about the RCRC response to the pandemic over the 12-month period. Press releases focused on milestones, warnings of increased vigilance, innovations, new funding announcements, the impact on vulnerable people including older people and migrants, and volunteer spotlights.

The team also produced regularly updated regional Key Messages to guide regional Red Cross Red Crescent messaging about the response to COVID-19, and amplified the visibility of the work of local NSs by sharing photos, videos and stories on IFRC platforms and in the weekly Newswire. Infographics on COVID-19 prevention measures produced by the team are being used by almost every National Society in the region.

The team also organized regular group calls with National Society communication focal points and Geneva representatives in English as well as in Russian. So far, the COVID-19 work of 49 National Societies has been featured on IFRC Europe's four social media accounts. Additionally, 12 RED Talk streamings were organized across IFRC global social media platforms with European National Societies.

During the past 12 months, the number of followers on IFRC Europe Twitter increased by 70% to 8,000, while the number of people reached increased by 100% to 4.5 million. The Communications team also launched new TikTok and Viber channels in Russian language to reach out to a younger audience, which have been growing exponentially, reaching a total audience of 65,000 Russian-speaking people. Quizzes on COVID-19 prevention on Twitter and Instagram were also organized, and a video series was launched on Twitter on COVID-19 and mental health with the title 'Let's talk with Dr. Sarah', featuring British Red Cross psychologist Dr. Sarah Davidson.

The communications team is supporting 14 National Societies in developing their visibility plan related to the COVID-19 programmatic funding they received from USAID. The team is also supporting seven National Societies with visibility requirements related to the EU Mobile Testing Initiative funded by DG SANTE. It also produced infographics and videos that can be easily translated and adapted to the local context, and the majority of National Societies in Europe are using them for distributing information and advice to the public on COVID-19.

As a result of the communications team's pitching efforts and press releases, there were almost 100 articles in international and regional media about our COVID-19 work. Highlights of the media coverage include:

COVID-19
BBC: Lockdown's heavy toll on Italy's mental health

ABC News: Why was Italy hit so badly by coronavirus?
TRT World: Interview with Valerio Mogini, national coordinator for Biocontainment for Italian Red Cross
BBC: Return to Lombardy, the 'Wuhan of the West'
El País: El migrante del 'Aquarius' que no le tiene miedo al coronavirus
Xinhua: Pandemic leaves older people poorer, sicker and lonelier: study
IFRC: 12 months of coronavirus in Europe

COVID-19 resurgence
Sputnik: La Cruz Roja insta a seguir alerta para evitar una segunda ola de COVID-19 en Europa
Urdu Point: IFRC Sounds Alarm Over Resurgence Of COVID-19 In Europe, Warns Of 2nd Wave
Otkrytye NKO: Красный Крест и Красный Полумесяц призывают сохранять бдительность

COVID-19 impact on vulnerable people
Voice of America: Spain's New Poor Take Brunt of COVID-19 Fallout
Sky News: Where do the homeless go during a lockdown?
Catholic News Service: Lockdown means new levels of hunger for Rome's poor

Heatwave and COVID-19
Anadolu: Public urged to care for each other as Europe swelters
Monaco Daily News: Red Cross raises alarm over heatwave concerns

IFRC warning on COVID-19 second wave
Anadolu: Red Cross raises virus alarm across Europe

Red Cross warns: Vigilance needed as Europe's intensive care beds fill up
Heraldo: Cruz Roja alerta de que las ucis en muchas ciudades europeas "empiezan a saturarse"
ReliefWeb: Red Cross warns: Vigilance needed as Europe's intensive care beds fill up

Czech Red Cross training volunteers for hospital work
Reuters: Czech volunteers heed call to aid hospitals strained by COVID-19
Euronews: Meet the Czech volunteers helping out in hospitals amid COVID-19 surge
ABC News: Czech Red Cross launches training for volunteers to assist medical personnel

Testing, tracing and isolation
Sputnik: Cruz Roja pide reforzar medidas de detección, rastreo y aislamiento por COVID-19

Red Cross expands COVID-19 testing with DG Sante support
Bloomberg: EU Seeks to Boost Rapid Covid Tests to Avoid Travel Chaos
Associated Press: EU Commission recommends wide use of rapid COVID-19 tests

Opinion Pieces of the Regional Director
ReliefWeb: You're sick of lockdown? When will all this end? Well, maybe we have the perfect antidote
Reuters: Will migrants and refugees be left out of mass vaccination programs?

International support and resourcing

Logistics, Procurement and Supply Chain

The Europe Region initially supported National Societies through the Rapid Response deployment of a Supply Chain Coordinator and with the support of the Global Logistics Procurement and Supply Chain Management (GLPSCM) Team. This support focussed predominantly on the procurement of personal protective equipment, together with food and household items procurement under the COVID-19 operation of NSs.

The procurement team has been supporting National Societies in their local sourcing processes and has shared guidelines for the request of quotations and tendering. The regional team also shared a global directive to accelerate sourcing and procurement management with a certain degree of flexibility and to ensure an adequate level of compliance and accountability for any procurement conducted for the COVID-19 emergency response. The very strict directive remains valid during the emergency COVID-19 response, and applies for global, regional, and local procurements by NSs receiving funding through the COVID-19 EA.

Rapid Response Personnel

15 profiles were deployed under the Rapid Response mechanism or as Staff on Loan supporting the Europe region and CO/ CCSTs. This included both remote and physical deployments in the following sectors: Operations Management (Austrian RC, Norwegian RC [shadowing), IM (Austrian RC), RE/CEA (British RC, Norwegian RC), PRD (British RC, Lithuanian RC), Health (Finnish RC, German RC), Communications (Finnish RC [one shadowing profile]), Livelihoods (IFRC), supply chain (Swiss RC). In addition, IFRC HQ staff supported in the areas of PMER [3 profiles) and IM with dedicated personnel. All requests for Rapid Response profiles have been answered positively. Due to the travel restrictions, surge profiles are expected to face ongoing restrictions for physical deployment. Despite posing unique challenges, the remote working modality has been proven to be widely successful.

Human Resources

The COVID-19 Operation Human Resources plan has been approved. Total headcount of 54 positions has been reviewed and approved by the Secretary-General. 29 headcounts will be for National Staff distributed among Southern Caucasus CCST, Russia / Belarus / Moldova CCST, Turkey CO, Ukraine CO, Greece CO, Central Asia CCST and the ROE. 25 international delegate / Staff on loan positions will be recruited.

Financial Analysis

Income

The total COVID-19 income for Europe by the end of January 2021 stands at just over CHF 47.3 million. A significant portion, 71%, will be running out by the end of April, leaving the region with less than CHF 14 million for the remainder of 2021. In February, the timeframe for the FCDO (DfID) grant has been extended, and because of this the portion of funding that will run out by the end of April drops to 54%

Timeframe	Amount CHF (million)	Percentage of total
Spend till 31/Jan/2021	28.1	59.4%
Funding available till End April 2021	5.5	11.6%
Until end of Dec 2021	13.7	29.0%
Total income (Cash+IKD)	47.3	

At this moment in time, there are very few concrete leads on additional income. Recent discussion informs that there might be some additional income to come in Q2'21. This would most likely be for an amount that would cover most of the COVID-19 related running cost of NSs, leaving close to nothing for actual COVID-19 activities (such as Vaccination activities or Livelihoods support) to people affected by the pandemic.

The total 'ask' for Europe will be increased to CHF 95 million (Including the Immunization Annex to the COVID-19 Emergency Appeal). Right now, it is foreseen that the European NSs will be looking at the IFRC to fulfil this total amount, hence there remains a funding gap of CHF 48 million until mid-2022.

Expenditure

- Total expenditure of the COVID-19 operation at the end October 20 stands at ± CHF 28.1 million.

- With the recent extension of timeframe eligibility of the FCDO (DfID), Austrian and USAID pledges, all 32 NSs are on track with implementation according to the set timeframes of the pledges and delays are not expected.

Additional: In November, an agreement was reached with DG SANTE of the European Commission. This grant is specifically for increased testing capacity in 7 European countries (Austria, Germany, Greece, Italy, Malta, Portugal, Spain). These activities in the concerned countries were not originally included in the Europe Region Planning and as such were not part of the CHF 70 million 'ask'. Thus, the CHF 3 million income from DG SANTE needs to be viewed as additional budget and matched against the current COVID-19 income gap of CHF 48 million.

Programmatic Summary

This is a summary of the IFRC ROE team's collective performance data on the COVID-19 operation in the Europe region. It reports cumulative data up to the current reporting period, unless otherwise indicated.

Priority 1: Curb the Pandemic - Sustaining Health and WASH

ID	Indicators	Target	Reached	% completion
1.1.	Number of monitoring visits	10	0	0%
1.2.	Number of health coordination/ intersectional meetings with international partners	23	19	83%
1.3.	Number of information and education materials developed, adapted and distributed	7	7	100%

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

ID	Indicators	Target	Reached	% completion
2.1.	Number of NS supported to develop or implement livelihood assessment/ programming	10	5	50%
2.2.	Number of NS supported on cash feasibility, cash readiness or cash implementation	15	16	107%
2.3.	Number of NS assisted to develop monitoring and reporting tools (e.g. PDM, lessons learnt exercise)		2	
2.4.	Number of NS technically supported to develop or implement shelter/urban settlements assistance programmes	5	0	0%
2.5.	Number of NS supported in targeting migrant and displaced communities with essential assistance (including Health, WASH, RC/CEA, Shelter, livelihoods, PGI)	15	14	93%
2.6.	Number of Ns supported for adoption/implementation of RC/CEA-related activities (e.g. trainings, technical support, funding etc.)	15	17	113%

Priority 3: Strengthening National Societies

ID	Indicators	Target	Reached	% completion

3.1.	Number of NS with EOC established throughout the operation	4	4	0%
3.2.	Number of NS with preparedness activities scaled up, based on PER assessment conducted	8	5	63%
3.3	Number of thematic webinars held (for regional and sub-regional actors) - hosted by IFRC (global/regional/sub-regional) or entities linked to IFRC (incl. Reference Centres)	122	59+14 (Health and WASH)	59%
3.4	Number of NS provided with technical assistance on developing tailored programming guidance (in different sectors)	54	54	100%

National Society response – key highlights[1]

As of 31 January 2020, 32 National Societies requested funding from the Global Emergency Appeal in Europe Region, and the below section contains overview on these countries.

Albanian Red Cross

Summary of achievements:

Since the outbreak of the pandemic, the Albanian Red Cross (ARC) continues to respond to the urgent basic needs of the most vulnerable people and those whose health and livelihoods were impacted by the pandemic, while taking measures to ensure safety and health for all staff and volunteers involved providing them with necessary PPE. The ARC national operational response framework for COVID-19 has been focused on three priority areas:



The food and non-food support operation to help families in need due to the COVID-19 of the Albanian Red Cross. *Photo: ARC*

(1) Sustaining Health and WASH:

ARC distributed 3,000 hygiene kits that include cleaning products and personal hygiene items such as soaps and shampoos to assisted families to maintain good hygiene and sanitary conditions and to prevent the spread of the virus.

To support the public health institutions ARC has provided respiratory devices to 40 individuals (donated by mobile companies), surgery bed and lighting surgery lamps set (donated by the Coca Cola Foundation), and 200 blankets for a COVID-19 hospital.

(2) Risk communication and community engagement aligned with PPS approaches:

Since the beginning of the operation, more than 70,000 people have been reached through risk communication and community engagement activities mostly by NS social media platforms and awareness-raising. ARC is sharing on its social media platforms daily updated information on how to keep safe in public areas, how people can protect themselves; key messages about stigma around COVID-19, perceptions of the disease, and animation posts with mental health advice and other relevant topics. In addition, 30,000 leaflets with essential information about COVID-19 are printed out and distributed to communities in the country. To support the population with addressing inquiries and provide essential information and practical advice related to COVID-19 and to provide PSS as well, **a hotline is established and is functional**. So far, 150 phone calls are received by the public. For the safety and wellbeing of staff and volunteers involved in humanitarian relief activities especially in CVA need assessment, door-to-door distribution of food packages, but also components of home care for the older people (more than 500 people), ARC provided them with PPE such as surgical face masks and gloves, and appropriate hygiene measures and distancing based on IFRC and WHO guidelines are assured. In addition, online trainings are provided to 200 volunteers to brief them prior to their activities on COVID-19, and to train them on provision of PFA and modalities of providing it remotely in the pandemic situation. In the meantime, several materials available from the PSS Reference Centre adapted were adapted to the local context and online trainings are shared with staff and volunteers of local branches.

(2) Livelihoods, cash support and food aid:

The ARC Core response activities included provision of both cash and in-kind assistance to population suffering from food insecurity or whose livelihoods was affected due to the pandemic. ARC provided immediate in-kind (food) aid, sourced from its own stocks and funds, appeal-funded goods and donors support, to the affected population. Since the beginning of the pandemic response, **8,220** affected families have been provided with food packages. The worsened COVID-19

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

situation and the possibility of a third wave made clear that there are urgent needs in providing food and necessities in certain delivery areas where the vulnerability is higher for risk groups. To support the affected families, additional 2,000 HHs with IFRC funds will be supported with food packages. In parallel, ARC started the preparations for household selection and registration targeting for winterization unconditional cash and voucher assistance to address basic needs of **2,000 families/HHs,** planned to start next month. This multi-purpose cash assistance aims to meet the basic needs of households suffering from food insecurity or whose livelihoods have been affected by COVID-19.

(3) National Society Strengthening:

ARC is part of the pilot project of IFRC and Lacoste SA on the Volunteer Insurance Mechanism, aiming is to support NS to establish the solidarity mechanism (Solidarity Funds) to provide financial assistance to their volunteers and staff, who are not otherwise insured and need financial compensation if they incur medical costs or providing death benefits to their families. The ARC Business Continuity Plan draft is prepared with support from the BCP Focal point ERO and is in process of being revised by relevant key persons. To strengthen the ARC capacities for an effective preparedness and emergency response, an Emergency Operations Centre (EOC) was established with the support of IFRC ROE.

Armenian Red Cross Society

The Armenian Red Cross Society (ARCS) is part of the national response mechanism set up under the auspices of the Deputy Prime Minister of the country. Since the very first days of the State of Emergency, the ARCS has been implementing activities in response to the needs of vulnerable groups in collaboration and coordination with the Commandant's office, Ministry of Labour and Social Affairs, Ministry of Health, Ministry of Territorial Administration and Infrastructure, all the Administrative Regions of Armenia and the Yerevan Municipality. To date in response to COVID-19, the Armenian Red Cross Society has supported over 32,397 vulnerable people across the country with basic food and hygiene supplies, in line with the standards set by the Ministry of Labour and Social Affairs and according to the lists provided by the latter. In total 1,500 Armenian Red Cross volunteers have been mobilized to support the humanitarian operation across the country. To increase the effectiveness of the support provided, ARCS conducted 70 trainings on risk communication, FA, PFA, WASH for 1,495 staff and volunteers (1,000 female). ARCS also worked with the people in isolation and people with COVID-19 positive cases with mild symptoms and receiving treatment at home. These people also receive social support and PSS consultation. To ensure timeliness and efficiency of its response operations, the NS's replenished its emergency health stock with financial support from the German MOFA. ARCS psychosocial support centres operate in an emergency mode, in cooperation with the Ministry of Health and the Ministry of Labour and Social Affairs, in four locations of Armenia: two in Yerevan, the capital city, one in Dilijan, Tavush region, one in Gavar, Gegharquniq region, where ARCS psychologists provide psychosocial support services to the citizens and conduct volunteer recruitment, registration and provide guidance. The centres allow to identify people in especially difficult circumstances, establish their needs and assign volunteers to help with some household chores including shopping for lonely older people and people with disabilities. To date, PSS officers and staff have carried out 1,010 home visits by the volunteers. Armenian RC continues to operate three hotlines for people who are in isolation, provides referrals and direct services that are within its response plan. To date, the hotline has responded to 30,479 calls of the local citizens. The hotline callers mainly ask for psychological support, food and household items, medicines, information and referral.



Armenian Red Cross Society volunteers distributing food, clothing, hygiene items, medical equipment and other personal necessities to people affected by the Nagorno-Karabakh conflict. *Photo: Armenian Red Cross*

The Armenian RC carries out risk communication across the whole country through dissemination of printed information materials, social media and telephone. To date 624,000 people have been directly covered by ARCS' risk communication and awareness raising work. Leaflets with the hotline numbers of Armenian government structures and Armenian Red Cross, information materials on COVID-19 safety and hand sanitizers were distributed to the general population and people in isolation. Leaflets were prepared based on the materials developed by the IFRC. In cooperation with the office of Prime Minister, the Armenian Red Cross Society established 36 Red Cross stands all over Yerevan to communicate information on COVID-19, its risks and prevention activities as well as to provide protection materials to the public. With support from ICRC, the ARCS volunteers and staff involved in the response across the country received personal protective items, including 15,000 masks, 15,000 gloves and 800 litres of hand cleansing liquid.

In close cooperation with the Ministry of Social Affairs and Yerevan Municipality, with financial support from DFID) the ARCS supported the most vulnerable population with house rent subsidies and payment of their utility bills. Rent subsidies were provided to 285 vulnerable families, utility fees were covered for 5,809 people and electricity bills – for 502 people. Moreover, to ensure vulnerable children's access to education, 303 tablets were provided to children who did not have ICT access.

The Armenian RC in partnership with Austrian Red Cross, with advisory support of the IFRC and UNFPA, conducted an assessment on the impact of COVID-19 on the older population and caregivers in Armenia to better understand the situation and provide recommendations related to improving the short-term response as well as policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of the older people in the long-run. The report was finalized in December 2020 and published on the ARCS' website.

The Knowledge, Attitude and Practice (KAP) survey was developed and conducted in all areas of Armenia covering 1,000 responders. The survey captured data on the level of knowledge about COVID-19 within the population of Armenia, about the effects of prior risk communication efforts, and included questions regarding the psychosocial and economic impacts of the current situation by collecting quantitative data through phone interviews.

Throughout the year, ARCS continued to cooperate and coordinate its efforts with other PSS actors in the region through the regional PSS platform in times of COVID-19, which was established to facilitate information exchange and mutual support to guide the COVID-19 response in the South Caucasus region.

Escalation of the Nagorno-Karabakh conflict that commenced in September 2020 resulted in a significant humanitarian crisis in Armenia. Responding both to the COVID-19 crisis and the conflict escalation put significant pressure on the NS' institutional capacity. It also hampered smooth implementation of COVID-19 response actions, as the focus of the national authorities was shifted from the COVID-19 response to the situation related to conflict escalation, resulting in delayed provision of beneficiary information to the Armenian RC. It is also noteworthy, that the conflict exacerbated the situation related to COVID-19 in Armenia, as the displaced people accommodated in the collective shelters are at disproportionate risk to the spread of COVID-19 and related health risks.

Red Crescent Society of Azerbaijan

All humanitarian activities undertaken by the Azerbaijan Red Crescent Society in support of the efforts of public authorities against COVID-19 are implemented with the slogan "We are stronger together". The Azerbaijan Red Crescent as an auxiliary organization to the public authorities, provides assistance to vulnerable people through its network composed of its Headquarters, the Nakhchivan Autonomous Republic Committee, 8 regional centres, 92 local and field branches and primary organizations. The National Society has about 300,000 members and over 22,000 registered volunteers of which nearly 6,000 are active.



Volunteers of Azerbaijan Red Crescent providing information materials on COVID-1 on 1 December 2020, World AIDS Day. *Photo: AzRC*

To date, AzRC provided 23,800 vulnerable households, including older people who live alone, people with disabilities and migrant families with relief assistance consisting of essential food and non-food items and essential social services in Baku and 75 other locations across the country. A total of 6,400 hygiene parcels were distributed to households in Baku, Sumgayit and the remaining 75 regions (to vulnerable families, including lonely older people, people with disabilities, families with many children, migrant families) under the agreement with Procter & Gamble. The support also included donations from the Turkish Cooperation and Coordination Agency (TIKA), large supermarket chain Bravo, ARAZ, Procter and Gamble, donations from private companies, financial resources of AzRC amounting to EUR 150,000, support from IFRC and donor organizations, including USAID.

All 1,978 volunteers and staff members who were involved in the COVID-19 response operation received regular online advisory support and supervision through digital platforms and phone calls. Feedback from staff and volunteers, AzRC's operational experience and discussions with governmental and international organisations, and stakeholders in COVID-19 response revealed the continued need to reinforce the following topics: risk communication, code of conduct during COVID-19, personal hygiene and key hygiene rules, instructions during distribution process to ensure virus is not passed to people benefiting from aid, healthy lifestyle (healthy food, physical exercises while staying at home), PSS messages during quarantine on coping with stress, proper handwashing via personal demonstrations during visits or when handing out food parcels or hygiene packages.

Awareness-raising, socioeconomic support activities and risk communication were carried out on a regular basis in all regional branches. To ensure volunteer safety as well as the increased effectiveness of support provided, 607 AzRC staff and volunteers were trained on COVID-19, the ways of its transmission and personal safety, including usage of personal safety equipment, social stigma, risk communication, WASH (handwashing rules) and Psychological First Aid (PFA). Brochures, leaflets and posters on COVID-19 prevention and PSS topics were regularly delivered to the population. AzRC distributed materials of its own production, as well as the ones produced by partners such as MoH/ PHRC and UNICEF. To date, out of published 1,696,491 information-promotional materials, 2,500 were provided by the PHRC and 35,350 by UNICEF. These materials were presented to various groups of population either separately or during food and hygiene parcel distribution (home or door to door visits), at bus stops, markets, and retail outlets through AzRC staff and volunteers. In total, more than 1,482,367 people were reached directly and 3,077,059 – indirectly, through dissemination of IEC materials and other risk communication activities.

Within its PSS activities, AzRC provided psychological support to 10,000 people, including 253 migrant families, who experience severe social exclusion due to the language barrier and limited access to information. These families were provided regular information updates by the AzRC volunteers regarding the changes in the country regulations, COVID-19 epidemiological situation, the importance of staying at home and using the PPE. The NS also purchased 3,020 thermometers, which were donated to the local public schools for conducting thermo-screening of pupils.

AzRC established a hotline in Baku, and information about it was published on its website. During the last 12 months, 5,548 phone calls were registered in Baku and around 57,056 calls were received by the AzRC's branches. The callers, especially those representing low-income households and the ones who had lost their jobs due to the enforced quarantine, were mainly requesting support. People requested information about proper handwashing, COVID-19 symptoms, using PPE and actions to be taken to overcome the stress caused by the quarantine regime. Using this opportunity, the AzRC delivered risk communication messages, informed them about protective measures and how to stay physically as well as mentally healthy. More than half of the callers were women, aged 30-55.

AzRC worked closely with UNICEF on risk communication among youth and their communities on COVID-19 and psychosocial support. 108,350 young people were directly covered by 322 staff and volunteers from 22 cities and local branches and more than 556,400 indirectly supported with various IEM. Staff and volunteers were provided with PPEs, as well as 3,000 bottles of hand sanitizers and 2,000 bottles of liquid soap. Videos were developed on COVID-19 and PSS-related topics and are planned to be demonstrated via the AzRC social network pages and are used during training sessions and awareness raising activities for the public.

With financial support from the Austrian and Swiss Red Cross, and with technical and advisory support from the IFRC, the Impact Study of COVID-19 on Older People and Caregivers was conducted in Azerbaijan to better understand the situation and to provide recommendations related to improving the short-term response, as well as policy frameworks and partnership arrangements for addressing the challenge of ageing and problems of the older people in the long-run. The report was finalized and published online in December 2020.

Throughout the year, AzRC actively cooperated with news agencies to raise awareness about the RCRC Movement in the country. These media agencies prepared and aired the interviews with the NS senior management and programm staff regarding the NS' response to COVID-19 crisis and prepared articles highlighting AzRC's work and events.

Escalation of the Nagorno-Karabakh conflict that commenced in September 2020 resulted in a humanitarian crisis in the conflict-affected areas of Azerbaijan. Responding both to the COVID-19 crisis and the conflict escalation put significant pressure on the NS' institutional capacity and hampered the smooth implementation of COVID-19 response activities in the affected regions.

Belarus Red Cross

In 2020 and early 2021, Belarus Red Cross provided enormous support to the local authorities in combatting COVID-19 activities. The NS managed to strengthen its relations with the Ministry of Health and its local departments, as well as to ensure public trust and attract financial support of corporate partners in Belarus. In total, Belarus RC was able to fundraise almost USD 70,000 from private donators, around USD 1,080,000 from corporate donations, around USD 270,000 from Movement partners, around USD 974,000 from the IFRC, and received in-kind donations from international agencies and local companies. IFRC has also provided BRCS with 290,000 masks, 20,400 respirators, 350 goggles, 200,000 pairs of gloves, 4,500 medical overalls and 1,000 protective shields.



People receive vouchers for food and household items, as part of support to those affected by COVD-19. *Photo: Belarus Red Cross*

53 volunteers, including those with psychological education, have been involved in the services provided by telephone helpline since the beginning of its work in 2020. The volunteers got 665 calls from the affected population.

In November 2020, the BRCS started distributing food packages to homeless people and former prisoners, as well as vouchers for other categories of people. Currently, the BRCS coordinates logistics issues and informs vulnerable categories of the population about the procedure and conditions for receiving assistance. Already were distributed:

- 6,500 vouchers for vulnerable categories;

- 4,000 food parcels and 4,000 hygiene kits for homeless people;
- 3,100 food parcels and 3,100 hygiene kits for former prisoners.

The regional branches of the BRCS have organized information sessions for homeless people and former prisoners about expanding employment opportunities.

In the framework of the RCCE, 55 events were held with the purpose to inform the communities; a number of documents were translated and adapted, the leaflets were distributed among the population; the BRCS activities are being held through social networking, BRCS website and television. Several videos were made promoting methods of preventing the spread of infectious diseases, including those aimed at preserving the health of older people. Video materials are intended not only for placement on the Internet, but also in public transport, medical institutions, and on television as social advertising. Printed, photo and video materials are distributed and broadcast on public transport, in public places, social, medical and other institutions. 3,570,000 people were covered, about 150,000 leaflets were printed and distributed, and about 8,500 organizational structures (including local organizations) were involved in the activities. 200 BRCS employees participated in informational training sessions on COVID-19 prevention. The feedback response and accounting mechanisms, including a hotline, have been established in all offices.

Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) provides a range of services supporting the affected population in local communities with its volunteers and staff being front-line responders to COVID-19, complementing governmental action plans and fulfilling its auxiliary function. The RCSBiH has been implementing the activities through 97 branches, mobilizing 2,000 staff and volunteers to support the most vulnerable people and their communities to prepare for and respond to this global emergency. The RCSBiH provides assistance with the help of the partners from the International RC/RC Movement in the country (IFRC, ICRC, Austrian RC, Turkish RC, Swiss RC). The National Society is a part of the Operational Team as the highest decision-making body for making recommendations for the Bosnia and Herzegovina Council of Ministers when it comes to declaring various measures related to pandemics. With the establishment of its Emeregency Operational Centre (EOC), the capacities of the RCSBiH and its structure are increased to achieve more effective coordination with disaster management authorities as well as with neighboring National Societies. This EOC will support implementation of the Next Generation Incident Command System (NICS) in the newly established EOCs in the region, as the main coordination and data collection tool during emergencies.



RCSBiH Mobile teams distributing shoes for migrants on the move, Bihać. *Photo: RCSBiH*

Since the outset of the pandemic, the RCSBiH structure supported more than 36,250 persons encompassing more than 21,400 households throughout the country, including persons above 65, people with chronic disease, people in isolation, beneficiaries of public kitchens and socially disadvantaged families.

Sustaining Health and WASH:

The NS assisted in setting up more than 50 triage tents and quarantines, and delivered more than 1,000 cots, bedding and tents to crisis cells in 14 communities, distributing more than 203,080 masks and gloves to citizens, and equipping all engaged volunteers with the necessary PPE. The RCSBiH established 22 disinfection tunnels at the entrance of health centres and schools across the country, and has been engaged in disinfection of 720 public buildings, providing transportation to potentially infected persons from borders and airports to their place of residence for 292 people to date. The NS distributed 15,430 food parcels, more than 9,400 hygiene packages and 22,680 hot meals. RCSBiH volunteers provided groceries shopping and payment of bills 5,300 occasions for those who were restricted to move. The RCSBiH also provided risk communication through its hotline and social

	media, with 14,060 calls received and 1,280 PSS services via phone to date. The RCSBiH has also distributed 44,470 awareness-raising leaflets and posted 840 materials via social media. As of the 31 January 2021, RC Mobile teams have supported nearly 15,100 migrants outside reception centres on migratory routes. Services delivered to migrants included food, household and personal hygiene items, first aid services, referrals, masks and disinfectants. These services are being complemented by the Population movement EA-funded operation in BiH. Mobile teams are also distributing masks, gloves, disinfectants and informational leaflets as prevention measures for COVID-19 transmission and to enable migrants to enter public spaces and shops as well as public transportation. First aid is given to migrants on the route. **Cash and voucher program:** In coordination with the BiH Ministry of Human Rights and Refugees and IFRC, the NS started the preparation process of voucher assistance to support the most vulnerable people in Roma communities with food and hygiene items.
British Red Cross	The impact of the coronavirus has caused, and continues to cause, enormous challenges across the United Kingdom. The national lockdowns, and regional restrictions, have had a damaging effect on the physical, mental, social and economic wellbeing of people around the country, especially the most vulnerable in society. The British Red Cross has been responding to the crisis from March 2020 and continues to do so, with efforts being redoubled during the winter months, to respond where the needs are greatest and where we can have the most impact. Tragically, now over 100,000 people have died in the UK since the start of the pandemic. Increased restrictions have left millions of families struggling to get by as unemployment rises and incomes reduce. The pandemic is having a toll on mental health, with prolonged lockdowns leaving many isolated and lonely. Frontline workers are also emotionally and physically exhausted. The British Red Cross overall response to the COVID-19 crisis in the UK has been focused on the following key interventions; - Support Line - Doorstep Support - The Hardship Fund - Building Resilient Communities Digitally - Supporting the National Health Service (NHS). Across the UK, people have all been adjusting to a new way of life as they collectively fight the battle against COVID-19. However, for some people it has been particularly hard to cope. For older people and those with underlying health conditions who have been self-isolating, many have been unable to carry out essential day-to-day activities, such as food shopping and collecting prescriptions. Others are facing uncertainty due to the economic impacts of COVID-19, and feel they have no way to access advice and support. To give people a place to turn for emotional and practical support, the British Red Cross set up a National Support Line which the donation from Johnson & Johnson contributed to supporting from April to December 2020. For some, this has simply been a conversation with one of the BRC volunteers to help them feel less lonely. For others, the call is to get vital food or medicine to someone who is unable to leave their home. The volunteers are there to lend a listening ear and connect people with the support that is right for them. The Support Line operators take a person-centred approach to every call, addressing each caller's immediate concerns whilst also helping them make steps towards tackling the root cause of the issue, so they can become more resilient in the future. 17,248 calls to the support line were answered between 1 April and 31 December 2020 offering emotional and practical support for people struggling to cope due to COVID-19. With respect to the number of individual callers, the Support Line has supported approximately 13,800 callers as well as an additional number of callers who chose not to give their identifiable details (as confidentiality is part of the offer on the Support Line). During 2020, BRC recruited key staff and trained 80 British Red Cross volunteers to work on the Support Line. Since 1 April 2020, eighty volunteers have been answering calls. Based on identifiable data, from approximately 75% of calls: • More than half of support line users were female. • Support line service users identified as having long-term health challenges with approximately 29% of callers having a long-term medical condition and 17% long-term mental ill health.

- The fewest number of calls were received from individuals under the age of 25 whilst approximately 25% of service users were aged between 46 and 55 and another 23% aged between 56 and 65 years old.

Recent survey found:

- 75% of callers had feelings of anxiety or loneliness prior to contacting the service. The support line helped reduce these feelings for 61% of callers.
- Weekly calls to the support line remained above 400 per week over the Christmas period.
- Mental health needs of callers are increasing, with one-third of calls in December involving psychosocial support, an increase from 12% in October and 24% in November.
- Over 20% of calls came from the most vulnerable areas of the UK (ranked nine or ten on the vulnerability index, ten being most vulnerable)

> *"I was nervous and embarrassed at having to call for help with food… the people I spoke to were amazing, very friendly and assuring and made me feel at ease."* – Quote from a Support Line caller

*Please note that the donation from Johnson & Johnson contributed towards the delivery of the Support Line but the figures quoted above are in total.

Bulgarian Red Cross

The Bulgarian Red Cross (BRC), with an extensive network of 28 branches and highly trusted volunteers and staff across the country, is supporting people and their communities to prepare for and to respond to the global emergency.



The Bulgarian Red Cross and the Embassy of Slovakia in Bulgaria initiated a campaign for voluntary and gratuitous blood donations, organized with the support of the National Center for Transfusion Hematology (NCTH). P*hoto: Bulgarian Red Cross*

BRC has been responding to the pandemic by mobilizing its material and human resources to support the health facilities in the country dealing with COVID-19 cases by providing protective and medical equipment and hygiene items to health and social facilities in coordination with the government, by providing hygiene parcels and expanding its food distribution programmes reaching the most vulnerable people affected by the pandemic, by carrying out risk communication and prevention messaging, together with providing psychosocial support nationally and locally. Regular activities of BRC have been adjusted and new tools have been developed to reflect the challenging situation. Educational activities such as first aid and youth educational programmes have been temporarily suspended during periods of high risk or shifted to online platforms.

As part of the emergency response system in the country, BRC provides its services in cooperation with the Ministry of Health (MoH), Ministry of Labour and Social Policy, the Directorate General for Protection of Population at the Ministry of Interior, local authorities and departments. In order to provide assistance to vulnerable people, BRC mobilizes resources and has received support from the Bulgarian government, businesses, NGOs and the general population, as well as from international partners such as the ICRC, IFRC, the Turkish Red Crescent and USAID.

BRC's priorities are directed to continuous support for the health needs and to the most vulnerable groups, maintaining risk awareness among the population, promoting hygiene and safe behaviour, and providing emotional support to people in distress. The second operational priority is to strengthen the National Society's preparedness for further possible outbreaks and the resulting socio-economic crisis affecting those most vulnerable.

Since the end of 2020 BRC is also promoting vaccination among the population and provides information aiming at reducing fear and false information. As of December 2020, the government created a National Vaccination HQ to organize the COVID-19 vaccination campaign, chaired by the Director General of the Bulgarian Red Cross.

In total, the support of the Bulgarian RC to the population reaches over 416,000 people who received material, emotional support or participated in public events, and another 498,000 people reached

through social and traditional media. Until the end of October 2020, the NS assisted 120,501 people with direct provision of food, medicine, PSS and emotional-support, as well as 386,480 people by information materials related to COVID-19. Over 3 million pieces of protective equipment (masks, gloves, shields, etc.) were distributed primarily to more than 30 hospitals and to specific vulnerable groups. Specialized medical equipment, sanitizers and other hygiene items have been provided by the Bulgarian RC via its participation in the National Logistics Coordination Centre to medical institutions.

Hygiene promotion campaign in Roma communities

As part of BRC operations supported by the USAID and the global IFRC effort to combat COVID-19, distribution of 30,000 personal hygiene kits to vulnerable people (economically affected by the COVID-19 crisis, targeted people from 4 Roma communities, migrants). 4,379 kits were distributed jointly by BRC regional branches and the National Network of Health Mediators. As a result of the activities under the program, a partnership agreement is up to be signed between BRC and the Network. The hygiene promotion activities and sessions were held with the support of 200 posters and 15,000 stickers that were printed and distributed in the four Roma communities and also in the whole country, together with activity kits for socially disadvantaged children. In total 430 hygiene promotion sessions were held in Roma communities.

Psychosocial support: Virtual dispatcher centre - Contact Centre:

A contract for a “green” national hot line was signed in the end of January with one of the biggest Bulgarian mobile operators to start the execution of the Centre’s activities. The “green” national line will be free of charge for all the people who need support. In the Regional Branch of Plovdiv approximately 10 psychologists will be included in the professional consultations.

Development of "Activity kits” for children from vulnerable families

Activity kits should contain a backpack to pack the content of the kit, a storybook for children with information about COVID-19, a puzzle, a book with Bulgarian fairy tales, a notebook, a three-layer face mask for children, a set of pencils and a sharpener. The "Activity kits" will be provided to 2,500 children from vulnerable families with socioeconomic difficulties from marginalized groups, in order to support their mental health. By the end of January 2021, 1,654 parcels were distributed either to schools/institutions or directly to the children and their families, wherever the epidemiological measures allowed. The operation is still ongoing, and all Activity kits will be provided until the end of February 2021.

Becoming a cash ready National Society

The CVA baseline study has been successfully completed and several modalities have been found adequate for the Bulgarian context. Preliminary discussions have been held with financial institutions, voucher operators and money transfer agents. A clear frame for each modality is being finalized, which will serve as a base for the contracts up to be signed.

Creation of Emergency Operational Centre (EOC) in BRC

A specific site for the EOC has been chosen and approved by the Leadership of the BRC. Blueprints for the dedicated rooms has been created and equipment needed for the initial stages of the EOC has been purchased under the detailed plan for setting up of the centre. The team is in contact with referent delegates from the Europe regional office of IFRC in Budapest regarding the setting up of the EOC and specifically regarding the installation of a database platform that was chosen after coordination meetings and agreements with Civil protection authorities. After the installation, additional equipment will be purchased.

Strengthening the BRC’s NDRT operational preparedness

Regarding the strengthening of operational preparedness and NS national disaster response team, three multipurpose tents have been purchased and further orders are scheduled. Protective clothing has also been purchased and delivered. Due to delivery delays, based on item’s availability, the training planned for January will be postponed for beginning of March 2020.

The NS has re-launched its hotline for migrants, providing advice on current measures, restrictions and how to cope with the current situation, including advice on seeking medical and other support. Language courses for refugees provided by BRC are now switched to online classes.

Croatian Red Cross

The COVID-19 situation continued causing challenges across Croatia throughout 2020 with a total of 210,837 persons infected and 3,920 deceased. There are at least 26 testing places in the country that perform analysis and collect testing samples of suspected persons. The vaccination process has begun with the first person being vaccinated on 27 December 2020.



Croatian Red Cross volunteers distributing personal protective equipment as part of the "Let us Keep Them" campaign. *Photo: Croatian Red Cross*

The socio-economic impact of the pandemic also worsened towards the end of 2020 when the unemployment rate showed an alarming figure of 159,845 persons in different economic areas. The situation was further worsened by the two strong earthquakes that hit the Republic of Croatia in 2020 - the first one of 5.5 magnitude hit Zagreb on 22 March 2020 and the second one of 6.2 magnitude hit Petrinja town and surrounding areas on 29 December 2020. In this new and challenging situation, the coordination between the Disaster Response and Health Emergency departments of the Croatian Red Cross became crucial in the field of public health, disaster response, capacity building, psychosocial support, social welfare, food security and livelihoods, protection, gender and inclusion. To be able to address the immediate needs of people affected by emerge crisis, the Croatian Red Cross expanded its activities in the COVID-19 response.

The Croatian Red Cross and its personnel provided services to vulnerable people but also respected protective measures to ensure that proposed activities safely continue. Messages on appropriate hygiene behaviour have been disseminated to encourage adoption of healthy behavior with special attention paid to those particularly vulnerable to the COVID-19 epidemic. The public campaign of promoting handwashing was implemented from June to August 2020 in 238 spaces in public transport vehicles in five cities of the Republic of Croatia, which was extended until 31 October 2020.

The Croatian Red Cross Call-Centre was established in March 2020 enabling the National Society to provide PSS at national and county level. In the period of November 2020 and January 2021, the 25 trained staff and volunteers conducted 211 phone calls. Besides the COVID-19 related concerns, many people expressed constant fear after the devastating earthquake and aftershocks in Petrinja town.

To alleviate the socio-economic impact of the pandemic, the Croatian Red Cross provided food parcels to 3,500 families in the course of January and February 2021. The quantity of one food parcel (two family members for 15 days) for each of 21 counties was proportionally distributed related to the number of inhabitants and number of people who live in social distress.

Systematically collected and analysed community feedback was done on weekly basis from March to June 2020 through the Croatian Red Cross online system "Survey gismo" that is prepared for the local Red Cross branches to inform on implemented activities and locally driven actions for better COVID-19 preparedness, containment, and response. The Croatian Red Cross adopted their engagement and approaches according to positive practices. The collected results show that form March to June 2020, 106 local Red Cross branches provided social and welfare assistance (food parcels, social markets, public kitchens) to 4,677 persons. The assistance was provided to single older persons or families with three or more children with low or minimum income. Regular meetings were held with the key stakeholders' representatives from the Center for Social Welfare and the Croatian Employment Services.

Cyprus Red Cross Society

Late September 2020, Cyprus entered the second wave of the pandemic of COVID-19. Between May and December 2020 almost 11,500 new COVID-19 cases were registered, of which 75% were recorded from mid-September 2020. On 4 November 2020, new restrictions were issued by the government in response to the spreading of the virus, concerning especially the districts of Paphos and Limassol, which presented the highest numbers of COVID-19 positive cases. Since the beginning of the outbreak in Cyprus, the Cyprus Red Cross Society (CRCS) stood in the frontline, in order to address the emergency needs of people living in the country, and those most vulnerable. Emergency programmes have been put in place in order to serve all vulnerable groups including older people, persons with disabilities or health issues, persons unable to sustain themselves due to the financial impact of the measures taken as a result of the epidemic on their income, as well as migrants and asylum Seekers. The CRCS created the "Emergency Service for the Support of the Elderly and Vulnerable Groups", which ran from 19 March to 31 May 2020, in order to address the emergency needs of the persons in isolation during the first phase of the pandemic in Cyprus. Through the Emergency Service that took place during the first wave of the pandemic, the CRCS was able to provide emergency necessities to persons in self-isolation, including medicines, oxygen/respirators, and medical appliances for persons with disabilities, etc. Simultaneously, the medical prescriptions of the residents of the Kofinou Centre for the Accommodation of Asylum Seekers were served by the CRCS, since the residents were forbidden to exit the Centre or did not have the necessary financial capacity to purchase the needed medicines.



CRCS established a hotline for psychological support available to the older people residing in Cyprus to address the rising cases of stress, loneliness, insecurity and fear caused by the pandemic. *Photo: CRC*

16 persons from the general public and 12 staff and volunteers were reached with Psychosocial Support, and 843 persons were provided with medicines. Simultaneously, the CRCS contributed to the effective dissemination of information on health and hygiene measures in response to the virus, ensuring that both Cypriots and non-Cypriots residing in the country gain access to the information. Moreover, the CRCS established a hotline for psychological support available to older people residing in Cyprus, in order to address the rising cases of stress, loneliness, insecurity and fear caused by the pandemic. Meanwhile, regular services (e.g. supply of humanitarian aid to migrants), continued as usual and were reinforced, so as to better address the new needs.

Sustaining Health and Wash

Activities under this category were centred on psychological support and PFA, access to information and access to medical support. Psychological support was available throughout the reporting period equally for the public, as well as for CRCS staff and volunteers. A dedicated hotline was established to address the respective rising needs of the persons residing in the country. The CRCS additional interventions regarding the information on COVID-19, was geared especially towards reaching the vulnerable population. Finally, series of seminars were enacted, in order to address the feelings of stress and burnout among the CRCS staff and volunteers.

Livelihood, cash support and food aid

During the first wave of the pandemic, the CRCS addressed the needs of the most vulnerable through the established "Emergency Service" and the CRCS Units which supported the general public on a Pancyprian basis. After May 2020, the needs of the public continued to be addressed by the CRCS branches, since the Emergency Service by the Headquarters was completed on 31 May 2020. During Easter, the CRCS Units distributed their traditional "Easter Love Parcels", mainly in the form of coupons and/or food supplies, depending on the preference of the recipients. The items offered in response to the needs included food, hygiene items and baby necessities. In total 20,500 benefited from this activity.

Migration activities

	The CRCS continued its activity in all centres of the government hosting migrants, in full accordance with the various health safety and restriction measures. Thus, the frequency of the visits and their scope was adjusted numerous times, however the quality of services provided remained the same. The items provided to the migrants were hygiene items, personal health equipment and informative brochures on the CRCS activities, on COVID-19 and on health and hygiene guidelines. In total 4,540 migrants received support in the form of hygiene items and informative leaflets.
French Red Cross	The French National Society is a front-line responder to the current pandemic. From the beginning of the COVID-19 outbreak in France, the French Red Cross (FRC) has developed new activities such as the implementation and management of containing centres; solidarity delivery (food and drugs) at home with "*Croix-Rouge chez vous*" for isolated people; opening of about twenty shelters for homeless people with COVID-19 throughout France. The call centre "*Croix-Rouge écoute*" was also reinforced to offer psychological support. FRC has also provided support activities to the government and health authorities in strengthening call centres, containing centres, centres for homeless people with COVID-19, transportation of people, patients welcoming and triage, first aid, especially in the trains transporting people infected by COVID-19). The FRC has also been involved in virus testing, via large-scale screening centres. Mobile testing systems have been set up to reach people living in remote areas. The FRC is also present in railway stations and shopping centres. More recently, as part of a dedicated national strategy, the French Red Cross is contributing to the deployment of measures to facilitate and accelerate the vaccination of the population. These systems can be adapted to different contexts, with particular attention paid to vulnerable and isolated people. As an emergency specialist with experience of large-scale vaccination campaigns, the French Red Cross has set up a national strategy and sent a practical guide to the regional health agencies (ARS). Mobilized differently from one territory to another, the French Red Cross is developing its systems and constantly adapting to the needs and demands of ARS, demonstrating agility and responsiveness. New actions, in particular mobile systems to reach out to the population, especially the most vulnerable or isolated people, are thus proposed. Since the start of the COVID-19 situation in France, the French Red Cross has taken significant action towards the most vulnerable target audiences, of which homeless people represent the most vulnerable group. The French Red Cross experienced the worsening of the economic and social situation of the most vulnerable people in France through an increase of over 85% of people living on the streets during the first lockdown. The French RC efforts to assist the homeless people during the COVID-19 pandemic were partially supported through IFRC multilateral funds. Under this component, the following has been achieved:  A French Red Cross volunteer pictured during food distribution as part of the COVID-19 response. *Photo: French Red Cross* <u>Health and Risk Communication and Community Engagement:</u> - 240 mobile teams have distributed masks and informed people living on the streets or in camps about the virus, how to prevent its transmission and what to do in case of symptoms – 20,000 persons were reached between March and October 2020. - All 240 facilities for homeless people (shelters, accommodation centres, supported housing, support centres at hotels) apply preventive protocols and inform about the virus – 15,000 persons reached. - Trainings and awareness raising sessions were organized in French RC facilities, so that the preventive protocol is applied. - Hygiene items were provided to homeless people, for existing and new shelters. - 58 000 emergency hygiene kits distributed mainly on the streets - Operation of « hygiene points » in swimming pools, schools, etc. requisitioned for homeless people, in 10 regions and in 18 FRC day-shelters. - Specific actions targeting women: distribution of disposable or reusable sanitary products. - Reinforced health monitoring by French RC staff and volunteers.

- Identification of COVID-19 symptoms during "*maraudes*" and in shelters/accommodation centres.
- Orientation towards doctors or emergency services. Identification of high-risk persons and reinforced monitoring of them.
- COVID-19 screening from March until October 2020: mainly in the FRC collective shelters and for families living at the hotel - more than 2,000 homeless people screened for COVID-19 by FRC volunteers.
- Accommodation of COVID-19-infected people whose symptoms do not require hospitalization in 25 new specialized accommodation centres - 1,161 beds provided.
- Nursing care in those 25 COVID-19 specialized accommodation centres and in 80 shelters/ other accommodation facilities.
- Equipping existing and new shelters and accommodation centres with mattresses, bedsheets, towels, etc.
- Distribution of clothes in day shelters and emergency accommodation centres.

Livelihood, cash support and food aid:

The context (withdrawal of almost all services for people living on the streets) led FRC to adapt activities and to distribute more products than usual. For instance, Red Cross mobile teams generally maintain social links, propose shelters and make sure health is not at risk but, due to the COVID-19 context, they started distributing clothes, hygiene kits (see above), food aid, duvets, baby formula and diapers etc.

- Existing and new shelters and accommodation centres were equipped with mattresses, bedsheets, towels, etc.
- Clothes were distributed in day shelters, during "*maraudes*", and in emergency accommodation centres.
- Baby formula and diapers were distributed for isolated parents living at the hotel, and in camps.

According to the FRC estimation, almost 25,000 homeless people have been reached daily in 2020 by the mobile teams and in the day and accommodation centres.

Regarding the part of the activities supported through the IFRC multilateral funds, between 60 and 70,000 different individuals have benefited from the donation.

Georgia Red Cross Society

In line with its mission and mandate, the Georgia Red Cross Society has expanded the emergency response operations in coordination with the Ministry of Health, Tbilisi City Hall and the municipalities in the regions of Georgia, through its network of 39 local branches, over 5,000 active Red Cross volunteers in the country and over 6,000 trained spontaneous volunteers.



GRCS' president and the UNFPA country director meeting with representatives of a retirement home in Tbilisi, distributing face masks, disinfectant products, and gloves to them. *Photo: GRCS*

In cooperation with the State Coordinating Council against the spread of COVID-19, the Georgia Red Cross Society arranged special spaces for testing at 11 border checkpoints of the country before the closure of borders. Georgia Red Cross volunteers and staff were involved in the process. Regular body temperature monitoring of people has been carried out in different regions of Georgia using the door-to-door approach. Furthermore, GRCS was involved in the mass PCR testing of the population administered in Tbilisi and Batumi municipalities. During this activity, risk communication messages were delivered. In addition, GRCS supported the Ministry of Education, Science, Culture and Sport of Georgia with training of medical students, mobilized for the COVID-19 response. To this end, GRCS filmed the following trainings: 1) COVID-19 general recommendations, personal safety and proper usage of PPE; 2) Home-Based Care for COVID-19; 3) Contact Tracing; 4) Psychological First Aid; 5) Risk Communication and Social Stigma. The materials were uploaded on the Ministry's website. In total, 1,800 medical students were trained by the Ministry of Education using these materials.

All Georgia Red Cross staff and volunteers who are involved in COVID-19 operation were equipped with personal protective equipment and were trained to ensure their own safety, as well as that of the beneficiaries. To ensure their safety and to increase the effectiveness of support provided to the vulnerable communities, series of trainings were provided to 1,675 GRCS volunteers on COVID-19, the ways of its transmission and personal safety, including usage of personal safety equipment, social stigma, PSS, contract tracing, operating hotline service and risk communication.

Up to 2.5 million people have been reached through risk communication activities, including dissemination of information via printed and online media, active appearance on TV channels, online training and information sessions. More than 10,000 copies of informational and educational materials about COVID-19 safety were produced in Georgian, Azerbaijani, Armenian, Ossetian, and Abkhazian languages and were disseminated among the entire population, including the national and linguistic minorities. Furthermore, 1,000 face masks were distributed in the crowded local markets to promote COVID-19 safety and proper use of PPE.

From the early days of the COVID-19 outbreak, the GRCS MHPSS team has been on the frontline serving communities in need. Immediately after the onset of the crisis, Georgia Red Cross launched a free of charge daily hotline service. To-date over 11,295 calls have been processed. The main aim of the hotline is to provide Psychological First Aid (including the three principles "Look, Listen and Link") through actively listening, emotional support to people and helping them deal with their challenges. Moreover, the hotline offered the callers general information on COVID-19 and referral to various state and non-state services. The GRCS MHPSS team, consisting of 7 staff members and 10 volunteer psychologists provided psychological support to the "helpers": NS staff and volunteers, and medical/quarantine personnel.

MHPSS is an integral part of all COVID-19 related training modules. Within the Risk Communication approach, representatives of 39 branches of the NS and local and central government were trained to expand and further disseminate key messages at branch level. Once the state of emergency announced, the NS switched from face-to-face training modality to online (virtual) training mode. The GRCS also launched an MHPSS Coordination Platform, including all the relevant non-governmental organizations and professional groups in the country working in MHPSS response to the COVID-19 crisis, with the aim of contributing to share information, experience and lessons learned between the key stakeholders in the humanitarian sector and coordinating activities to reach and support maximum number of vulnerable people living in Georgia. Information about existing MHPSS services across the country is already gathered by the GRCS MHPSS staff and online coordination meetings are being conducted regularly. The MHPSS website has been designed and will be launched soon. To inform the people placed in the quarantine zones about the existing MHPSS services in the country, the GRCS printed and disseminated 2,100 booklets at the quarantine facilities.

One of the crucial services of the NS involves the provision of the humanitarian relief to socially vulnerable people and older people (aged over 70) through provision of food and hygiene items. Over 89,138 vulnerable households were assisted with basic food and hygiene items, out of them more than 20,000 in Tbilisi. Over 11,366 food and hygiene parcels were collected and distributed through two nationwide donation campaigns organized in the supermarket chains, encouraging the shoppers to purchase and donate essential food and hygiene items for vulnerable older people. In addition, to address the issue of social exclusion of older people, GRCS distributed 684 mobile phones with topped up sim cards to the elderly beneficiaries living alone.

The pandemic significantly reduced the blood donor attendance and the supply of blood banks in Georgia. To address this issue, the GRCS, in cooperation with a local hospital, organized a non-remunerated blood donation campaign "Give Blood, Become a Hero" mobilizing 129 donors.

During the times of restrictions, the Georgia Red Cross Society continued the provision of its home care service to 5,200 persons (4,210 female) by the trained GRCS teams.

With financial support from UNFPA, IFRC, Austrian RC and Swiss RC, and advisory support and coordination from IFRC, GRCS conducted an Impact Assessment of COVID-19 on older people and caregivers to better understand the situation and to provide recommendations related to improving the short-term response, as well as to policy frameworks and partnership arrangements for addressing the

challenge of ageing and problems of the older people in the long-run. The report was finalized in December 2020 and published on GRCS' website.

In cooperation with UNICEF, CENN and other civil society stakeholders, a Knowledge, Attitude and Practice survey combined with a Water and Sanitation survey in schools of Georgia was launched. The survey targeted schoolchildren, their parents and teachers to develop more comprehensive risk communication strategies. The findings of the water and sanitation survey are expected to inform GRCS' programming to ensure the provision of the adequate support package to the targeted schools essential for a safe educational environment. Due to the government restrictions, envisioning temporary closure of public schools, the data collection phase of the research could not be completed on time. The final report of the KAP survey will be available in Spring 2021.

Hellenic Red Cross

The Hellenic Red Cross has further scaled up its COVID-19 response through a wide range of programmes and services through 26 branches, mobilizing more than 87 staff and 934 volunteers, including mobile health units in migrant camps, accommodation centres for unaccompanied minors, home care services in urban settings, a psychosocial support hotline, health and hygiene promotion for homeless and other vulnerable groups, temperature screening and risk communication. To support the control of the virus spread, HRC staff and volunteers, following official request form respective Ministries, have conducted temperature measurements for beneficiaries and employees of various Municipalities throughout the country; for visitors and employees at the entry points of archaeological sites in Attica and the region, at Athens Courthouses, at Detention centres in Athens and the region, in close cooperation with the Ministry of Justice.



Hellenic Red Cross volunteers are helping older people to & from vaccination centres in spite of heavy snow in Athens. *Photo: HRC*

Upon the request of the authorities, the Hellenic RC are operating mobile health units in several migration centres on the mainland, including Kleidi/Serres, Malakasa and Korinthos camps, to cover the primary health care needs of newly arrived migrants. Preparations are underway to provide similar health services in Ritsona camp from March 2021, as well as on Samos. HRC mobile health units provide general medical services on a daily basis to all vulnerable migrants. Services typically include a general pathological clinic with a general practitioner and nurses, a nursing station for triage and monitoring of chronic patients, a paediatric clinic staffed with a paediatrician and nurses, a gynaecology clinic, and a dental clinic. The medical teams are supported by interpreters in key languages including Arabic, Farsi and French. Health and hygiene promotion activities include COVID-19 awareness raising and prevention activities for adults and children, while tailored hygiene kits have also been distributed.

39 health facilities in total have been supported by HRC in the area of infection prevention and control. More specific in the camps of Malakasa, Korinthos, Serres, Kara Tepe through the Mobile Health Units, the 3 "Nursing Services" in Athens, Patra, Thessaloniki, the 3 Educational Health Stations (Athens, Kallithea, Ano Liosia), "Health Education" Service, and 28 Nursing Services in the region through the Local Branches.

Since the beginning of HRC's response to COVID-19, 19,461 vulnerable people were reached with food and other in-kind assistance, and 11,304 people with mental health and psychosocial support services (MHPSS). In total, 82,335 people were reached by interventions adapted to the specific needs of marginalized groups, and included psychosocial support, orientation, mediation, integration, and counselling. Additionally, the PSS telephone helpline received more than 2,173 calls for providing support, while 2,355 psychosocial activities have been implemented in the 5 Accommodation Facilities for unaccompanied minors and the 2 multifunctional centres for refugees and migrants managed by the HRC.

From mid-November onwards, HRC branches have been supporting the local health authorities in organising rapid testing activities in several locations in Greece including city or town centres as well as drive-through testing centres.
The first distribution of COVID-19 cash grants to 100 vulnerable households - especially older people living alone and those living with a disability - was completed in Athens. A second distribution targeting 300 households is scheduled for March-April 2021 in and around Ioannina.
Meanwhile, some 17,800 vulnerable migrants in 17 sites and various urban locations in Northern Greece were reached through certification exercises every month and continued to receive vital cash assistance, despite major operational challenges due to COVID-19-related measures. The team worked in close partnership with UNHCR to adjust procedures and protocols to ensure that activities were never suspended, with almost 80% of the people now reached through remote certification.
More recently, the Hellenic RC have also been supporting the COVID-19 vaccination roll-out led by the department of health, including by organising transport and accompanying vulnerable older people to and from vaccination centres.

Irish Red Cross

In the context of COVID-19, the IRC is coordinating with relevant government agencies and officials to ensure its activities complement and support on-going government humanitarian activities in response to the outbreak.



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

The IRC response plan focuses on key lines of action that include:

- Risk communication and information sharing,
- Provision of community-based services including supporting people to access food and medicines during lockdown,
- Supporting the Irish health infrastructure with provision of health services such as non-emergency ambulance support,
- Provision of specialised migration and prison services,
- Supporting the IRC volunteers with additional PPE and training in use of same,
- Management of a hardship fund.

Summary of overall achievements:

1) The IRC volunteers continue to provide community support for vulnerable and high-risk groups with a variety of services including delivery of essential household items, medicines and well-being check-ups. This includes the provision of 1,519 care packages and 1,000 cases of confectionary provided to key vulnerable households, groups and organisations.

2) More than 600 patient transfers have been conducted nationwide using IRC vehicles and volunteer personnel.

3) In response to the COVID-19 pandemic and in partnership with Family Carers Ireland, the IRC have set up an Emergency Care Scheme. The scheme provides family carers with access to a 24/7 emergency helpline if they are in an accident or suddenly become ill.

4) 5,000 leaflets on volunteers and public guides to stress awareness have been distributed nationwide.

5) The IRC has worked closely with its partners for the prison programme since the beginning of COVID-19. With 200 active IRC in-mate volunteers they continue to provide information and education to other prisoners about infection control and sanitation practices. They also assist with the creation and distribution of weekly newsletters designed for the general prison community and for prisoners in isolation.

6) Through the hardship fund, which provides specific support to older populations, 453 cash gra distributed.

PPE has been procured and supplied to a number of organisations providing essential care to vulnerable people. This includes the provision of key hygienic items to care homes, homeless charities, and night nurses working for the Irish Cancer Society.

CBHFA in Prisons Family Project:

The IRC in partnership with the Irish Prison Service has begun engaging family members of inmate IRC volunteers in Community Based Family Health activities that support safer communities during the COVID-19 environment. The programme promotes 'whole family' participation that links common interests of the prisoner volunteers and their families in the wider community. The topics of learning with families follow the same standard and curriculum of the relevant parts of the CBHFA course, Merchants Quay Ireland and HSE COVID-19 materials. The content for families is targeted to adult and child family members, encouraging inmate volunteers to be involved in sharing and guiding their partners and children in putting learned topics into action in their homes, local community and schools. 14 inmate volunteers were trained for CBHFA training programme. While initial plans were made for the face-to-face family programme for identified family members of the inmate volunteers, activities were completely shifted online to accommodate Ireland's nationwide lockdown to curb the spread of COVID-19. Five CBHFA prisoner volunteers identified family members that they wanted to invite as participants in the programme. Invitations were extended on October 31, 2020 to eleven family members and seven responded positively in this reporting period. Family members who expressed interest in joining received a personalised welcome and were assessed on whether they required support with hardware and access to the platform. A closed-access online platform was officially launched on 27 November 2020. The first course on offer was Preventing COVID-19 and included 2 hours of knowledge, skills and interactivity. The CBHFA team and IRCY developed the following deep dive courses for this reporting period, established and maintained an online support network complete with learning content and tutorials on how to interact with site members.

Translation of Family Carer Emergency Scheme Materials:

At the beginning of the COVID-19 pandemic, Family Carers Ireland identified a need for an emergency scheme to support local family carers in Ireland. The emergency scheme was established with the support of state services and voluntary response organisations including the IRC. Ireland has an estimated 355,000 family carers providing care voluntarily to family members, loved ones, friends or neighbours. As part of the scheme development, the IRC highlighted the need for individuals with special needs to be included in the process of signing up and being made aware that if an emergency occurs local Irish Red Cross volunteers would be calling to look after them. A social story was created for this purpose in conjunction with sensory space, an organisation that specialises in working with individuals who have special needs or are on the autism spectrum. A volunteer leaflet for the emergency scheme was created and translated into multiple languages.

The IRC national volunteer health and safety committee (NVHSC) agreed to supply all branches with a COVID-19 Area and Branch Response Plan and a COVID-19 health and safety pack. The response plan contains various checklists and was sent out to the branches in advance of the packs, in order for branches to determine if they could resume their activities, whilst adhering to the national restrictions.

On the 17 December 2020, the IRC received a donation of various confectionaries from Nestle, consisting of 14 pallets of goods. In advance of the Christmas break, staff and volunteers redistributed the goods to various charities across Ireland. Following a donation of toys, the IRC identified charities for the goods to be distributed to. The toys were distributed to seven different Women's Refuge and to families whose houses had been destroyed by fire in the early weeks of December. Other donations included a large volume of clothing stock, face shields and hygienic items.

Italian Red Cross

The Italian Red Cross (ItRC) has been implementing activities in 21 regional branches and over 1,439 local and sub-branches, mobilizing more than 150,000 volunteers and 650 staff since the beginning of the outbreak. As a result of the work of its branches and volunteers, the ItRC can contribute to covering the needs of those most in need by strengthening and expanding its services and outreach at the national level. In the current emergency, due to its unique position, the ItRC is able to access a large number of people and households, branches and volunteers, and has taken an active role in assisting people in need by collecting the requests for help both through the National Response Centre (calls received at the hotline) and through the local branches. ItRC has ensured the transportation of patients and set-up temporary infrastructures next to hospitals for triage systems, which have enhanced the possibility to manage the intake of new patients more efficiently. Likewise, through its toll-free number, the National Emergency Room, as well as the 21 regional emergency rooms, the ItRC has provided up-to-date information to the population about the importance of staying at home in case of mild symptoms to avoid the spread of the virus inside the hospitals as well the overload of the overstretched health system.



Italian Red Cross volunteers working to help the overwhelmed health facilities in Naples. *Picture: Italian Red Cross*

Among the activities carried out at the national level, ItRC provided: ambulance services for the transportation of non-COVID-19 patients; bio-containment ambulance services for the transport of COVID-19 patients to hospitals; support to hospitals and clinics by providing volunteers, doctors and nurses; set-up and management of pre-triage tents outside hospitals for screening purposes; creation of a dedicated hotline in order to provide psychosocial support for health workers; monitoring, health care and PSS support for the people that had to stay in quarantine facilities; health surveillance at ports and airports both with medical personnel and by measuring the temperature of travellers; provision of up to date and reliable information on COVID-19 through a dedicated toll-free number (which reached peaks of up to 15,000 calls per day); collection of support requests through the toll-free number; PSS to the general public; provision of PPEs to all the Italian Red Cross branches; development of online training courses for volunteers and staff members; stress management to volunteers through a dedicated hotline; home delivery of groceries and medicines during lockdown; provision of food and non-food parcels to people and families in need; distribution of 16,607 vouchers for the purchase of food to families facing economic distress; and support to the Operational Rooms of local and regional authorities.

The response to the novel-coronavirus epidemic has presented a number of unprecedented challenges that impacted the work of ItRC both in terms of re-organising activities, while managing the deployment of thousands of volunteers and staff members. Below are some examples of how existing programmes have been adapted or developed during the reporting period:

• Adaptation of services: The increase in COVID-9 cases forced the government to impose tougher restrictions and measures by adopting a three-zone colour coding system, which helped contain the second wave, while making people more vulnerable economically and increasing the needs of the most affected communities. This situation led ItRC to further reinforce testing activities, to set up camp hospitals in order to ease the burden on the National Health Service, as well as provide additional support measures for the people hit by the economic consequences of the pandemic. Furthermore, the adaptation of services has also been carried out by Local Branches and through the ItRC national hotline. In fact, due to their proximity to the communities on one side and to the general population on the other, they were able to detect new vulnerabilities and needs and consequently adapt and/or organize new services.

• Increase in socio-economic vulnerability: The socio-economic consequences of the pandemic have kept on impacting both the most vulnerable part of the population and the people who, due to the severity

of the lockdown, have become the so-called 'new poor'. The effects have also worsened existing situations, especially for those people who have precarious and/or temporary jobs, like young people, foreigners, migrants and single mothers. Similarly, the socio-economic impact has also created new patterns of vulnerability especially for people with traditional jobs who were forced to close or strongly limit their activity with the three-zone colour coding system (commercial activities such as shops, gyms, theatres and restaurants for instance). Furthermore, in the so-called red zones, there has been a strong restriction of movements, causing difficulties to people who were not self-sufficient and/or dependent on the help of family members living in close-by towns or provinces. ItRC has therefore decided to further strengthen is socio-economic response as well as the delivery of groceries and medicines to people in need.

Since the beginning of the emergency, volunteers provided in total 1,315,610 days of service delivering a total of 27,324 services to the affected communities. To address the psychosocial consequences of the pandemic, the ItRC offered psychosocial support services to its staff, volunteers, frontline workers as well as their families. ItRC guaranteed a total of more than 15,000 psychosocial support services, including 7,644 services of psychological first aid (PFA) for volunteers, 1879 PFA for ItRC staff employees, and 5,500 services of PFA for the population. The organization also ensured a total of 134 referrals and offered 7,191 psychoeducation services. Furthermore, since the beginning of the outbreak, ItRC provided 54,855 health services, 292,992 emergency services, and 260,654 sanitary transportations.

Amidst difficulties, ItRC has continued to provide support, including legal and psychological help to people at risk of violence.

Another key activity was the toll-free number service, through which the ItRC provided relevant information and organized the delivery of services. During the whole year, ItRC received more than 141,000 requests, 76,439 of which were requests of information and clarification, more than 4,040 were for medical and psychological support, more than 57,494 were for door-to door services, and 3,422 were for tele-company. The toll-free number was also used to support ItRC efforts in risk communication and in managing community feedback, allowing to track the changes in the type of requests of the general public and adapting the services that are provided throughout the national territory. Based on the feedback collected, ItRC also developed IEC materials for COVID-19 information, tutorials on how to wear masks correctly and on handwashing. Etiquettes on coughing and sneezing have also been disseminated through social media channels.

Since the beginning of the emergency, ItRC has been immediately able to play a key role in the response to the pandemic as it is part of the Italian Civil Protection System. Therefore, from the onset of the emergency, ItRC has been coordinating its work with all actors involved in the national response managed by the National Coordination Room of the Civil Protection.

The efforts that ItRC has put into responding to the COVID-19 emergency has allowed the National Society to become a reference for both health and social interventions. This has led to a number of collaborations with:

• the Ministry of Health as well as with the Regional Health Authorities to set-up and/or support testing facilities, to set-up temporary camp hospitals and to support the national vaccination campaign;

• the USMAF (offices for health inspections and controls which depend directly on the Ministry of Health) for the health surveillance in ports and airports throughout the country;

• the Ministry of Interior in setting-up and managing a health surveillance system on 3 quarantine ships located off the coasts of Sicily.

Likewise, ItRC continued performing screening and testing (92,836) activities at ports and airports by deploying medical personnel to measure the temperature of travellers at their arrival.

In addition, ItRC continued to provide its assistance to homeless people, including the distribution of PPEs and rapid antigenic testing, to be used for homeless people and people living in dormitories, distributed by mobile units (Unità di Strada). New reception centers to safely accommodate homeless people were created in several regions.

In August, the Temporary Volunteering Programme, which allowed more than 49,000 people to join ItRC as volunteers in order to respond to the unprecedented emergency, was terminated. The termination of the programme does not entail the end of the support for the people who decided to apply: in fact,

during the summer of 2020, when the ease of restrictions allowed branches to re-start in person training activities, many of the temporary volunteers joined the Italian Red Cross as ordinary volunteers through an ad hoc training course.

During the summer, after the suspension of the lookdown, migration-related activities of ItRC resumed due to new arrivals from the sea. ItRC provided assistance to migrants and asylum seekers who were quarantined on ships upon their rescue at sea or upon arrival to the Italian coasts. More than 1,083 ItRC operators have been working to provide medical assistance and psychological support on the quarantine ships, managing to assist a total of 14,731people. In addition, 1.520migrants and asylum seekers were assisted and hosted in the quarantine centres of Lecce (in Apulia) and Settimo Torinese (in Piedmont). Moreover, during the reporting period, ItRC has processed a total of 1,459 requests aimed at restoring family links (RFL).

Kazakh Red Crescent

The Red Crescent Society of Kazakhstan (RCSK), with its network of 17 branches, 70 staff and 2,500 volunteers, has been uniquely placed to support communities in the COVID-19 response. The RCSK has mobilized, equipped with PPE and trained 3,660 volunteers for the response.



A group session on COVID-19 organized for teachers of a secondary school. *Photo: Red Crescent of Kazakhstan*

One of RCSK's major focus areas has been risk communication and community engagement (RCCE) activities, and it estimates it has reached a total of 7,843,535 people to date. Five types of leaflets and posters in Kazakh and Russian languages and video material were produced, that provide information and dispel myths about the virus. To date there have been 1,091,874 leaflets disseminated in communities.

A Knowledge, Attitudes and Perceptions (KAP) survey was conducted in December, questioning 1,000 people throughout Kazakhstan about their understanding of COVID-19. The findings from this survey will be used to inform and shape the National Society's RCCE activities in the future. In addition, the RCSK is currently working on an automated 'chat bot' for use on the messaging application Telegram that will enable the RCSK to reach more people with messages about how to reduce the likelihood of contracting COVID-19 and to respond to questions from communities.

Ten regional branches of the RCSK distributed more than 3,613 cloth masks (its own production) to vulnerable population. Another 10,800 cloth masks have been produced and distributed with social aid parcels. In addition, 228,880 masks and 50,000 pairs of gloves were distributed among frontline responders to the COVID-19 outbreak. RCSK volunteers provided assistance to medical institutions in Almaty city with monitoring of people in quarantine and close contacts of people with COVID-19 who had to stay at home in self-isolation (via phone calls). Volunteers also delivered medicines from clinics to people with chronic diseases and older people, reaching 3,226 people.

As provision of medical items for COVID-19 testing to health facilities, RCSK procured and distributed 1,620 reusable protective kits among 13 medical institutions of Almaty city and the National Medical Centre in Nur-Sultan city. Additionally, 270 RNA extraction kits (27,000 tests) and 120,000 swabs for COVID-19 testing were procured on request of the National Centre of Expertise. The reagents and swabs have been distributed among 16 branches of the National Centre of Expertise.

RCSK receives applications for assistance through official social networks, via e-mail and on work phones. To date, 16,876 target vulnerable families have received parcels consisting of essential food and non-food (hygiene) items. RCSK has strengthened its institutional preparedness with the establishment of an emergency logistics warehouse.

The IFRC has worked with the National Scientific Centre for Highly Infectious Diseases, and from May 2020 to January 2021 conducted a total of 26 training workshops on COVID-19 infection prevention and control in 19 locations for 781 health workers – doctors, nurses and epidemiologists in hospitals and primary health care facilities – throughout the country. The healthcare professionals who received the

training have trained other health workers and it is estimated that they will have reached some 5,000 medical personnel in total.

Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK), with its 46 branches, 210 staff members and 3,408 volunteers has been at the forefront of the national COVID-19 response, working very closely with the Ministry of Health (MoH), Ministry of Emergency Situations and Ministry of Labour and Social Development. RCSK has mobilized, equipped with PPE and trained 850 volunteers for the response. It has provided training for 1,440 primary health care workers and volunteers working in healthcare units and refresher training for 900 social workers, and provided 61,865 units of PPE for health care and social workers.



Training for public healthcare activists and volunteers in Karako. *Photo: Red Crescent Society of Kyrgyzstan*

Since the first cases in March 2020, RCSK has been actively undertaking response activities, complementary to the government's efforts and in close coordination with other actors. RCSK has renovated 6 first aid training centres and upgraded their first aid equipment and supplies, allowing RCSK to continue to conduct first aid training safely during the pandemic.

The major focus of RCSK's response has been on risk community and community engagement (RCCE), using mixed types of risk communication. In cooperation with SAKTA communication platform (Government, creative studio, NGOs and international NGOs), RCSK reached 944,625 households (about 4,723,125 people) through RCCE and hygiene promotion activities. 925,123 households (about 4,625,615 people) have been reached with RCCE materials several times per month, including messages shared regularly through village/community WhatsApp groups and door-to-door information campaigns, and 19,502 households were reached with hygiene materials. 10,000 people were reached with key messages in public transport in all cities of the country, and 6,732,541 unique visits on RCSK's Facebook page were registered (a coverage of over 1 million monthly). Activities include a WASH component, motivating households to practice handwashing and sanitation, which has reached 97,510 people. RCSK also participated in TV panel discussions related to COVID-19, as well as provided technical support to the TV programme called "Word to a doctor", aiming to stop fake information about COVID-19, as well as provide expert advice, answering online questions from the audience.

RCSK has started to prepare for transition of schools to offline learning planned for 2021 (designing student-friendly information materials, training modules on hygiene etc.). RCSK conducted a lessons learned meeting for the IFRC-USAID-RCSK partnership programme on RCCE, reviewing implemented risk communication measures and planning for future RCCE activities.

In addition, 17,613 food parcels, 2,260 sets of medicines and 11,220 litres of drinking water have been distributed among vulnerable groups (including people living with HIV and those affected by TB), with a reach of 155,465 people across the country. RCSK has activated its cash-based assistance programme, which has provided cash support for 4,356 households (about 21,780 people) who have lost income owing to COVID-19. RCSK has created employment opportunities for 60 vulnerable women in Chui region (Bishkek city) by launching a sewing factory for PPE and other products.

Magen David Adom in Israel

Over the last few weeks, Israel faces the third wave of outbreak, with high morbidity rates, reaching a maximum of 10,115 new cases on 18 January 2021. The COVID-19 vaccination operation began on 19 December 2020, starting with the medical personnel of hospitals and the older population (older than 60 years old), then the education system staff and lower ages, and now all ages above 16 years old, using the Pfizer vaccine. The Ministry of Health manages the project, and the vaccination of the public is under the responsibility of the Health Maintenance Organizations (HMOs). MDA is in charge of vaccinating in long-term care facilities. A significant decrease in the number of new confirmed cases can be attributed to the vaccines, as it is demonstrated in the vaccinated public. This decrease appears much slower in the new severe cases compared with the decrease in new cases.



An MDA youth volunteer handing out masks in Tiveria as part of the Coronavirus ambassadors program. *Photo: MDA*

In light of the situation, MDA was requested by the Israeli Ministry of Health to continue the activity in the vaccination and the sampling projects. In the reporting period, MDA continued to focus on sampling in long-term care facilities, as well as in the drive-through complexes that are activated when needed on the demand of the MoH and primary health care providers. So far, more than 4,107,269 individuals were sampled for COVID-19 by MDA. MDA teams have taken over 10,080 daily samples over the last few days. MDA was responsible for the vaccination project in all long-term care facilities in the country, vaccinating more than 400,000 individuals (residents and staff) for the first and second doses of the Pfizer vaccine. MDA also transported people at risk groups who cannot leave their homes (bedridden) to the vaccination sites. They will then be vaccinated in the ambulance and returned back home without leaving the ambulance. MDA continues to vaccinate in remote locations in Israel, on the demand of the MoH.

In addition to the sampling and vaccination projects, MDA teams also:

- treat and transport patients that are under home quarantine and suffer a situation that requires medical assistance, exacerbation of their condition, or become symptomatic and are tested positive for COVID-19. MDA is also transporting the patients who tested positive to the hospitals, and those who are discharged from the hospital to the quarantine hotel;
- are prepared for an increase in the calls. Additional call takers (staff and volunteers) are on standby to be called in when needed. Response time to calls is monitored constantly (with the objective of picking up the call within 10 seconds);
- collect plasma from patients who recovered from COVID-19 and have antibodies, and provide it to hospitals to treat severe patients. Some 18,735 plasma units have been collected up to date and 2,893 patients were treated this way so far, as a treatment protocol with promising results so far. MDA's volunteers transport the donors from their houses to the blood center for the donation if needed. Several of the donors had donated more than once.

MDA is working on a program called “Community MDA” which aims at providing health care on the scene, and minimizing transport to the hospital for non-critical patients.

Red Cross Society of the Republic of Moldova

The Moldovan Red Cross Society has been involved in combating the pandemic situation since the confirmation of the first case in the Republic in March 2020. Throughout 2020, the Moldovan Red Cross Society has undertaken various activities and measures to combat and prevent the spread of the COVID-19.

With IFRC support, Moldova RC developed, printed, and distributed informational materials on COVID-19 and its prevention. In partnership with health authorities, they were distributed through health institutions, post offices (within the post deliveries), and by RC staff and volunteers. 1,365,420 informative flyers were distributed in all 48 regions of Moldova. The constant dissemination of correct information via printed materials and via direct public reaching contributed to strengthening the general knowledge of the population about the pandemic and deflating fake news and conspiracy theories about COVID-19. Moldovan Red Cross will continue to inform the population correctly and offer them the right answers.



Volunteers of the Moldova Red Cross continue to inform the population about COVID-19 preventative measures by distributing informational booklets at public sites. *Photo: Red Cross Society of the Republic of Moldova*

Moldova RC purchased 2,500 litres of disinfectant and disseminated them jointly with health and local authorities. The disinfectant supplies were placed at the public transport vehicles to allow people who have to move through the city during the pandemic, to have constant access to disinfection. According to the data provided by the Electric Transport Chisinau, 400,000 people use the public transport daily and use 150 litres of disinfectant every day. These numbers show that Moldova Red Cross reaches many people at once with the disinfectants, as well as the need for the Red Cross to donate more disinfectant for the public transport in Chisinau, a big transportation hub.

650 staff and volunteers were equipped with PPE. Three regional training sessions were conducted for the directors of the branches, regarding measures of protection during the pandemic, who later went on organising training sessions for the volunteers from their branches, which resulted with more than 650 staff and volunteers trained.

With the support of the IFRC, Moldova RC provided 3,280 food parcels to people from vulnerable groups, people on the verge of poverty or in absolute poverty, disabled, lonely elderly, and families with many children. According to data collected by the social assistants and the Red Cross staff and volunteers, around 13,000 people benefited from the food parcels (mainly family members). Along with the food parcel they received a mask of personal protection, were informed in person about the protection and prevention measures of COVID-19, and received psychosocial support from the RC staff, RC volunteers and local social assistants. The Volunteers from 15 branches were involved in the distribution in cooperation with the local authorities such as the General Directorate of Education, Youth and Sports; General Directorate of Social Assistance and Health; Chisinau Urban Bus Park; Electric Transport Department - Trolleybuses Chisinau; Chisinau Municipal Training Centre for Children and Adolescents; COVID-19 Centre in Chisinau, and others. There were 12 trainings and seminars organized for and by volunteers with the support and assistance of healthcare workers and social assistants.

Red Cross of Montenegro

From the beginning of the COVID-19 pandemic, the Red Cross of Montenegro has been active in both preventative and response activities. With a network of 23 branches, around 100 staff, 450 volunteers and 132 professional home helpers, staff and volunteers continued their visits to older people (1,500 persons continuously reached). Additionally, there were 36 health-related workshops organized – on healthy diet, importance of physical activity, disease prevention including COVID-19). There were 1,049 participants in the workshops. Doctors, professional home helpers and volunteers visited older people in order to check their health condition and to refer them if necessary, to relevant health institutions (361 older persons reached). In addition, 1,000 flyers with recommendations for a healthy diet and physical activities that can be done at home (during the isolation) have been distributed.



Red Cross of Montenegro volunteers preparing humanitarian parcels for distribution. *Photo: Red Cross of Montenegro*

For the period from 19 March until 31 January 2021, the Red Cross distributed 81,193 parcels (including food, hygiene, and baby parcels) across the country and directly reached 60,046 households. In this period, volunteers spent 21,344 hours responding to COVID-19. Professional home helpers and volunteers continued with their visits to older people (1,500 persons continuously reached).

From the very beginning, the Red Cross was active in raising awareness on COVID 19 – adapted and translated all the documents and info graphics received from the IFRC. They were posted on all Red Cross social media channels. Additional flyers created by the Institute for Public Health were distributed all over the country through the local Red Cross branches. In total, 26,500 flyers for general population were distributed, 5,730 flyers on hygiene promotion for Roma and Egyptian population, 7,500 flyers for older persons. Additional 10,000 flyers for preserving mental health and general recommendations were created.

Psychosocial support was provided continuously to people in need, as people found themselves in a changed environment that caused stress and anxiety. In addition, PSS was provided to the volunteers who were involved in the response, through constant communication and monitoring of their work. Psychosocial support was provided to 5,690 persons from March to 31 January 2021). In September 2020, the Red Cross organized a training for youth leaders with 17 participants from 8 local branches. The main goal of this activity was that by the end of the year these youth leaders motivate their peers to join the Red Cross and establish youth clubs at the local level, whose activities will be focused on alleviating the consequences of COVID-19. The same training will be organized for 2 more local branches. In addition, in September, the Red Cross organized the "Promotion of human values" trainings for 15 young people, with the task to transfer the acquired knowledge to their peers and motivate them to volunteer. All these activities are designed for new volunteers who joined the Red Cross in the period of pandemic and are necessary to make sure that they are fully committed to the Red Cross mission and principles, and that they have a basic knowledge about the organization before they are engaged in the COVID-19 response.

The Red Cross of Montenegro is a member of an Operational Team within the National Coordinating Body for Communicable Diseases (NCB) which adopts measures and provides recommendations. This body is coordinated by the minister of health, the vice prime minister, and the director of the Institute for Public Health. The Red Cross is continuing its work with migrants and asylum seekers. Migrants and asylum seekers accommodated in centres have been reached through the distribution of awareness-raising materials in 3 languages (English, Arabic and Farsi), and with the provision of medicines and disinfectants. In addition, humanitarian assistance is being provided to people in private accommodation and to those in integration processes, with the support of UNHCR, the Swiss Red Cross, and the ICRC. The Red Cross of Montenegro provided humanitarian support (hygiene and clothes) for 30 people in integration process. Additionally, RCM provided support for online schooling of migrant children. In the period of October 2020 - 31 January 2021, in cooperation with one local NGO, the Red

Cross has been organizing workshops in small groups of 3-5 migrants on rehabilitation through physical exercises. People with disabilities received medicines but also PSS, the latter mainly through the phone, taking into consideration that they are at additional risk during the pandemic. Assistance is also being provided to Roma people (food and hygiene packages). The Red Cross of Montenegro has been working with the Roma community in the country for almost 20 years now – with activities related to education and health and providing humanitarian assistance. RCM also has an office in the camp near Podgorica with around 2,000 Roma refugees from Kosovo. RCM is thus aware of their needs and the focus is currently on the distribution of food and hygiene items organized in cooperation with community leaders. They also received information materials on health and hygiene promotion, along with relief items. Besides, RCM is continuously communicating with Roma NGOs and other organizations throughout the territory of the country to provide assistance to those most in need. In addition, as Roma people are very vulnerable in terms of employment, the Red Cross of Montenegro provided trainings for 25 people for different occupations. 10 people received free working space and tools for establishing their own business. 30 people completed the psychosocial support training related to employment (positioning in the market, improving communication skills, improving computer skills, etc.).

With the support of the IFRC, the Red Cross of Montenegro procured and distributed 11.500 food and 5.000 hygiene parcels to socially vulnerable people and 1,000 baby parcels. The number of families who received relief items (food and hygiene parcels, baby parcels) is 60, 046. Given the official average size of households in Montenegro (according to Monstat – 3.2), the total number of people reached with relief items is 192,147. RCM provided 5,518 occasions of grocery shopping for people in isolation. The total number of people reached directly is 203, 355.

Red Cross Society of the Republic of North Macedonia

The NS has been active since the beginning of the pandemic in the country, implementing activities for raising public awareness on COVID-19 prevention and hygiene promotion, risk communication, helpline for PSS support for vulnerable people and people in isolation, health activities, distribution of medicines and food, and hygiene parcels to the most vulnerable groups of population (older people, homeless people, Roma population, children, people with pre-existing chronic diseases and people in self isolation). The NS is also actively supporting migrants that transit the country, migrants sheltered in the transit centres, those in centres for asylum seekers and for migrants.



A volunteer from the Red Cross Society of the Republic of North Macedonia delivering donations to people in need. *Photo: RCNM*

Health, and WASH:

The NS has also been active in raising awareness about symptoms and individual prevention measures related to COVID-19, the importance of social distancing and in translating WHO and IFRC educational materials for prevention of COVID-19 to Macedonian and Albanian languages. Dissemination of these materials and public awareness raising was done mainly through social media (Facebook, NS webpage, Twitter etc.) RCNM mobilized all volunteers proficient in hygiene promotion and enabled them to undergo WHO online trainings for COVID-19, in order to conduct online prevention campaigns and dissemination sessions for hygiene promotion and COVID-19 protection for vulnerable groups, institutions etc. In addition, over 1,870 posters for hygiene promotion were distributed and posted, with 11,320 disinfection kits distributed and 40 dissemination sets for 20 disseminators were procured. 2 educational videos are prepared for hygiene promotion and a total of 1,870 educational posters are printed and prepared for distribution in educational institutions, the awareness-raising campaign was conducted in December 2020 aimed at vulnerable educational institutions in the rural areas. In total there were 460 institutions and over 200,000 people covered.

The NS will continue to provide hygiene promotion in rural areas and in educational institutions, and the establishment of electrical hand disinfection systems in Red Cross premises in order to protect staff and volunteers. RCNM opened SOS phone lines since the beginning of the response to provide support to

the most vulnerable groups such as older people and those in self-solation. Lines were later opened for all citizens in need of mental health support to overcome the stress caused by COVID-19 and to be able to adapt to the new lifestyle. So far, 5,898 calls were registered at the national level, specifically by 16 Red Cross branches and the Red Cross of Skopje organizing this service. In addition, online trainings are provided to volunteers not only to brief them prior to their activities on COVID-19, but also to train them on the provision of PFA and its remote modalities during the pandemic.

An elaborate is prepared for the establishment of a Centre for Psychosocial First Aid and Psychosocial Support and First Aid, for RCNM staff and for vulnerable population during crisis and in peaceful times. The elaborate is to be presented in February 2021 and further steps will be decided. The filming of videos for online First Aid courses for candidates for drivers and working organizations has been started as well.

Training on PSS and PFA – Contracted experts have conducted a total of 10 workshops covering 97 RCNM staff and volunteers. Participants were trained for basics of PFA and PSS as well as provision of PSS through phone lines to vulnerable population.

Services for people in isolation and quarantine, provided through mobile teams for affected people, with the procurement of food, daily supplies, and other services. Support for homeless people in Skopje, provided through medical teams. Social workers conducted 160 interventions and counselling services (assistance in providing 13 IDs, 2 birth certificates, 1 health insurance paper). RCNM has also strengthened its migration response with adopting preventive measures with additional teams and providing humanitarian assistance and referral (the teams of doctors were providing preventive medical checks, primary health checks and additional medical checks if needed as per the protocols for COVID-19 in coordination with the Public Health Centre). During each distribution of food and hygiene parcels there are sets for personal protection of vulnerable groups including protective masks, disinfection gels and protective gloves. RCNM volunteers are also assisting Ministry of Health in distribution of the medicaments for people with chronic diseases in state quarantines and distribution of insulin for people with diabetes that are in self-isolation. In cooperation with UNICEF, North Macedonia RC volunteers are supporting vulnerable groups of population especially children with the distribution of hygiene parcels for 10,000 Roma people. Red Cross Teams are active in providing support to older people through home visits and are supporting them with the procurement of daily supplies and medicines upon their request, as well as providing them with PSS support. The National Society distributes food, hygiene, medicines, etc. for vulnerable people and people in isolation. The NS performs disinfection of vehicles, premises and equipment of volunteers and staff of Red Cross.

Key data from the beginning of the operation until 31.01.2021:

- Assisted vulnerable groups with PSS: 7,372
- Assisted vulnerable groups with delivery service for food, hygiene, medicines: 8,483
- Distributed disinfection kits: 12,727
- Mobilized staff and volunteers on a daily basis: 500 – 600
- Distributed protective masks: 205,705
- Distributed protective gloves: 214,266
- Medical check-ups: 12,969
- Distributed hot meals for vulnerable groups: 32,472
- Distributed chronic therapy: 3,794
- Distributed canned food for migrants: 4,954
- Food parcels for irregular migrants: 4,293
- Distributed water bottles for irregular migrants: 21,930
- Distributed sets of clothes for irregular migrants: 609
- First aid interventions for irregular migrants: 11,254
- Total number of assisted irregular migrants: 20,404
- Number of sheltered irregular migrants: 1,444
- Medical check-ups for homeless persons: 946

Livelihoods, cash support and food aid:

COVID-19 affected all segments of functioning of the regular daily living and the economy, and a high number of citizens became vulnerable due to the closure of businesses where the middle class was

employed. Since March 2020, the NS responded to the most vulnerable citizens and those who lost their jobs with the following livelihoods activities conducted so far:
Key data from the beginning of the operation until 31.01.2021

- Distributed monthly food parcels: 29,128
- Distributed monthly hygiene parcels: 29,811
- Distributed baby parcels: 3,026
- Distributed hot meals for vulnerable groups: 32,472
- Distributed canned food for migrants: 4,954
- Food parcels for irregular migrants: 4,293
- Number of sheltered irregular migrants: 1,444

National Society Strengthening:

Special attention was given to strengthening the capacities of the NS especially for acting in the pandemic. 33 educational sessions were organized for COVID-19 prevention for each branch, where 450 volunteers and staff were trained on how to protect themselves. 5 refresher trainings with 40 participants were also organized for hygiene promotion. The NS started to organize the PSS and PFA system, so comprehensive analysis was conducted with recommendations for the establishment of a structured system for PSS and PFA provision that can be further developed and be sustainable. So far, 55 volunteers were trained on how to conduct PSS and PFA trainings and to provide PSS and PFA assistance in pandemic situation and manuals for PSS and PFA trainings were produced and adopted for COVID-19.

Polish Red Cross

The Polish Red Cross (PRC), as auxiliary to the public authorities, opened a Humanitarian Aid Centre (HAC), which is focused on three main areas:
1) central intervention crisis warehouse dealing with current equipment purchases and distribution;
2) psychosocial support;
3) education and prevention.
Thanks to the financial support through the IFRC multilateral funds, the Polish Red Cross implemented a psychosocial support project composed of two initiatives: psychological helpline (implementation between 1 April – 31 December 2020); psycho-social support for children (implementation between 1 August – 30 November). The main activities in the project were:



Polish Red Cross delivering food and other essential items packages during COVID-19. *Photo: Polish Red Cross*

- psychological helpline for the people affected,
- psychological consultancies for staff and volunteers,
- psychological workshops for youth and psycho-social support for children,
- provision of necessary equipment to run the helpline,
- organization of activities for children,
- education on how to protect mental health in times of crisis and how to behave during COVID-19 (leaflets, brochures, peer-to-peer), relevant trainings for staff and volunteers.
- 2 psychoeducational workshops for members of the Polish Red Cross Youth (representing Polish Red Cross School Clubs) – each of them was attended by 12 volunteers. Topics included coping with stress, taking care of your mental health in the context of COVID-19, and activist burnout. The workshops were conducted online by 2 psychotherapists with experience in working with young people and volunteers. In the reporting period another workshop for 12 people was held on 22 November (the same topic).
- Psychological support line – people using the psychological support line reported symptoms of depression, anxiety, panic attacks, problems with proper sleeping, problems in relationships with relatives, suicidal thoughts. Many people also called with questions about places where they can start therapy, get help from a psychiatrist or material support. Depending on the needs, psychologists working for the line provided information on the current forms of psychological and

psychiatric help in Poland, provided specialist psychological support and conducted psychoeducation. During the project, Polish Red Cross was supported by a total of 18 psychologists. In the reporting period, the line was available 5 days a week (Mon-Fri) from 4 p.m. to 8 p.m. and 92 phone calls from 55 women and 37 men were received.

- Educational materials – there is a huge interest among the PRC Branches and people using their services in brochures and leaflets on stress (several reprints have been done). In total, NS has distributed 21,200 brochures "How to deal with stress in a crisis", 21,200 brochures "How to help yourself in a crisis" in Polish language, and 16,100 brochures in foreign languages (Russian, English, Ukrainian). Additionally, about 50,000 leaflets on the psychological helpline and psychological support have been shared among the people. In the reporting period, a second turn of those materials was distributed and a new brochure on dealing with depression has been prepared (currently awaiting printing and distribution).

Youth initiatives – although on-line schooling has been absorbing young volunteers significantly, there were a few virtual initiatives available through peet-to-peer education via live stream on Facebook, concerning highly sensitive people, fake news, stereotypes and entertainment during COVID-19. In the reporting period, Youth has been preparing new initiatives for February and March 2021.

PSS for children – 30 hours of workshops were held on children's psychological reactions to crises, psychological reactions of parents and guardians of children to crisis situations, basic rules for providing first aid, giving first psychological help to children, guidelines for creating child friendly spaces including virtual materials, methods of working with children, self-care and 'buddy' system. 34 people were trained on PSS; 10 rescue teams (out of 19) are prepared to provide psychological support for children; and 98 children aged 0-12 were supported in places of quarantine.

Christmas for migrants and refugees – a new initiative was implemented in the holiday season at the end of 2020. In the reporting period, 250 hygiene and protection equipment packages for women and 50 for men were distributed. In addition, 500 educational and hygiene kits were provided to children. Hygiene kits contained soaps, shampoos, washing powders, sanitary napkins, universal Surface cleaners and personal hygiene products; protection ones: face masks and disinfectants; educational kits: crayons, paints, notebooks, school tools. They were delivered with the collaboration of the Multicultural Centre in Warsaw to migrants and refugees.

By implementing the all the above activities, the Polish Red Cross:

1) responded to the long-term needs of psychological support assessed during the first phase of the operation;
2) strengthened its capacity in HR (including volunteer management);
3) developed its know-how in a new area of psychosocial support not practiced before;
4) expanded the potential of PRC Rescue Teams;
5) appreciated the work of volunteers in the project;
6) and shared good practices with sister NSs and other stakeholders.

Portuguese Red Cross



A nurse from the Portuguese Red Cross working in the COVID-19 emergency in Lisbon in December 2020. *Photo: PRC*

Since December 2020, Portugal has had a significant rise of positive COVID-19 cases with a clear third peak of the pandemic during the month of January 2021. The number of deaths and positive cases was one of the biggest in the world (per 1,000 inhabitants). The health system has been under a severe pressure, with COVID-19 cases using up the vast majority of the health resources. Portugal has requested international assistance, particularly from the EU member states. Hospitalization units have been set up to support hospitals in the treatment of non-severe COVID-19 patients. Since mid-January 2021, a severe lockdown has been imposed in the whole country: all schools are shut down, only essential commerce can be opened (pharmacies, supermarkets, etc). Movements of people are restricted to essential activities and needs.

Portuguese Red Cross (PRC) has continued to respond to COVID-19 needs in terms of health and social inclusion as the pandemic evolves now into a third wave. It has increased its COVID-19 testing capacity to more than 105,960 people, set up both fix and mobile testing posts across the country and traced contacts for 370 persons. It has also transported 597 COVID-19 patients and provided psychosocial support to 2,122 people. PRC is supporting authorities in its vaccination roll-out process for 20,000 police officers.

In addition, it is also supporting authorities in replacing staff in residential facilities for elderly who are COVID19-positive and provides restoring family links services to residential facilities for isolated vulnerable older people and COVID-19 patients in hospitalization facilities.

There has been a significant social impact of this pandemic and PRC has responded to the needs of 101,078 people who needed food and non-food items. 1,332 homeless people have received shelter, and 211,534 people have been reached through risk communication initiatives. Portuguese RC has trained 900 staff and volunteers in COVID-19 surveillance, and 1,081 have also received training in community engagement.

Portuguese Red Cross has continued to implement the activities supported through the IFRC multilateral funds, which focus on the adaptation of the delivery of the NS services taking into consideration several constraints imposed by the COVID-19 crisis, by improving systems and procedures based on digitalization. The aim is to enhance and strengthen the installed capacities of the PRC to respond more effectively.

To implement the planned activities, a core group was established at HQ level and several meetings have taken place in order to decide priorities and working modalities. Two working groups were established related to the development of the volunteer and stock management modules to be integrated in the ERP of the Portuguese Red Cross. The WG Volunteer Module is already under development. The WG Stock Management has defined technical requirements of the module, which are scheduled to be submitted to the supplier for a quotation.

Since the emergency state was declared in early November 2020 and with a very strict confinement since January 2021, remote work is mandatory whenever possible. Portuguese RC continues to acquire remote working licences, which are foreseen in the plan.

Regarding IM, Portuguese Red Cross is exploring possible partnerships to support the NS in developing its data management systems. It has participated in three workshops on data from the Nova SBE Data Science Knowledge Centre.

A WG on the intranet has been established, with core departments represented. A working plan is being developed.

Romanian Red Cross

According to the mandate and auxiliary role in humanitarian emergencies, the Romanian Red Cross assists the most vulnerable people such as older people living alone, provides social welfare for families in need, psychosocial support for isolated people and launches campaigns to support the medical system and the first responders with medical and personal protective equipment. The Romanian Red Cross is working closely with state authorities in charge of managing the COVID-19 Crisis (State Department of Emergency Situations, Ministry of Health, Government Secretariat) to better contain the spread of the virus and to prevent new infections, as well as to provide frontline personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results. On a local level, RRC Branches are working with the County Committees for Emergency Situations, with the General Directions for Social assistance, with Directions of Public Health, Prefecture and Municipalities. During the spring lockdown, RRC has been designated by the state authorities at governmental level as the main actor to receive donations both cash and in-kind, and to supply/deliver those to the hospital personnel working in the frontline and to communities in need. RRC opened different channels for donations though the national fundraising campaign #RomaniaSalveazaRomania, an SMS campaign for donations, available only on national level (Romanian mobile phone networks), and through online donations available on the RRC website, as well as with corporate partnerships for cash and in-kind donations. The funds raised were used to purchase medical equipment and protective materials, tents for triage to support the hospitals and first responders. From September 2020, RRC started a new information campaign nationwide, with the support of IFRC and USAID, to be implemented until March 2021.



Volunteers of the Călărași Red Cross branch visited 994 people at home and provided information about hygiene norms as well as on the mental health effects of COVID-19. *Photo: Romanian Red Cross*

<u>Summary of achievements on Risk communication, community engagement, and health and hygiene promotion:</u>

- A library of communication materials was formed, with the support of IFRC. These materials will be adapted, translated, and used for the Information and Education Caravan.
- 30,000 posters and 300,000 leaflets were drafted and printed on 3 different subjects for 3 age categories (posters and flyers about general COVID-19 information; mental health and stress management; stigmatization).
- 44 branches were selected and trained for implementation of the activities.
- 4 training sessions were organized on the topics of RRC principles, ethics and teamwork, COVID-19 data, epidemiological approach, mental health, stress, community engagement and feedback, reporting and communication within the project, printed materials to be used during the campaign. The trainings were held by experienced trainers and staff and volunteers of the RRC.
- 467 volunteers trained on delivering information about COVID-19 and its consequences.
- Communication plan drafted and approved by the IFRC.
- 5 online postings were made based on information materials translated and adapted from IFRC and WHO.
- 306,000 leaflets (9 different types - 3 on general information about COVID-19 for 3 age groups - children, teenagers, adults; 3 on stigmatization - for 3 age groups; and 3 on mental health and stress management during COVID-19 for 3 different age groups) and 30,450 posters on the same topics as the leaflets were printed and distributed in the project territories. A total of 18 key visuals were developed and used.
- The IEC caravan was implemented in 44 counties in Romania (44 RC branches), with the following results:
- 560 localities and 751 different communities reached.

- Information sessions were organised in risk areas: rural communities, apartment blocks, Roma disadvantaged communities, isolated communities, open markets, fairs, industrial platforms, factories, churches, door to door visits, for 124,707 persons.
- Topics covered: protection measures against COVID-19, mental health, stress, stigmatisation of COVID-19 patients.

• Online IEC sessions were held for 22137 pupils aged 6–18. Topics covered: general COVID-19 information, hygiene rules, protection measures against COVID-19, mental health, stress, stigmatisation of COVID-19 patients.
• The visits in the communities revealed a general need for information on vaccines and vaccination.
• The website www.covid.crucearosie.ro was finished and launched during the reporting month.
• The IEC activities organised at local level by the branches were visible in the local media:

- online campaign on social media, publications reached 388,135 persons.
- An agreement was signed with Trinitas TV Channel in order to broadcast at national level, 15 different "health tips" designed for families in order to promote COVID-19 prevention measures, vaccination and healthy lifestyle. These 5 minutes episodes are to be filmed with the support of Mrs. Sorina Botescu, MD, former Health Education Manager in the Romanian Red Cross.

Russian Red Cross Society

Since the start of the spread of COVID-19 in the Russian Federation, the Russian Red Cross (RRC) has conducted risk communication and awareness-raising activities with the public on the COVID-19-related risks and preventive measures. As the COVID-19 spreads and lockdown measures have been introduced, RRC staff and volunteers have provided targeted assistance to deliver food to people at self-isolation, as well as worked with partners to mobilize resources to strengthen RRC capacity in the COVID-19 response. From the beginning of the response to the present, work continues to inform about the risks of infection with COVID-19, provide support to health facilities, provide psychosocial support to people exposed to stress (people who have lost income, older people and people with chronic diseases, migrants, medical workers), an information campaign to promote free blood donation, providing targeted assistance to the most vulnerable people to mitigate the secondary impact of the pandemic.



Low-income and large families, older people and vulnerable migrants are going to receive food assistance coming from the IFRC and the Russian Red Cross Society. Photo: RRC

Sustaining Health and WASH

- Informational campaign on risk communication and COVID-19 prevention which have covered about 1,431,000 people (1,327,000 have been reached though on-line campaigns, 104,000 through off-line actions),
- 751,462 people were provided with PPEs within the health promotion activities,
- Informational campaign on blood donation covered 68 million people all over the country, incl. 15,000 people involved in off-line actions. In total 364 actions on blood donation promotion were conducted.

Psychosocial support (PSS) has been provided to 111,500 people through established telephone hotlines, 53,000 people received PSP offline (face-to-face consultations), 17,200 people received other types of PSS (self-support groups, burnt-out syndrome prevention activities),

- About 70,000 people have been provided with hygiene kits within the hygiene promotion campaign all over the country (incl. 23,000 people in 24 regions of Russia within the IFRC funding support).
- Support to health facilities: 32 lung ventilation equipment, 570,000 PPEs, 3,840 COVID-19 tests, 104,000 hygiene items, 50,000 bottles of water and 8,925 hot meals for medical staff,
- 105,700 deliveries of essential items (food/hygiene) to people at self-isolation were carried out by Russian RC volunteers.

Livelihoods, cash support and food aid

Main activity under this pillar included direct livelihood assistance through food parcels distribution, provided to 392,000 people all over the country, incl. 28,250 households (about 70,000 people) in 24 regions of Russia within the IFRC funding support.

National Society Strengthening

About 11,000 RRC staff and volunteers have been trained on different aspects of COVID-19 response (PPE use, PSS, risk communication, safety of staff and volunteers) at 745 trainings conducted.

Around CHF 1,9 million (funding support and in-kind donations) has been attracted from external donors at the national level, incl. 717,500 CHF received from IFRC and 25,000 CHF from ICRC (in-kind contribution).

The Red Cross of Serbia

Similarly to other countries, the COVID-19 epidemic worsened in Serbia in the autumn months of 2020 with gradually increasing figures reaching the highest in December 2020 when 1,559 deaths were registered in one month. This worsening situation made the government of Serbia to introduce strong restrictive measures again thanks to which the situation eased slightly in January 2021. In this second wave of the pandemic, the Red Cross of Serbia continued implementing the activities as outlined in the previous report reaching more than 1,340,000 people.



Triage tents operated by the Red Cross of Serbia. *Photo: Red cross of Serbia*

Sustaining Health and WASH:

Risk communication and community engagement for health and hygiene promotion activities:

- 174 local RC Branches are implementing risk communication and community engagement, providing advice on the correct use of PPE, washing hands and helping people carry food and non-food items that they have purchased (552,356 people assisted).
- 186 local Red Cross Branches delivered more than 177,204 leaflets and printed materials to the local community. Leaflets provide information related to COVID-19.
- 148 local RC branches organized info-centres to provide the right information to citizens and to receive requests where support was needed (203,054 people reached). Through the info-centres and established telephone lines, over 44,384 call-backs from RC volunteers and staff were performed to affected population.
- In total, 976,998 people have been reached with risk communication and community engagement activities.

Community WASH activities:

44 local Red Cross branches in municipalities and cities were involved in the distribution of disinfection liquid provided by local authorities. The Red Cross of Serbia engaged 8 tanks with a capacity of 1,500 litres in the city of Belgrade for storage and distribution of disinfection liquid in public places. In total 167,670 people were assisted.

Mental Health/ Psychosocial Support (MHPSS):

128 local Red Cross Branches in municipalities and cities were providing PSS and PFA to 128,552 people. In addition, PSS and PFA was provided to 5,824 RC volunteers and 929 RC staff. The Red Cross of Serbia organized a Psychological First Aid training for psychologists working in the Ministry of Defence. The Red Cross of Serbia also organized support sessions for 82 staff and volunteers from different branches in cooperation with the Psychosocial Innovation Centre. This "help the helpers" activity provided psychosocial support and burnout prevention to persons active in the COVID-19 response.

Health facilities supported:

- 29 health facilities in 25 municipalities and cities continued being supported by the Red Cross of Serbia in data processing of COVID-19 tested persons, in placement of tents and prefab containers for triage of patients, and their examinations. Since the commencement of this activity up to date (8 months) more than 128,000 people have been assisted. 360 sets of bedlinens were delivered to hospitals in Novi Pazar and Belgrade and the procurement of additional 1,000 bedlinens was completed in December 2020, which are planned to be distributed in February and March 2021.
- During December 2020 and January 2021 10 volunteers and Red Cross staff were engaged daily in the call centre to provide basic information about patients and provide the telephone number of hospitals and time when family members can call a doctor and find out more detailed

information about the condition of the patient. In 60 days, Red Cross volunteers and staff received more than 25,000 calls.

- In January 2021, the Red Cross branches were providing support (with staff, volunteers and logistics) to support the vaccination process in Serbia. This support was provided in 43 municipalities, by engaging 615 staff and volunteers. By calling citizens, they provided them with information on the place of vaccination as well as with transporting them to the vaccination points. The RCS volunteers had 6,189 engagements supporting to 67,103 citizens.

Livelihoods, cash support and food aid:

Food and other in-kind assistance:

159 local Red Cross branches were distributing food and hygiene parcels to most vulnerable people in need. During the state of emergency, 76 local RC Branches were running public/soup kitchen programs (134,000 meals were delivered). Local Red Cross Branches distributed 310,069 protection masks to communities. 140 local RC Branches organized info-centres in order to provide the right information to citizens and to receive requests where support is needed to all people in need (203,054 people assisted). 157 local Red Cross Branches formed and engaged RC field mobile volunteer teams in local municipalities to provide support and care to people in need (642,846 field interventions carried out).
In total1,050,473 people (males: 493,722, females: 556,751) were assisted with food and other in-kind services.

Conditional and unconditional cash and voucher assistance:

Related to CVA activities planned with IFRC support within the reporting period, the RCS conducted a mapping of financial service providers for 186 municipalities. Protocol of cooperation was signed with FSP in October 2020. Mapping and selection of potential CVA beneficiary started in December 2020. During December 2020 and January 2021, Red Cross of Serbia transferred cash assistance to 492 households. To ensure the safety of its staff and volunteers, the Red Cross of Serbia provided 599,244 protective masks, 688,460 pairs of protective gloves and 42,076 litres of disinfectant liquid to 6,587 volunteers.

Strengthening National Society:

The Red Cross of Serbia completed the procurement of sets of equipment for 6 REOCs (Regional emergency operation centre) for:

- two coordination levels - two Provincial Red Cross organizations that coordinate a total of 67 local Red Cross Branches in cities and municipalities, and for
- the Red Cross of Belgrade, which coordinates 17 local Red Cross Branches and for three city Red Cross Branches: Nis, Kraljevo and Uzice.

Slovenian Red Cross

The Slovenian Red Cross (SRC) supports authorities on the local and national level together with its front-line responders. As an integral partner of the governmental disaster Management System, SRC remains on stand-by for possible deployment by the government for civil protection and disaster relief, and also continued providing support in community and infection prevention and control activities, livelihoods, MHPSS, social care/cohesion/inclusion programs. It also organized relevant trainings for SRC FA team/deputy team leaders on providing aid during epidemics/COVID-19 and for SRC volunteers/staff on providing psychosocial support and assistance to older people (including home care for this vulnerable group). At the same time, SRC continued to provide its support thorough various activities and constantly adding new ones to the list, such as providing PSS; assistance in delivery of medicine, food and hygiene items for those with no social network/support mechanism in Slovenia; assistance in procuring these items for those with low financial means. The SRC FA team members continue supporting medical staff of the main medical centre in Slovenia - the University Medical Centre in Ljubljana and 5 so-called “COVID-19 hospitals”. 130 SRC FA team members are involved in this response activity. Debriefing



Medicine, food and hygiene items are distributed by the Slovenian Red Cross. *Photo: SRC*

sessions for FA volunteers and staff supporting medical institutions are provided in collaboration with the government administration for civil protection and disaster relief. The provision of new MHPSS materials and (online) trainings on COVID-19 are being secured for better support of SRC volunteers, staff and vulnerable groups. With support provided by the IFRC through the multilateral funds, SRC was able to provide until now:

- more nutritious food items (3,715 packages of children food, 3,429 packages of vitamin drinks) within food parcels distributed to socially vulnerable families and reaching 5,300 children,
- provide 160 pairs of durable footwear for SRC volunteer and staff engaged in COVID-19 response activities primarily in the field,
- communication material necessary for promotion of key messages on preventive measures for stopping the virus spread; on stigma, on how to protect ones physical and mental health, on increasing social vulnerabilities of families and gathering of donations such as food and hygiene products, on engagement of volunteers in providing support to their communities and so inviting new ones to join, etc;
- distribution and delivery of COVID-19-donated items from the main SRC logistics centre in Ljubljana to 56 its local branches,
- transportation of responding SRC staff/volunteers,
- ToT on COVID-19 for FA team leaders,
- support to SRC logistics team by hiring additional staff member in primarily securing distribution and delivery of PPE to SRC local branches and field teams where and when necessary,
- providing additional MHPSS activities for socially vulnerable children after first COVID-19 lockdown,
- securing additional communication tools (computers, multifunctional devices) necessary for COVID-19 response,
- support in securing additional human resources (FA Assistant Officer, Youth/Social media Officer, IT/Logistics Officer) necessary for implementation of added activities by COVID-19 circumstances and with them necessary foundation for other activities set in the PoA (web platform offering MHPSS and FA e-learning tools, online volunteering options),
- securing a new web platform for implementation of SRC e-learnings and trainings,
- securing a new financial programme facilitating more efficient financial management and project support of SRC COVID-19 operations with also ensuring sustainability.

Spanish Red Cross

Spain has one of the highest burdens of the COVID-19 epidemic worldwide. In response, the Spanish government used a royal decree to declare a national emergency, starting on 15 March until 21 June with prevention measures and heavy restrictions as complete lockdown. After June, transmission continued although in lower numbers. However, at the end of the summer the so called second wave started. A new emergency decree was adopted with different measures that can be changed according to the evolution of the situation (curfew, limitation of number of people in gatherings, limitation to mobility between provinces or municipalities, etc.). Since late December 2020 the country is experiencing a third wave with higher number of cases, deaths and pressure than in the second one. As of 26 January 2021, there were 2,629,817 cases registered and 56,799 deaths, with an incidence rate of 893.91 cases per 100,000 habitants in the last 14 days (in some regions higher than 1,000), which seems to start declining or at least growing at lower pace.



Spanish Red Cross volunteers distributing protective masks to people. *Photo: Spanish Red Cross*

Since the beginning of the pandemic until now, the first months were the most complicated in relation to health care capacities due to the lack of personal protection equipment, absence of previous

knowledge and experience and lack of protocol triggering a heavy pressure in health care and particularly in intensive care.

The activities supported through the IFRC multilateral funds were framed on the Health response of the Spanish Red Cross to the COVID-19 which includes the following pillars:

1. Disseminate prevention and contention measures
2. Monitoring calls: to vulnerable people and telephonic check of bio- measures
3. Accompaniment to health facilities.
4. Bio-measures and symptoms monitoring to homeless people.
5. Psychosocial and Pharmacological assistance
6. Health Care

The impact of COVID -19 has immediate and medium – long terms consequences on the health and social situation of the Spanish population specially on vulnerable groups as people in high risk according to health status and age as well as people with social and livelihoods vulnerabilities. Since the middle of March 2020, when the Spanish Government Authorities declared the state of emergency, like the rest of public and private hospitals in our country, the Spanish Red Cross (SRC) health centres adapted to the exceptional situation and made all its centres available to the Ministry of Health with the aim to provide healthcare to COVID-19 patients. Of the five centres, four have been included in the current grant to support their adaptation to COVID-19 response.

Spanish Red Cross health centres were redefined to respond to the new needs according to the guidelines set by Ministry of Health:

- The Gijón hospital, a COVID-19 reference centre, redistributed healthcare areas by releasing two floors to serve COVID-19 patients.
- The Palma Hospital assumed the management of a new space outside the hospital to serve only COVID-19 patients.
- The San Fernando Senior Residence (Cádiz) reordered users in different areas to respect isolation and opened an internal Medical Service for the care of affected residents.
- The Córdoba Hospital significantly increased its capacity in terms of intensive care units to attend to COVID-19 patients as well as put in place measures for the isolation of wards and safe admission and areas.
- The San Sebastián hospital has been reference centre for COVID-19 patients in its province (although not included in the budget of this plan of action as most costs have been covered by the regional health system).

The additional allocation of staff to these health centres was key in order to both respond to the specific needs and medical care of COVID-19 patients and to keep the regular assistance and medical services to other patients with different pathologies. The recruitment of additional staff in the centres ensured the provision of additional health and emergency services, increasing teams to cover shifts as well as the implementation of specific COVID-19 measures in terms of psychosocial support for isolated patients, safe spaces, disinfection and cleaning of facilities. Besides, the additional recruitment of staff has supported the replacement of staff on sick leave / isolation due to COVID-19. The additional staff at health centres includes Physicians, Other Health personnel (Nursing, Nursing Assistant, etc) and essential services non-health related (kitchen, cleaning, security, etc.).

The total number of health care services related to COVID-19 was 4,594 (Córdoba Hospital: 415; Palma Hospital: 1,038; Gijon Hospital: 1,850 ; San Fernando basic health centre: 1,291)

The total number of essential health care services (not related to COVID-19) was 51,061 (Córdoba Hospital: 8,453 ; Palma Hospital: 7,705 ; Gijon Hospital: 10,135 ; San Fernando basic health centre: 24,768)

Health care centres have reassumed their normal functioning and have now better capacities to operate in the COVID-19 context. There are no longer challenges with PPE availability, protocols of prevention and attention have been better rolled out and there are more clear referral systems within the public health system. Although there is still pressure on the health care systems, in the second and third waves

Spanish Red Cross centres capacities have not been challenged as much as they were in the previous months. The extraordinary additional cost that the adaptation to COVID-19 context implied in the first months has been possible to assume thanks to the support of IFRC grant. Current additional costs are mainly due to the infection control prevention measures and to the easier management of treatment through the agreements with the public health system in each region.

Red Crescent Society of Tajikistan

The Red Crescent Society of Tajikistan (RCST), with its 69 branches, 149 staff and 12,000 volunteers throughout Tajikistan, has been at the forefront of the national COVID-19 response. RCST is a member of the National COVID-19 Task Force, National Platform for Emergency Response, and Coordination Council at the Ministry of Health and Social Protection (MOHSP), and coordinates closely with WHO, UNICEF, UN Women and other partners.



Red Crescent Society of Tajikistan volunteers disseminating information on COVID-19 prevention to the population. *Photo: RCST*

During the period March 2020–12 February 2021, information sessions on COVID-19 were conducted among 810,493 people in urban and rural populations and 511,959 schoolchildren in 32 districts, with total coverage of 1,768,587 people. 270,000 information materials (brochures and posters) were distributed to the public about the real danger of COVID, with a link to IPC training, and in the second phase of the project 267,000 new information materials were printed and distributed, including information on COVID-19 for patients with non-communicable diseases. 49 training sessions were conducted for 47 project staff and 2,100 volunteers. 39 employees of the Centres for Healthy Lifestyle and MoHSP are involved in project activities. Under an agreement with the Association of Young Doctors and the Road Police, RCST carried out activities to decontaminate 78 social facilities and conducted 12 information actions to inform the population through loudspeakers in the central streets of cities, including the capital, Khatlon, GBAO and Sogd areas.

A training course for the population on hygiene of hands, environment and living places has been developed as a component of COVID-19 prevention. Together with representatives of Healthy Lifestyle Centres, over 264,000 individual and household level information sessions in communities were conducted among the population of 32 districts. Information sessions on hygiene were held for 320 primary health care workers, who were subsequently involved in the process of educating the population. 3,200 hygiene kits for the primary healthcare structure in 32 districts have been distributed and 32 cascade trainings have been conducted for 640 volunteers in 32 districts.

The project prepared individual hygiene packages for family members of people affected by TB and people living with HIV; a total of 4,000 packages for distribution to 1,000 family members in 4 stages. The first stage was completed on 12 February 2021 (1,500 packages); the next stages of distribution will be completed in March 2021. 400 vulnerable women have received sewing machines and sewing materials, so that they can earn an additional income and improve their household economic activity.

The project conducted an assessment among 60 medical institutions in 12 project areas; 30 medical institutions with poorly equipped health facilities were selected and equipped with glucometers, blood pressure monitors, refrigerators and floor scales for non-communicable disease prevention activities. 3,600 people with diabetes received food parcels appropriate to their conditions and diets. RCST also prepared lists of 200 MDR-TB patients and 300 people living with HIV; these lists have been prepared in close coordination with the Republican TB and HIV Centres, and a voucher system for food and non-food items was developed for people living with HIV.

Turkish Red Crescent Society

Through the IFRC multilateral funds and with technical support from IFRC, Turkish Red Crescent Society (TRCS) has been active in responding to needs related to COVID-19 throughout the country mainly through 16 community centres located in Turkey`s most populated provinces where majority of the refugee communities also reside.



Said, a 66-year old Syrian refugee, assisted by the Turkish Red Crescent and IFRC, with funding from the EU, is portrayed with a TRC field officer. *Photo: TRC*

As part of risk communication and community engagement (RCCE), information was disseminated among local Turkish and refugee communities about the disease, its symptoms and measures to prevent infection. Staff and Community-Based Health and First Aid (CBHFA) volunteers conducted these dissemination activities through household visits, strategic points, online information sessions, one-to-one phone calls and social media platforms. To address social stigma, fear and xenophobia on COVID-19, TRCS has recently developed videos in Turkish and Arabic to encourage communities to show empathy with those infected or have recovered from COVID-19[2].

During the reporting period, TRCS conducted two rounds of knowledge, attitude, practice/perception (KAP) assessment[3] via phone interviews and online focus group discussions (FGDs) with refugees and local people. Findings show:

- Community members are well aware (96.1%) of the COVID-19 outbreak, indicating communities' continued exposure to a wide range of information related to this topic as in the first round of the assessment (96.5%);
- A majority of survey respondents viewed COVID-19 as "very dangerous" (81.4%), which was slightly higher in the previous KAP assessment (84.0%);
- Vast majority - 95.8% - of survey respondents were taking some measures in their daily life to prevent the risk of COVID-19 infection, which is slightly higher than the previous assessment (94.3%), meaning more respondents reported to take actions in the second round;
- Stigmatisation of COVID-19 is higher amongst the host population than in refugee communities. However, there appears to have been a significant decrease in this percentage in the second round;
- Various rumours were reported being spread in the community with several relating to denial of COVID-19, actions to prevent COVID-19, treatment, or vaccine for the disease, how it can spread or who are at risk. These rumours were spread mostly via word-of-mouth and social media.

The analysis of the comparative findings have informed risk communication, behaviour change and community engagement activities. Findings have also been used to prepare content for various visual materials for social media to address rumours with factual information.

In addition to the KAP assessment, surveys were conducted in community centres to collect complaints, feedback and questions related to COVID-19 through dedicated KOBO forms. Data covering August to December 2020 were analysed and findings showed that majority of the questions received were related to how to receive hygiene parcels distributed by TRCS. Others included access to assistance provided by TRCS and the Government, information about COVID-19, PSS, and access and referral to healthcare. Key results shared with sector teams to adjust COVID-19 programming as needed.

TRCS' health and hygiene promotion activities continued throughout the reporting period, aiming to increase knowledge, improve hygiene behaviour, and prevent the spread of epidemics. Health training has been the major communication channel to provide health information through organizing online

[2] https://youtu.be/1srK2MLBXpE; https://youtu.be/asP0MBpuYdQ; https://youtu.be/39KRDr35i3s; https://youtu.be/5NEo66QnQtM

[3] First round conducted between 20 July and 12 August 2020; Second round conducted between 10 and 26 November 2020

information seminars on infectious diseases and prevention methods. COVID-19 symptom screenings were conducted by phone, during which individuals displaying potential symptoms of infection were referred to hospitals. As a new activity introduced in the last quarter of 2020 in cooperation with Provincial Health Directorates, individuals who have tested positive for COVID-19 were also called to provide information on recovery at home, to learn about their conditions and to answer their questions. TRCS distributed family and baby hygiene kits and PPE according to the needs in various public health institutions and within the communities. Using a holistic approach, hygiene supplies were provided to community members who have attended online training and information seminars so that they can apply what they have learned while using the hygiene kit items.

PSS services have been ongoing, seeking to address the psychological impact of the pandemic through individual and group sessions, online psychoeducation, online consultations, and distribution of PSS kits to children. Community centre psychologists conducted psychological screening by phone, and monitor individuals at risk. An online form was prepared for those seeking support, and based on the information provided, individuals were invited for psychological triage or referred to professional psychological services. Services were provided in person only for those who show severe symptoms and/or do not have internet access.

A total of 249,970 individuals from refugee and host communities benefited from TRCS` COVID-19 response activities to date: 22,675 through RCCE; 66,427 through health and hygiene promotion activities; 159,500 through hygiene kits and PPE items distribution; and 1,368 people through PSS services.

Red Crescent Society of Turkmenistan

The National Red Crescent Society of Turkmenistan (NRCST) fulfils its mission as auxiliary to the public authorities in the humanitarian field in preventing the spread of COVID-19 in Turkmenistan. The NRCST, with its 51 branches (5 provincial, 6 urban and 40 district branches), 139 staff, more than 210,000 members and 974 volunteers, is uniquely placed to play an important role in COVID-19 preparedness and response activities. NRCST has mobilized, equipped with PPE and trained 230 volunteers for COVID-19 prevention activities. The National Society has also supported the Ministry of Health with the training of a total of 929 family doctors and nurses throughout Turkmenistan on COVID-19 prevention and response.



The Red Crescent Society of Turkmenistan supporting the Ministry of Health with trainings on COVID-19 for health workers. *Photo: RCST*

As of January 2021, there have been no registered COVID-19 cases in Turkmenistan, and the focus of the National Society has been on awareness raising activities. Volunteers have conducted information dissemination activities and distributed information materials in communities, including information on PPE, especially about the wearing of masks, compliance with social distancing, and regular hand washing. Information campaigns have reached a total of 450,000 people through informational materials and video broadcasting. In the most remote areas, in order to assist communities, RCST volunteers have conducted 15,000 door-to-door visits to inform people about prevention and safety measures. In addition, NRCST volunteers have regularly provided psychosocial support to 15,000 elderly and disabled people. A video on COVID-19 prevention was developed for school children for use in schools. The NRCST has also provided PPE to frontline workers, and distributed laser thermometers for temperature screening in schools, kindergartens, universities, factories and local NRCST branches. At border-crossing points, in support of the local authorities, provision of tents was organized, with necessary facilities for citizens entering the country to be in quarantine, in order to comply with infection control and regulations for up to 14 days quarantine.

During 2020, NRCST volunteers have done a great job in attracting new volunteers to join the National Society, and during the past year the number of volunteers has increased from 1,016 to 3,070.

Ukrainian Red Cross Society



27 URCS volunteers received awards from the National Security and Defence Council of Ukraine for their active involvement in charitable volunteer activities. *Photo: URCS*

The Ukrainian Red Cross Society (URCS) has been active in the COVID-19 response since February 2020, when the first cases were registered. Since March 2020, URCS has been assisting the Government of Ukraine with informational campaigns, and in May 2020 it established a Call Centre in order to provide information on COVID-19 in the country, provide PSS support via referrals, and link people in need of support with appropriate agencies. Since May 2020, over 65,000 calls were received and over 17,000 were referred for further assistance. As part of awareness-raising campaigns, the URCS jointly with the Ministry of Health released 30 videos on COVID-19 information and broadcasted them via national TV channels and social networks. It is estimated that an audience of 11 million people was covered with URCS risk communication. Over 2 million copies of printed information materials were distributed to the local population through the URCS regional branches and governmental institutions. In autumn 2020, the URCS launched COVID-19 information website. The URCS handed over to multiple governmental and non-governmental facilities 0.5 million pieces of PPE and over 5,000 litres of disinfectant. More than 110,000 people (mostly older people staying at home) have received food packages and over 10,000 have received household item support. Through the FCDO funding, the IFRC Delegation has secured funding for the URCS to support COVID-19 affected older people, Roma and homeless population in 6 regions of Ukraine with food and hygiene kits (distribution will start in February 2021). The URCS donated appliances (PPE, positive pressure ventilators, beds and clean water supply), and provided PSS services to over 250 hospitals. URCS volunteers in cooperation with the Public Health Centre of the Ministry of Health of Ukraine, conducted information sessions on state protocols on COVID-19 patients' treatment and on self-care for medical staff of 182 core hospitals throughout Ukraine. Over 70, 000 people received PSS support in Ukraine. To respond to the COVID-19 pandemic, URCS was working in coordination with several government entities and regularly coordinated with the IFRC, the ICRC and partner National Societies in-country. The URCS' RCCE, CEA, blood donation and food distribution activities were supported by the IFRC nationwide. The IFRC and URCS were actively involved in conversations with the Ukrainian Government and external partners on COVID-19 situation and upcoming vaccination. Several high-level meetings with the Security and Defence Council, the Ministry of Health, WHO and UNICEF took place in January 2021. Both URCS and the IFRC Delegation are a part of the Interagency Vaccination Communication Crises Centre operating under the Ministry of Health. Vaccination rollout in Ukraine is planned to start in February 2021. Through the IFRC Emergency Appeal funds, the URCS was able to hire a healthcare professional, CEA and PGI focal point, dedicated to COVID-19 response. The IFRC supported the procurement of PPE for URCS' volunteers and staff to respond to COVID-19. First aid training equipment (107 manikins and 28 training defibrillators) was procured and distributed among the URCS regional and local branches for providing public First Aid training. The process of setting up the Emergency Operations Centre (EOC) and server room at the URCS HQ to increase their IT capacities started.

Coordination with partners

The URCS actively cooperated with the RCRC Movement partners to ensure the effectiveness of COVID-19 response in Ukraine, including five Partner National Societies actively working in Ukraine, ICRC and IFRC. All partners have made necessary adaptations to ensure essential projects continuity, and some have engaged with the URCS to respond to COVID-19 through the funding secured in-country and outside. Via the support from Danish, German, Luxemburg, and Swiss RC, it was possible to ensure the launch and functioning of operational 'first responders' hotline, COVID-19 website, coverage of medical workers with PSS kits and large coverage of quarantined households with food and hygiene kits. Also, international cargo shipments to Ukraine were commissioned by the PNSs with medical equipment and PPEs for further distribution by the URCS.

Moreover, the URCS was successful in mobilizing COVID-19 related funds and other types of support from corporate partners, including such global companies as Coca Cola, Nestle, P&G, Delonghi, as well as small, medium and large local businesses.

Red Crescent Society of Uzbekistan

The Red Crescent Society of Uzbekistan (RCSU) with its 210 branches, 595 staff members, more than 42,000 members and volunteers and strong community presence, is uniquely placed to have an important role in the COVID-19 response. The RCSU is actively involved in COVID-19 preparedness and response coordination with the Ministry of Health (MoH) and Ministry of Emergency Situations, WHO and other partners, including participating in meetings of the National Epidemic Committee.



RCSU volunteers distribute hygiene kits and deliver them to several regions. *Photo: RCSU*

RCSU has mobilized, equipped with PPE and trained a total of 1,220 volunteers and 325 staff for the COVID-19 response. In total, RCSU has distributed 138,025 masks and 50,387 hygiene items to staff and volunteers, also to at risk groups; and purchased 64 digital thermometers, 13,000 hand sanitizers, disinfectants and gloves for RCSU staff and volunteers. RCSU has supported WHO and the MoH with translation of COVID-19 medical guidelines into the Karakalpak language.

The focus of RCSU's activities has been on risk communication and community engagement activities. Throughout Uzbekistan, in local communities, in marketplaces, on public transport etc., from March 2020 to January 2021, RCSU distributed a total of 50,948 information materials on COVID-19 prevention, in Russian and Uzbek languages. RCSU organized 6,313 different events: awareness-raising information sessions, reaching a total of 147,423 people.

The promotion of information work in "Telegram" messenger by the RCSU regional organizations and branches continues. In each region, at least 3-4 branches have opened their groups in Telegram and the average number of participants in one group is more than 100 people. A community survey was held among 1,050 people in 10 regions of the country, where more than 70% of the total population of Uzbekistan live. Currently, the survey is being analyzed and the results will soon be available.

Within the framework of the project, RCSU provided 1,300 employees and volunteers with personal protective equipment, as well as 64 digital thermometers for use during the implementation of statutory activities. There have been a total of 552 postings/mentions/instances on mass media - on local TV, radio, newspapers, on Facebook, and Instagram.

To support the most vulnerable groups of population, due to the socio-economic impact of the COVID-19 pandemic, RCSU, jointly with the MoH and Ministry for Mahalla and Family Affairs, has provided cash transfer assistance, aiming to increase family income, providing one-time financial assistance to 3,240 persons in 14 regions, in the period of September-October 2020. Payments were transferred to existing bank cards of recipients, which ensured transparency and security of the cash transfers. RCSU has also provided health, social and home visit services to 17,122 people, including financial and food assistance.

	In addition, RCSU has provided 700 beds and bedding sets for the MoH's 13 regional infectious diseases hospitals throughout the country.

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

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



Country / National Society	National Society Activities		
	Health and Wash	Socioeconomic Impacts	NS Strengthening
Andorra - Andorran RC	12	5	5
Armenia - Armenian RCS	6	5	4
Austria - Austrian RC	11	4	4
Azerbaijan - Azerbaijan RCS	6	3	4
Belarus - Belarus RC	8	5	4
Belgium - Belgian RC	10	6	3
Bosnia and Herzegovina - Bosnia and Herzegovina RCS	4	3	3
Bulgaria - Bulgarian RC	6	2	4
Croatia - Croatian RC	7	6	5
Estonia - Estonian RC	1	1	1
Finland - Finnish RC	5	5	4
France - French RC	8	5	2
Georgia - Georgia RCS	9	5	5
Germany - German RC	8	2	4
Greece - Hellenic RC	8	4	4
Iceland - Icelandic RC	6	4	4
Ireland - Irish RC	5	3	4
Israel - Magen David Adom of Israel	7	1	2
Italy - Italian RC	13	4	5
Kazakhstan - Kazakh RC	3	3	5
Kyrgyzstan - Kyrgyzstan RCS	5	4	4
Moldova - Moldova RC	4	2	3
Monaco - The Monaco RC	9	5	1
Montenegro - Montenegro RC	3	4	3
Netherlands - The Netherlands RC	9	5	4
Norway - Norwegian RC	5	3	4
North Macedonia - Republic of North Macedonia RC	4	2	3
Poland - Polish RC	4	5	4
Romania - Romanian RC	5	3	3
Serbia - Serbia RC	6	5	4
Slovenia - Slovenian RC	9	5	5
Spain - Spanish RC	10	6	3
Sweden - Swedish RC	5	5	4
Switzerland - Swiss RC	7	4	4
Tajikistan - Tajikistan RCS	12	5	4
Turkey - Turkish RCS	10	4	4
Ukraine - Ukrainian RCS	3	2	1
United Kingdom - British RC	6	6	5

Data source: *Public COVID-19 Field Reports submitted to GO Platform by National Societies as of 15/02/2021.*

Lessons from COVID-19 on supporting national emergency plans

By Dr. Hossam Elsharkawi, Regional Director for the Middle East and Northern Africa, International Federation of Red Cross and Red Crescent Societies

The COVID-19 pandemic has exposed huge gaps in the world's preparedness for a truly global crisis, but also some of its hidden strengths. National Red Crescent Societies across the Middle East and Northern Africa, with their volunteers, access, influence, and agility, have supported the public authorities in delivering messages and services – often in completely new ways, such as with the current roll-out of COVID-19 vaccines. Thanks to their auxiliary role, National Societies are one of the main supporters of national emergency plans, which can be both a blessing and a curse. Their own planning has also been critical, but greatly challenged by the unprecedented nature of this pandemic.

What it is like when the world fails to follow the plan

Let me illustrate with one field example what it can mean for National Society staff and volunteers to be the mainstay of a national emergency system in a world that refuses to act according to the plan:

During my recent mission to Syria, I visited the Syrian Arab Red Crescent's Damascus branch, a nine-story building where each floor has a specific function. I started with the Emergency Response Teams on the ninth floor. I met young women team leaders and their volunteer teams who run the emergency calls and the ambulance dispatch. I asked them ,"What is your number one concern?" They said it is the lack of personal protective equipment (PPEs). They must ration the PPEs and reuse them between the different teams. They send the PPEs to sterilization in between missions but, sometimes, as a new emergency call kicks in, the PPEs are not sterilized yet. So, some take the risk of wearing utilized PPEs. Some can't take the risk as they have children and families at home. With some 11,000 SARC volunteers at work across the country, our current PPE supplies and resources are being exhausted at high speed.

I visited the physical rehabilitation and prostheses center. I saw young children, young woman and men trying to make prostheses fit. They had been disabled by the war and were trying to bounce back. Some smiled to me, some didn't, and some cried in silence.

I visited another floor that hosts the dialyses unit. I met with the young doctors who are running between the beds fully packed with dialysis patients. They talked about the lack of spare parts, lack of filters for the dialysis machine, the maintenance needed, and the inability of the patients to access the facility because of the conflict. I was left wondering how many have died lacking access to such lifesaving units. Another floor was being converted to provide ICU capacity as the anticipated COVID-19 waves begin to hit.

I walked out of the building and paused at the main doors next to a wall displaying the names of the 62 staff and volunteers who lost their lives in line of duty to save others. Thank you! I also managed to meet Syrian officials to discuss and agree on increased access, with UN and ICRC colleagues to better coordinate and expand the work.

Plans are worthless but planning is everything

"You can't stop the waves, but you can learn to surf.", by Joh-Kabat Zin

So why should we be concerned with national planning? Former US President (and General) Dwight Eisenhower[1] claimed that "plans are worthless but planning is everything." He pointed out that emergencies will always bring surprises, but planning is still required "to keep yourself in the character of the problem that you may one day be called upon to solve."

COVID-19 has illustrated this conundrum well, overwhelming many governments' initial national pandemic response plans around the world, while also showing how good plans (some rewritten very quickly) have been rewarded with lower infection and mortality rates, even in countries with modest resources.

National domestic preparedness and response plans are a product of many considerations that are rooted in the history, experiences, agreements with local authorities, unmet needs, shifting dynamics both locally and regionally, as well as availability of and/or the anticipation of resources.

For their part, as auxiliaries to the public authorities in the humanitarian field, National Societies have a twin responsibility both to support authorities in developing, adjusting and rolling out emergency plans while also maintaining a separate space for their own independent efforts. National Societies are always balancing demands, capacities and unmet needs to determine priorities and plans.

While aspirational plans may well exceed existing capacities in volunteers, trained staff, facilities, funding and/or access, they are critically important for they signal foresight and growth. The agility and flexibility required in both the planning and implementation processes are very important in ensuring relevance and fit for purpose. The centrality of a National Society's plan is the foundation for programming and activities.

Volunteers can be the engine of national plans, the beating heart of response, but they also need protection

National Societies and public authorities have learned to further appreciate the power of volunteers and their trusted access during the COVID19 pandemic. Volunteer in numbers and professions have long been recognized as the foundation of the Red Cross and Red Crescent. However, the COVID19 "stress test" has also brought to light areas of insufficient attention and investments in volunteer protection, management, and support systems. For example, the story highlighted earlier on the young Red Crescent women volunteers in Syria illustrated the need for more efficient systems to deliver PPEs. This continues to be addressed as the pandemic exposed these cracks.

Fixes, including insurances schemes, funding, and management, have started and need to be sustained in a manner to ensure institutionalized solutions and restructured budgets to reflect the importance and centrality of volunteers and volunteering as a pillar and not a tangential sporadic effort. This has allowed for very rapid scale-up in staffing call centers, the mobile teams visiting knocking on doors, delivering food, and in more ambulances.

[1] https://babel.hathitrust.org/cgi/pt?id=miua.4728417.1957.001&view=1up&seq=858



Syria, January 2020. Life Skills Program for youths to prevent COVID-19. Hand in hand, 56 adolescents from the village of Atman in the countryside of Daraa completed the life skills program. The program continued for two months. The youth initiative was implemented in cooperation with volunteers of the Syrian Arab Red Crescent and included several activities, such as disinfecting two schools in the village and pasting COVID-19 awareness brochures as well as making cloth masks for the school students.

© Syrian Arab Red Crescent.

National plans with international support, not the other way round

A national plan must be developed, owned, and primarily instituted by domestic actors. That does not, and should not, mean that those actors must be left without international support. The COVID-19 pandemic has expanded the opportunity to understand what it could mean to have truly locally led aspects of the international humanitarian system, even though overall funding patterns have remained very centralized and highly earmarked.

National planning, through more robust locally driven priority setting modalities, and not with externally driven agendas, are needed now more than ever. We continued to observe donors imposing unrealistic time and geographic restrictions incongruent with these national plans and the realities and challenges of many countries. The principles long espoused by the 'Good Humanitarian Donorship Initiative[2]' and the 'Grand Bargain[3]' rooted in true localization, principled coherent donor action, unearmarked and predictable funding, standardized reporting, and shifting the power dynamics need to be truly implemented.

When COVID-19 hit, IFRC put at the centre the role of National Society plans in responding in their own countries. This appropriately led to 192 domestic response plans, supported internationally by one single coordinated global emergency appeal and plan that constantly adjusts to the shifting needs. And within the context of COVID-19, many countries have been repeatedly affected by other disasters and crises and therefore, the need for IFRC to continue and support the local responses, and ensure maintaining proximity to communities and trusted access.

[2] https://www.ghdinitiative.org/ghd/gns/home-page.html
[3] https://interagencystandingcommittee.org/grand-bargain

Still, within the Red Cross and Red Crescent, the process to change mind sets, de-fragment and deliver through an integrated one program approach led by the National Society on the ground continues and needs to be embraced and accelerated. Existing National Society domestic response plans, well developed or needing development, must be the central guiding document.

The work and reach often requires negotiating wider humanitarian access to remote regions and/or marginalized groups. To deliver, these efforts must proceed with utmost respect, humanitarian diplomacy: one of IFRC rules[4]:

"We increase and expand our assistance through mobilizing our network. We commit that all international assistance provided by a National Society or the International Federation is with the consent of the National Society of the disaster-affected country"

Supporting partners (whether IFRC, ICRC or National Societies providing international assistance) are now re-visiting both implementation and delivery models, as well as visibility requirements that have long detracted the from centrality of national plans, and contributed to negatively fragmenting resources. Longer term finances with remote technical support when possible and utilizing innovative approaches are increasingly being looked at the replace traditional international presence as the predominant model.

The two main Movement institutions (IFRC and ICRC) continue to offer and expand coordination platforms at country and regional levels to draw in the wider Movement expertise to support locally led operations and ensure coherence and comparative advantages for the membership. Proximity to affected communities remains central to RCRC humanitarian services and is best delivered through local staff and volunteers, supported, if needed, by well trained and culturally sensitive international personnel.

Future solutions are currently increasingly co-created via coordination mechanisms that go beyond information sharing as the only modality of cooperation, and include shared leadership framed in 'One' integrated National Society plan. Sustaining and amplifying such an approach requires increased alignment of Movement members to respond through country mechanisms and not act unilaterally or bypass local National Society plans and priorities. The IFRC 'Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance' provides a solid and membership approved modality of working. We must adhere to our own principles and values.

In summary, for us, the lessons are:

- Domestic **National Society plans must be the foundation** and framework to guide priorities and all international support within our network;
- Stronger **volunteer management** and support systems must be formalized and adequately funded;
- International support to National Societies should be **non-earmarked**, **flexible**, and should adhere to **principles**, rules and commitments made at many global and Movement fora;
- **Humanitarian diplomacy** and advocacy efforts to safeguard trusted and principled access to communities needs to run in parallel to all our relief efforts.

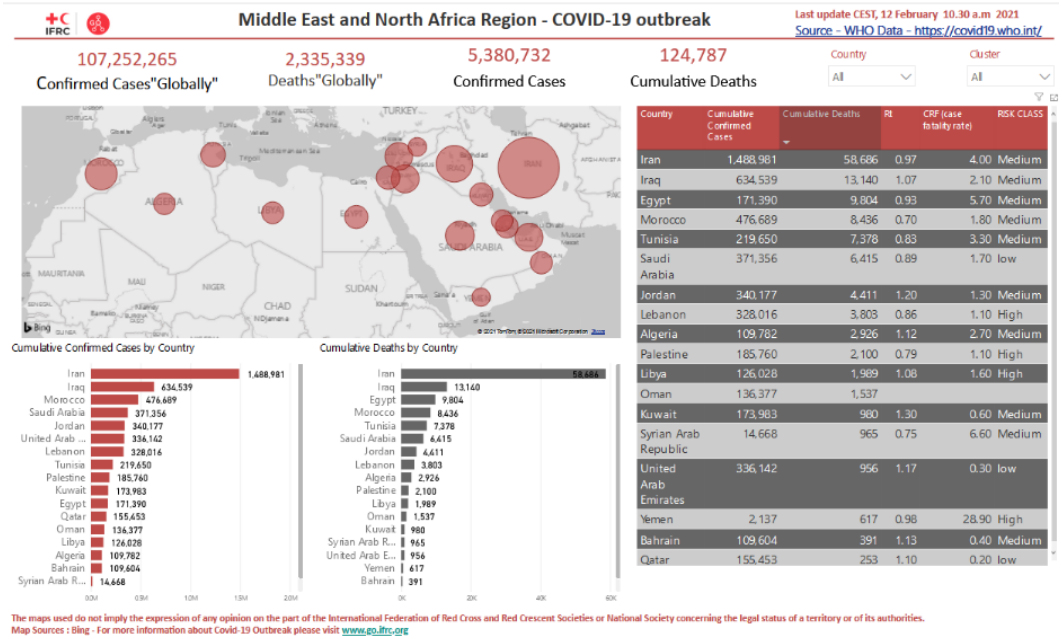
[4] Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance 2015
Adopted by the XXI International Conference of the Red Cross (Istanbul, 1969) –
Revised by the XXII, XXIII, XXIV, XXV and XXVI International Conferences,
Tehran (1973), Bucharest (1977), Manila (1981), Geneva (1986, 1995 noted)1

Situation Update

5,380,732 confirmed cases in MENA Region

124,787 confirmed deaths in MENA Region

reported by WHO as at 7:00 p.m. CEST, 12 February 2021



Country	Cumulative Confirmed Cases	Cumulative Deaths	Rt	CRF (case fatality rate)	RISK CLASS
Iran	1,488,981	58,686	0.97	4.00	Medium
Iraq	634,539	13,140	1.07	2.10	Medium
Egypt	171,390	9,804	0.93	5.70	Medium
Morocco	476,689	8,436	0.70	1.80	Medium
Tunisia	219,650	7,378	0.83	3.30	Medium
Saudi Arabia	371,356	6,415	0.89	1.70	low
Jordan	340,177	4,411	1.20	1.30	Medium
Lebanon	328,016	3,803	0.86	1.10	High
Algeria	109,782	2,926	1.12	2.70	Medium
Palestine	185,760	2,100	0.79	1.10	High
Libya	126,028	1,989	1.08	1.60	High
Oman	136,377	1,537			
Kuwait	173,983	980	1.30	0.60	Medium
Syrian Arab Republic	14,668	965	0.75	6.60	Medium
United Arab Emirates	336,142	956	1.17	0.30	low
Yemen	2,137	617	0.98	28.90	High
Bahrain	109,604	391	1.13	0.40	Medium
Qatar	155,453	253	1.10	0.20	low

National Society Response

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

Health and WASH
12

Socioeconomic Interventions
12

NS Institutional Strengthening
12

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

Browse MENA- Covid-19 full dashboard here

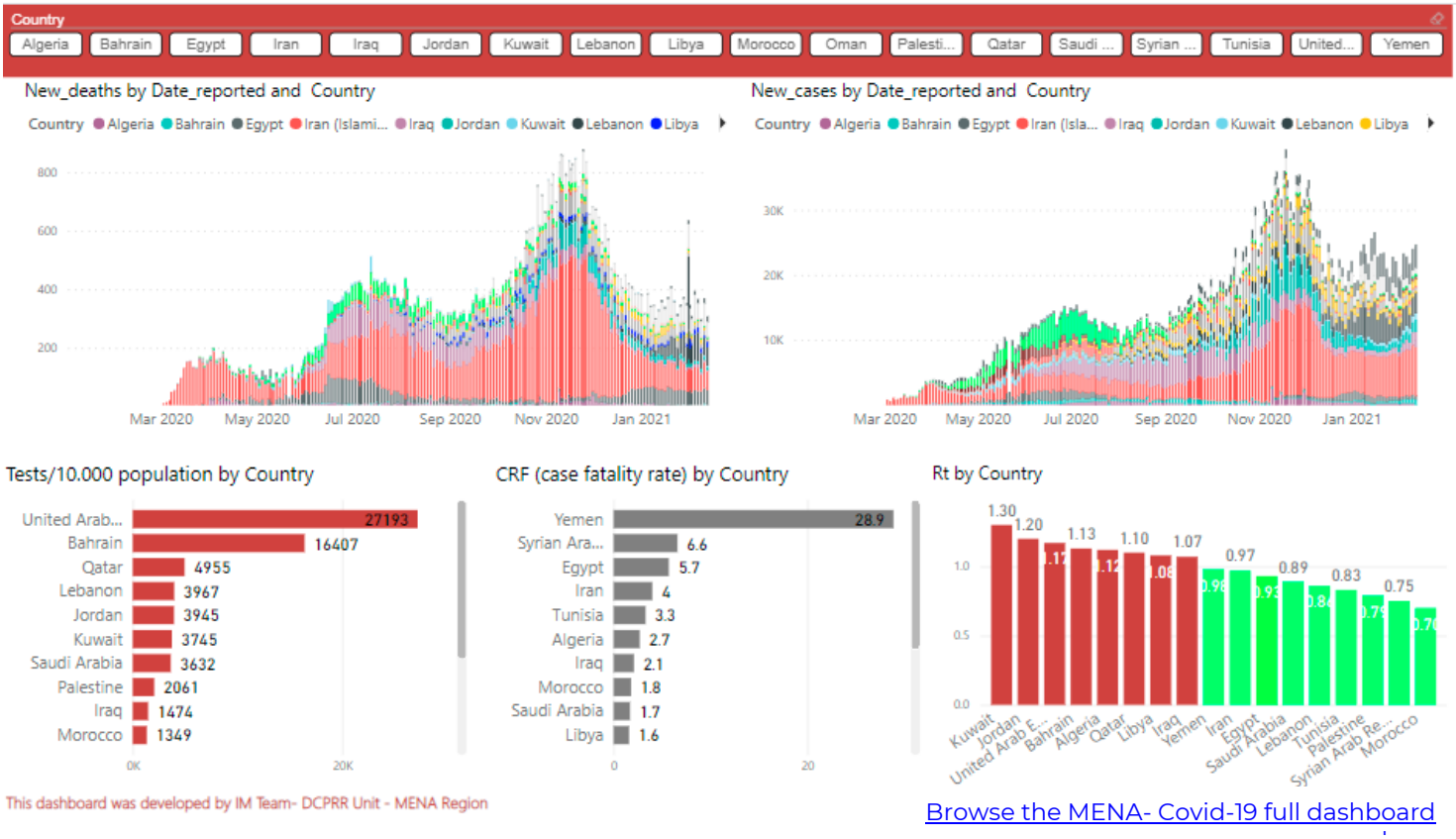
HEALTH AND WASH				SOCIOECONOMIC INTERVENTIONS		NS INSTITUTIONAL STRENGTHENING	
4	Ambulance services for COVID-19 cases	6	IPC and WASH (health facilities)	1	Management of the dead	6	CEA, including community feedback mechanisms	7	National Society readiness
3	Community-based surveillance (CBS)	5	Isolation and clinical case management for COVID-19 cases	6	MHPSS	10	Livelihoods, cash support & food aid	5	National Society sustainability
5	Epidemic control measures	5	Maintain access to essential health services (clinical and paramedical)	10	Risk communication, community engagement, and health and hygiene promotion	3	Shelter and urban settlements	11	Support to volunteers

Regional overview

The MENA Region is affected by complex and protracted humanitarian crises; with, climate change impact, poverty, epidemics, violence, conflict, migration, refugees, and the COVID-19 pandemic, which have impacted the public authorities and National Societies in their ability to respond to the new realities and needs.

The COVID-19 has proven to be much more than just a health crisis, with its impact felt globally in sectors beyond health, this was proven globally and in MENA, with the impact on MHPSS, economy, protection and gender based violence, migration, education and preparedness for emergencies beyond COVID. COVID-19 has created additional challenges to the healthcare system around MENA, with an increased risk of morbidity and mortality from preventable causes, including disease outbreaks, with vulnerable women and children the most at risk. One in 33 people will need aid to meet basic needs like food, water and sanitation in 2021, an increase of 40% from this year, the U.N. reported in its Global Humanitarian Overview 2021.

The MENA countries are diverse in terms of health care setting, socio-economic status, instability, fragility, culture and religious practices. Many are subject to factors that accentuate the risks associated with the spread of coronavirus and control the outbreak of COVID-19, including rapid and unplanned urbanization, resulting in informal settlements with limited services, including health and water, sanitation, and hygiene (WASH). Multiple protracted complex emergencies in the region compound vulnerabilities and complicate humanitarian access. Civil unrest and mass gatherings challenge physical distancing. Fragile humanitarian contexts such as Yemen, Syria and Libya are more likely to have limited capacity to detect, isolate and treat COVID-19 cases, or to carry out public health measures to mitigate or stop transmission.



[Browse the MENA- Covid-19 full dashboard]

For the first few months of the outbreak, the epidemic has spread more slowly and less intensively in MENA countries. During the second three months, countries in MENA region saw a spike in infections of the virus, with peak of reported new cases and deaths occurring in July and relenting only slightly afterwards. Iran and Iraq figure among the top 20 countries globally with the most registered COVID-19 deaths. At the time of six months past, MENA region continued to face a new peak of coronavirus cases which has forced many governments to reintroduce strict confinement

measures, including new lockdowns, curfews, bans on meetings and the closure of many businesses, notably in the hospitality and tourism sectors.

As of 25 January 2021, MENA region reported 5.5 million confirmed cases (5.7% of the global burden) and 131,334 associated death (CFR 2.4%, 6.2 % of the global burden deaths). After the holiday seasons in January, most of MENA countries experienced a sharp increase of daily cases and associated deaths. Most of the countries applied strong public health measures to control this situation with the lockdown etc. The UK variant of COVID-19 virus (SARC-CoV-2) have been reported in several countries in the region increasing the fear of a new wave of COVID-19 -19 in the period to come.

IFRC MENA has advocated the 5-pillar approach (I. Advocacy, II. Trust, III. Health, VI. Reach. V. Maintain) for COVID-19 vaccine roll-out and mapped MENA NSs on engaging National Vaccine Readiness Plan to take their auxiliary roles. Nine (9) MENA countries (Algeria, Bahrain, Egypt, UAE, Jordan, KSA, Kuwait, Morocco, Qatar) have launched COVID-19 vaccination campaign through COVAX facility and other are a bilateral arrangement with more than 5 million doses administered. National Societies will play an essential role in overcoming challenges, ensuring impactful coverage of vaccination efforts, and facilitating equitable access and distribution of COVID-19 vaccines. 12 out of 14 MENA National Societies are already involved in vaccine preparations or liaising with their governments in their respective countries' vaccination process.

Priority 1: Sustaining Health and WASH

The MENA RO focused on supporting NSs to deliver their quality services and protection of front-line staff and volunteers. MENA NSs' health and WASH activities are immense from community-based activities to the hospital care; the MENA RO has been providing technical support through different platforms and mechanisms. Since the onset of the operation, the team has been providing relevant technical support and promoting peer-to-peer exchanges between RCRC NSs, through the pre-existing coordination platform: Health and WASH forum or during thematic webinars with the aim to share information and increase NSs skills and knowledge.
In total, 22 health fora including eight (8) WASH-sub technical working meetings have been organized with Movement and non-Movement Partners such as WHO EMRO and UNICEF. FRC are encouraging the NSs to be part of National Vaccine roll-out. The MENA RO has been providing the latest information on COVID-19 on one hand and on COVID-19 vaccines' tracker and science on the other hand. The different interventions supported NSs in the advocacy, preparedness, and response to the vaccine roll-out in their country. Also, the MENA RO consulted with NSs to propose the 5-pillar approach and support their engagement of National Vaccination plan and setting up their auxiliary roles.

Epidemic control

With regard to epidemic control efforts, a COVID-19 glossary in English and Arabic were developed by the Health & Care in order to be utilized by all regions, based on WHO and IFRC guidelines. The aim of this glossary is to unify terminologies, definitions and relevant tools used in health activities in COVID-19 response, in order to facilitate the reporting process for the NSs. The dissemination of learning took place from previous IFRC pandemic response operations. The developed glossary was globally accepted and available on GO and the Health help desk.

The National Societies (NSs) received support from the MENA RO in adapting and reactivating community-based health tools used in preventing the spread of diseases, encourage positive behaviour changes, and promoting health in the community (CBHFA, PHAST, ECV, CEA etc.). Four (4) NSs, Iraqi RC, Libyan RC, Algerian RC and Yemeni RC and approx. 460 staff and volunteers had benefited from National society adapted technical webinars and e-learning training organised in the region to boost and build their pandemic and epidemic control technical capacity.

Fourteen Regional health forums and sub- technical working group (STWG) meetings were conducted during the reporting period. The forum and STWG meetings aimed to update COVID-19 related information, tools and materials as well as to discuss and share the NSs' experiences and challenges. Non-Movement Partners such as WHO EMRO and UNICEF participated and gave presentations during some sessions. More than 500 regional health & WASH colleagues (average 30-50 participants) from MENA NSs, Partner NSs and IFRC participated and benefited from those sessions. In addition, the regional COVID-19 Epidemic Control Updates including Science update i.e., COVID-19 vaccines, 2nd wave

preparedness, back to school, heatwave, and COVID-19 (Around 40 tools were translated), etc. have been developed and shared with all NSs and partners in the MENA region in English, Arabic and French.

The first hybrid (in class and remote) Public health in emergency (PHiE) training in MENA was implemented by Yemen RC (YRCS) in support with WHO Yemen and Medical Surge delegate from German RC. 25 participants from YRCS completed a 5-day PHiE training to increase their capacity and quality of services for COVID-19 response as well as other communicable diseases prone in Yemen. The trained team will reinforce the YRCS capacity at branches level to respond more effectively to health hazard including pandemic and epidemic.

The MENA RO also supported technically the understanding and acceptance of key containment actions (i.e., Infection Prevention and Control -IPC, quarantine, point of control screening, isolation, and treatment). For example, Syrian Arab Red Crescent (SARC) conducted sterilization campaigns for SARC facilities, public facilities, shelters, and points of entry. The National Societies of Algeria, Egypt, Iraq, and Tunis were also involved in the sterilization of public institutions. Moroccan RC (MRC) supported the national medical and health system by engaging in screening and triage operations in 6 major airports across the country.
Additionally, IFRC procured 13.8 million PPE for a budget of only 10.2 million CHF to MENA NSs in MENA. Guidance notes on the appropriate and rational use of PPEs was disseminated and shared with NSs.

Risk communication, community engagement, and health and hygiene promotion

IFRC MENA RO worked closely to translate into Arabic and to share IFRC messages, infographics, and other resources through regional communications and social media channels. The team is working closely with National Societies, supporting them in adapting and using these resources in their public communications as well as in their risk communication and community outreach.
To adapt to the COVID-19 Situation, the team developed and shared with NSs key messages documents to emphasize on the COVID-19 public health measures during certain circumstances (Ramadan Month, heat waves during COVID-19, back to school, and COVID-19 second wave).

To enhance the NSs COVID-19 interventions in behaviour change, community assessment, and mobilization the eCBHFA (Community Based Health and First Aid) COVID-19 volunteer manual and eCBHFA immunization module have been translated into Arabic and disseminated with NSs.

NSs Capacity Strengthening: Series of online sessions on risk communication and community engagement including setting-up feedback mechanisms, rumour management, and rapid assessment have been provided either as stand-alone or as a part of the community health interventions for COVID-19 response training package provided by the MENA RO to a number of national societies where around 460 staff and volunteers had participated from Algeria, Iraq, Yemen, and Libya National Societies. Moreover, to increase the maximum benefit and reaching to the NSs staff and volunteers, this training package has been designed and translated into Arabic and uploaded into the IFRC platform.

The technical support to the CBHFA Libyan RC project was provided for adaptation the project activities (health promotion messages, feedback online survey, behaviour change assessment, and the data collection) to be more relevant to the COVID-19 outbreak context in Libya.

In order to reinforce Risk Communication and Community Engagement and Accountability within Community Health Interventions for National Societies in North Africa, a Concept note with suggested RCCE plan and activities had been developed and shared North Africa National Societies.

In terms of RCCE interagency which is co-chaired by WHO, UNICEF and IFRC, the Community Health and CEA focal points are integrated in the Vaccination and Data RCCE sub-working groups, presenting the role of the RCRC Movement with its wide Community Health volunteers' network in routine immunization, and how it can be translated into delivering COVID-19 vaccination through empowering and mobilizing their communities, and tackling the behaviour change challenges. Based on that, under COVID-19 interagency vaccine subregional group jointly IFRC with WHO and UNICIEF have designed a webinar series that have been started on January 2021 to support the NSs/countries RCCE plans in

COVID-19 vaccine rollout. Also, the IFRC take the lead to develop a joint (with WHO/UNICEF) Social Mobilization training package on COVID-19 vaccine roll-out targeting the Community Health Volunteers/Workers.

IFRC contributed to the review of the RCCE regional strategy along with WHO and UNICEF, the strategy will help drive and mainstream the interagency efforts to support MENA/EMRO countries.
The IFRC has also conducted two case studies, the first one in Lebanon supported by the Lebanese Red Cross (LRC) around the coordination with the municipalities crisis cells and LRC to control COVID-19 spread, and the second with Libyan Red Crescent around their "Volunteers in Every Street" initiative where this case study was presented on the IFRC Redtalk. The IFRC is also working on an RCCE relevance study in Lebanon and Libya in cooperation with BRC, and ICRC.

Community-based surveillance (CBS)

MENA RO, together with IFRC Emergency Health unit in Geneva, had various discussions with NSs in the region to help them support public authorities in their efforts to identify potential clusters through passive and active CBS and contact tracing. Coordination with WHO EMRO and Movement Partners was taking place to promote joint technical collaboration across the region on CBS and identify potential areas and countries of collaboration.

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

Infection prevention and control and WASH at health facilities level

Aligned with our objective to ensure that COVID-19 transmission was kept to a minimum and secure the safety and protection of our NSs' staff and volunteers, the primary approach by the regional WASH team was to provide technical support and guidance to NSs is the development and dissemination of tools, methodologies and guidance throughout the reporting period and in consultation with the NSs. Both, individually and collectively a variety of those outputs was produced and made available in English and Arabic and accessible on a platform to reach the 17 MENA NSs and more than 45 WASH Focal points in MENA within NSs and PNSs (estimate). The same approach was replicated to support National Societies interventions in health structures and in the community. The MENA RO supported the National Societies and IFRC Country Offices information needs for COVID-19 response and Infection prevention and control (IPC) and WASH related materials through its established appropriate coordination and knowledge sharing & dissemination platform. All technical materials were available in Arabic and English and have the objective of COVID-19 WASH activities scaling-up to reach vulnerable communities such as camps, informal settlements, and urban slums. The RO have collaborated on mapping and procurement of COVID-19 Hygiene kits for the National Societies in the region as part of the COVID-19 preparedness plan initiative. A WASH sub Working Group platform was established to assure appropriate coordination with NSs, PNSs ICRC WASH Focal points in MENA linking with Geneva WASH team concerning WASH guidelines and further linking WASH to CASH, WASH to PGI particularly the Humanitarian Innovative Fund (HIF) project with IFRC Geneva and Lebanese Red Cross for menstrual hygiene management (MHM) and disability-friendly facilities and revision of the WASH & PGI 2012 Guidance note. The team also developed two (2) guidance notes, one technical guidance related to handwashing hardware considerations amid COVID-19 and the other one related to Water quality testing guidance for MENA NSs.

MENA RO technical support remains on-going for COVID-19 vaccination, especially in preparation of the community health training for NSs especially for IPC around vaccination sites, continuous COVID-19 prevention, and waste management around healthcare facilities especially medical waste.

Infection prevention and control and WASH at the community level

As part of our objective to ensure effective IPC is rolled out, the team at the regional office engaged with NSs and PNSs where they were active in supporting their National authorities to apply strict infection prevention control measures at the community level especially in public spaces and schools. To ensure our NSs staff and volunteers were protected, MENA RO had provided the technical support and guidance to the NSs to conduct mass spraying/disinfection as part of

the COVID-19 rapid training, including the main steps of disinfection at home and materials to use. This would contribute to the objective of reducing COVID-19 transmission and the safety of our NSs' front-line staff and volunteers.

To achieve our objective to provide tailored guidance and advice that is relevant to the NSs, the regional WASH team continued in their primary approach to provide technical support and guidance to NSs in the development and dissemination of tools, methodologies, and guidance throughout the reporting period. In consultation with the NSs both individually and collectively, a number of outputs were produced and made available in English and Arabic and accessible on the platform. The same approach was used to support the National Societies interventions in health structures and in the community. In addition to national level focus support, MENA health and care have been as well holding the MENA WASH sub-working group meetings (8 meetings in 2020) with an aim to connect the WASH technical capacity at the regional level and to support information sharing; the following topics were covered during those meetings:
Menstrual Hygiene Management (MHM), Handwashing and Disinfection amid COVID-19, up-scale of WASH activities in MENA between the WASH focal points in MENA region National societies and partners, household water treatment and storage, Urban WASH and WASH in emergencies kits and ERU with an experience sharing from LRC and SARC. An average of 22 participants from more than 7 MENA NSs attended those group meetings.

Furthermore, the WASH team attended the Global WASH Cluster meeting on UNICEF's response to COVID-19 and is providing WASH resources for the HandHygiene4all initiative. Four (4) MENA NSs attended the Urban skill as well set for humanitarians' workshop organized by German RC and IFRC Global Disaster Preparedness Centre.

In continuing our objective to provide capacity building, guidance and learning opportunities to NSs, we participated in the e-learning webinars in cooperation with Community Health, WASH, RCCE and MHPSS teams have been implemented for 4NSs: Iraqi Red Crescent Society (WASH activities amid COVID19 including disinfection), Libya Red Crescent Society (Introduction to WASH program, objective and activities amid COVID19), Algerian Red Crescent (community health interventions covering COVID-19 including WASH; with 16 participants from the Community Health branches), and Yemeni Red Crescent (WASH in emergencies/ IPC as part of Public health in emergencies training). A discussion took place with Egyptian RC for WASH programming support and training after recruitment of WASH HQ staff (including elaboration of Hygiene Promotion tools). Two additional guidance notes on WASH scaling-up for COVID-19 was formulated and disseminated to NSs in addition to WASH suppliers' mapping list for MENA NSs. During the MENA WASH working group meeting with National societies, PNSs and ICRC in the region, some important topics have been covered: challenges faced in maintaining WASH services amid COVID-19, potential scale-up of activities, country support platform for Cholera as part of the Global Task Force for Cholera Prevention and Control (Iraq/Yemen) and MHM experience sharing with Iraqi Red Crescent and French RC.

In alignment with the objective to ensure that the NSs are provided with up-to-date and relevant technical guidance, the WASH team at the regional office continued in the preparation and further development of guidance, tools and methodologies for IPC related to COVID. and in addition to consultations with the NSs in the region, PNSs in the region were also consulted (specifically French Red Cross and Swedish Red Cross) in the process of fine-tuning those IPC-related tools relevant to COVID-19. These were then disseminated to NSs in the region and shared with the global health and WASH team. In addition to the dissemination process, those tools were elaborated during eight (8) regional technical WASH sub-working group meetings as well as individual calls with NSs with over 25 calls with NS focal persons covering ten (10) NSs in the region. The regional WASH team undertook a WASH technical review for WASH activities related to COVID-19 preventive hygiene promotion and COVID-19 hygiene kits distribution in Iraq by French Red Cross and Swedish Red Cross and provided the review findings to the involved NSs.

Mental health and psychosocial support services (MHPSS)

Emergencies affect or destroy community and family resources and undermine personal coping strategies and social connections, which would normally support people. Additional overwhelmed health system had put a huge pressure on health care workers and other frontline staff, as well as on communities severely affected by either the heath or socio-economic impact on the system. The COVID-19 pandemic is likely to have affected the psychological well-being of both the community members and the Red Cross and Red Crescent staff and volunteers.

The MENA RO have initiated several capacity strengthening initiatives for the staff and volunteers in providing Psychological First Aid (PFA) during COVID-19 pandemic for five (5) National Societies (Bahrain, Egypt, Iraq, Libya and Morocco), where around 250 participants among staff and volunteers had benefitted from the virtual training; Staff and volunteers from four NSs benefited from integrating the PFA and self-care modules within the E-learning webinars (Total 156 participants; 29 Algerian RC, 35 Iraqi RC, 40 Libyan RC and 52 Moroccan RC); an intensive workshop on psychosocial support during emergency within the Health in Emergency e- training was conducted for 25 staff and volunteers from Yemen Red Crescent society; Moreover, a close follow up and support was provided to the National Societies in need to build their interventions and enhance their outreach to support their community as a corner stone for supporting MENA NSs in their MHPSS response to COVID-19 pandemic.

To empower the collective Movement expertise and local knowledge, the MENA RO in collaboration with the MENA MHPSS Network had worked in providing the Arabic translation to some MHPSS learning materials and guideline that was published by the IFRC Psychosocial Centre to facilitate the knowledge sharing and contextualizing the MHPSS tools to the MENA context, especially in PFA during COVID-19, back to school, self-care and Social Stigma associated with COVID-19 (including Video).

The collaboration with the MENA MHPSS Network was extended to coordinate with MENA Youth Network in providing a joint regional webinar that addresses the youth well-being during COVID-19 where NSs shared their lessons learned and best practices and success stories, attended by around 100 participants.
A collective engagement between the key MHPSS Movement partners in MENA (ICRC, IFRC PSS Reference Centre, German RC, Danish RC) is ongoing to adapt more comprehensive modality for caring for staff and volunteers in the region.

The MENA RO together with the Psychosocial Centre in collaboration with MENA MHPSS Network facilitated a virtual 2-day Training of Trainers on Psychological First Aid during COVID-19 to the MENA NSs in January 2021. 15 participants from 12 NSs (3 Palestine RC, 2 Lebanon RC, and 1 from Algeria, Morocco, Tunisia, Libya, Egypt, Jordan, Syria, Iraq, Bahrain, and Yemen Red Crescent National societies) have completed the ToT.

Isolation and clinical case management for COVID-19 cases

Isolation and clinic care management response and guidelines in Arabic, English and French were shared with National Societies and IFRC Country Offices using a shared platform. IFRC worked closely with NSs managing health facilities including isolation and quarantine facilities to support their response (i.e., PRCS, PRCS/L, Iraq RC, Egypt RC, Iran RC, Yemen RC). During the 2nd and 3rd waves of COVID-19 outbreaks, most of the NSs were facing a shortage of Oxygen machines and health personnel. IFRC conducted an urgent needs assessment and provided some technical support and financial support for medical equipment and PPE procurements. In addition, needs of home care setting has been increased and the WHO guideline was shared with NSs.

MENA RO is working as well on putting together the PHC standard package in order to support the NSs delivering health and care services in health facilities. The package includes a list of standard medicines, SOPs etc. based on the WHO Blue Book.

Ambulance services for COVID-19 cases

Ambulance services (Paramedic and Transportation) at Lebanese RC, Palestine RC (PRCS), Syrian Arab RC (SARC), Iraq RC, Iran RC and Yemen RC are one of core RCRC activities under their auxiliary roles. The Emergency Medical Services (EMS) protocol and readiness checklist for COVID-19 were developed and translated into Arabic that aimed to maintain quality of care and ensure minimum standards for response. Four (4) MENA NSs (SARC, PRCS, Yemen RC and Libyan RCS) were trained by the Medical Officer (Surge from NorCross) using these newly developed materials. Adaptation process will be followed up. The MENA RO was providing technical support to the Egyptian RC for a possible mobile field unit for COVID-19 response; however, the plan was changed due to the MoH's request.

Maintain access to essential health services (community health)

NSs' community health interventions were well recognized by internally and externally that could support and fill a gap for the overwhelmed health care system due to the COVID-19 outbreak response. The MENA RO had supported

providing the appropriate technical guidance reinforcing their pre-existing community health intervention. Guidance such, care in community, health aging, home based care was presented and disseminated to the NSs in MENA in both Arabic and English to support the scale up process.

Maintain access to essential health services (clinical and paramedical)

IFRC MENA RO supported NSs' information needs for COVID-19 response and health care services (clinical, paramedical, transport, home care), through the dissemination of technical materials and guidelines in Arabic, English and French and through the technical support to scale up and maintain quality of NSs' medical interventions to address secondary impacts of COVID-19 to increase access to essential health care services through Mobile health units and pre-existing health facilities.

After providing the technical support for the provision of PPEs for 17 NSs and medical equipment for Iraqi RC, the RO was supporting in medicines procurement, mobile field unit for COVID-19 response for Egyptian RC and providing a PHiE training to the Yemeni RC. Some of the challenges faced are delays in the PPEs' procurement and delivery to NSs, access and medical equipment challenges in Iraq and oPt due to political instability. Due to the overwhelmed health system and medical facilities in many countries, needs of home care and oxygen therapy support were increased and support was requested by many NSs. Technical support (i.e., guidelines and materials) was provided as well as financial support.

IFRC MENA RO continued fulfilling its role in advocating the NSs to be part of the National COVID-19 plan to maintain their auxiliary role in terms of Clinical (PHC, Hospital care) and paramedical / ambulance services.

Management of the dead

Technical guidance documents on Safe burials were disseminated, and two (2) webinars were conducted in collaboration with ICRC to inform and support engagement in safe and dignified burials. A contingency stock of body bags was prepositioned in Dubai to support MENA NSs as needed.

Vaccination

MENA RO was coordinating with WHO and UN and other partners through WHO EMRO weekly COVID-19 partner meeting. The RO was part of discussion on Immunization including COVAX working group which is IFRC co-organized with GAVI and WHO. This contributes to the high-level online side event during the UN General Assembly on equitable access to vaccines in the time of COVID-19 which objective is to i) safeguard interrupted immunization campaigns, ii) outline key infrastructure that needs to be in place by the time COVAX is developed, and iii) highlight the need for equitable access to a COVID-19 vaccine.

In an effort to make sure that the MENA NS are up to date with the newest scientific updates on immunization, the RO continues to conduct the monthly MENA Health & WASH forums. In addition, In December 2020, a MENA vaccination technical sub-working group was created to gather immunization focal persons and serve as a technical platform to the NSs engaged in immunisation through timely dissemination of the appropriate resources and adaptation to the MENA context, provide a space for experience and expertise sharing between the NSs involved in immunization, ensure collaboration and information sharing among the RCRC movement and external actors, and contribute to the advocacy efforts effort to ensure equitable access to COVID-19 vaccines with focus on the most vulnerable population, among other objectives. So far, two (2) technical sub-working group meetings were conducted which involved topics like the latest COVAX updates, information on the existing vaccines, and the newest COVID-19 vaccine sciences. In total, more than eight (8) MENA NSs and three (3) PNSs, in addition to external Partners, UN/WHO and academic representatives took part in these working groups.

Following on the talks on the emerging COVID-19 vaccines, and to support the NSs in playing a role in Pillars I & II (Advocacy and Trust), the MENA RO conducted a 2-day Vaccine Preventable-Diseases (VPD) workshop in December 2020 in order to operationalize its commitment towards strengthening routine immunization and COVID-19 vaccine readiness. The workshop was set in place to identify opportunities, gaps, and challenges regarding immunization, as well as prepare for the imminent COVID-19 vaccine roll-out in the region. It provided a platform for participants to share experience from relevant stakeholders on COVAX and immunization campaigns, form a clearer understanding of the immunization situation in the MENA region, be provided with up-to-date resources to understand behavioural underpinnings and barriers to vaccine acceptance and demand creation, and build the skills of the immunization

program staff on effective, outbreak response. In total, 54 participants representing 13 MENA NSs, seven (7) PNSs, different ICRC offices and IFRC colleagues participated in this workshop.

To better support the NSs in playing an auxiliary role to their respective governments and the Ministries of Health in the national COVID-19 vaccination roll-out, the MENA RO conducted one-on-one consultations with 10 NSs during the period starting from December 2020- present (2021). Those are the NSs of Egypt, Iraq, Jordan, Libya, Morocco, Palestine, Lebanon, Syria, Tunisia, and Yemen. During these consultations, the NSs shared their status of involvement in their respective national COVID-19 vaccine roll-out situation, the challenges they are facing, and the type of support the IFRC can provide to them. According to a bilateral consultation with 10 NSs, all NS indicated to focus on Pillar I and II, 71% showed Pillar III and most of them not confirming on Pillar VI and V.
In addition to the efforts mentioned above, the IFRC MENA RO is sharing with NSs and PNSs, on a weekly basis, a COVID-19 epidemiological update for the region, which includes sections on the newest vaccination updates and scientific advancements from the region, and globally. The epidemiological update is shared in 3 languages: English, Arabic and French.

Priority 2: Addressing Socio-economic impact

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

Livelihoods and household economic security support to MENA NSs has been provided as part of the COVID-19 response building on existing capacities of MENA NSs and also advancing the introduction of those thematic areas to NSs who express willingness to start such activities. Technical guidance and thematic notes were developed and shared with MENA NSs to support their domestic planning. The use of Cash assistance modality for livelihoods intervention has been scaled-up both technically and financially based on needs and available resources and interests from NSs in several countries in the region.

Shelter and urban settlements

The IFRC Regional Office has been engaged in supporting technically and financially activities related to shelter and urban settlements.

As part of the COVID-19 response, MENA national societies were involved in carrying out shelter related activities.
Support was provided to the public authorities in quarantines facilities, shelter management and basic assistance for individuals.

The Egyptian Red Crescent has provided cash for rent vouchers to 200 migrants and host communities who were threatened by evictions. The Syrian Arab Red Crescent (SARC) conducted sterilization campaigns for SARC facilities, public facilities, shelters, and points of entry. PRCS is participating in the Shelter Meetings.

Community engagement and accountability

The IFRC RO in collaboration with the Lebanese Red Cross, BRC and ICRC has started with the RCCE relevance study through contracting an external consultant to conduct the study in Lebanon; the same study is proposed to be conducted in Libya as well through a direct support by IFRC, the study will assess the usability and relevance of the RCCE related activities especially in crisis and conflict affected areas. In addition to that, and in collaboration with WHO, and UNICEF a series of RCCE webinars were conducted for MENA/EMRO region to support countries to implement RCCE vaccine related approaches along with their vaccine roll-out plans. Moreover, a training package was produced to support national societies in their vaccine roll-out plans where the CEA package includes topics related to rumour and misinformation management, feedback mechanisms and social listening, and preparation of FAQ's.
A workshop has been conducted in coordination with PGI and PER elements to the Libyan Red Crescent to support the institutionalization of CEA across the NS programs. A training ToR has been produced to support Algerian Red Crescent to ensure the provision of continuous technical support for the NS community health interventions to deliver evidence-based, impact-driven, appropriate health promotion, disease prevention and community-based care services through CBHFA and other relevant behaviour change approaches and programmes. In collaboration with BRC, the CEA support roadmap was drafted with SARC to revive the technical support plan that was put for SARC prior to COVID-19.

Social care, cohesion and support to vulnerable groups

As COVID-19 situation is exacerbating across the region and resulting in increase of the protection risks among different groups; MENA has started its efforts in re-introducing the Protection Gender and Inclusion file and providing technical support to different National Societies. As a start-up, a coordination mechanism among different internal Movement actors and external actors is established. With the aim to provide better support, MENA RO is carrying out a mapping exercise to identify plans and priorities for different Partner National Societies and highlight the PGI needs and gaps. In addition, direct technical support was provided to different national societies and for Libyan Red Crescent Society (LRCS) close support is provided and a PGI mainstreaming was conducted for LRCS focal points, made to enhance the collaboration with UNICEF for COVID response. MENA team was formed from IFRC regional office and three representatives from IRCS, SARCS, and PRCS.

Migration and Displacement

Since the start of the pandemic, all Red Cross/Red Crescent MENA National Societies have been working to ensure the inclusion of migrants, refugees, and Internally Displaced persons in their preparedness and response activities related to COVID-19.

These interventions include different activities:

- translation of health promotion and PSS messages in the languages most widely spoken by migrants in MENA and for individuals with low literacy.
- dissemination of these messages through social media platforms.
- awareness campaign on COVID-19 reaching IDPs and migrants outside and inside reception and detention centres.
- engagement of migrant volunteers in the COVID-19 response to support migrant communities and provide support in local languages.
- support of migrants stranded at the borders or stuck in hosting countries.
- medical screenings and health support.
- distribution of hygiene kits, household items and food parcels.
- distribution of personal protective equipment to migrants and IDPs.
- support to the public authorities in quarantines facilities, shelter management and basic assistance for individuals.

The IFRC Regional Office has been engaged in supporting technically and financially these activities, focusing on coordination, sharing of best practices and capacity development, evidence based and knowledge management, service delivery and humanitarian diplomacy.

The MENA Regional Office has delivered guidance - such as “COVID-19, including migrants and displaced people in preparedness and response activities. Guidance for MENA National Societies” - and webinars related to migration and COVID19 pandemic, engaging staff and volunteers from all MENA National Societies (such as the “First MENA Regional webinar on Migration and Displacement. Focus on the impact of COVID19 on Trafficking in Persons”). Coordination with Movement Partners and other stakeholders and UN Agencies, such as the International Organization for Migration and the World Health Organization, took place. Advocacy campaigns and messages on the rights of people on the move has been shared through IFRC social media channels and NSs’ media channels.

Priority 3: Strengthening National Societies

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

COVID-19 response highlighted more than ever that strengthening institutional preparedness with National Societies is of paramount importance, many NSs had to step in much more within their domestic disaster management systems,

particularly for an epidemics response. To this end, several NSs started engaging and continue to implement systematic response readiness and preparedness through Preparedness for Effective Response (PER) process. Two (2) MENA NSs continue implementing the PER plan of action, two are in the assessment phase and two initiated the discussion on response preparedness strategic priorities in line with the COVID-19 related as well as other response experiences and existing plans of actions, policies, and strategies in place. There is now an established communications channel on Teams site only for the NSs to exchange their progress and share experiences on response readiness and preparedness processes, as well as for IFRC to provide technical guidance and tools required.
The MENA region emphasised the priority to support the National Societies' institutional preparedness to respond effectively during this major crisis whilst strengthening the overall multi-hazard preparedness approach Preparedness for Effective Response among the NSs and across different IFRC offices as well as Movement Partners. To provide coordinated support to this approach, the IFRC MENA recalibrated the PER support to NSs by deploying the first regional PER Rapid Response personnel. Two regional webinars took place to sensitise on the process, as well as support to the operational planning. For the upcoming year, IFRC continues the PER support, in fact, two (2) country clusters (CCSTs) mentioned about the PER engagement with their NSs, four country offices (COs) noted in their 2021 operational plans to support PER process in their pertinent NSs.

Information Management:
The MENA IM team provided technical support and lead the overall coordination at the regional and country-level on the reporting and analysis of the Covid-19 operations in MENA including dashboards. GIS maps, infographics, dashboards – MENA Covid-19 Dashboard – Iraq Covid – 19 Emergency Page – Syria Covid – 19 Emergency Page.
Technical support was provided, and IM products were developed at the regional and country level as well as the different technical units (PRD, PMER, Comms, Health, Finance) for the operations to facilitate decision making for senior management – Visit Covid-19 Health Dashboard

Reference documents, communications materials, and health awareness messages (online package) created and managed by the IM during the covid-19 outbreak are available in three languages (Arabic, English, and French) and have been shared with National Societies. The full package can be found here.
MENA National Societies were trained, and guidance was provided on the Federation Wide reporting tools. MENA NSs are familiar with the IFRC reporting tools and mechanisms mainly GO Platform and Covid-19 Epi-field, 3Ws, and Financial Reporting.
In support to the capacity strengthening of the NSs, training materials were developed, translated, and conducted, and learning resources were made available in English and Arabic including three (3) Surge Information Management training and video (HIAC, ENAP, MDC).
More than 120 Staff and volunteers from National Societies, Partner National Societies, and Regional Office were trained on the use and navigation of GO Platform. During the reporting period 12 out of 17 MENA National societies submitted a public Covid-19 field report on GO Platform, and 80 3Ws entries are reported on the MENA 3Ws page on GO https://go.ifrc.org/regions/4#3w.
Translation of the GO Platform to Arabic was performed click here to visit go in Arabic also, the guide users, reporting templates, and needs are developed and translated in Arabic and shared with the NSs.

The MENA RO conducted two (2) Situation Analysis and Secondary Data Review exercises for Yemen and Lebanon using DEEP as a support for NSs in their operational plans for Covid-19.

E-learning: Video tutorials, webinars, 1-1 meeting, and online workshops took place. Secondary Data Review online training is translated and available on IFRC learning Platform in Arabic and English.

In close collaboration with SIMS and many PNSs in the region including Netherlands RC and Spanish RC (SpRC), efforts were made to connect the different collaborative IM initiatives in the region - IM Training package is developed with SpRC for training on IM for PRCS. The regional office is managing and coordinating with the 510-team support on VCA, GIS, EWEA Systems for the National Societies of Iraq, Egypt, Jordan, Syria, and Yemen.

Social media posters and flyers were developed, and awareness messages and Anti-Stigma campaign about Covid-19 both in Arabic and English using Canva and Adobe Illustrator software were conducted Anti-Stigma , SolidarityNotStigma

Planning, Monitoring, Evaluation and Reporting:
The MENA PMER network which was established at the beginning of the COVID-19 response operation in April 2020, with its weekly meeting with a focus during this reporting period to enhance data collection and analysis. The one-hour weekly sessions attended regularly by at least 7 National Societies have provided the participants with knowledge and skills on the following:

PMER support different NS on the EPoA M&E framework by help in logframes, M&E plans, Indicators Tracking Tables development to improve accountability and data quality. Also, data collection templates and tools development to collect accurate data against the indicators.

This network has raised interest from other regions for replications.

Logistics, Procurement and Supply Chain Management
The Global Humanitarian Service & Supply Chain Management (GHS & SCM) in MENA has been following up on the needs in the region, in order to ensure the right level of logistics response. OLPSCM will continue providing support to the National Societies on procurement and logistics activities as well as regarding technical specifications of any requested medical supplies / consumables / equipment to be purchased for this operation. IFRC encourages all National Societies to coordinate with OLPSCM their PPE needs and related procurement activities, since GHS & SCM Mena is coordinating all appeal needs and conducting procurement in close coordination with the GHS & SCM in Geneva who is further coordinating with other agencies to ensure that priorities are met, and competition is avoided in the global market.
The MENA RO provided support to the NS with technical review of the files with regards to the local procurements. Additionally, support was provided to the NS staff in developing standard procurement documents, dissemination of Directive Simplified for Procurement under COVID-19 with proper training and coaching of NS Logistics, Procurement and Supply Chain Management resources within the NS.

National Society sustainability

MENA National Societies were supported to create their own Business Continuity Plans (BCP) and resources were availed to facilitate the exercise including 'Guidance and toolkits for NS Financial Sustainability in response to COVID-19 and its economic impact' and BCP templates developed by the BCP helpdesk. Following the launch of these programs at the onset of COVID-19, a number of challenges have been noted in the implementation of the BCP plans particularly with the need for the NSs to continue providing essential services to vulnerable groups while also following and complying to internal and state mandated guidelines. The external environment has played a major role in creating bottlenecks in the region with some NSs operating in communities with generalized stigma and disbelief of the pandemic. This has made it difficult to maintain a solid preventative and risk communication approach. The IFRC continues to support the NS's to the effort to enhance their Business Continuity Plans and tailor make solutions to fit their contexts.
IFRC MENA RO office continue to provide technical support to National Societies to strengthen their sustainability by working on developing the volunteer network and branches, strengthening financial sustainability.
The National Societies of Egypt, Iraq, Syria, and oPt were supported to develop their domestic resource mobilization and thus sustainability with fundraising Market studies and draft fundraising strategies. These products have been finalized and engagement with leadership of the NS is envisaged to be able to integrate the outcomes into the planning of the NS and the support provided by IFRC.

Support to volunteers

Since the onset of the pandemic, supporting NSs with relevant programmes and initiatives tailored to emerging needs continued, and included technical support, knowledge sharing that strengthened youth and volunteering activities of the NSs in the region, to ensure that volunteers are fully protected and supported during their activities.

Volunteer management:

Provision of a context tailored support to the National Societies mainly in areas related to Volunteer management in emergencies and management of spontaneous volunteers during COVID crisis to promote knowledge sharing among NSs:

- **Five context tailored webinars** in Arabic Language on the topic " **Volunteer management in emergencies and management of spontaneous volunteers during COVID crisis"** were held to Libya RC , Egypt RC, Iraq RC, Yemen RC, and Algeria RC with participation of around 150 volunteer management focal points in these National societies, while guidelines and documents related to volunteer management during COVID including IFRC checklist on the mobilization of NS personnel including volunteers for the COVID-19 response (in Arabic, and English) were shared with all National Societies within the region.
- **Two Regional webinars** (in Arabic and English) with total active participation of more than 450 volunteers and 1,800+ viewers via the Facebook live stream from all NSs across the region were organised. The first one was on "**The role of the young volunteers in responding to the COVID-19 Pandemic"** and sharing of the best practices of four (4) Ns in the region, and the other one was in partnership with the regional MHPSS network on the "Care for volunteers and the psychological implications of the pandemics on the young volunteers ".
- **An Arabic language teleconference** was organised with Geneva for MENA volunteers to share their stories, insights, and lessons learned during COVID with volunteers from other regions, in which more than 90 participants have shared their experiences.

Providing technical support to the digital transformation of volunteering and volunteering in emergencies in MENA during COVID was another milestone, with the example of the nationwide digital volunteering initiative "**Volunteer in Every Street**" of the Egyptian Red Crescent that has started with onset of COVID-19 in Egypt, while facilitating the sharing of the lessons learned out of it with the Libyan RC (LRCS) has resulted in piloting the same initiative in one of the LRCS branches.

Duty of Care:

The safety, motivation and well-being of National Society staff and volunteers have been at the core of IFRC's RO COVID-19 response.

Since the onset of the COVID-19 crisis, the IFRC MENA Youth and Volunteering conducted **an initial survey to map and collect relevant information about volunteer insurance, safety, national health care coverage, national solidarity Fund** in relation to COVID-19. Twelve NSs responded to the survey. Eight of them were utilizing the IFRC Global Volunteer Insurance Scheme that was facilitated by IFRC country offices with support of the RO.

Several meetings were conducted with the country offices and country clusters, COVID response focal points in NSs, the volunteer coordinators in the NSs, and with regional representatives of the Partner National Societies working in the region, to present the IFRC '**Guidance on options for ensuring coverage for uninsured Red Cross Red Crescent Volunteers impacted by COVID-19'** (in Arabic, and English), which has been distributed to all NSs, to provide full information on the different options and the available use of the Maurice de Madre Fund.

While the data collected from the survey provided a clear picture on the needs, a joint coordination group was created to establish a MENA NS Protection Support and Solidarity Mechanism with ICRC and a regional **solidarity mechanism** has been established to support all MENA NSs in insuring and covering their volunteers who are impacted by the COVID-19 pandemic and not covered by any other national or global volunteer protection mechanisms. The ToR sets out two mechanisms for funding: 1) Supporting National Societies to establish their own led volunteer coverage or solidarity mechanism; and 2) a regional coverage mechanism (temporary and back-up mechanism in the absence of a national level mechanism). To cover their expenses, seven NSs have expressed their needs for support to develop their own led volunteer solidarity mechanisms (NSs of Egypt, Algeria, Iraq, Jordon, Tunisia, Palestine, Libya) in order to effectively insure their volunteers and staff against Covid-19. Two NSs have been supported in setting up a solidarity mechanism for their volunteers, while support for developing is currently ongoing targeting the other five national societies.

An Incident reporting mechanism **for weekly tracking of the number of the affected volunteers and staff** in the national societies within the region was developed to track new COVID-19 cases among MENA NS staff and volunteers, with total number of 199 volunteers and staff were tested positive for COVID-19, while sadly eight out of them have passed away. IFRC MENA has been following each case to help ensure needed support. Relatedly, to make sure that the affected volunteers and staff and their families were receiving the needed support via their National Societies.

Youth Engagement: Building on the power of young volunteers in reaching their peers with healthy messages, MENA youth network produced an awareness video in which youth focal points from MENA NS have shared stay at home messages, and they have cooperated with the regional digital communication team to produce and upload Arabic content relevant to COVID-19 on the IFRC MENA Tiktok channel, that have reached more then million views and interactions.
Despite the movement restrictions and physical distancing, IFRC RO was able to carry on its plan for the MENA youth network development. The first virtual electronic elections to elect the MENA youth network new board was a success with participation of youth representatives from 13 National societies who have participated in the renewal of the membership of the MENA youth network, with adoption of new structure that has now six (6) working groups focusing on three work priorities (Youth engagement, Education, and Climate change), with three (3) other supporting committees (Communication, Resource mobilization, Translation). The IFRC Regional Y&V focal point facilitated the conduction of the network monthly meetings.

Education: Supporting two 'Virtual RCRC camps' in August and December, with two online workshop sessions were facilitated for the children and youth, run by two (2) NSs in the region Egyptian RC & Emirates RC while covering various topics around volunteering during COVID-19.

Enabling Actions

Coordination for quality programming

Humanitarian Diplomacy and Advocacy
Throughout the first twelve months of the pandemic response, the engagement with the Governmental actors in the MENA region was considerably strengthened. This engagement has unfolded on several levels: bilateral engagements and briefings regarding the implementation of funding and addressing issues related to the challenging context in MENA, such as humanitarian impact of sanctions and enabling principled humanitarian action and limitations posed by counter-terrorism clauses.
Three virtual diplomatic briefings on the Movement response in MENA were held at key moments, reflecting the collective impact of the Movement action throughout the region. In the spirit of localization, at each of these occasion one or more NS had the opportunity to present their in-country activities in response to COVID-19, and the challenges encountered throughout the implementation. Jointly with ICRC, IFRC has produced a set of Policy recommendations that guided the dialogue with governments and authorities at regional and country level.

Movement Coordination and Cooperation
Prompted by the complexity of the operational response and the imperative to scale up response in the shortest delays, Movement partners have worked tirelessly and closer than ever before, initiating new modalities of cooperation and coordination – all with the aim to amplify their collective response and impact to such an unprecedented crisis.
As such, the Movement partners have enhanced their cooperation and coordination through several platforms and working groups at regional level looking at safety and security of volunteers, foresight and scenario planning and advocacy and accountability.
Additionally, in view of the extensive presence of Partner National Societies in MENA, their particular expertise was employed to amplify the strength of MENA NS, by providing extra capacities at country level to implement the funding received, in terms of procurement, MHPSS, and other key areas for this response.

Cooperation with external partners
Conscious of the imperative to share resources and tackle the crisis jointly, building on each other's areas of expertise, IFRC MENA has engaged in closer collaboration with WHO and UNICEF, in particular.
IFRC MENA aimed to equally strengthen the existing partnerships of NS with UN Agencies, providing the leverage of an International Organisation mandated by its own members to ensure coordination, accountability, integrity, and specific expertise readily available.

As a result of this strengthened cooperation, several regional frameworks are currently under discussion with WFP, WHO and UNICEF (IOM, etc).

Resources for National Societies

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

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

Evidence-based insights, communications and advocacy

GO Platform, Regional Updates and COVID-19 Field Reports

Operational updates as well as other relevant COVID-19 operational information can be found online on IFRC GO. The Global COVID-19 page can be found here including COVID-19 emergency pages map and field report dashboard available here.

During the reporting timeframe, we have received 64 public COVID-19 field reports from 11 National Societies and so far, and 80 3Ws entries are reported on MENA 3Ws page on GO https://go.ifrc.org/regions/4#3w.

The COVID-19 field reports provide National Societies a streamlined reporting process to the IFRC network while allowing a platform for National Societies to present their COVID-19 response. We are using the "Actions Taken by National Society Red Cross" sections to do ongoing activities monitoring feeding into the information on the first page of the regional operations update, while the text field "description" contains the small narrative that is used to capture the response situation in the respective national society.

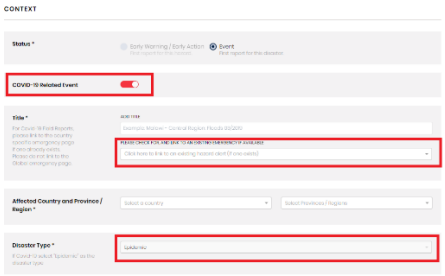
"Who does What, Where" (3W) tool on GO platform.

HOW TO SUBMIT COVID-19 FIELD REPORT ON GO

Easy Guide

1. Login to GO and click on "Create Field Report"

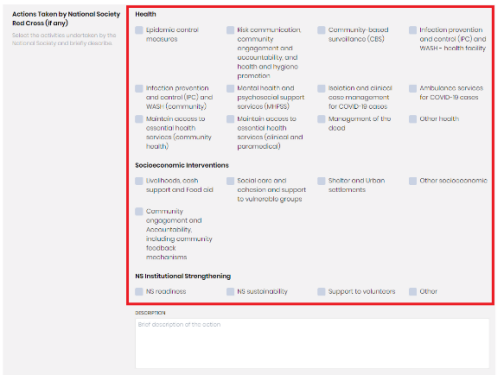




2. Select "COVID-19 Related Event" which will define the emergency type as an "Epidemic"

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

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



Another recently launched feature on the GO platform is the "Who does What, Where" (3W) tool. The aim of the 3W is to enhance the understanding about which national societies are responding to a disaster, what projects are taking place, and in which locations. We would like to encourage National Societies supporting projects to submit the information on GO platform following the instructions (including written guidance and instructional video) available here. The 3Ws information that is filled by National Societies and Partners is auto-generated on GO into a regional and country-specific visualisation such as this.

Communications:

In addition to building the capacities of National Societies on communicating during the pandemic, IFRC MENA has published risk communication content and content from the NSs' COVID-19 response activities throughout the year.

In 12 months, IFRC MENA Twitter posts have reached more than 2.3 million impressions. In the IFRC Arabic TikTok channel, there have been more than 7.5 million video views, reaching the new young audiences that have been out of reach earlier. The vast majority of the content in both channels has been related to COVID-19. Moreover, the content has been forwarded to the MENA National Societies, global IFRC communication channels as well as to the Partnering National Societies regularly.

IFRC MENA RO has built capacities and provided technical support to National Societies on content production, dealing with the media during a crisis, filming and editing social media videos, social media strategy and many more. A COVID-19 communications surge focal point was recruited from March 2020 until July 2020 to support the development of COVID-19 related key messages and to reach out to media.

Coordination with WHO and UNICEF has been established to have regular collaborative workshops on Community Engagement and Risk Communications (RCCE) as well as to align health and other COVID-19-related content.

Highlights of the social media content:

- **International Volunteers Day to talk about COVID-19 (4-6.12.2020)**
  - On the occasion of International Volunteers Day, IFRC Arabic TikTok videos got 4+ million views and the Arabic language TikTok live broadcast reached 250,000 unique viewers.
  - https://www.tiktok.com/@ifrc_arabic/video/6902043620032007426
  - https://www.tiktok.com/@ifrc_arabic/video/6900275288240917762
  - https://www.tiktok.com/@ifrc_arabic/video/6898653113616534786

    - https://www.tiktok.com/@ifrc_arabic/video/6899530611011144961
- **Anti-stigma campaign for COVID-19 (9-15.11.2020)**
    - A successful campaign on Stigma Prevention with 11 MENA National Societies. A week-long campaign included 20+ posts from the IFRC MENA Twitter account reaching 52,000+ impressions, including an animation video shared widely also within the National Society channels. The campaign got media coverage in regional medias.
    - https://twitter.com/IFRC_MENA/status/1325752572901199872
- **World Mental Health Day and COVID-19 (8-10.10.2020)**
    - https://twitter.com/IFRC_MENA/status/1314465971835412480
    - https://twitter.com/IFRC_MENA/status/1314159798355722240
- **How to keep some normality while COVID19 is spreading (18.06.20)**
    - https://twitter.com/IFRC_MENA/status/1273582325520048128?s=20
- **Video: Emergencies don't stop during a pandemic (10.06.20)**
    - https://twitter.com/IFRC_MENA/status/1270680887445917696?s=20
- **Five health awareness video messages produced in coordination with the regional CBHFA team**
    - Smoking during COVID19 (EGYPT RC) / Stay active and eat healthy (Algeria RC) / Physical distancing during Ramadan (Algeria RC) / Physical distancing and washing hands (Egypt RC) / Washing hands and proper hygiene (Syria RC)
- **Staying safe during festivals**
    - tiktok.com/@ifrc_arabic/video/6830166158071663878
- **World RCRC Day: Applauding to the frontline workers and volunteers**
    - https://twitter.com/IFRC_MENA/status/1258402442984796161
- **Hand-wash experiment**
    - https://www.tiktok.com/@ifrc_arabic/video/6813611511756410118
- **Food Parcel distribution**
    - https://www.tiktok.com/@ifrc_arabic/video/6827783399235669253
- **Intl Humanitarian Day: Which superhero would you be?**
    - https://twitter.com/IFRC_MENA/status/1296094087548932096
- **Words matter when talking about COVID-19**
    - https://twitter.com/IFRC_MENA/status/1238374075694710785
- **How to preserve mental health and positive energy during movement restrictions**
    - https://twitter.com/IFRC_MENA/status/1242397026517745666

Web stories:

- Dr Abbas Finds Physical Distancing a Real Challenge in Iraq to Fight COVID-19 (8.10.2020) EN / AR
- Suffering from COVID-19 in Utter Isolation, An ERCS Volunteer Tells His Story (30.07.20) EN
- Syria: Dying from hunger, conflict or COVID-19 (28.07.20) EN / Twitter
- PRCS introduces children with disabilities and their families to distance learning (09.07.20) EN
- Video: How can we support people with disabilities during emergencies like COVID19 by Professor Dalal-Al-Taji from Palestine RC (22.07.20) EN
- Awareness Campaigns and Rumors' Busting about COVID-19 Throughout All Governorates in Yemen (22.06.20) EN / Twitter
- In Support of Nomadic Bedouins During COVID-19: Algerian Red Crescent Sends Aids to Al-Oued
- (10.06.20) EN / AR

Press releases

- Beirut Explosion: Urgent relief for survivors underway as IFRC appeals for 20 million Swiss francs EN
- Press release: COVID-19: Red Cross and Red Crescent urge more support for displaced people in the Middle East North Africa region (19.06.20) EN / AR
- Press release: UN and partners launch guidelines to address the needs of most vulnerable groups during COVID-19 EN / AR

International support and resourcing

Logistics, Procurement and Supply Chain

Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage, and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. With the launch of the Emergency Appeal, the Global Humanitarian Service & Supply Chain Management (GHS & SCM) team in Geneva has been coordinating the global supply chain internally with Geneva technical departments as well as with National Society logistics counterparts, ICRC, WHO, UNICEF and Pandemic Supply Chain Network (PSCN). With support of the surge medical logistics coordinator and surge supply chain coordinator, GHS & SCM Geneva will continue leading the global supply chain coordination with external stakeholders, to ensure consistency and potential reallocation of supplies.

The MENA Global Humanitarian Service & Supply Chain Management (GHS & SCM) has been following up on the needs in the region, in order to ensure the right level of logistics response. MENA GHS & SCM will continue providing support to the National Societies on procurement and logistics activities as well as regarding technical specifications of any requested medical supplies / consumables / equipment to be purchased for this operation. IFRC encourages all National Societies to coordinate with MENA GHS & SCM their PPE needs and related procurement activities, since GHS & SCM is coordinating all appeal needs and conducting procurement in close coordination with the GHS & SCM in Geneva who has put together a global demand plan which includes demands from individual NSs and IFRC operations. GHS & SCM has been coordinating procurement according to priorities set by the operation and available budgets, in coordination with other agencies to ensure that priorities are met, and competition is avoided in the global market, while securing adequate quantities of PPE up to the standard and specifications required.

To respond efficiently and effectively to this complex operation, GHS & SCM Geneva has issued "Directive for Simplified Procurement Management for Emergency COVID-19 Response". This directive serves to accelerate sourcing and procurement management with a certain degree of flexibility and ensure an adequate level of compliance and accountability. The Directive came into effect 1st week of April, revised in May and it is to be followed for any procurement conducted for Covid-19 emergency response at global, regional, and local procurements. GHS & SCM Geneva has also established a global transport framework agreement to ensure availability of cargo space.

Due to the specificities of the medical supplies / consumables / equipment requested in the context of this operation and the limited availability of In-Kind Donations, MENA GHS & SCM did not launch a mobilization table. Operational needs were sourced through local, regional, or international procurement, depending on the needs, availability of products, import/export restrictions, accessibility to the countries and other potential complexities. Procurement is supported by the IFRC GHS & SCM MENA, CO/CCST Logistics/Procurement units in accordance with the operational requirements, and aligned to the IFRC's logistics standards, processes, and procedures. The IFRC also provided guidance and support to the NSs planning to carry out cash or vouchers interventions. This includes support in procurement of financial service providers (FSP) via standard procurement process (tendering, selection of the FSP, signing an agreement with FSP and contract management). This support is provided by the MENA GHS & SCM in close coordination with the regional cash, finance, and legal teams.

Four global requisitions were completed for the procurement of 12.5 million PPE. Thanks to global efforts, IFRC procured 13.8 million PPE for a budget of only10.2 million CHF. To deliver these PPE, IFRC has used a global framework agreement signed with a freight forwarding company. IFRC has also transported 81,9 MT/ 495.33 CBM using WFP services, amounting to a total savings of 1,003,484 USD. In total, IFRC has initiated transport purchase orders for MENA region amounting to USD 1,885,253 from China to Dubai and Dubai to MENA countries.

The majority of the PPE's ordered are procured and delivered to respective countries in MENA Region. To date all the PPE's (including in-kind donations – IKDs) are delivered into countries. There have been some specific challenges with shipping to certain countries as Yemen, Tunisia, Iran, Palestine, or Iraq where documents such as Invoice, packing list and other must be attested by Iraqi Embassy at the place of departing country before shipping. However, we have managed to get all the approvals and we are able to deliver all the PPE's to respective countries. The last shipment was to Tunis and we are waiting for the GRN.

Technical support and file reviews / validation is also provided to the Country Teams / Country Cluster Teams and NS with local procurement of PPE's where required by the Mena Regional Logistics (LPSCM).

Procurements planned at Country level / Country Cluster level and at Regional level are initiated and in progress, including items such as Food Parcels, Hygiene Parcels, Hygiene Materials, Medical Equipment / ICU Equipment and Drugs. MENA Shipments Covid-19.

- 29 shipments +1 IKD shipment (Swiss RC to Iran) to 9 MENA countries
- Majority of shipments ex Dubai, 3 direct shipments from suppliers to Lebanon, 1 direct shipment to Iran.

Items delivered, including in- kind are mentioned below:

Item Description	Quantity
Surgical Mask	2,850,000
Surgical Mask	459,400
Face Shield	15,500
Infrared Thermometer	940
Coverall with hood	49,290
Surgical Gloves	10,950
Goggles	14,000
N95/FFP2 respirators	464,000
Examination Gloves (KL)	384,000
Examination Gloves (China)	650,000
Examination Gloves (KL)	776,900
Examination Gloves (China)	527,500
Examination Gloves (China)	500,000
Isolation Gown	101,350
Surgical Cap	64,400
Total	**6,868,230**

PPE purchase under German Grants for COVID-19.

Iraq

Item Description	Quantity
Goggles	750
Face Shield	850

Cover all with Hoods	7,650
IR Thermometer	160
Surgical Mask	150,000
FFP2 Mask	22,000

Iran

Item Description	**Quantity**
Surgical Masks	193,900

Additional Purchase of PPE's and other items under German Grants for COVID-19 response were kept as contingency stocks for further use.

Item Description	**Quantity**
Gowns	10,000
FFP2 masks	312,500
Body bags	3,500

Below items will be dispatched from the above contingency stock to Lebanon and Libya.

Lebanon: Delivered

Item Description	**Quantity**	**Lebanese RC allocation**	**Palestinian RC\Lebanon branch allocation**
FFP2	125,000	100,000	25,000
Gowns	5000	3000	2000
Body Bags	2000	2000	----

Libya: In process

Item Description	**Libyan RC allocation**
FFP2	75,000
Gowns	2000

Rapid Response Surge human resource deployment

By the end of the reporting period, the surge team had deployed 24 people from different National Societies with different technical expertise to provide support to IFRC MENA regional, country, and country cluster offices in addition to MENA National Societies. The support is a mixture of remote, on-site, and attachment of in-country partner human resources. Although even on-site surge support is constrained by office closures and travel restrictions, however the remote modality has proven to be effective in technical areas that have managed to adapt their activities accordingly.
One Surge Supply Chain Coordinator was requested for 3 months (June - August) and one staff on loan logistics delegate was requested for 3 months (Sep - Nov) to support the Logistics and Supply Chain Management of PPE's. In addition, one Procurement Delegate was hired for 6 months with extension to another 6 months to support the COVID-19 procurement within Mena Regional Office for regional procurement and to support the local procurement at country level, country cluster level and to support with technical review of the files for the procurement conducted at NS level.
The regional surge capacity team has worked together with the global surge desk in Geneva to guarantee support, yet the global demand for some profiles has proven to be a challenge.

IFRC Business Continuity plan:

IFRC activated a comprehensive Business Continuity Plan (BCP) rolled out across all the offices in the region. Through the Task force and the BC Focal points in each Country and Cluster Office and with the support of the Global BCP team, the team continue to monitor progress of implementation of these plans while noting changes and trends in their contexts within which these offices operate. To ensure Business Continuity while promoting the duty of care to staff,

several resources including data, analyses and guidelines are prepared, frequently updated, and availed by the Global team, which are then applied in consideration of the local context and guidelines set by the Authorities.
One MoU was signed with one major hospital in Beirut and 2 other MoUs with other hospitals are in progress to prioritize admission beds when needed. Over-the-counters medications and Vitamins were supplied to MENA RO as a back-up plan in case a staff member or a dependent infected with COVID-19 is in need and cannot find in private pharmacies (due to the economic crisis and the medication rupture that Lebanon is facing). PSS group sessions were reinforced in January and will continue during 2021 with a strong recommendation for colleagues who need individual support to ask for it.

Financial Analysis

The MENA – COVID-19 Emergency Appeal's income totals CHF 39.3m, which represents a 56 percent of the overall funding requirement of CHF 70.0m. The management team approved an operating budget for 2020-2021 totalling CHF 37.6m so far. Therefore, there is still room to increase the operating budget to match with the confirmed income.

Regional Appeals at a glance for reporting period 2020-2021

A. INCOME & EXPENSES

Code	Name	Income	Outstanding Pledges	OP Budget	OP Budget YTD	Expenses YTD	Balance	Commitments
MDR80002	MENA	39,341,456	1,566,777	37,591,348	37,591,348	25,469,006	13,872,450	2,010,998
	Total	**39,341,456**	**1,566,777**	**37,591,348**	**37,591,348**	**25,469,006**	**13,872,450**	**2,010,998**

The total expenditures amount to CHF 25.5m which represents 68 percent of the operating budget (2020-2021). If we consider the current commitments, the overall implementation will increase to 73 percent.

Expenditures vs. Operating Budget per account categories

The following table shows the implementation as per the account categories within the operational budget.

Categorie Name	OP Budget	OP Budget YTD	Expenses YTD	% YTD	Commitments	Expenses & Commitm.
Relief items, Construction, Supplies	9,221,368	9,221,368	6,242,726	68%	1,414,446	7,657,172
Land, vehicles & equipment	500,899	500,899	490,535	98%	7,265	497,800
Logistics, Transport & Storage	1,469,797	1,469,797	1,428,574	97%	46,774	1,475,348
Personnel	2,752,694	2,752,694	828,162	30%	512,768	1,340,931
Consultants & Professional Fees	197,606	197,606	126,388	64%		126,388
Workshops & Training	129,000	129,000	181	0%		181
General Expenditure	755,175	755,175	455,203	60%	25,963	481,166
Contributions & Transfers	19,974,770	19,974,770	14,148,107	71%		14,148,107
Operational Provisions			595			595
Indirect Costs	2,275,085	2,275,085	1,528,277	67%		1,528,277
Pledge Specific Costs	314,954	314,954	220,256	70%	3,782	224,038
Total	**37,591,348**	**37,591,348**	**25,469,006**	**68%**	**2,010,998**	**27,480,004**

Even though, the personnel budget line has the lowest implementation rate, most of the staff is recruited. The budget is expressed for 2020-2021, and the expenditures are 2020 and 2021/1-2.

Financial Implementation

The overall implementation totals 68 percent of the total budget. The following table shows the breakdown per countries as follows:

Project names	INCOME CHF '000	BUDGET CHF '000	ACTUAL CHF '000	Implementation Actual vs. Budget%
MENA Regional Office	5,563	5,396	1,747	32%
Algeria RC	1,302	1,273	771	61%
Egypt RC	1,568	1,551	563	36%
Iraq	3,873	3,453	1,943	56%
Iran	3,112	2,885	2,482	86%
Jordan	2,031	1,951	1,022	52%
Lebanon - LRC	5,777	5,330	5,229	98%
Lebanon - PRC	1,176	1,098	1,079	98%
Libya	1,318	1,274	444	35%
Morocco	1,343	1,353	377	28%
Palestine	2,517	2,516	2,402	95%
Syria	5,024	4,825	4,774	99%
Tunisia RC	1,316	1,311	1,053	80%
Yemen	3,422	3,374	1,584	47%
TOTAL	**39,341**	**37,591**	**25,469**	**68%**

Note: Budget - Full Operating Budget 2020-2021, Actual per Reporting Period

There are some budget lines within the regional office budget that the team would reallocate to the countries after meeting certain requirements (implementation).

National Societies implementation

Egypt RCS is in the process to receive a subsequent transfer. We are still waiting the clarification of previous clearances to proceed with the new transfer totalling CHF 0.6m.

Iraq RCS is still waiting for the arrival of medical equipment which will increase the expenditures for additional CHF 0.6m and the implementation rate to 71 percent.

Libya RCS is still pending to implement the remaining transfer sent. The government modified the official exchange rate from 1.4 to 4.0 at the beginning of the year. The National Society put on hold some transactions until have a clear understanding of the impact and expects more stability on the market. Therefore, the IFRC would wait for the clearance at least equivalent to 80 percent of the previous transfer to submit the next tranches.

Morocco RCS submitted the clearances recently achieving the minimum reporting target. The Regional Office is currently processing an additional transfer amounting CHF 0.1m.

Project names	National Society Implementation						Implementation Actual vs. Budget%	IFRC Implementation		Implementation Actual vs. Budget%
	BUDGET CHF '000	Cash Transfer NS	Cash Transfer NS (WWPP)	COVID19 Transfer Unvouched	COVID19 Transfer Vouched	ACTUAL CHF '000		BUDGET CHF '000	ACTUAL CHF '000	
MENA Regional Office	877					000	0%	4,519	1,747	39%
Algeria RC	844			416		416	49%	429	355	83%
Egypt RC	1,348			476		476	35%	203	086	43%
Iraq	740			584		584	79%	2,713	1,359	50%
Iran	1,570			1,027		1,027	65%	1,315	1,455	111%
Jordan	1,061			021	325	346	33%	891	676	76%
Lebanon - LRC	3,123		3,123			3,123	100%	2,207	2,106	95%
Lebanon - PRC	858		858			858	100%	240	221	92%
Libya	840			246		246	29%	434	198	46%
Morocco	1,213			240	104	344	28%	141	032	23%
Palestine	2,246	2,153				2,153	96%	270	249	92%
Syria	3,887			463	3,286	3,748	96%	938	1,025	109%
Tunisia RC	477			119	117	236	49%	834	818	98%
Yemen	891			516	075	591	66%	2,483	993	40%
TOTAL	**19,975**	**2,153**	**3,980**	**4,109**	**3,906**	**14,148**	**71%**	**17,617**	**11,321**	**64%**

Note: Budget - Full Operating Budget 2020-2021, Actual per Reporting Period

The 2020-2021 implementation of the National Societies reached to 71 percent with mixed results. The 2020-2021 implementation of the IFRC reached to 64 percent (including the indirect costs and other recoveries). The team would revise downward the regional operational budget to allocate most of it to the countries in a subsequent budget review. There is still CHF 4.1m transferred to the National Societies for which the IFRC is still waiting for the clearances. The main ones are related to Algeria RCS with CHF 0.4m, Egypt RCS with CHF 0.5m, Iran RCS with CHF 1.0m, Syria RCS with CHF 0.5m, and CHF Yemen RCS with CHF 0.5m.

National Society response – key highlights

Algerian Red Crescent

Since the onset of the pandemic, the main objective of the Algerian Red Crescent (ARC) is to strengthen the community's resilience to overcome the coronavirus pandemic throughout its evolutionary cycle.
The ARC preparedness response started through setting up a steering and monitoring committee at the level of the central administration chaired by the Director of the central administration and composed of the heads of division. Its mission is to ensure coordination with the various stakeholders and partners and to ensure the mobilization of the necessary resources and the training of volunteers. It has also set up local committees to monitor the epidemiological situation and coordinate with the various stakeholders and partners.

With the launch of the National vaccine campaign, ARC is playing a major role in assisting the government in raising the awareness of the population about the importance to get vaccinated especially for the elderly and those with underlying medical conditions.
The COVID-19 situation in Algeria is being stabilized with 2,939 deaths recorded since the beginning of the pandemic and a recent average of daily new cases of 250 which is the lowest rate in the region.
Nevertheless, the implementation of ARC COVID-19 response plan was challenged, mainly, by the lockdown and the earthquake that hit the country (Mila in the eastern region) in August 2020.



Figure 1 Back-to-School campaign. Credit: ARC

ARC requested an extension to the programme as it has experienced some challenges in the fund transfers process in addition to natural disasters that has occurred (Mila Earthquake and Cold wave) and that had considerably slowed the implementation.

The redundant transfer issues to Algeria may lead to more delays in programme implementation. Therefore, and in order to mitigate this risk, extensions were requested (e.g., USAID programme) considering the potential delay that might occur again.

RCRC Movement:
A peer-to-peer experience with Egyptian Red Crescent was conducted and helped both National Societies benefiting from each one experience on the back-to-back School campaign. This experience was initiated and coordinated by the NA Country Cluster (The Health Emergency Officer) and a lesson learned paper was shared with all the parties.

Apart from IFRC support, ARC benefited from USAID additional support to enhance its COVID-19.
The USAID programme is mainly composed of RCCE activities especially in schools and remote areas.
The expected results are as follow:

- Training 960 volunteers
- Reaching 1,080,000 persons with RCCE actions including PSS and hygiene promotion.
- Food Kits distribution for 10,000 families.

External Coordination:
ARC is supporting the government in the vaccine campaign roll-out and is playing a key role in raising awareness of immunization.

Under its COVID-19 response plan, ARC managed to reach nearly **140,000 families** in remote areas with

food parcels and hot meals as part of its socio-economic intervention.
It has also reached over **1,500,000 individuals** with masks, hygiene kits, and awareness campaign, with special focus on schools (under USAID programme).

Priority 1: Sustaining Health and WASH
As an auxiliary to the local authorities, ARC is supporting the government during the national vaccination campaign by raising awareness of immunization, especially to those with underlying medical condition.

Under the IFRC Emergency Appeal, ARC covered 48 provinces (wilayas) with:

- Disinfection operation: **91,833 operations** were conducted (exceeding the initial target of 15,000).
- Awareness campaign nationwide: **106,497 campaigns** were conducted (exceeding the initial target of 30,000).
- **13,555 hygiene kits** were distributed.

ARC is enhancing its COVID response plan by:
Reaching **over 20,000 schools** across the county with awareness campaigns, disinfection kits and masks distribution.
Distributing **over 1,500,000 masks** in schools and public places and institutions (mainly hospitals).

Priority 2: Livelihoods, cash support and food aid
ARC distributed food kits for **67,574 families** during the reporting period (68% against the target) and hot meals for another **70,788 families**.

Priority 3: National Society Strengthening
ARC trained **288 volunteers** in community health with a plan to reach 960 volunteers by the end of the programme.

The main challenge encountered while implementing the COVID-19 response plan was the delay in funds transfers. In accordance with the country regulations, it is difficult to receive international transfers. As a result, some activities are lagged.

ARC will continue with the implementation of the RCCE activities and to support the government in the ongoing vaccination campaign.

Bahrain Red Crescent Society

In Bahrain, from February 2020 to 21 February 2021, there have been 117,234 confirmed cases of COVID-19 with 420 deaths. Bahrain has set up a committed National Taskforce "Team Bahrain" to handle the spread of the Covid-19 and took measures to guarantee that testing and isolated facilities were set up immediately. Bahrain has one of the highest testing rates per capita, obtaining the acknowledgment of the World Health Organization (WHO) for its professional reaction.



Figure 2 BRC raising awareness of immunization.
Credit: BRC

The Bahrain Red Crescent (BRC) had trained 500 members and volunteers of 14 organizations and National Societies in the field of disaster management entitled "**Disaster Management**". Provided a distance training program for its volunteers through Skype in cooperation with the trainers of the International Committee of the Red Cross. BRC also distributed "**Ramadan aids**" to abstinent families in 73 regions around the Kingdom with the participation of the director and the journalist Muhammad Al-Saffar. The campaign of" Ramadan aid" had reached **4,500 families**. The BRC also created a webpage devoted

	mainly to submitting social aid requests electronically, through the association's website, after which the Social Services Committee would evaluate requests and follow up with the necessary procedures to ensure social distancing. The BRC provided a distance training program for its volunteers through Skype to empower the volunteers. In November 2020, the Bahrain Red Crescent Society has intensified its efforts to provide psychosocial support to citizens and residents to help them tackle the COVID-19 pandemic, and to assist them to overcome anxiety and fear feelings from the virus, for themselves and their families. These efforts are also to support infected people with coronavirus to cope with the isolation and loneliness and help them to accept the loss of their beloved. The repercussions of the Corona virus have severely affected foreign expatriate workers, and tens of thousands of these people lost their jobs during the closure measures imposed in GCC because of corona pandemic.
Egyptian Red Crescent	Since COVID-19 outbreak Egyptian Red Crescent (ERC) aims built on ERC community-based approach that is aligned with the National Response approach to contain the spread of COVID-19. ERC planned for health and hygiene promotion interventions and Psychosocial support to the community. Through Its growing network of volunteers, ERC is expanding its reach and guaranteeing that the services it offers (including, yet not limited to, health services, health awareness, psychosocial support, and social protection) are reaching those who need it the most. ERC has also started supporting the government in the vaccine campaign roll-out. COVID-19 situation in Egypt have stabilized with 97 deaths per 1 million population recorded since the beginning of the pandemic and a recent average of daily new cases of 610 as of 31 January 2021. The implementation of ERC COVID-19 response plan faced some challenges due to the lockdown imposed by the authorities, the floods that hit the country in March 2020, and COVID-19 infections among its staff and volunteers. ERC imposed staff-based measures and isolation protocols to mitigate the spread of coronavirus disease (COVID-19) including To reinforce its COVID-19 response plan, ERC procured additional PPEs and established blood banks, ICUs, and Mobile clinics to strengthen its support to the local medical services. Henceforth, ERC proceed to several budget revisions accordingly. **RCRC Movement:** A peer-to-peer experience with Algerian Red Crescent was conducted and helped both National Societies benefiting from each one experience on the back-to-back School campaign. This experience was initiated and coordinated by the North Africa Country Cluster and a lesson learned paper was shared with all the parties. ERC has collaborated with GRC on MADAD programme for the refugees. **External Coordination:** ERC collaborated with the following External partners to implement its COVID-19 response plan: IOM: for the Migrants UNICEF: For schools' program Swiss Embassy: For the mobile clinic ERC managed to reach **10,020 beneficiaries** with PSS via help line services and responded to **1,000,825 beneficiaries'** inquiries regarding COVID-19 via hotlines.

It has also reached over **350,000 students** through its awareness campaigns in several school.

Priority 1: Sustaining Health and WASH

ERC launched the health promotion plan and initiated online trainings on e-CBHFA for **276 volunteers.** In addition, ERC conducted Health promotion activities reaching **90,568 people** and **8,000 hygiene kits** were distributed.

As part of the back-to-school program, ERC conducted awareness campaigns related to health protocol and preventive behaviour for student and teachers in **990 schools** nationwide where **350,000 students** were reached. It has also, conducted disinfection operations in schools and launched a campaign to recruit more volunteers.

ERC has conducted the following activities in Health, Wash and PSS:

2,938 disinfection operations in governmental and public institutions, including, orphanages, elderly care homes, and some vital facilities such as: post offices, social solidarity directorates, Egypt Railway Station, Al Ahram Newspaper, Public Transport Authority, East and West Delta Company for public transportation.

Psychosocial support for over **10,020 beneficiaries** via the hotline for psychosocial support through Help line services.

Health awareness campaigns targeting over **1,000,825 beneficiaries** via hotline.

117 orphanages centers benefited from awareness campaigns, distribution of hygiene and personal protection materials.

736 missions to organize individuals while receiving solidarity and dignity pensions.

3,140 people were reached with medical services across the country.

Priority 2: Livelihoods, cash support and food aid



Figure 3 ERC distributing relief aids. Credit: ERC

ERC covered **866 areas** with relief aid and reached **74,040 individuals**. It has also provided rent assistance to 200 migrants and host communities who were threatened by forced eviction during COVID-19.

Priority 3: National Society Strengthening

To reinforce its efforts and preparedness for the 2nd wave:

- **4,222 volunteers were recruited** through the "volunteer in every street" campaign.
- **9,223 volunteers were trained** to respond to COVID -19 with a total number of 19,095 volunteers engaged in COVID19 interventions.

ERC will continue in implementing health promotion activities, mobile clinics, and to provide support to hospitals and to support the government in the immunization campaign.

Emirates Red Crescent

In United Arab Emirates, from February 2020 to 21 February 2021, there have been 368,175 confirmed cases of COVID-19 with 1,108 deaths.

The government of the United Arab Emirates has taken significant steps to address the complex public health and economic impacts of the COVID-19 pandemic. UAE government ministries are providing additional services to all citizens and residents who live, work, and learn in the UAE. Actions have also

been taken to support the most vulnerable members of society. In the light of the pandemic's impact on supply chains, logistics and transportation, the Emirates Food Security Council has developed mechanisms to ensure a steady and sustainable food supply to the UAE. The UAE also took care of paying all the costs of treatment for all residents of the Emirates including of the critical cases infected by the Covid-19 virus. The Emirates Red Crescent has taken care of all families of those who died due to Covid-19 of all nationalities in the country.

The Emirates Red Crescent launched the "Fund of the United Arab Emirates: Homeland of Humanity," to unify national efforts to combat the pandemic. On the global front, sent Personal Protective Equipment (PPE) to other nations to help them deal with the pandemic crisis, including 10 tonnes to Italy, 13 tonnes to Kazakhstan, 11 tonnes to Ukraine and 10 tonnes to Colombia.

During the past year, the Emirates Red Crescent undertook specific societal initiatives to address the Corona pandemic nationwide, from which **2,435,340** people benefited, and the number of volunteers reached **45,463**, with a participation of 259,000 volunteering hours, and this was the largest number in the authority's history.



Figure 5 ERC Authority sending Medical aid plane to limit the spread of Covid-19 pandemic in Syria. Credit: ERC

The UAE is offering vaccines to everyone - citizens and residents alike. Administering more than four million Covid-19 vaccine doses and conducting over 26 million tests is yet another proof that the UAE is confidently striding towards recovery. The Authority has drilled 6 wells in Hadramout governorate, more than 35,000 people will benefit from them. The Authority has taken care of all families of those who died due to Covid-19 of all nationalities in the country.

The repercussions of the Corona virus have severely affected foreign expatriate workers, and tens of thousands of these people lost their jobs during the closure measures imposed in GCC because of corona pandemic.

Iranian Red Crescent Society

Officials from the Iranian health ministry confirmed the country's first two cases of novel coronavirus (COVID-19) on 19 February 2021. Iran has a high number of coronavirus disease (COVID-19) cases in the world and is the hardest-hit country in the Middle East.

The Iranian Red Crescent Society (IRCS) is a member of the Coronavirus Response Headquarters in Iran. IRCS staff and volunteers have been on the frontline of the response to COVID-19 in Iran since its outbreak in February 2020. The response operation covers the following key areas:

Relief and Rescue Organization

It is the first organization at the frontline of COVID-19 since the first confirmed cases. IRCS Relief workers were deployed to the entrance points of the cities to screen people and refer people with suspected COVID-19 to medical centers**. 835 teams and 3,149 people** were actively engaged in the response. **543 vehicles** including ambulances are being mobilized.

The main activities of IRCS Relief and Rescue Organization includes:

- Activation of EOC (Emergency Operation Center) for monitoring and coordination purposes among provincial branches.
- Delivering thermometer to the provinces to be used in health stations.
- Producing a Plan and budget for 350 new temporary positions for health stations.
- Activating "Corona Prevention Training" of 112 Emergency Response System.
- Allocation of three sections of the organization's relief warehouse with an average area of 1,600 square meters for each warehouse, for the storage of medical supplies.

Volunteer Organization

IRCS Volunteer Organization responded through public donations in remote and high-risk areas to reach the most vulnerable people through the following activities:

Attracting direct public donations to prevent and contain the virus:

- Distribution of 860,000 health kits.
- Distribution of 295,648 supportive livelihood packages.
- 72,694 volunteers were mobilized to attract public donations (cash and in kind).
- Starting up 1,001 safety manufacturers able to produce 6,213,000 masks, 238,000 gloves and 81,000 medical thermometers.
- 25,500 blood units were donated.
- Launching (Breath) Campaign to distribute 1,000 Oxygen capsules, 400 Oxygen concentrators

Through the Emergency Appeal's funds, 80,000 food parcels were procured and will be distributed in 420 cities across the country

Coordinating with NGOs to attract public donations:

- In-cash and kind donations for the amount of 4.645.495 US Dollars was collected.
- Distribution of 238,663 livelihood parcels.
- Distribution of 319,816 health kits.
- Distribution of 128,634 filtered masks, 200/881 ordinary masks, 450/147 N95 masks, 1,335,000 gloves, 3,048,302 litre of sanitizers, 22,565 litre of alcohol, 44,720 digital thermometer and 55,176 isolation gowns.
- 261 hospitals and medical centres received assistance from non-governmental organizations.



Figure 6 IRCS youth distributing face masks. Credit: IRCS

Youth Organization

IRCS Youth Organization provide psychological support to alleviate the pain of patients and families who have lost loved ones during the pandemic. IRCS Youth members conducted 445 home visits, reached to 1,889 families, and held 465 online funerals. Visits were conducted to 670 medical staff who lost family members.

Distribution of 230,601 food parcels and planting 1,040 trees have been carried out by the IRCS youth members.

Medical Procurement Organization

IRCS Medical Procurement Organization supported in procuring and distributing the required medical supplies such as medicines, masks and gloves, sanitizers, PPEs, shield glasses, laser and digital thermometers and other medical items.

Noorafshar Hospital

Since the start of the pandemic, Noorafshar hospital received COVID-19 patients in its advanced Intensive Care Unit. In total 10,105 were referred to the hospital from which 1,604 were admitted to ICUs, 325 died and total number of 1,255 were recovered.

International Affairs and IHL department

The International Department played a coordination role in facilitating the donation cycle (kind and in-cash) from IFRC, ICRC delegation in Tehran and other Partners.

Education, research, and technology Department

The Department of Education, research and technology played a key role in took in educating the public, through a list of activities:

- Sending short messages SMS to inform the public about COVID-19.
- Conducting online awareness sessions in which 300,000 participated.
- Creating a learning hub on COVID-19 www.corona.ir
- Activating groups and channels to share infographics and publications on social Media.

Iran Helal Textile Company

The company produced protective equipment and hospital clothing since the early start of the pandemic including 30,254 three layers masks and 150,345 medical clothing.

Iraqi Red Crescent Society

COVID-19 continues its spread impacting the lives, health, and livelihoods of people around the world, particularly the vulnerable communities.

The Iraqi Red Crescent (IRCS) implemented different activities and is carrying out activities aligned with its auxiliary role to the government to contain the risks of COVID-19, such as:

Cash-based activities to address immediate needs and livelihoods recovery of the vulnerable households, in coordination with governmental authorities.

Health education (PSP & Hygiene promotion, etc), personal protection equipment, virtual health trainings and online/virtual WASH training for staff and volunteers,

Dissemination of key messages related to hygiene promotion and infection prevention.



Figure 7 Key messages disseminated to the public. Credit: IRCS

IRCS has issued two response plans for COVID-19 and the changes were made to focus on the following outcomes: Food security, community-based Health awareness and Medical equipment to support the country health system infrastructure.

The communication and the community needs were considered as some of the risks that were addressed in IRCS plan of action-2020. With COVID-19 pandemic, the situation was worsened due to quarantine procedures which has impacted the IRCS communications tools and capacity.

The other risks were around staff & volunteers' safety. It was considered as high priority for the management to implement the related planned activities.

Coordination with RCRC Movement:
IFRC support was provided through the country and regional offices by providing the IRCS with Personal protection supplies.
ICRC also provided IRCS with support through the provision of personal protection supplies, support your doctor's program, and procurement of oxygen cylinders, regulators and oximeters and health kits. Other Movement Partners such as: French Red Cross, German Red Cross, Norwegian Red Cross are supporting IRCS with the provision of personal protection supplies and health kits. Turkish Red Crescent supported IRCS with masks; Netherlands Red Cross, Swedish Red Cross and Danish Red Cross and Chinese Red Cross with health kits, food parcels and disseminating awareness videos & printing awareness flyers.

Coordination with External Partners:
Non-Movement Partners supported in the implementation of 2020 plan.
Embassies of China and Japan supported in providing personal protection supplies, medical devices and equipment. While Nestle Company contributed with milk for children.

Throughout the reporting period:
1,738,7673 individuals were reached with risk communication, community engagement, and health and hygiene promotional activities.
Under Infection prevention and control and WASH (health facilities), **28 health centers, 10 Hospitals and 103,691 individuals** were reached.
193,726 individuals benefited from Mental Health and psychosocial support services.
58,224 families were reached by food parcels.
4,250 families were provided with rice parcels.
15,850 families that provided with fresh meat.
26,000 families were supported with powder milk for children.

The National Society has also distributed in total **810,150 US Dollars to 1,234 vulnerable families**.

IRCS conducted some activities related to community preparedness, response and DRR measures: from which **1,417,1446 individuals** were reached through social media- **3,064,575** through community awareness campaigns, **549,030** publications were issued, **4,435 individuals** benefited from medical consultation and **147,217** individuals were reached through hygiene kit distribution**, and 137,303** received PPEs.

Priority 1: Sustaining Health and WASH
IRCS revised its 2020 plan to focus on supporting medical and health programs to meet the existing needs in the field. At the end of 2020, the National Society exceeded the number of targeted people in need. Gender, equity, and diversity guided all aspects of the implemented activities to reach all those in need.

Priority 2: Livelihoods, cash support and food aid
The needs in Iraq are huge. The humanitarian organizations are struggling to meet the needs of those most vulnerable. The number of people whose livelihoods are affected and interrupted has increased due to the pandemic and the measures imposed by the government. The National society distributed **58,224 Food Parcels, 4,250 parcels of rice,15,850 parcels of Fresh meat parcels and 26,000 parcels of powder milk**. Gender, equity, and diversity are observed through providing aid to all women-headed households.

Priority 3: National Society Strengthening
IRCS is continuously working on strengthening its staff and volunteers' skills and building their capacity. The plan is to carry out awareness campaigns about the benefits of the vaccine and building resilience

through different vocational trainings to support the vulnerable families during the crisis.

The priorities of IRCS are around health medical services and food security. Additional services in wash programs will be subject to implementation due to insecurity of potable water during summer season.

Jordanian Red Crescent Society

On 25 March 2020, and in line with its auxiliary role to the public authorities in the prevention and alleviation of human suffering and in public health emergencies, the Jordanian Red Crescent Society (JRCS) has launched its response plan to the COVID-19 outbreak in Jordan. The response plan was developed and implemented by JRCS.



Figure 8: JRCS volunteers collecting and transporting medication from the NCDEG to the JRCS HQ, Amman. Credit: JRCS

Activities on COVID-19 were carried out throughout the kingdom. JRCS distributed food parcels and shopping vouchers to the most vulnerable people. Medicines were distributed and Risk Communication and Community Engagement (RCCE) trainings were conducted to volunteers. In addition, a small-scale community development project targeting poorly equipped schools in Jordan was implemented. In line with the COVID-19 response plan, JRCS successfully set up an Emergency Operation Centre.

The programme underwent changes due to a delay in funding from the Qatari Red Crescent. This affected the original plan, deferring the launch of MHPSS activities and the implementation of the Mobile Clinic project.

Coordination with RCRC Movement Partners:
The Leadership task force and the technical working group were established to ensure coordination within the Movement. IFRC provided technical assistance, mobilized two (2) drivers and two (2) vehicles, while ICRC offered financial support.

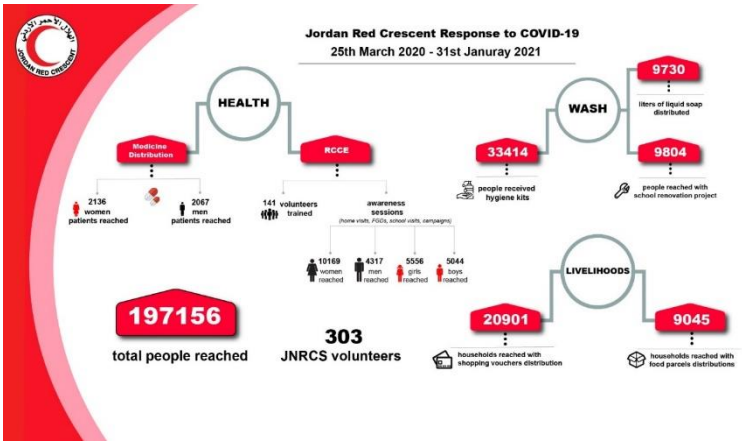


Figure 9 Dashboard highlighting JRCS COVID-19 response activities. Credit: JRCS

Coordination with non-Movement Partners:
As member of the Social Protection Task Force, and in order to implement its response plan to COVID-19, the JRCS coordinates with the Social Security Corporation (SSC), the National Centre for Diabetes Endocrinology and Genetics (NCDEG), the Aqaba Health Centre, UNRWA and the Jordan Hashemite Charity Organization (JHCO).

From March 25th 2020 until January 31st 2021, the JNRCS has been able to reach around **195,986 vulnerable individuals** across the country.

<u>Priority 1: Sustaining Health and WASH</u>
Three (3) health facilities hampered in operating normally due to the restrictive measures, were supported by the JRCS in providing their services during the lockdown. These included crucial life-saving medical services such as the distribution of diabetes medication.
141 volunteers were trained on RCCE and **25,086 people** were reached with RCCE activities.

Priority 2: Livelihoods, cash support and food aid

From 25 March 2020 to 31 January 2021, JRCS reached cumulatively a total of **9,866 households** (H.H) **with food parcels** and **20,435 H.H with shopping vouchers**, ensuring that around **15,1505 individuals among the most vulnerable had access to essential food** to face the lockdown and its economic aftermath.



Priority 3: National Society Strengthening

In line with its Institutional Strengthening Plan, the JRCS has envisaged the set-up of a centralized and well-equipped Emergency Operation Centre in order to enhance its Disaster Response Capacity. In late June, JRCS initiated the equipment procurement procedures, which were successfully concluded by September 2020.

Restrictive measures adopted by the Government (movement restrictions, ban on gatherings) posed a challenge in the implementation phase of the response plan.

Financial and technical support with immunization campaigns, vaccinations and MHPSS activities is needed.

Next steps: The JRCS envisages to undertake MHPSS activities, continue RCCE awareness sessions (including immunization campaigns) and start the implementation of the Mobile Clinic project.

Kuwait Red Crescent Society

Kuwait was one of the first countries to record cases of Coronavirus in the GCC region, and the government has taken several bold steps to combat and contain the spread of the virus. Close borders early and stop trips, close gathering places (schools, workplaces, mosques, and commercial centres), and then impose a comprehensive ban and isolate several areas where the infection is suspected of spreading. The Ministry of Health provided daily press briefings, daily random checks, and flies to evacuate about thirty thousand Kuwaitis abroad for free, which is the largest evacuation operation in the history of Kuwait.

The World Health Organization (WHO) praised Kuwait for the measures the country has been taking to combat and contain the spread of coronavirus, an official from the organization said during a press conference.

The Kuwaiti Crescent Society (KRCS) assisted in preparing quarries for the injured. 156 apartments distributed in 23 residential buildings were equipped with all necessities of living, covering the necessary requirements for nursing staff to provide safe and appropriate accommodation for health care workers. KRCS contributed through volunteers during the air evacuation plan by transferring 70 swabs to the laboratories of the Ministry of Health, which confirms the health authorities 'confidence in the efforts of the association and confidence in its humanitarian efforts. The Kuwait Red Crescent Society also handed over a mobile medical clinic equipped with all medical equipment and devices to the Ministry of Health, with the aim of supporting health care services in the country.

The Kuwaiti Society's efforts internationally to combat Corona virus.

The Association launched an expanded international relief initiative to implement a series of projects aimed at confronting the repercussions of the Coronavirus (Covid-19) in many countries of the world, and direct support for National Societies in the targeted countries.



Figure 11 KRC volunteers supporting at Kuwaiti Centre in facilitating the vaccination process.

Volunteers and association support to fight the Coronavirus

About 1,000 volunteers from citizens and residents volunteered to join the association's efforts to combat the epidemic and provided creative awareness messages on social media to raise people's awareness of the crisis and urge people to adhere to the country's teachings in this crisis. 3,882 citizens were transported by air evacuation, while 1,287 were transported by ground evacuation.

860,536 beneficiaries have benefited from the efforts made by the society in Kuwait.

The repercussions of the Corona virus have severely affected foreign expatriate workers, and tens of thousands of these people lost their jobs during the closure measures imposed in GCC because of corona pandemic.

Lebanese Red Cross

Since 5 February 2020, when the first COVID-19 case was detected in Lebanon, the Lebanese Red Cross (LRC) with a network of skilled and trained volunteers all over the country has been critically and distinctively responding to this pandemic. Mandated by the Lebanese Government to be the sole actor in transporting suspected or confirmed cases all over the country, especially that the National Society (NS) was ready to respond to this pandemic since the Ebola in 2014, LRC upscaled its intervention to lessen the impact of the pandemic on vulnerable people. All LRC operational sectors have been involved in the intervention. In parallel to the COVID-19 crisis, Lebanon has been facing since the end of 2019 a socio-economic crisis that substantially affected the procurement of PPEs. With the support of IFRC and all its partners, LRC managed to get in-kind PPEs donations based on its standards, or to pay suppliers fresh money in order to get the needed equipment.

After having established a 3-month COVID-19 action plan with 4 strategic objectives and receiving support from the Movement Partners (RCRC) and the public, LRC launched an extended plan of 6 objectives with a budget of 27 million USD covering the whole period of 2020, due to the worsening of the situation in the country. On the 9th of August, after the Beirut port explosion, IFRC, LRC's key partner, launched and adopted a one-year emergency appeal for 20 million CHF to support LRC in its response to the COVID-19 pandemic, protests, and Beirut blast.

Risks	Mitigation Measures
Economic crisis affecting the procurement due to the lack of availability of material in the market	Requesting support from PNSs and quotations from different suppliers.
Safety and wellbeing of the Frontlines	Having a committee that follows up on all protocols in all LRC centres and branches; these include
Contamination of the virus at the field level	Suspension of the activities and replacing them by online and door-to-door service to avoid the spread of the virus and protect the staff, volunteers and beneficiaries.

LRC has received financial support from the RCRC Movement and has been updating its partners on the situation via the daily bulletin report, bi-weekly Movement meetings, bilateral meetings, quarterly reports, sharing monthly in-kind and financial mobilization tables, etc. Also, two (2) meetings were held post Beirut blast, one for partners and one for ambassadors as back donors.
The 3Ws are well coordinated at LRC level, and the work of the Movement partners in supporting LRC does not duplicate in any way the activities of other actors as LRC is the NS in the country mandated for Emergency Medical Service (EMS), Blood Transfusion Services (BTS) among others.

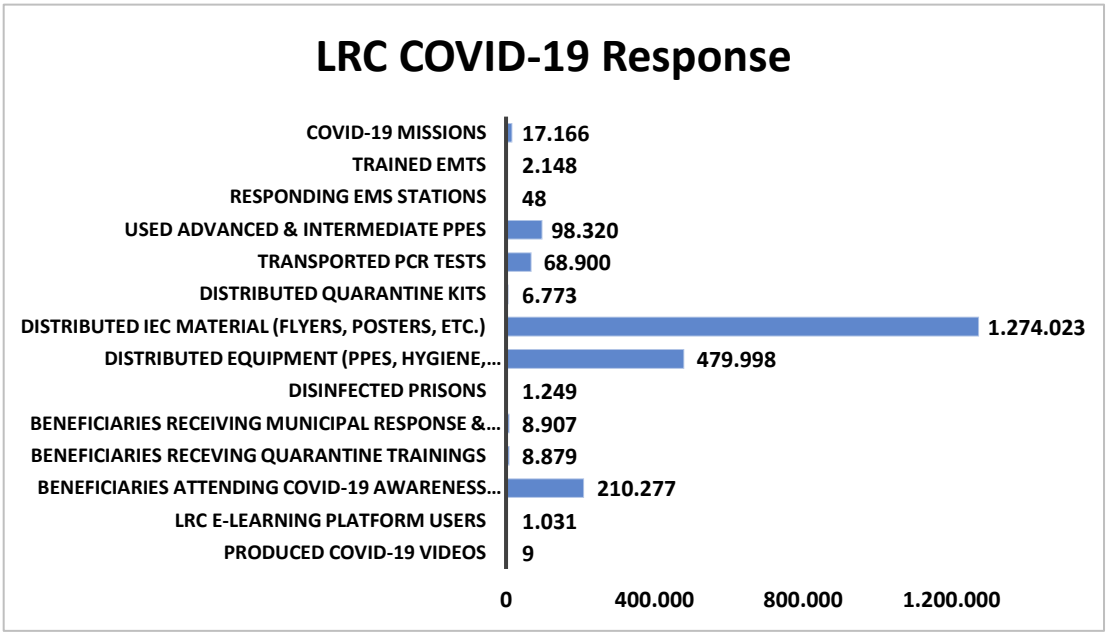


Figure 12 LRC COVID-19 response from February 5, 2020 till January 31, 2021. Credit: LRC

LRC liaised with governorates and municipalities to conduct trainings and awareness sessions, coordinated with the Lebanese Army to support the families during lockdown periods, and coordinated with several ministries for reducing COVID-19 impact at the national level. The Disaster Risk Reduction (DRR) unit at LRC took the lead in community engagement, and LRC signed an agreement with UNDP to equip isolation centres.

Through its sectors' and programs' activities, **LRC was able to reach more than 2 million beneficiaries since the beginning of the COVID-19 response.**

Priority 1: Sustaining Health and WASH

Through WASH and health services, LRC was able to reach out almost equally to females and males. **WASH: 49,881M; 57,578F, Health: 135,043M; 189,419F, in addition to the transportation of 17,166 COVID-19 patients and 68,900 PCR tests**.
During the reporting period, LRC trained 168 of its volunteers on PCR transportation, 41 BTS and 278 MSS staff on BTS and MSS policies and procedures related to COVID-19, 41 staff of PSS trainings and 2,148 EMTs.
In terms of vaccination, LRC will provide support in raising awareness about the vaccine, Risk Communication and Community Engagement (RCCE), implementing vaccination campaigns, and transporting physically disabled people to vaccination centres.



Figure 13 EMTs getting ready for a COVID-19 mission. Credit: LRC

Priority 2: Livelihoods, cash support and food aid

During the reporting period, 28 affected SMEs received livelihood assistance after Beirut Blast, mainly in terms of cash support to cover physical damage, equipment and inventory replacement, salaries as well as technical assistance based on the beneficiaries' needs. In terms of cash aid, **LRC reached out to 24,407 beneficiaries (12,115M; 12,292F). As for food aid, 35,069 beneficiaries received food parcels, whereby 28,951 were distributed (16,951M; 18,118F).**

During the reporting period, LRC trained 60 new Disaster Management volunteers on the distribution process to be involved basic assistance (BA) activities.

Priority 3: National Society Strengthening

LRC trained its staff and volunteers on the policies and procedures related to COVID-19, on PCR transportation, awareness session dissemination, RCCE messages' dissemination and on PSS components (PFA, PGI, etc.). Also, the "1760" hotline operators and dispatchers were trained on how to handle calls related to COVID-19. LRC made sure to provide peer support and PSS sessions to its volunteers and quarantined staff to help in protecting their wellbeing and mental health. In addition, LRC, through its Planning Unit (PU), conducted Planning, Monitoring, Evaluation and Reporting (PMER) technical meetings and trainings to upscale and build the capacity of its staff.

The economic crisis the country is going through shaped a challenge in buying PPEs with the optimal required quality. Also, the provision of medicines was affected given that the prices were drastically increasing within days and the supply was minimal. However, the RCRC Movement, IFRC and all other LRC partners supported the society in this matter and helped in providing PPEs to be used by volunteers and staff, as well as medications to be donated to beneficiaries.
The pressure and emotional stress the LRC volunteers and staff went through had a major role in the scope of the response; more volunteers were deployed to support the teams and shifts were divided among them.

Next Steps: With the increase in COVID-19 cases in the country and the arrival of the vaccines, LRC aims to optimize its response at all levels to reach out to the beneficiaries in need through advocacy, awareness campaigns, supporting PHCs in the roll out of vaccination campaigns and transporting the physically disabled people to the vaccination centres.

Libyan Red Crescent Society

The Libyan public health system has been confronted with a wide range of challenges during the last 10 years of internal conflict and not been able to deliver adequate treatment of the population at large due to serious deficiencies in health services country wide. In parallel, **the number of confirmed COVID-19 cases increased drastically from 13,966 in August to 100,277 by the end of December 2020 with more than 1,478 deaths (WHO).**

The spread of rumours including emerging stigmatization was followed by a refusal and non-acceptance of the disease in certain communities. This disturbed the emergency response in the country and prevented correct measures, even though the rapid intervention of the Libya Red Crescent (LRCS) in the start-up phase in engaging its volunteers in daily information campaigns and emergency response has been an overall success.

The Libyan Red Crescent employed all its capacities to mitigate the scourge of rumours spreading in the local communities, where panic developed and even attacks on individuals due to the stigmatization in the first months of the pandemic. The LRCS prioritized the peer-to-peer support in all activities by providing psychosocial support trainings to volunteers that were in the front line of the emergency response. In general, there has been no significant changes made to the original strategy of the Contingency and Response Plan and it is only towards the end of 2020, that it was clear that the strategy in 2021 should be changed to focus on the vaccination approach and the renewed dynamic of LRCS field and direct interaction with beneficiaries.

During the last 3 years LRCS has coordinated all its humanitarian effort through a Tripartite Mechanism comprised of LRCS, ICRC and IFRC. Movement Coordination meetings take place every second month while 3 - 4 times a year they are replaced by Movement Operational Committee meetings, which include all Partner National Societies (PNS), signatories to the Movement Coordination Agreement.

Several Partner National Societies (PNSs) are contributing to the Covid-19 Contingency and Response Plan, which is also being supported and coordinated with a strong contribution from ICRC. During the start of the Contingency Plan weekly coordination meetings LRCS-ICRC-IFRC took place as well as technical working group meetings to ensure the coordinated approach. Those meetings are now only maintained on an ad hoc basis but remain the pillar of the coordinated response. ICRC has throughout the conflict managed to continue its mandatory activities in all zones of the country despite difficulties in access and warring parties' adherence to different governments. IFRC has provided all possible support through LRCS.

In consequence of the continued humanitarian crisis, LRCS intensified its cooperation with various UN agencies and NGOs with a view to support more populations in need. The primary partner agencies are: The International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), UNICEF and UNFPA. The LRCS is in regular contact with these partners and has also solicited support from IFRC in facilitating the links to those institutions. Recently, the Libyan Red Crescent Society also started working with other International NGOs like for example the Norwegian Refugee Council. LRCS in its cooperation with Movement as well as non-Movement partners is working daily to promote its auxiliary and advocating role to the government for the people in need.

The LRCS digitalized **awareness campaign** has proved an enormous success with more than 1 million out of Libya's 7 million population reached virtually in the local communities. 249 videos on awareness have been assisted by a **total of 1,000,588 viewers**. This number is the highest number ever registered by the LRCS for a sensitization campaign. In addition, **1,181 postings on awareness** on the social media had received reactions from 647,938 after publication and 62 live sessions with **57,842 viewers** were recorded.

From the field awareness campaign, the LRCS provided **127,917 Risk, Communication and Community Engagement (RCCE) posters**, registered and supported **716 migrants and 4,441 IDPs** and conducted **170 RCCE radio/TV interviews**.

During the COVID19 preparedness phase, the role of the **2,973 volunteers** was determining. More than 40 internal trainings were conducted with 682 participants in the field and 160 virtually to strengthen volunteers' knowledge and correct response capacity.

The Communication and Information department has through assessments/surveys 11,387 persons, from whom information was collected.

In respect to the medical intervention, mobile clinics registered **3,265 visits** and provided more than **2,828 kinds of free medicine including 7,781 check-ups**.

Home awareness visits were successfully conducted to **1,087 homes** and free medicine was administered to 906 persons including extra 3,238 check-ups.



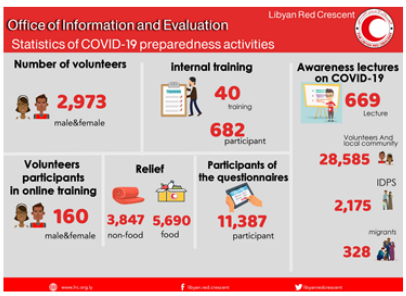
Figure 14 Hygiene kits distribution to IDPs funded by IFRC. Credit: LRCS

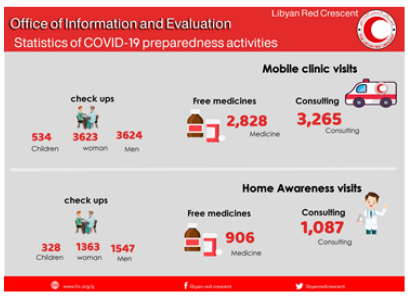
Priority 1: Sustaining Health and WASH

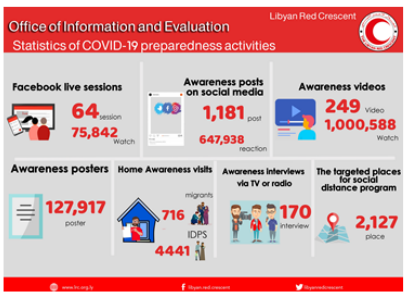
Following the important start-up **distance webinars** on 1/ Epidemic Control for Volunteers, PSS and Risk Communication and Community Engagement, 2/ Dealing with Panic and Fear and Caring for Volunteers, 3/ COVID-19 health promotion: Quarantine, Isolation, Guidelines for spraying indoor volunteer spaces incl. Communications: Unifying the Message, Facebook live tips 4/ Rumour Management, Volunteer Management, Behaviour Change and finally 5/ Mainstreaming Protection, IFRC guidelines, Developing SOPs, which created the bases for volunteers' knowledge and understanding of the pandemic it was decided that hygiene support should be prioritized through provision of hygiene kits accompanied by food parcels. As a prerequisite procurement and finance trainings were administered by the IFRC regional office to all relevant LRCS staff in order to undertake all financial and procurement management activities in line with best operational and procedural standards of IFRC.

As confirmed cases increased drastically, trainings in Psychosocial Support were planned to assist volunteers in the "caring for volunteers" approach incl. ToT sessions and peer-to-peer trainings. Due to the conflict the trainings could only take place in the start-up in Sirte, Huna, Derna and Al Kufra. Once finalized lessons learnt and reporting for 25 participants in each area is being produced and further trainings in the Western part of the country will be adapted and implemented in the start of 2021 together with a global PSS webinar to reach a larger audience.

Hopefully in March 2021 more trainings on Data collection will be planned with the arrival of the IT equipment in Libya. The shipping of the equipment has started in February 2021 and two trainings on Data collection already took place in Tripoli with 15 attendees and those trainings will continue in Benghazi.







From the start of 2021, a special focus on the health component is administered by providing the **CBHFA approach trainings** in Al Zawia, Zuwara and Tripoli.

Following the successful distribution of 6,000 FFP2 masks, 8,900 surgical masks, 100 googles, 100 face shields, 100 hooded coveralls and 30 infrared thermometers, a new load of 75.000 PPF2 masks and 2,000 Gowns are being sent to LRCS Warehouses from the IFRC regional office stock in January 2021.

Priority 2: Livelihoods, cash support and food aid
Procurement of **food parcels and hygiene kits,** with a view to support local communities under curfew/quarantine and migrant populations in distress without access to temporary income is ongoing targeting **1,200 families and migrants** in detention centres. **Food parcels: 1,200 families, i.e., 7,200 individuals and migrants. Hygiene Kits: 1,100 families i.e., 6,699 individuals and 800 male migrants, 400 female migrants, 300 migrating children.**

Priority 3: National Society Strengthening
Pilot activities within migration developing humanitarian service points, where migrants can receive proper counselling and support are being developed through the Covid19 project to strengthen LRCS' capacity in working with this diverse and difficult portfolio.
The IFRC is therefore supporting two new positions within the LRCS for 2021: The WASH and Health officer to help in implementing health activities (mobile clinics, medical convoys, and vaccination campaigns) and a new migration assistant working on information and support to Benghazi branch and beyond in establishing the pilot humanitarian service points. Simultaneously IFRC is supporting the National Society development plan in coordination with ICRC and PNS-partners. This work has provided for LRCS to propose a new organigramme and will continue in 2021.

The strict inflexibility of the IFRC procedures when dealing with the current critical Libya situation inside the country, especially in finance, where bills and invoices in many towns and cities are not easy to provide, when considering the lack of facilities in basic service provision such as electricity and internet, has often led to frequent delays in implementation and reporting.
There is a need to increase the number of the COVID-19 staff in the project.

Next steps: Focus in 2021 should center around awareness raising campaigns and support to the country wide vaccination plans. Assessing local communities' behavior and LRCS commitment and urgent need to attenuate the current flow of rumors and avoid stigmatization will be key activities for the coming months.
The second area of focus concerns the importance of hygiene kits and food parcels' distributions by also focusing on flexible procedures and using local suppliers for provision.

Moroccan Red Crescent

In Morocco, the COVID-19 situation is stable with 228 deaths per 1 M population recorded since the beginning of the pandemic and a recent average daily new case of 703 as of 31 January.

Since COVID-19 outbreak, The Moroccan Red Crescent (MRC) aims to build community resilience to overcome the pandemic through awareness sessions in COVID-19 preventive behaviour and Psychosocial support for the population and economic support to vulnerable families.

Besides fulfilling its role as auxiliary to the local authorities, MRC plays a major key in in assisting the national medical and health system since the beginning of the pandemic and will enhance that role in the national vaccination campaign.

To reinforce its COVID-19 Response plan, MRC received additional funds form the Canadian Red Cross and USAID. Therefore, MRC activity implementation plan was revised accordingly.

Morocco went through a lockdown period imposed by local authorities. As a result, MRC program implementation has slowed down.

Coordination with RCRC Movement:
IFRC resources under the appeal contributed to strengthen MRC PSS and community awareness interventions and building capacity of the volunteers.

Apart from IFRC support, MRC benefited from USAID additional support to enhance its COVID-19.
The USAID programme is mainly composed of RCCE activities especially in schools and remote areas.
The expected results are as follow:

- Training 900 volunteers
- Reaching 1,080,000 persons with RCCE actions including PSS and hygiene promotion.

750,000 masks for the population.

External Coordination:
MRC is supporting the government in the vaccine campaign roll-out.

Under its COVID-19 response plan, MRC managed to reach nearly **110,000 families** in remote areas with masks and another **80,300** with PSS in several provinces across the country.

Priority 1: Sustaining Health and WASH
MRC managed to provide **750 beds field hospital** in Tangier and a laboratory to perform COVID-19 tests.
In addition, MRC conducted welcoming and triage operations of Moroccans citizens in different airports, namely, Tetouan, Tangier, Marrakech, Oujda, Berkane and Agadir. This corresponds to **3,605 working days** out of 6,500 targeted (65% of progress).
MRC organized blood donation campaigns as well in **10 regions** (10 branches) which correspond to 33 % of the expected target.
As for Psychosocial Support and community awareness, MRC supported **370 volunteers** in 30 branches (50% of progress) and conducted awareness campaigns for the communities nationwide thanks to 3, 584 volunteers mobilized in that purpose.
Awareness Campaigns on COVID and PSS were conducted in the provinces across the country (80,300 families reached out of 750,000) and Mask distribution (**110,000 families** out of 750,000).

With the additional support of the USAID, MRC will be able to distribute 750,000 masks to the population.

Priority 2: Livelihoods, cash support and food aid
MRC supported **300,000 vulnerable families** with food parcels which represent the triple of what was expected.

Priority 3: National Society Strengthening
IFRC resources under the appeal contributed to strengthen MRC PSS and community awareness interventions and building capacity of the volunteers.
Henceforth, MRC conducted virtual and face-to-face trainings for trainers in PSS in the emergency epidemiology unit, the purchase of PPEs for volunteers and masks distribution for the population.
Recorded results, to date, are as follow:

- Training of PSS face-to-face trainers (G1): 20 Trainers trained.
- Training of PSP virtual trainers (G1): 52 trainers trained.



Figure 15 MRC volunteers conducting community awareness campaigns. Credit: MRC

- Training of virtual trainers in epidemiology in emergency situations (ESU) (G1): 50 trainers trained.
- Training of virtual trainers in epidemiology in emergency situations (ESU) (G2): 144 trainers trained (exceeding target of 20 trainers).
- ESU face-to-face trainer training (G2): 22 trainers trained (exceeding target of 20 trainers).
- ESU virtual trainer training (G3): 16 trainers trained out of 20.
- ESU face-to-face trainer training (G3): 17 trainers trained out of 20.
- Training of volunteers and CRM intervention teams: 55 volunteers out of 400.

With the additional support of the USAID, MRC intend enhancing its COVID response plan by:
Training 900 volunteers and reaching 1,080,000 persons with RCCE actions including PSS and hygiene promotion.

The major challenge that affected MRC COVID-19 response plan is the lockdown period imposed by the local authorities that has slowed the implementation.

Next steps and moving forward: MRC will continue with implementing RCCE activities and will extend its support to the government during the national vaccine campaign.

Palestine Red Crescent Society

Since February 2020, the Palestine Red Crescent Society (PRCS) commenced activities in preparation for an outbreak of COVID-19 and then subsequently responded to the outbreak in Palestine. In April PRCS launched the **PRCS Response Plan to COVID-19,** for 6,544,765USD, the plan was subsequently revised in October 2020 to 12,708,730USD of which 61% is covered. The PRCS response has addressed the following needs; 1. Preparing and protecting EMS, hospital and primary health clinic staff, 2. Awareness and dissemination of key public health messages and psychosocial support, 3. Provision of 15000 food parcels to vulnerable families including labourers returning from Israel, 4. Ensuring the wellbeing and coverage of basic needs of vulnerable families especially those with People with Disabilities, 5. Provide PSS to families and awareness for violence prevention, 6. Providing NCD medicines for vulnerable chronic patients, unable to move because of the lockdown/curfew.

The cessation of coordination (due to the threat of annexation in the West Bank) between Palestine and Israel resulted in the Palestinian Customs refusing to process shipment authorisations, delays in issuing the tax exemptions, resulting in the halting of goods being shipped between Israel and Palestine, and additionally of PPEs incoming from Amman, Jordan. Consequently, all access through borders, including humanitarian aid, was affected impacting on all humanitarian actors. A key recommendation is to review and amend the IFRC and PRCS supply chain management systems to allow for expeditious procurement of relief items during emergencies.

One of the key risks was the facilitation of procurement during the response. Initially attempts were made to procure internationally, i.e., PPEs, however this could not be conducted in a time efficient manner and was then further impacted on by the cessation of cooperation between the Palestinian and Israeli authorities. In response PRCS shifted to procuring items locally, which proved to be more efficient.

Coordination with RCRC Movement:
In its auxiliary role to public authorities, PRCS is a member of the National Emergency Committee (NEC), headed by the Prime Minister, to ensure a coordinated response to COVID-19 in Palestine. As a result, PRCS branches are part of the local emergency committees to coordinate all relief, health, and humanitarian efforts at the governorates level. In the oPt, the International Committee of the Red Cross (ICRC), the International Federation of the Red Cross Red Crescent Societies (IFRC), and Partner National Societies (PNSs) have been working closely with the PRCS both strategic and operational levels. The aim of this coordination among the Movement is to ensure effective and efficient response to the affected communities.

External Coordination:

PRCS also participated in the Prime Minister Offices Coordination Meeting along with the HCT and Shelter Meetings. PRCSs response plan contributed to the **Ministry of Labour Plan to Mitigate the Effects of COVID-19 Pandemic on Workers**, specifically through the provision of food parcels to the unemployed and vulnerable community members.

Priority 1: Sustaining Health and WASH

PRCSs primary response was through its Emergency Medical Service and Multi-Disciplinary Response Teams (MDRTs). The EMS continued their regular service, though also transported 9566 COVID19 cases. The EMS service also provide advice through its 101 Information Hotline. The MDRTs provided an essential community service, providing PHC to residents in quarantine/isolation. The MDRTs can consist of (Medical/Nursing volunteers, along with Social Workers, and PSS Volunteers). The MDRTs made 38660 home visits during the reporting period. PRCS is also part of the RCCE Taskforce in coordination with WHO/UNICEF/MOH



Figure 16 Distribution of educational leaflets in schools by PRCS Volunteers. Credit: PRCS

Priority 2: Livelihoods, cash support and food aid

As part of its COVID response PRCS provided over 41526 food parcels to those vulnerable community members affected by COVID, as well as unemployed daily labourers who were unable to travel to Israel for work due to the lockdown and border closures. As the economic situation remains unstable in Palestine, the provision of food parcels, by PRCS will possibly continue.

Priority 3: National Society Strengthening

The PRCS quickly transitioned from their ongoing humanitarian operations i.e., EMS, Disaster Response etc, to responding to the pandemic. This was facilitated by the training of staff and volunteers on COVID19 and the provision of PPEs. PRCS actively engaged through various regional networks, i.e., Health to ensure they access the most recent information on the pandemic to guide their operations accordingly.

The ongoing challenge in the implementation of the response is centred on procurement. This has been in part due to the movement restrictions as part of the occupation and the lockdown/curfew initiated by the Palestine Authorities (PA). Suppliers too, face the same challenges as part of their COVID-19 control measures, and while some procurement was able to be facilitated others faced delays. With the remainder of the project activities focusing heavily on procurement through local Palestinian companies, who are reliant on importation via Israeli authorities, it is anticipated that the procurement process could be delayed as each importation is negotiated on a case-by-case basis.

Next steps and moving forward

The PRCS will continue to respond to the humanitarian imperative because of the pandemic. In support of this PRCS will launch its operational plan 2021 which includes support to its COVID19 operations. Specifically, regarding the COVAX Vaccination Programme, PRCS will, in coordination with the MOH, assist with mobilisation and dissemination of the MOHs COVID19 Vaccination Plan.

Palestine Red Crescent Society –	Palestine Red Crescent Society - Lebanon Branch (PRCS-L) is the secondary healthcare provider for Palestinian refugees, Syrian refugees, and other vulnerable communities in Lebanon. It is the only Palestinian body that runs hospitals all over the areas of the presence of Palestinian refugees in Lebanon.

Lebanon Branch	PRCS is also engaged in spreading health awareness messages to communities through its CBHFA program. The objective of that plan (based on its mandate and strategy) was based on the following identified risks: ▪ PRCS-L staff and volunteers are being at risk for COVID-19 infection. ▪ Non-COVID-19 patients are threatened. ▪ Healthcare workers at hospitals and health centers are exposed to COVID-19 infection. ▪ Palestinian communities need to receive continuous awareness. PRCS-L intervention and response to COVID-19 is two-layered: ➢ Hospitals and health centres ➢ Community Activities (increasing awareness among communities) This is aligned with strengthening the capacities of the hospitals to be prepared for adequate response to facing the current COVID-19 epidemic. This includes standardized preparation for quarantine centres, opening and running a treatment centre for patients hardly infected with COVID-19 and in need of hospitalization or to be administered in intensive care unit. The delay in the implementation of the response is due to the movement restrictions as part of the lockdown/curfew initiated by the Authorities. The implementation of some activities related to livelihoods were challenging considering the economic crisis and the currency fluctuation. This has increased the original prices of equipment and supplies due to the different fluctuated dollar exchange between the official price of the central bank of Lebanon and the price of the platform and the parallel (black) market. **Coordination with RCRC Movement:** Since the early beginning of this crisis, PRCS-L initiated Movement coordination meetings to which invited Movement Partners to discuss how to manage this crisis and how to mobilize efforts and to address the risks. UNRWA and all other NGOs working in the Palestinian camps were invited to attend the coordination meetings to address the pandemic-related risks. **External Coordination** **UNRWA:** it is crucial for PRCS-L to coordinate and communicate closely with UNRWA, as UNRWA is the first mandated and responsible entity for the healthcare of Palestinian refugees in Lebanon and PRCS-L is acting as an auxiliary body. UNRWA and all other stakeholders in the field of health together with the PRCS-LB established COVID-19 Team (Cell). This cell is headed by UNRWA. **Palestine Embassy, PLO, Popular committees:** Being the legitimate representatives of the Palestinian refugees. **UN Agencies and NGOs** working in the Palestinian communities in Lebanon (camps and gatherings) to avoid duplication of efforts and to better use of available resources. **Lebanese Palestinian Dialogue Committee (LPDC):** This coordination was initiated based on German support to UNDP through LPDC to PRCS-L mainly to equip the quarantine centre (at least 24 beds) at the PRCS Safad hospital, north Lebanon and finalize the COVID treatment department at Hamshary hospital (6 ICU beds and 18 regular beds), in addition to two ambulances assigned to the transportation of COVID patients **Priority 1: Sustaining Health and WASH.** Activities were achieved as intended despite some the delays due to the lockdown and the fund's availability. In the early beginning, there was a concern to have a shortage in supplies that includes PPEs which put PRCS-L secondary health services delivery at risk to ensure proper support is given to the

community with safety precautions. The Palestinian community requested to have COVID-19 testing and treatment.

Priority 2: Livelihoods, cash support and food aid



Figure 17 Hygiene Promotion session and kit Distribution at Borj El Shemali Camp

A specific criterion was set for the distribution of food vouchers in the camps. Initial lists of vulnerable families were collected by PRCS-L social workers with the support of popular committees in the camps. This intervention was funded through the Emergency Appeal. Some challenges were faced during the implementation phase of this activity as some camps were not covered and this could arise some problematic issues within the community. This support came in time to support the families who are affected by the COVID-19 lockdown and the economic crisis, but it was limited as it didn't cover all the vulnerable families. Templates and tools as a means of verification were used properly upon activity implementation.

Priority 3: National Society Strengthening

PRCS-L's initial plan was set for three (3) months and then it was extended for a year after monitoring the situation. PRCS-L staff had participated in many trainings related to infection control and on how to deal with PPEs with the support of some other Movement and non-Movement Partners. Based on the evolving situation, procedures are being updated from time to time in hospitals and centres with strict enforcement to try as much possible to decrease the risks of contamination. Proper dissemination of information and regulations were applied to staff and volunteers to ensure their safety and well-being through the use of PPEs during their COVID related activities. These achievements have led to limit the transmission of COVID-19 from patients to the medical staff.

PRCS-L is also conducting awareness activities in the communities through different means:
1/open campaigns, 2/videos and brochures on social media, 3/small group awareness on personal hygiene and the importance of using disinfectants, sanitizers, and sterilizers, etc.
The awareness sessions had an impact on the level of overall COVID awareness of the targeted communities. The communities became aware of COVID nature and its ways of transmission.

The main challenges are related to rapidly deteriorating economic situation, dramatic inflation surge as the country's financial meltdown continued. This has a big toll on most of the population in Lebanon not to abide by the precaution measures and not applying the knowledge they have gained about COVID in order to ensure their daily life needs.

This brings to the front the risk of the importance of awareness in the communities to increase the safety and resilience of communities.

Wide community transmission of COVID-19 was witnessed in the camps due to the overcrowding and the bad infrastructure of the camps. Despite all the measures and awareness messages, people are not observing the protection rules and measures.

With fluctuations mainly staying between 7,000 LBP/USD to 10,000 LBP/USD. The dollar shortage and the black-market trade primarily affect prices of goods, especially medical supplies, thus contributing to shortage of materials in the market due to the high demand. Also, most suppliers are asking for payment

in cash which is against the policy of PRCS-L.

The different exchange rate for the US Dollar against the Lebanese Pound is one of the key challenges. It has three different exchange rates (1,515 LBP in banks, 3,850 LBP the price of the platform, and 8,500 LBP price of the parallel or what's called black market). PRCS-L due to its standard regulations is not able to use the rate of the black market, when all of its suppliers are submitting bills as per the black-market rates. This is leading to PRCS-L loss.

COVID-19 has an impact on the delivery of health services as some staff have been infected.

Next steps and moving forward:
PRCS-L will continue implementing the planned activities at both levels' hospitals and communities.
For the hospital: treatment for COVID-19 patients will be provided at Hamshary Hospital in Saida and an Isolation center will be opened at Safad Hospital in North. it is planned to make an additional PCR testing machine available for Safad hospital in Tripoli to be able to cover Palestinians and others in need for that service in the North of Lebanon.
Livelihood activities will discontinue as it was challenging, and it didn't reach all the population in need.

Qatar Red Crescent Society

In Qatar, throughout one year, there have been 159,967 confirmed cases of COVID-19 with 256 deaths. Qatar has focused on developing infrastructure to enable people to better work and/or study remotely. They are also focusing on developing infrastructure to minimize the spread of the coronavirus and are prepared to accommodate at least 18,000 people in a quarantine compound, if needed.

The Qatar Red Crescent (QRCS) was among the top ten names most contributing to the Qatari community during the COVID-19 crisis, according to a survey conducted by the researching firm IPSOS. The Qatari Scientific Club delivered the second batch of medical face shield to the Qatar Red Crescent, to be used by the Red Crescent staff working in the field of combating the risk of the spread of the Corona virus, as part of supporting the state's efforts to combat the spread of the virus.

Coordination and working with Partners
QRCS supported vulnerable families affected by the pandemic in these countries: Palestine, Afghanistan, Pakistan, Nepal, Tajikistan, Mongolia, Laos, Vanuatu, Ethiopia, Chad, Senegal, Mauritania, Ivory Coast, Mali, Sierra Leone, Albania, Kosovo, Montenegro, Venezuela, El Salvador, Peru, and Panama.

QRCS's initiative to back up the fellow National Societies in **22 countries** across six continents, aimed at protecting **320,000 persons** against the virus, with a total budget of QR 2,236,827.



Figure 18 QRCS medical professionals carried out over 1,700 COVID19 swabs in one day. Credit: QRCS

Priority 1: Sustaining Health and WASH
There were great efforts by Qatar Red Crescent volunteers on several levels, where they provided support to all medical and volunteer cadres. The volunteers also carried out awareness campaigns about the consumer complexes for shoppers. Launched 26 medical convoys in 10 countries who are in need. The Qatar Red Crescent supported poor Peruvian families in facing the Coronavirus, as part of a support program for 22 fellows National Societies. Delivered medical aid to support Lebanese Red Cross ambulances in Martyrs Square in central Beirut, including 70,000 masks, face shields, medical gloves, and sterilization tools.

An initiative by the Qatar Red Crescent to support the response to the Coronavirus (Covid-19) in 22 countries around the world, in partnership with the National Red Cross and Red Crescent Societies in these countries.

The repercussions of the Corona virus have severely affected foreign expatriate workers, and tens of thousands of these people lost their jobs during the closure measures imposed in GCC because of corona pandemic.

Saudi Red Crescent Authority

In Saudi Arabia, from Feb 2020 to 21 February 2021, there have been 374,691 confirmed cases of COVID-19 with 6,457 deaths.

The Kingdom of Saudi Arabia has taken firm decisions aimed at ensuring the safety of citizens, residents, and foreigners alike. The most important of those executive decisions is preventing travel to countries where the pandemic is spreading, in addition to taking curfew measures. Saudi Arabia Ministry of Health announced the implementation of four precautionary measures to confront COVID-19. The first measure related to medical resources, as it prepared 25 hospitals to receive confirmed cases. Moreover, it provided 80 thousand beds in all health sectors, 8 Thousand of intensive care beds, and 2,200 isolation beds. This procedure is also related to ports, where 6 thousand medical examinations were performed in the air and land ports. MOH applied quarantine to suspected cases, passport disclosure to all arrivals at international ports and health awareness at airplanes.

By the end of 2020, the number of volunteers in the Saudi Red Crescent reached **9,218** volunteers in all events' participations, national and global, including community awareness events. A total of 3,837 female volunteers and 5,381 male volunteers, participated with more than 77,244 volunteering hours.

The volunteers implemented visual screening points and participated in the implementation of precautionary measures.

The Saudi RC implemented a mock fire virtual training, received on a weekly basis around 66,000 calls and transmitted 6,761 incidental emergency cases, and organized 75 awareness lectures, with total of 1295 participated trainees.



Figure 19 SRC volunteers help worshipers to adhere to spacing, wearing masks and thermal test to apply health measures. Credit KRCS

The repercussions of the Corona virus have severely affected foreign expatriate workers, and tens of thousands of these people lost their jobs during the closure measures imposed in GCC because of corona pandemic.

Syrian Arab Red Crescent

Syria is entering into the 10th year of the conflict which has devastated the country compounded by multiple displacement and economic hardship.

The public health care system remains fragile with limited or very moderate response capacity. The situation has been exacerbated by an unprecedented downturn in the economy as a result of the many years of conflict and the financial crisis in neighbouring Lebanon, tightening of economic sanctions against Syria diminishing resources and support for humanitarian work. Against this backdrop, the COVID-19 pandemic is having catastrophic impacts on a population that already struggles to access basic needs such as health services, shelter, food, education, and livelihoods. The outbreak of COVID-19 and the resulting lockdown for several months had a disproportional effect on the wellbeing of the Syrian

population, heavily impacting on employment opportunities across the country, pushing up prices, affecting access to basic services, further worsening the already dire socio-economic indicators and eroding household coping mechanisms. Though not entirely blocked, humanitarian activities suffered delays further affecting those in need of assistance. International delegates were stranded around the world striving to provide support virtually in a country where direct physical contact is essential to conducting effective humanitarian work. In the words of Syrians "we have three choices: dying because of the crisis, economic sanctions or COVID-19". In this context, only partial lockdowns were maintained to stem specific flareups and normal activities resumed. The daily curfew remains lifted with access to public facilities and services. Public and private transportation services have also resumed, as have universities and institutions.

Since the first case was announced on the 22 March 2020, the number of cases has been increasing steadily with more testing facilities in place. As of 16 February 2021, 14,951 laboratory-confirmed cases with 984 deaths, 8,826 recovered and 5,141 active cases had been reported by the Ministry of Health (MoH). An increasing transmission rate reported among healthcare workers due to a shortage of personal protective equipment (PPE) and the low testing capacities made it difficult to understand the actual situation in the country. With Syria still lacking the capacity and resources to conduct large scale testing and provision of intensive care for severe cases, the threats of COVID-19 will remain for the months to come. The risk is still high in densely populated areas of Damascus/Rural Damascus, Aleppo, and Homs, and those living in camps and informal settlements in the North East Syria (NES).

The Government continues to implement a range of preventive measures however, it will be challenging in densely populated areas and for those living in the informal settlements as well as areas such as Deir-ez-Zor where hostilities continue. The healthcare system has been weakened by the protracted crisis, impacting every aspect of the health care delivery, and reducing the capacity of public and private health care sectors to deliver services. The quality of health care is further compromised by the deterioration in the functionality of medical facilities.

Currently there are 13 isolation centres and 34 quarantine facilities available in the country. Starting from mid-August 2020, new testing facilities for the PCR analysis were established in Damascus, Latakia and Aleppo. Patients presenting with symptoms similar to those of COVID-19 (not confirmed with a test), have created an additional burden, and led to additional disruptions on the health system.

The Syrian Pound (SYP) value continues to decline, reached an all-time low at SYP 1,256 per 1 USD in June 2020 and in the informal market the SYP value declined steadily reaching over SYP 3,000 in late December 2020. The resulting sharp depreciation of the Syrian currency has spurred unprecedented price increases for basic items, particularly bread and fuel. The price of subsidized bread for instance, doubled between September to October 2020 whilst the price of subsidised diesel fuel rose by 120 per cent. According to the Global Humanitarian Overview 2021, the average food basket in Syria cost 247 per cent more in October 2020 than at the same time in 2019.

The IFRC was quick in taking a number of steps that enabled the Syrian Arab Red Crescent (SARC) to effectively respond to the emergency caused by the COVID-19 pandemic through adapting to the new threat, activating a business continuity plan and catching up with some of the delays caused by inflationary pressures. Financial resources were successfully transferred into the country. Procurement of personal protective equipment (PPE) was done locally thus limiting international transportation delays. Provision of the PPE kits ensured a safer environment for volunteers and the affected communities ensuring the continuance of humanitarian services of the Red Cross Red Crescent Movement. All ambulance emergency calls were treated as potential COVID risks and measures were taken to protect SARC's first responders. Through various awareness and response activities SARC has assisted 4,275,733 million people with COVID-19 related support between late March to December 2020.

SARC continued implementation of their comprehensive COVID-19 response plan supported through

multilateral and bi-lateral funding mechanisms. Currently, SARC is reviewing its COVID-19 plan internally. The updated COVID-19 plan will be available within the first quarter of 2021.

The operational risks identified were:
1- COVID-19 spreads across a very broad geographical area and transmitted rapidly to new communities
Mitigation: There was regular community engagement with communities through awareness raising and risk communication activities throughout the reporting period.

2- Some of SARC staff or volunteers are infected with COVID-19
Mitigation: Risk awareness campaigns were conducted with SARC staff and volunteers. All frontline staff and volunteers from across all SARC programmes were provided with PPE kits.

3- The economic sanctions, inflation as well as the ongoing crisis in Lebanon, continues to negatively impact on financial transfers as well as triggering unpredictable pricing in local markets.
Mitigation: All PPE kits comprising of respiratory and surgical masks; single use gowns; gloves, boots, protection glasses, fumigation devices, sanitizers, soaps, etc. were procured locally thus offsetting some of the challenges imposed by inflation and economic sanctions thereby limiting international transportation delays.

4- The ongoing conflict especially in the North West limits access of SARC's volunteers to implement activities in some areas to affected communities.
Mitigation: SARC relied on branch volunteers and local communities, to facilitate access and movement of SARC's staff and volunteers and maintained regular coordination with the ICRC and local authorities for safer access.

5-Lack of clarity from the MoH as to government preparedness and response plan leads to a greater reliance on SARC than is currently expected
Mitigation: SARC continued to advocate with UN partners and Movement partners to enhance coordination with and between government line ministries.

6- Heavy rains that result in floods
Mitigation: SARC and IFRC monitored weather forecasting, and direct operations accordingly.

7- Increased focus on COVID-19 detracts and prevent ongoing work that communities rely upon from SARC in response to the conflict
Mitigation: SARC activated a business continuity plan and developed a communications plan to explain why they may be required to place certain non-lifesaving programmes on hold.

Coordination with RCRC Movement:
SARC developed a response plan with technical support of the IFRC. Different coordination mechanisms have been established especially during the COVID-19 pandemic to ensure continuity of support and guidance to SARC. The progress is closely monitored by all the partners and areas of improvement are shared. For coordinating the COVID-19 response activities with the Movement partners, SARC has established a steering committee for COVID-19, with all heads of departments meeting with the President once a week. IFRC is co-chairing with SARC a weekly COVID-19 Movement partners meeting with ICRC and PNSs.

Coordination with External Partners:
At the national level, as the lead humanitarian actor SARC, continues to engage in discussions with senior officials on the COVID-19 response, including with MOFA, MoH, MoSAL and MoLAE, as well as WHO. SARC follows the Early Warning and Response (EWAR) protocols that have been agreed by WHO and MoH.
In addition to coordinating with the WASH, Shelter and Health Sectors, SARC is also coordinating with WFP on adapting COVID-19 response modalities in order to decongest distribution sites. SARC has also

partnered with International Medical Corps (IMC) in continued COVID awareness raising through provision of IEC materials.

SARC mobilised 8,305 staff and volunteers who have been on the front line and helping the local communities to raise awareness related to COVID-19, delivering messages on preparedness, symptoms, referral services and distribution of relief items. **The total number of people reached through the COVID-19 response activities was 4,275,733 mostly through community awareness, various distributions, ambulance services and referral activities related COVID-19 response, of which, 1,496,507 were children, 1,453,749 men and 1,325,733 women.**

SARC carried out **519,249 awareness activities and campaigns** to promote COVID-19 awareness and personal hygiene and protection through its various programmes from 1 April to 31 December 2020. These activities and campaigns included group and individual awareness sessions as well as awareness sessions through home visits and via the internet and phones to prevent the spread of COVID-19 in communities in Syria.

A total of 3,202,059 people were reached through awareness activities and campaigns, of whom 736,473 were children, 1,024,659 men and 1,440,927 were women and most of these campaigns were concentrated in the governorates of Homs and Aleppo followed by Hama, Dara' and Rural Damascus. In addition, SARC's Media Department developed a number of news articles, videos and info-graphs aimed at increasing COVID-19 awareness and its prevention that reached more than **1,373,800 people through the official social media pages of SARC.**

Priority 1: Sustaining Health and WASH

Most of the COVID-19 awareness raising and risk communication activities were carried out by the various components of the SARC health programme. The health programme reached **1,567,574 people** comprising of 297,839 children, 532,975 men and 736,760 women through awareness-raising activities during the reporting period.

The majority of these community engagement and risk communication activities were delivered through the community-based health and first aid (CBHFA) community outreach that reached 843,443 people with messages for the improvement of their health awareness and knowledge on COVID-19 related symptoms and prevention measures to reduce the risk of infection.



Figure 20 SARC volunteer demonstrates the importance of regular handwashing with soap to prevent COVID-19 infection to children in in Syria. Credit: SARC

SARC also continued to provide assistance to people in need of health services while maintaining WHO prevention and protection protocols. Through its ongoing health services in the community and at 150 SARC health facilities, both static and mobile which included CBHFA, clinics, emergency health points (EHPs), mobile medical teams (MHU), maternal and child health, mobile health units, physical rehabilitation, mental health, and nutrition, SARC reached **1,368,499 people** during the reporting period. Pertinent health activities included referral and transportation of COVID-19 suspected cases through SARC ambulance services. During the reporting period SARC conducted 6,543 referrals and transported 2,583 COVID-19 suspected cases.

In addition, SARC was also able to provide **MHPSS services** and COVID-19 awareness raising and risk communication sessions through the six mental health clinics located in Damascus, Rural Damascus, and Aleppo to **7,079 people** during the reporting period.
SARC also conducted **awareness campaigns**, distribution of hygiene items and sterilization of health facilities and streets through the WASH interventions. A total of 467,897 hygiene kits were distributed to **2,049,785 people** comprising of 717,425 children, 696,927 men and 635,433 women by various SARC programmes including WASH through SARC's regular emergency activities.

An additional **577,919 hygiene kits were distributed to 841,470 people** comprising of 445,979 children, 218,782 women and 176,709 men through COVID-19 related awareness activities carried out by various programmes in SARC. The SARC WASH programme reached a total of **555,444 people through awareness campaigns and distributed hygiene items to 549,816 people** during the reporting period.

To enhance infection control to affected communities, **177,125 sterilization activities** were carried out by the WASH, health, relief and community services departments including **20,605 sterilizations** that targeted the 150 SARC health facilities.

Priority 2: Livelihoods, cash support and food aid
The disaster management team continued with their activities in the light of the COVID-19 response. SARC continued to provide its usual services in the form of food distributions to maintain food security for vulnerable communities taking into account the COVID-19 prevention protocols and ensuring safety measures during the distribution processes.

A total of **4,421,116 food items were distributed to 4,721,209 people** during the reporting period for vulnerable families through SARC's regular emergency distributions, while **53,882 food items were distributed to 14,344 people** disaggregated as 7,315 children, 5,451 men and 1,578 women as part of the SARC COVID-19 response plan. Most of the food items distributed through the SARC COVID-19 response were nutritional food items. A total of **916,009 people** made up of 219,842 children, 274,803 men and 421,364 women were reached by the DM programme through **awareness raising and risk communication activities.**

To meet the basic needs of vulnerable households affected by COVID-19 through multi-purpose cash assistance, a baseline survey was conducted in Aleppo to assess among other things household consumption patterns, priority needs and coping mechanisms in the fourth quarter of 2020.

Priority 3: National Society Strengthening
SARC has conducted **712 training sessions** focusing on COVID-19 prevention, case detection and personal protection, etc. Upon completion of the sessions, a total of **10,213 staff**, volunteers, health educators and representatives from the local communities were trained. The gender distribution of the trained staff and volunteers was 5,924 female and 4,289 males.

Infection control and prevention (IPC) is absolutely critical to ensure the safety of staff and volunteers and in this regard the safety of frontline staff and volunteers is a high priority to SARC. Thus, the provision of much needed support to ensure that personal protective equipment (PPE) is available to SARC operational staff and volunteers to undertake their humanitarian duties. Provision of PPE kits to the first responders was supported by various partners of SARC. A total of **273,243 COVID-19 PPE kits were procured** locally including respiratory and surgical masks; single use gowns; gloves, boots, protection glasses, fumigation devices, sanitizers, soaps, etc. Most of the PPE items were delivered to the branches and distributed to the volunteers and staff in the health facilities, first aid centres and WASH sterilization teams, relief distribution team, and other programmes.

	SARC had initially planned to go through a global procurement process for PPE kits as per the IFRC's international standard procurement procedures. The purchase order for local procurement of PPE kits was agreed in early April 2020 however the scheduled procurement was delayed due to very high currency fluctuations of the Syrian pound and the inability to get funds to the country on time resulting from the economic sanctions. The inflation in the country increased more than double after June 2020 leaving SARC with no option but to further negotiate with suppliers on the purchase of PPE items, resulting in further delays. After assessing different options, for the best way forward, a decision was made to procure PPE items locally instead of the regional procurement plan and a request was made for funds to be transferred to Syria for local procurement. The value of the Syrian pound (SYP) reached an all-time low of SYP 1,256 per 1 USD in June 2020 and in the informal market the SYP value declined steadily reaching over SYP 3,000 in late December 2020. The resulting sharp depreciation of the Syrian currency has spurred unprecedented price increases and availability of for basic items including PPE kits. The second wave of cases has proven to be much larger than the first anticipated and there is a need for SARC to remain vigilant for the safety of their staff and volunteers who continue with the frontline work. **Next steps and moving forward:** As COVID-19 is the new emergency which the humanitarian sector has to contend with for the next foreseeable future the priority is to scale up programming with the greatest impact, by implementing innovative approaches in anticipation for the roll out of a vaccine in Syria. This involves incorporating Risk Communication and Community Engagement activities to guide and support the COVID-19 vaccine roll out and uptake and dispel any disinformation in the Syrian community. SARC COVID-19 response plan was initially for one year until 31 December 2021 however the number of COVID-19 cases under second wave is still on the rise throughout the country. SARC is currently reviewing and updating its COVID-19 plan which will be available by the end of first quarter of 2021.
Tunisian Red Crescent	COVID-19 situation in Tunisia is still alarming with 7,544 deaths recorded since the beginning of the pandemic and a recent average daily new case of 1,736 (as of 31 January 2021). A national curfew is in place since October 29th (From 8 pm to 5 am) and a national 4-day lockdown was imposed from January 14th with a curfew starting from 4pm to 6 am. Following this decision, riots and protests by night were reported in many areas across the country. The police used tears gas to disperse the protesters and proceeded to several arrests. In addition, Floods hit the country (mainly in 6 areas) in September 2020. Nevertheless, despite the recent civil unrest and the floods, Tunisian Red Crescent continued operate as an auxiliary to the local authorities. In fact, TRC worked on strengthening community resilience through enhancing the knowledge of the community regarding the pandemic, working on reducing the spread and the contamination risks and alleviating the psychosocial and economic impact on the vulnerable population especially in remote areas. Due to the delay that occurred in the operation launch, TRC was not able to finalize the programme implementation by end of 2020. Therefore, a 3-month extension, until March 31st , 2021, was approved by IFRC. Due to the recent civil unrest event (protests and riots), the restrictions imposed by the government may disturb the National Society activities. Although the situation seems stabilized, TRC should be cautious to mitigate this risk and finalize the program implementation.

Coordination with RCRC Movement:
IFRC resources and support under the appeal contributed to strengthen TRC Health interventions mainly the procurements of PPEs and insurance for volunteers.

External:
As an auxiliary to the local government, TRC provided the Tunisian Ministry of Health with protective equipment for medical and health workers including:

- 7,000 protective gowns
- 6,000 single-use gowns
- 3,000 medical gloves (pairs)
- 150, 000 cleaning gloves (pairs)
- 13,000 chirurgical masks
- 600 litre of disinfection liquid

The Tunisian Red Crescent managed to reach over 10 million people through awareness campaign. In fact, since the beginning of COVID-19 outbreak, volunteers were involved, daily, in streets' campaign to sensitize the community on the preventive measures and behaviours to adopt to avoid COVID-19 spread. This including displaying posters in schools, managing queues in front of public facilities (Post offices, ministries…) and different stores and distributing masks and hygiene kits.

Priority 1: Sustaining Health and WASH



Figure 1: National program "Azima" awareness launched by TRC. Credit TRC

Since the beginning of the pandemic and as part of health and PSS activities, TRC was able to achieve the following results:

- Awareness campaigns: 16 M operations by several local committees.
- Disinfection of premises: 400,000 disinfection acts were carried out.
- 1.3M Forehead temperature measurement, as part of screening activities to assist local authorities.
- 462,000 masks were distributed.
- 14,479 L of hydro-alcoholic gel were distributed to the regional committees.
- 3,606 bars of soap were distributed.
- 2,024 persons reached with PSS.
- 2,286 hygiene kits distributed.

Besides, TRC will continue its support to public hospitals with the provision of the following medical items (Procurement process ongoing):

- 210 mattresses
- 560 Blankets
- 210 Pillows
- 210 Sheets

Priority 2: Livelihoods, cash support and food aid
As part of its socio-economic intervention, TRC is planning to distribute **4,900 food vouchers** for vulnerable people through the local committees (50 TND each) The procurement process is still ongoing. Besides, TRC managed to distribute **61,790 meals** and **253,320 food parcels** to affected population in remote areas since the beginning of the pandemic.

Priority 3: National Society Strengthening

- Insurance for volunteers.
- **56 gowns** distributed to the volunteers in different local committees and disinfection materials (**1634 L of hydroalcoholic gel** and **440 L of biocide)**.

25 volunteers participated in trainings session organized by IFRC reference centre between December and January.

With IFRC Procurement procedures the recent unrest and lockdown and the Floods, TRC experience delays in the implementation of some activities (e.g., food vouchers distribution).

Next steps and moving forward: For the remaining period, TRC will continue with the awareness campa hygiene kits and food vouchers distribution. TRC will support the government with the upcoming laun vaccine campaign in Tunisia.

Yemen Red Crescent Society

The Yemen Red Crescent Society (YRCS) has an auxiliary role to the authorities in Yemen, where it is involved in the prevention and the mitigation of the human suffering. Yemen enters its sixth year of conflict that has worsened the humanitarian situation in country. The first confirmed case of COVID-19 was reported in Yemen in April 2020. As of February 2021, there were a total of 2,135 cases and 616 deaths reported. An economic crisis, water scarcity exacerbated by climate change, as well as the secondary impacts of the COVID-19 pandemic on the economy and livelihoods has diminished the living conditions of already vulnerable groups and further amplified humanitarian needs. The situation is further compounded by the population's lack of trust in the health system and/or concerns of stigmatization, leading to patients not seeking appropriate treatment at health facilities and higher risks of further transmission in communities.

Since YRCS began its preparedness for response in March 2020, the National Society has mobilized and trained 760 volunteers and 340 health care workers and reached at least 480,000 people directly and indirectly, as of 31 January 2021.
YRCS launched their COVID-19 response plan in April 2020 and revised it in August 2020 to reflect the increasing needs in country and the role of the Red Cross Red Crescent Movement. The revised plan focuses more on reducing morbidities and mortalities associated with the pandemic, so the numbers of supported quarantine and isolation centres numbers were increased to ensure the adequate response, as well as a stronger focus on the provision of basic health services with complementary hygiene support to communities impacted by the ongoing conflict.

Access to vulnerable communities due to the conflict was further affected by the outbreak. YRCS volunteer known to the communities greatly support this continued interaction and trust to ensure communit approach, with YRCS providing their volunteers with appropriate personal protective equipment (PPE) in The logistics and supply chain were and continues to be negatively affected by the situation in the country, worsened by global shortages of PPE in the early months of the pandemic and delays in the delivery of relief items.

Coordination with RCRC Movement:
In the early stages of the initial YRCS COVID-19 Response, Movement partners held several meetings at all levels to organize their efforts. The IFRC, ICRC, Danish RC, German RC, Norwegian RC, and Qatar RC have physical presence in Yemen, while other partners such as the British, Canadian, Italian, Japanese, Netherlands and Swedish Red Cross societies are supporting YRCS multilaterally through IFRC. DRC, ICRC and GRC supported the YRCS to meet the needs of 65 quarantine and isolation centres. The IFRC, Norwegian, German and Danish Red Cross societies supported YRCS with PPEs and hygiene kits.

External: To reach the isolation centres and cover some of their needs, YRCS coordinated with MoH and has assisted with PPEs. The YRCS continues to provide communities where its health centres are present with clean water and access to health services, accompanied by COVID-19 prevention measures and messaging.

Priority 1: Sustaining Health and WASH

While the initial plan was to support 10 to 15 quarantine and 2 isolation centres, at time of reporting, YRCS has supported 54 quarantine & 11 isolation centres instead. In RCCE, YRCS planned to raise the awareness of community of COVID-19 prevention measures, however due to the needs identified, support was re-directed to conduct preventive measures at schools during examinations, covering about 4,204 examination centres and estimated to reach at least 200,000 people directly and indirectly. On CEA, awareness campaign conducted to disseminate messages on C-19. YRCS, through its social media awareness campaign, reached up to 133,000 people.

In addition, non-food items including personal and household hygiene kits for at least 16,000 households were procured in this reporting period and distributed to all branches in the country for onward distribution where appropriate.

Priority 2: Livelihoods, cash support and food aid

Through multilateral support, YRCS provided 5,619 households with food and hygiene kits in quarantine and isolation centres. CTP support was also provided to the 1,000 households from the most vulnerable communities through other Movement partners, under a "shielding" approach aimed at mitigating the further impact of the pandemic on these families.



Figure 22 Awareness campaigns and Rumors' Busting about COVID-19 throughout all Governorates of Yemen. Credit: YRCS

Priority 3: National Society Strengthening

YRCS has trained 1,100 volunteers and health workers in epidemic prevention & RCCE and provided at least 1,250 staff and volunteers with PPEs. It has also provided its primary health centres and triage points with PPE as well as training 240 volunteers on PFA during COVID-19.

The main challenges include access and stigmatization. The global shortage of PPEs and delays with international procurement also impacted the initial response. YRCS, together with Movement partners, continue engaging and advocating with local authorities to facilitate access, and have integrated the COVID-19 response under their primary health care services that also addresses other acute respiratory illnesses.

Next steps and moving forward:

YRCS will provide continued support to communities through ambulance and primary health care services, the YRCS isolation centre, RCCE where able and appropriate (covering awareness raising and behavioural change, increased hygiene promotion, continued trust building with communities through community feedback mechanism), cash assistance for the most vulnerable and psycho-social support, with continued cooperation and understanding with local authorities to facilitate access. Procurement continues to be carried out from local markets where able.

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

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

National Society	Health and Wash	Socioeconomic Impacts	NS Strengthening
Yemen Red Crescent Society	6	2	3
The Palestine Red Crescent Society	7	3	2
Syrian Arab Red Crescent	7	4	2
Red Crescent Society of the United Arab...	6	3	3
Moroccan Red Crescent	6	4	5
Jordan National Red Crescent Society	4	2	1
Iraqi Red Crescent Society	8	4	3

Data source: Public COVID-19 Field Reports submitted to GO Platform by National Societies

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	8,954,000
AOF2 - Shelter	10,232,000
AOF3 - Livelihoods and basic needs	87,706,000
AOF4 - Health	259,960,000
AOF5 - Water, sanitation and hygiene	25,984,000
AOF6 - Protection, Gender & Inclusion	8,741,000
AOF7 - Migration	8,376,000
SFI1 - Strenghten National Societies	52,556,000
SFI2 - Effective international disaster management	59,321,000
SFI3 - Influence others as leading strategic partners	9,632,000
SFI4 - Ensure a strong IFRC	18,538,000
Total Funding Requirements	**550,000,000**
Donor Response* as per 02 Mar 2021	**274,612,055**
Appeal Coverage	**49.93%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,210,731	128,089	1,082,642
AOF2 - Shelter	752,103	488,774	263,329
AOF3 - Livelihoods and basic needs	15,881,403	9,300,000	6,581,403
AOF4 - Health	174,643,532	110,466,007	64,177,525
AOF5 - Water, sanitation and hygiene	5,988,930	3,103,525	2,885,405
AOF6 - Protection, Gender & Inclusion	1,165,939	295,852	870,087
AOF7 - Migration	632,571	431,730	200,841
SFI1 - Strenghten National Societies	18,427,929	9,175,216	9,252,713
SFI2 - Effective international disaster management	22,180,244	12,009,257	10,170,987
SFI3 - Influence others as leading strategic partners	4,619,475	1,898,980	2,720,495
SFI4 - Ensure a strong IFRC	10,405,103	5,065,184	5,339,919
Grand Total	**255,907,960**	**152,362,613**	**103,545,347**

III. Operating Movement & Closing Balance per 2021/01

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	218,415,461
Expenditure	-152,362,613
Closing Balance	**66,052,849**
Deferred Income	53,150,679
Funds Available	119,203,528

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	**Outstanding :**	**0**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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COVID-19 Outbreak Global Appeal

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V. Contributions by Donor and Other Income

Opening Balance					0	
Income Type	**Cash**	**InKind Goods**	**InKind Personnel**	**Other Income**	**TOTAL**	***Deferred Income***
Airbus Corporate Foundation (Employees of Airbus)	12,969				**12,969**	
Alter Domus Participations S.ar.l	216,474				**216,474**	
American Red Cross	9,819,333		51,729		**9,871,062**	
Andorran Red Cross	16,134				**16,134**	
Asian Football Confederation	192,323				**192,323**	
Australian Government	30,314				**30,314**	
Australian Red Cross	90,905		103,627		**194,531**	
Australian Red Cross (from Australian Government*)	2,059,204				**2,059,204**	
Austrian Red Cross			49,731		**49,731**	
Austrian Red Cross (from Austrian Government*)	1,365,386				**1,365,386**	
Bahrain Red Crescent Society	20,000				**20,000**	
BeiGene	10,100				**10,100**	
Belgian Federal Government	1,713,498				**1,713,498**	*3,647,627*
Boston Scientfic	209,773				**209,773**	
Bristol-Myers Squibb Company	442,835				**442,835**	
British Government	0				**0**	*374,153*
British Red Cross	435,987		76,835		**512,822**	
British Red Cross (from Aviva Plc.*)	169,463				**169,463**	
British Red Cross (from British Government*)	42,961,048				**42,961,048**	
British Red Cross (from HSBC - HongKong & Shanghai Bar	937,485				**937,485**	
British Red Cross (from M&G Prudential Services Limited*)	59,186				**59,186**	
British Red Cross (from Standard Chartered Bank*)	3,225,221				**3,225,221**	
Calypso Technology	10,584				**10,584**	
Canadian Government	0				**0**	*137,645*
Charities Aid Foundation	101,929				**101,929**	
Charities Aid Foundation (from Cisco*)	7,148				**7,148**	
Coca-Cola	189,668				**189,668**	
Coca Cola Foundation	2,415,765				**2,415,765**	
Danish Red Cross			141,213		**141,213**	
Danish Red Cross (from Danish Government*)	496,972				**496,972**	
Electrolux Food Foundation	530				**530**	
Ericsson	178,706				**178,706**	
Estonia Government	26,533				**26,533**	
EU-DG SANTE	10,099,768				**10,099,768**	*28,618,511*
European Commission - DG ECHO	5,165,787				**5,165,787**	
European Investment Bank Institute	157,829				**157,829**	
Federation International de l'Automobile FIA	774,447				**774,447**	
FIA Foundation	1,063,078				**1,063,078**	
Finnish Red Cross	388,671	390,782	203,183		**982,636**	
Finnish Red Cross (from Finland - Private Donors*)	97,347				**97,347**	
Finnish Red Cross (from Finnish Government*)	1,492,132				**1,492,132**	
Finnish Red Cross (from Huhtamaki*)	494,125				**494,125**	
French Red Cross (from L'Oreal*)	1,058,843				**1,058,843**	
German Government	17,442,273				**17,442,273**	*860,144*
German Red Cross	4,842				**4,842**	
Goldman Sachs	663,839				**663,839**	
Great Britain - Private Donors	20				**20**	
Icelandic Red Cross	54,000		78,787		**132,787**	

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Prepared on 02 Mar 2021

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
Icelandic Red Cross (from Icelandic Government*)	146,000				**146,000**	
ICRC	16,000				**16,000**	*99,000*
ICRC (from DirecTV*)	27,538				**27,538**	
IQVIA Inc	29,058				**29,058**	
Irish Government	1,377,018				**1,377,018**	
Islamic Committee of the International Crescent	9,649				**9,649**	
Islamic Development Bank IsDB	585,081				**585,081**	*484,346*
Italian Government Bilateral Emergency Fund	639,986				**639,986**	
Italian Red Cross			79,040		**79,040**	
Italy - Private Donors	12				**12**	
Japanese Government	21,732,684				**21,732,684**	*2,519,770*
Japanese Red Cross Society	88,665				**88,665**	
Japan - Private Donors	42,011				**42,011**	
Johnson & Johnson foundation	4,209,980				**4,209,980**	
Kaspersky Lab	15,000				**15,000**	
Kenya - Private Donors	2,038				**2,038**	
Kenya Red Cross Society			245		**245**	
Kuwait Red Crescent Society	97,167				**97,167**	
Lithuania Government	105,340				**105,340**	
London Stock Exchange Group (LSEG)	1,184,388				**1,184,388**	
Marriott International Inc.	7,407				**7,407**	
Medtronic Foundation	6,398				**6,398**	
Morgan Stanley	26,597				**26,597**	
Nestle	3,130,254				**3,130,254**	
Netherlands - Private Donors	3,401				**3,401**	
New Balance	22,883				**22,883**	
New Zealand Government	304,650				**304,650**	
New Zealand Red Cross			79,800		**79,800**	
Norwegian Red Cross	112,337				**112,337**	
Norwegian Red Cross (from Norwegian Government*)	1,516,704				**1,516,704**	
Novartis	127,101				**127,101**	
Olympus Corporation	177,183				**177,183**	
On Line donations	29,502				**29,502**	
PPG Coatings (HongKong) Co.Ltd	97,416				**97,416**	
PPG Industries Europe Sarl	288,856				**288,856**	
PricewaterhouseCoopers	42				**42**	
Procter & Gamble	931,589				**931,589**	
Qatar Red Crescent Society	8,897				**8,897**	
Red Crescent Society of Turkmenistan	2,933				**2,933**	
Red Cross of Monaco	158,432				**158,432**	
Red Cross of Viet Nam	29,182				**29,182**	
Red Cross Society of China	1,038,821				**1,038,821**	
Republic of Korea - Private Donors	11,486				**11,486**	
RM Sotheby's	151,260				**151,260**	
Sandoz International GmbH	1,083				**1,083**	
Saudi Arabia Government	0				**0**	*1,000,000*
Siemens Gamesa Renewable Energy	89,364				**89,364**	
Singapore Red Cross Society	2,302,238	34,430			**2,336,668**	
Sociedad Textil Lonia S.A.	1,038,143				**1,038,143**	
Société Générale Foundation	1,083,015				**1,083,015**	
Spanish Government	804,051				**804,051**	*3,181,913*
Supreme Master Ching Hai	1,016,630				**1,016,630**	

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
Swedish Red Cross	1,121,988				**1,121,988**	
Swiss Government	5,300,000				**5,300,000**	
Swiss Red Cross	898,481	1,051,994	26,413		**1,976,888**	
Swiss Red Cross (from Philip Morris Int.*)	334,961				**334,961**	
Switzerland - Private Donors	2,600				**2,600**	
T1 Entertainment & Sports	10,677				**10,677**	
Taiwan Red Cross Organisation	61,163				**61,163**	
Telekom Austria AG	21,587				**21,587**	
The Alcon Foundation, Inc.	8,458				**8,458**	
The Burberry Foundation	101,124				**101,124**	
The Canadian Red Cross Society (from Canadian Governm	14,874,702				**14,874,702**	
The Netherlands Red Cross	24,000				**24,000**	
The Netherlands Red Cross (from Heineken International B	15,912,000				**15,912,000**	
The Netherlands Red Cross (from Netherlands Governmen	6,860,672				**6,860,672**	
The Republic of Cyprus	29,251				**29,251**	
The Republic of Korea National Red Cross	500,000				**500,000**	
The Republic of Korea National Red Cross (from Republic (	416,474				**416,474**	
The Republic of the Philippines	94,134				**94,134**	
Thermo Fisher Scientific	706				**706**	
Tokyo Electron Limited (TEL)	904,231				**904,231**	
Tory Burch UK	11,575				**11,575**	
Turkish Red Crescent Society	20,156		3,432		**23,588**	
UNICEF - United Nations Children's Fund	35,123				**35,123**	*435,404*
Unidentified donor			38,000		**38,000**	
United States Government - PRM	451,755				**451,755**	*1,082,150*
United States Government - USAID	15,742,472				**15,742,472**	*9,162,297*
United States - Private Donors	11,717				**11,717**	
Université de Management de Suisse	53,942				**53,942**	
UPS foundation	49,406				**49,406**	
Vanguard	135				**135**	
WHO - World Health Organization	97,057				**97,057**	*199,660*
World Bank	857,453				**857,453**	*1,348,061*
YourCause LLC	275				**275**	
Total Contributions and Other Income	**216,006,221**	**1,477,206**	**932,034**	**0**	**218,415,461**	***53,150,679***
Total Income and Deferred Income					**218,415,461**	*53,150,679*

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Africa	Budget	31,289	238,377	3,982,508	24,732,922	854,329	163,314	21,184	6,379,553	7,889,084	210,430	659,725	**45,162,715**
	Expenditure	-191,492	183,434	2,325,102	18,913,100	440,256	65,011	13,252	4,436,576	4,448,060	2,426	578,515	**31,214,241**
	Variance	222,781	54,942	1,657,407	5,819,822	414,073	98,303	7,932	1,942,978	3,441,023	208,003	81,210	**13,948,474**
Americas	Budget	29,930	136,449	2,074,670	24,340,796	1,863,577	78,136	94,738	4,706,097	3,378,002	455,840	51,287	**37,209,521**
	Expenditure	5,098	111,764	620,495	15,561,417	702,982	10,835	37,484	1,493,119	1,129,304	58,453	21,623	**19,752,573**
	Variance	24,832	24,685	1,454,175	8,779,379	1,160,595	67,302	57,254	3,212,977	2,248,698	397,387	29,664	**17,456,948**
Asia Pacific	Budget	228,220	207,304	4,546,558	22,289,763	1,817,147	180,423	352,874	3,048,701	5,026,913	1,347,477	3,557,582	**42,602,962**
	Expenditure	166,268	77,592	2,979,761	17,004,473	1,093,296	113,235	330,922	1,048,196	3,606,829	657,777	2,089,365	**29,167,714**
	Variance	61,953	129,712	1,566,797	5,285,290	723,852	67,188	21,951	2,000,505	1,420,084	689,700	1,468,217	**13,435,248**
Europe	Budget	889,341		591,638	78,085,205	0			430,180	23,963	535,476	425,930	**80,981,732**
	Expenditure	120,877		840,578	38,115,102		11,443	80	271,210	76,240	157,020	354,193	**39,946,744**
	Variance	768,465	0	-248,941	39,970,104	0	-11,443	-80	158,970	-52,277	378,455	71,737	**41,034,988**
MENA	Budget			3,752,610	23,186,635	1,453,876	38,610	89,225	3,445,430	4,160,880	413,785	1,050,297	**37,591,348**
	Expenditure			1,974,291	18,848,823	866,907	32,612	27,167	1,667,537	1,624,971	78,094	347,017	**25,467,422**
	Variance	0	0	1,778,318	4,337,812	586,969	5,998	62,058	1,777,893	2,535,908	335,690	703,280	**12,123,927**
Geneva	Budget	31,950	169,974	933,418	2,008,211		705,456	74,550	417,968	1,701,404	1,656,468	4,660,281	**12,359,680**
	Expenditure	27,339	115,984	559,772	2,023,093	83	62,716	22,824	258,578	1,123,852	945,209	1,674,470	**6,813,919**
	Variance	4,611	53,990	373,646	-14,881	-83	642,740	51,726	159,391	577,551	711,259	2,985,810	**5,545,761**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Africa													
Africa regional office	Budget		5,325	263,278	4,411,835		84,242	5,325	46,258	261,055	83,782		**5,161,100**
	Expenditure			101	2,702,203				63,316	243,390		8,894	**3,017,904**
	Variance	0	5,325	263,177	1,709,632	0	84,242	5,325	-17,059	17,665	83,782	-8,894	**2,143,196**
Angola	Budget				71,222				27,419	1,490			**100,131**
	Expenditure				232				566				**799**
	Variance	0	0	0	70,990	0	0	0	26,852	1,490	0	0	**99,333**
Benin	Budget				72,192				101,830	161,372			**335,393**
	Expenditure	-105,000			178,537				18,356	135,571			**227,464**
	Variance	105,000	0	0	-106,345	0	0	0	83,474	25,801	0	0	**107,930**
Botswana	Budget		17,330	479,064	244,951		10,247		370,070	246,772			**1,368,434**
	Expenditure		16,708	124,164	141,758		6,263		188,492	22,212			**499,596**
	Variance	0	623	354,900	103,193	0	3,985	0	181,578	224,560	0	0	**868,838**
Burkina Faso	Budget		63,688	120,945	203,400			3,980	92,728	61,355		7,076	**553,173**
	Expenditure			7,801	217,527			1,170	30,654	47,186	137	2,080	**306,556**
	Variance	0	63,688	113,143	-14,127	0	0	2,810	62,075	14,169	-137	4,996	**246,618**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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COVID-19 Outbreak Global Appeal

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Burundi	Budget				149,140	28,391			237,558	62,013	47,334	8,647	**533,082**
	Expenditure				266,217					344			**266,561**
	Variance	0	0	0	-117,077	28,391	0	0	237,558	61,669	47,334	8,647	**266,520**
Cameroon	Budget			55,213	424,838			123	303,642	235,619		15	**1,019,451**
	Expenditure			40,113	456,653			123	195,531	185,838		19,926	**898,183**
	Variance	0	0	15,100	-31,814	0	0	0	108,111	49,781	0	-19,911	**121,267**
Cape Verde	Budget			14,367	246,856	6,783		221	90,776	43,204			**402,206**
	Expenditure			8,201	68,291	6,831		126	29,352	16,211			**129,011**
	Variance	0	0	6,166	178,565	-48	0	95	61,424	26,993	0	0	**273,195**
Central Africa CCST	Budget									423,180			**423,180**
	Expenditure				8,578				779	308,949		18,877	**337,183**
	Variance	0	0	0	-8,578	0	0	0	-779	114,231	0	-18,877	**85,997**
Central African Republic	Budget		10,288	83,589	1,361,946	60,570			7,010	104,215			**1,627,618**
	Expenditure		17,518		275,699	43,920			3,435	79,099	483	11,686	**431,840**
	Variance	0	-7,230	83,589	1,086,247	16,650	0	0	3,575	25,117	-483	-11,686	**1,195,778**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Chad	Budget		21,984	43,034	86,461				30,760	97,526			279,766
	Expenditure		17,054	40,890	34,459				12,050	49,806			154,259
	Variance	0	4,931	2,144	52,002	0	0	0	18,710	47,720	0	0	125,507
Comoro Islands	Budget				439,140		1,438		98,901	9,361			548,840
	Expenditure				173,647		1,672		31,068	45,034		336	251,757
	Variance	0	0	0	265,493	0	-234	0	67,833	-35,673	0	-336	297,082
Cote d'Ivoire	Budget			390,821	313,974				449,778	314,085		234,758	1,703,416
	Expenditure	1,462		278,803	224,866	6,376			160,573	119,069			791,149
	Variance	-1,462	0	112,018	89,108	-6,376	0	0	289,204	195,016	0	234,758	912,266
Democratic Republic of Congo	Budget			193	1,857,775		808		512,494	2,134,227	20,837	228,535	4,754,869
	Expenditure			195	1,284,043		624		598,148	607,300	1,170	20,445	2,511,925
	Variance	0	0	-2	573,732	0	184	0	-85,655	1,526,928	19,667	208,090	2,242,944
Djibouti	Budget				443,612					1,623			445,235
	Expenditure				183,820					1,623			185,443
	Variance	0	0	0	259,792	0	0	0	0	0	0	0	259,792
	Budget				631,184				14,176	46,104	8,771		700,235

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure	2,724			399,228					58,394			**460,346**
	Variance	-2,724	0	0	231,957	0	0	0	14,176	-12,290	8,771	0	**239,889**
Equatorial Guinea	Budget			10,502	70,242				22,064	17,804			**120,612**
	Expenditure				46,063				4,437				**50,500**
	Variance	0	0	10,502	24,180	0	0	0	17,627	17,804	0	0	**70,112**
Ethiopia	Budget				403,871				9,859		12,686	9,584	**436,000**
	Expenditure				417,838					12,170			**430,009**
	Variance	0	0	0	-13,967	0	0	0	9,859	-12,170	12,686	9,584	**5,992**
France	Budget				160,176								**160,176**
	Expenditure				146,281								**146,281**
	Variance	0	0	0	13,894	0	0	0	0	0	0	0	**13,894**
Gabon	Budget				465,531				107,705	265,057			**838,294**
	Expenditure				280,631				53,558	185,777			**519,966**
	Variance	0	0	0	184,900	0	0	0	54,147	79,280	0	0	**318,327**
Gambia	Budget			170,543	565,036				411,820	173,594			**1,320,993**
	Expenditure			56,023	309,555				549,480	72,655			**987,713**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	114,520	255,481	0	0	0	-137,661	100,939	0	0	**333,280**
Ghana	Budget			151,143	126,568	500,199			320,815	250,845			**1,349,570**
	Expenditure	0		149,733	189,080	295,399			75,143	102,103			**811,457**
	Variance	0	0	1,410	-62,512	204,800	0	0	245,672	148,742	0	0	**538,113**
Guinea	Budget			105,417	181,975		8,236		93,765	62,252			**451,645**
	Expenditure			76,098	233,292		5,935		67,702	44,888			**427,915**
	Variance	0	0	29,319	-51,317	0	2,301	0	26,063	17,364	0	0	**23,730**
Guinea Bisau	Budget		31,786	42,857	55,893				26,716	27,054			**184,306**
	Expenditure		16,730	42,857	31,825				15,169	80,332			**186,913**
	Variance	0	15,056	0	24,068	0	0	0	11,548	-53,278	0	0	**-2,607**
Indian Ocean Islands CCST	Budget				340,030								**340,030**
	Expenditure				129,671			2,080		68,393		1,188	**201,332**
	Variance	0	0	0	210,359	0	0	-2,080	0	-68,393	0	-1,188	**138,698**
Kenya	Budget				3,054,681				190,269			107	**3,245,056**
	Expenditure				3,088,129				190,317				**3,278,446**
	Variance	0	0	0	-33,448	0	0	0	-48	0	0	107	**-33,390**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Lesotho	Budget			77,420	103,746		1,093		62,743	28,705			**273,707**
	Expenditure			77,420	99,998		1,093		62,743	28,599			**269,853**
	Variance	0	0	0	3,748	0	0	0	0	107	0	0	**3,854**
Liberia	Budget	31,289			529,608	74,846	5,553		267,292	24,948		0	**933,536**
	Expenditure				207,732	87,671	5,528		106,250	125,379		1,063	**533,624**
	Variance	31,289	0	0	321,877	-12,825	25	0	161,042	-100,432	0	-1,063	**399,913**
Madagascar	Budget				237,480				110,273	0	13,438		**361,191**
	Expenditure				248,613				63,694	61,260	102		**373,669**
	Variance	0	0	0	-11,133	0	0	0	46,579	-61,260	13,335	0	**-12,479**
Malawi	Budget		4,579	129,384	83,897		9,494		187,579	47,925			**462,858**
	Expenditure		4,579	119,207	91,016		9,494		102,007	32,676			**358,978**
	Variance	0	0	10,177	-7,119	0	0	0	85,572	15,249	0	0	**103,880**
Mali	Budget		3,571	110,462	164,402				48,649	32,232			**359,316**
	Expenditure		1,434	44,366	144,948				19,739	14,693			**225,180**
	Variance	0	2,137	66,096	19,454	0	0	0	28,910	17,539	0	0	**134,136**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Mauritania	Budget			47,700	86,849			11,029	36,098	28,455			210,131
	Expenditure			33,428	66,803			9,753	27,430	40,057			177,470
	Variance	0	0	14,272	20,046	0	0	1,276	8,668	-11,601	0	0	32,660
Mauritius	Budget			11,180	313,686					271,303	2,260		598,428
	Expenditure				234,501					98,436	1,048		333,985
	Variance	0	0	11,180	79,185	0	0	0	0	172,867	1,211	0	264,443
Mozambique	Budget				203,827				172,130	27,690	28	1,608	405,283
	Expenditure	9,179			337,904		1,084		30,482	25,805	28	1,608	406,089
	Variance	-9,179	0	0	-134,077	0	-1,084	0	141,648	1,885	0	0	-806
Namibia	Budget			135,503	74,126		3,842		86,935	93,639		1,726	395,770
	Expenditure			137,692	74,415		4,378		87,346	94,211		1,726	399,768
	Variance	0	0	-2,190	-289	0	-536	0	-411	-572	0	0	-3,998
Niger	Budget			74,360	34,937	183,539	6,475		64,554	46,731	3,225		413,821
	Expenditure				125,365				43,219		328	381,455	550,367
	Variance	0	0	74,360	-90,428	183,539	6,475	0	21,334	46,731	2,897	-381,455	-136,546
	Budget			812,236	626,632				309,574	125,541			1,873,982

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strenghten National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure			533,445	910,637				226,210	77,439		0	**1,747,731**
	Variance	0	0	278,791	-284,005	0	0	0	83,364	48,101	0	0	**126,251**
Republic of Congo	Budget				138,984				56,069	53,205			**248,258**
	Expenditure				221,191				44,467	48,919		108	**314,685**
	Variance	0	0	0	-82,207	0	0	0	11,602	4,286	0	-108	**-66,427**
Rwanda	Budget				576,543				65,729	38,313	2,083	107	**682,775**
	Expenditure				643,243				14,224	860			**658,327**
	Variance	0	0	0	-66,700	0	0	0	51,505	37,453	2,083	107	**24,447**
Sahel CCST	Budget				8,788					565,490		87,170	**661,448**
	Expenditure		33,779	37,628	208,481	58			31,717	207,849		38,174	**557,687**
	Variance	0	-33,779	-37,628	-199,693	-58	0	0	-31,717	357,641	0	48,996	**103,761**
Sao Tome and Principe	Budget		26,566		43,652				29,194	92,725			**192,137**
	Expenditure		26,580		44,080				11,306	91,716			**173,681**
	Variance	0	-13	0	-428	0	0	0	17,889	1,009	0	0	**18,456**
Senegal	Budget		47,412	141,820	103,212				67,872	152,411			**512,727**
	Expenditure		43,151	129,075	188,800				70,917	167,645			**599,587**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	4,261	12,746	-85,587	0	0	0	-3,045	-15,233	0	0	**-86,860**
Seychelles	Budget				38,659				9,741	18,107	3,996		**70,503**
	Expenditure				28,578				10,420	30,259			**69,257**
	Variance	0	0	0	10,080	0	0	0	-680	-12,152	3,996	0	**1,246**
Sierra Leone	Budget				353,025				269,702	4,341			**627,068**
	Expenditure				182,519				299,376				**481,896**
	Variance	0	0	0	170,506	0	0	0	-29,675	4,341	0	0	**145,172**
Somalia	Budget				655,812		4,421		15,271	142,645		597	**818,746**
	Expenditure				559,956		11,498		24,031	130,314		597	**726,396**
	Variance	0	0	0	95,856	0	-7,077	0	-8,760	12,332	0	0	**92,350**
South Africa	Budget			139,122	290,106		6,245		84,500	54,974			**574,947**
	Expenditure			127,541	109,437				45,660	53,345			**335,984**
	Variance	0	0	11,581	180,669	0	6,245	0	38,840	1,629	0	0	**238,963**
Southern Africa CCST	Budget				515,382		10,578		14,092	62,045		17,333	**619,431**
	Expenditure				348,629		5,289		16,724	67,261		23,247	**461,150**
	Variance	0	0	0	166,753	0	5,289	0	-2,632	-5,216	0	-5,914	**158,281**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
South Sudan	Budget				391,776				135,848	710,338		61,604	**1,299,565**
	Expenditure				89,840				435,208	443,339		43,535	**1,011,921**
	Variance	0	0	0	301,936	0	0	0	-299,361	266,999	0	18,070	**287,644**
Sudan	Budget				371,967				53,729		8,265	227	**434,187**
	Expenditure				365,197				64,787	1,583	-869		**430,698**
	Variance	0	0	0	6,770	0	0	0	-11,058	-1,583	9,134	227	**3,490**
Swaziland	Budget		5,847	156,984	49,531		2,632	506	88,035	71,333			**374,868**
	Expenditure		5,902	158,810	50,970		3,593		47,430	40,249			**306,954**
	Variance	0	-55	-1,826	-1,439	0	-961	506	40,604	31,084	0	0	**67,913**
Tanzania	Budget				372,432				147,157	11,808		417	**531,813**
	Expenditure				436,595				68,388	11,313		3,567	**519,863**
	Variance	0	0	0	-64,164	0	0	0	78,769	495	0	-3,151	**11,949**
Togo	Budget				126,228				34,936	65,705			**226,869**
	Expenditure	-100,000			178,214				14,993	26,771			**119,977**
	Variance	100,000	0	0	-51,986	0	0	0	19,943	38,934	0	0	**106,891**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Uganda	Budget				362,555				70,988			214	**433,756**
	Expenditure				362,514				71,193				**433,707**
	Variance	0	0	0	41	0	0	0	-205	0	0	214	**49**
West Coast CCST	Budget				569,887								**569,887**
	Expenditure	54			345,642				453				**346,149**
	Variance	-54	0	0	224,245	0	0	0	-453	0	0	0	**223,738**
Zambia	Budget			101,512	120,097		8,008		259,285	81,841			**570,743**
	Expenditure			101,512	120,197		8,008		108,038	41,739			**379,494**
	Variance	0	0	0	-100	0	0	0	151,247	40,102	0	0	**191,249**
Zimbabwe	Budget			113,860	802,571				65,171	36,827	3,725		**1,022,155**
	Expenditure	89			398,964		551						**399,604**
	Variance	-89	0	113,860	403,607	0	-551	0	65,171	36,827	3,725	0	**622,551**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Americas													
Americas regional office	Budget				4,841,032								**4,841,032**
	Expenditure	591			2,083,663				19,364	33,338		899	**2,137,855**
	Variance	-591	0	0	2,757,369	0	0	0	-19,364	-33,338	0	-899	**2,703,176**
Antigua and Barbuda	Budget	5,375		72,025	127,630		632		196,725	4,769			**407,156**
	Expenditure	899		20	247,261	14,646			59,544		2,686		**325,056**
	Variance	4,476	0	72,005	-119,631	-14,646	632	0	137,181	4,769	-2,686	0	**82,100**
Argentina	Budget				190,069	147,168							**337,236**
	Expenditure				187,203	96,170				37			**283,410**
	Variance	0	0	0	2,866	50,998	0	0	0	-37	0	0	**53,826**
Bahamas	Budget			97,597	474,015	139,726			86,435	74,414			**872,186**
	Expenditure			109,937	109,778	39,131			50,376	30,164			**339,385**
	Variance	0	0	-12,341	364,237	100,595	0	0	36,060	44,250	0	0	**532,801**
Barbados	Budget			42,191	47,215	2,484	2,069		60,580				**154,540**
	Expenditure			28,319	19,992	265			30,889				**79,465**
	Variance	0	0	13,871	27,223	2,219	2,069	0	29,692	0	0	0	**75,074**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Belize	Budget	2,561		126,420	142,006	44,149			50,748				**365,884**
	Expenditure			37,981	222,822	10,096			7,045	-176			**277,768**
	Variance	2,561	0	88,439	-80,815	34,053	0	0	43,703	176	0	0	**88,116**
Bolivia	Budget		38,562	114,015	667,952	112,230	17,200	4,300	0		99,692	24,725	**1,078,676**
	Expenditure		13,767	427	464,505						21,632	7,507	**507,838**
	Variance	0	24,795	113,587	203,447	112,230	17,200	4,300	0	0	78,060	17,218	**570,838**
Brazil	Budget			48,570	143,217	74,883	3,236		49,195	108,679			**427,781**
	Expenditure				90,729	12,459			12,683				**115,871**
	Variance	0	0	48,570	52,489	62,425	3,236	0	36,512	108,679	0	0	**311,910**
Caribbean CCST	Budget				1,559,303								**1,559,303**
	Expenditure				216,866					1,481			**218,347**
	Variance	0	0	0	1,342,438	0	0	0	0	-1,481	0	0	**1,340,956**
Central America CCST	Budget									739,424			**739,424**
	Expenditure				5					133,247			**133,252**
	Variance	0	0	0	-5	0	0	0	0	606,177	0	0	**606,172**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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Chile	Budget		64,500	79,013	66,504	33,325			136,349				379,690
	Expenditure		62,632	77,843	163,000	26,463			14,989				344,926
	Variance	0	1,868	1,169	-96,496	6,862	0	0	121,360	0	0	0	34,764
Colombia	Budget				1,056,628					374,750			1,431,378
	Expenditure			41,389	461,294	4,211			82,995	116,728			706,616
	Variance	0	0	-41,389	595,334	-4,211	0	0	-82,995	258,022	0	0	724,762
Costa Rica	Budget			16,982	544,623	55,832	5,264	9,478	19,721				651,900
	Expenditure				443,808								443,808
	Variance	0	0	16,982	100,815	55,832	5,264	9,478	19,721	0	0	0	208,092
Cuba	Budget				329,913								329,913
	Expenditure				226,907					600			227,507
	Variance	0	0	0	103,006	0	0	0	0	-600	0	0	102,406
Cuba, Haiti and Dominican Republic CCST	Budget				0					956,250		0	956,250
	Expenditure	539								434,519		1,425	436,483
	Variance	-539	0	0	0	0	0	0	0	521,731	0	-1,425	519,768

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Dominica	Budget	3,225		31,605	76,170	24,725			186,775				322,500
	Expenditure	2,425		22,361	76,110	16,781			73,722	-286			191,112
	Variance	800	0	9,244	61	7,944	0	0	113,053	286	0	0	131,388
Dominican Republic	Budget			62,565	1,005,207	238,994			463,841				1,770,607
	Expenditure			3,630	732,333	182,465			247,958	-663			1,165,723
	Variance	0	0	58,935	272,874	56,529	0	0	215,883	663	0	0	604,884
Ecuador	Budget			0	2,426,714	0			756,942				3,183,656
	Expenditure			47,089	1,248,981	47,096			105,246	8,521			1,456,933
	Variance	0	0	-47,089	1,177,733	-47,096	0	0	651,696	-8,521	0	0	1,726,723
El Salvador	Budget			439,521	1,076,825	25,628	4,876		169,611			3,159	1,719,620
	Expenditure				1,349,104								1,349,104
	Variance	0	0	439,521	-272,279	25,628	4,876	0	169,611	0	0	3,159	370,517
Grenada	Budget	2,150		16,048	102,355	14,900			226,261	1,290			363,004
	Expenditure			17,632	182,251	1,523			61,619				263,024
	Variance	2,150	0	-1,584	-79,895	13,377	0	0	164,643	1,290	0	0	99,980
	Budget			151,866	1,229,160	15,974	3,753	72,360	271,408	18,257			1,762,778

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure	192			964,791			37,484	66,820	10,812			**1,080,099**
	Variance	-192	0	151,866	264,369	15,974	3,753	34,876	204,588	7,444	0	0	**682,679**
Guyana	Budget			29,025	210,121	37,705			85,553				**362,403**
	Expenditure			1,950	226,623	38,427			37,561				**304,561**
	Variance	0	0	27,075	-16,502	-722	0	0	47,992	0	0	0	**57,842**
Haiti	Budget				802,601	232,229			236,217				**1,271,047**
	Expenditure				607,728	118,414			101,474				**827,615**
	Variance	0	0	0	194,873	113,816	0	0	134,743	0	0	0	**443,431**
Honduras	Budget			174,150	1,109,250	26,310	39,775	8,600	186,398				**1,544,483**
	Expenditure				643,618		10,835		123,446				**777,899**
	Variance	0	0	174,150	465,632	26,310	28,940	8,600	62,952	0	0	0	**766,584**
Jamaica	Budget			124,393	908,964	12,681			231,027				**1,277,065**
	Expenditure			45,562	647,670	2,722			49,080				**745,035**
	Variance	0	0	78,831	261,293	9,959	0	0	181,947	0	0	0	**532,030**
Mexico	Budget				869,584				18,232	1,301		12,653	**901,770**
	Expenditure				869,736				5,379	1,301		11,793	**888,209**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	-152	0	0	0	12,852	0	0	860	**13,561**
Nicaragua	Budget			134,542	877,479	88,715			110,814				**1,211,549**
	Expenditure				771,463	24,918			53,838				**850,219**
	Variance	0	0	134,542	106,016	63,797	0	0	56,975	0	0	0	**361,330**
Panama	Budget				247,051				173,890				**420,940**
	Expenditure			3,787	336,165				11,165				**351,117**
	Variance	0	0	-3,787	-89,114	0	0	0	162,725	0	0	0	**69,823**
Paraguay	Budget				160,754	28,246			189,803				**378,803**
	Expenditure				206,320	22,595			60,993	31			**289,939**
	Variance	0	0	0	-45,565	5,651	0	0	128,810	-31	0	0	**88,864**
Peru	Budget		29,086	135,634	589,542	29,041	0	0	70,311				**853,615**
	Expenditure		22,465	116,931	347,482	22,127			12,507				**521,513**
	Variance	0	6,621	18,703	242,060	6,914	0	0	57,805	0	0	0	**332,103**
Saint Kitts and Nevis	Budget	11,030		58,377	181,459	13,803	1,330		24,671				**290,670**
	Expenditure			19,873	61,523				10,758				**92,153**
	Variance	11,030	0	38,504	119,936	13,803	1,330	0	13,913	0	0	0	**198,517**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Saint Lucia	Budget				104,482	7,727			6,042				118,250
	Expenditure				94,605								94,605
	Variance	0	0	0	9,877	7,727	0	0	6,042	0	0	0	23,645
South America CCST	Budget				101,595					815,968			917,563
	Expenditure				3,879				842	177,948			182,669
	Variance	0	0	0	97,717	0	0	0	-842	638,020	0	0	734,894
Southern Cone CCST	Budget								193,378	16,125	356,148	10,750	576,401
	Expenditure				2,914				11,495	86,018	34,134		134,561
	Variance	0	0	0	-2,914	0	0	0	181,883	-69,893	322,013	10,750	441,839
St Vincent and Grenadines	Budget		4,300	18,006	75,241	14,741			70,462				182,750
	Expenditure			9,092	100,650	5,757			18,623				134,123
	Variance	0	4,300	8,914	-25,410	8,984	0	0	51,839	0	0	0	48,627
Suriname	Budget	2,688			97,530	16,662			81,963				198,843
	Expenditure				70,826	1,331			35,972				108,129
	Variance	2,688	0	0	26,704	15,331	0	0	45,991	0	0	0	90,714

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Trinidad and Tobago	Budget	2,903		102,125	128,409	88,580			73,100	17,899			**413,015**
	Expenditure			35,761	185,093	6,562			12,496	1,646			**241,558**
	Variance	2,903	0	66,364	-56,684	82,018	0	0	60,604	16,252	0	0	**171,457**
Uruguay	Budget				645,551				5,198				**650,748**
	Expenditure		12,900	908	247,738	8,825			27,960				**298,330**
	Variance	0	-12,900	-908	397,813	-8,825	0	0	-22,762	0	0	0	**352,418**
Venezuela Country Office	Budget				1,124,646	337,120			274,448	248,875			**1,985,089**
	Expenditure	453			645,985				86,281	94,036			**826,754**
	Variance	-453	0	0	478,661	337,120	0	0	188,167	154,839	0	0	**1,158,334**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
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Asia Pacific													
Afghanistan	Budget			749,589	2,070,839				0	133,429	18,266	228,049	**3,200,172**
	Expenditure	10,756		776,258	1,913,858				5,084	80,930	35,307	208,462	**3,030,654**
	Variance	-10,756	0	-26,669	156,981	0	0	0	-5,084	52,499	-17,040	19,587	**169,518**
Asia Pacific regional office	Budget				238,506				274,945	1,295,328	239,621	734,323	**2,782,723**
	Expenditure				120,935				139,623	716,659	87,986	506,123	**1,571,326**
	Variance	0	0	0	117,570	0	0	0	135,323	578,670	151,635	228,199	**1,211,397**
Bangkok CCST	Budget	22,446			1,983			44,117	28,187	56,643	19	289,920	**443,314**
	Expenditure	22,446			3,257				3,682	24,995	19	60,665	**115,064**
	Variance	0	0	0	-1,274	0	0	44,117	24,505	31,648	0	229,255	**328,250**
Bangladesh	Budget	1,509		275,303	5,158,785	592,414	27,027	24,730	25,143				**6,104,909**
	Expenditure	1,509			3,992,435	284,948	5,718	19,717					**4,304,327**
	Variance	0	0	275,303	1,166,350	307,466	21,308	5,013	25,143	0	0	0	**1,800,582**
Beijing CCST	Budget				0	0	0	0	0	4,405	0	225,127	**229,532**
	Expenditure				28,771					686	53,209	133,666	**216,331**
	Variance	0	0	0	-28,771	0	0	0	0	3,719	-53,209	91,462	**13,201**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
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Bhutan	Budget	19,002			89,067				82,775			2,130	**192,974**
	Expenditure				144,235								**144,235**
	Variance	19,002	0	0	-55,168	0	0	0	82,775	0	0	2,130	**48,739**
Brunei Darussalam	Budget				50,001								**50,001**
	Expenditure				31,987								**31,987**
	Variance	0	0	0	18,013	0	0	0	0	0	0	0	**18,013**
Cambodia	Budget				52,724				639	168,620	0		**221,983**
	Expenditure				52,724				639	142,854			**196,217**
	Variance	0	0	0	0	0	0	0	0	25,766	0	0	**25,766**
China	Budget				2,243,902	0	0	0	501,719	332,382	55,480	99,315	**3,232,798**
	Expenditure	9,648			1,986,554					491,984	13,216	52,607	**2,554,009**
	Variance	-9,648	0	0	257,348	0	0	0	501,719	-159,602	42,265	46,708	**678,789**
Cook Islands	Budget		213	5,591	45,536	320	479		26,455	3,591			**82,185**
	Expenditure				23,651	64			3,604	1,703			**29,022**
	Variance	0	213	5,591	21,885	255	479	0	22,851	1,888	0	0	**53,162**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
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Democratic People Republic of Korea	Budget	35,508	67,381		260,869	220,414			45,437	52,185	221,179	3,195	**906,168**
	Expenditure	38,751	68,014		295,684	54,502			22,716	3,470	143,409		**626,546**
	Variance	-3,243	-633	0	-34,815	165,913	0	0	22,720	48,715	77,770	3,195	**279,622**
Fed. States of Micronesia	Budget				55,629		2,580		78,457	22,518	1,075	9,790	**170,049**
	Expenditure				47,654	11,371	90		6,653	2,603		8,482	**76,853**
	Variance	0	0	0	7,975	-11,371	2,490	0	71,804	19,915	1,075	1,308	**93,196**
Fiji	Budget				69,352	45,547			72,740	54,686	3,698		**246,023**
	Expenditure				83,791	2,364	2,719		25,511	4,280			**118,664**
	Variance	0	0	0	-14,440	43,183	-2,719	0	47,229	50,407	3,698	0	**127,359**
India	Budget				959,893			82,681	95,560		4,686	42,991	**1,185,811**
	Expenditure	15,552			160,347			60,697	34,717			1,794	**273,107**
	Variance	-15,552	0	0	799,546	0	0	21,984	60,843	0	4,686	41,198	**912,704**
Indonesia	Budget			569,082	1,757,653				127,186	425,403	237,284	137,817	**3,254,425**
	Expenditure			323,212	920,269				8,283	203,283	61,047	25,942	**1,542,037**
	Variance	0	0	245,870	837,385	0	0	0	118,902	222,120	176,237	111,875	**1,712,388**
	Budget				100,000								**100,000**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				38,473					2		297	**38,773**
	Variance	0	0	0	61,527	0	0	0	0	-2	0	-297	**61,228**
Kiribati	Budget				58,437	14,651			62,403	27,313			**162,805**
	Expenditure				36,244	4,823			29,104	19,375			**89,546**
	Variance	0	0	0	22,194	9,829	0	0	33,299	7,938	0	0	**73,259**
Laos	Budget				117,165				1,369	43,739	688		**162,961**
	Expenditure	3,089			117,165				1,369	35,182	688		**157,494**
	Variance	-3,089	0	0	0	0	0	0	0	8,557	0	0	**5,468**
Malaysia	Budget			271,697	625,263	108,556	126,221		144,859	276,091	101,796		**1,654,482**
	Expenditure			293,042	937,844	89,020	16		24,015	196,939	16,843		**1,557,718**
	Variance	0	0	-21,345	-312,581	19,536	126,205	0	120,843	79,152	84,953	0	**96,764**
Maldives	Budget	80,161			297,546		3,225	41,388	40,329			40,493	**503,142**
	Expenditure	25,048			86,889		3,225	41,388	27,549	2,150			**186,249**
	Variance	55,114	0	0	210,657	0	0	0	12,780	-2,150	0	40,493	**316,894**
Marshall Islands	Budget				73,550	5,085	645		58,143	20,694	1,075	41,388	**200,579**
	Expenditure				54,787	10,132			6,400	539		42,312	**114,170**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Variance	0	0	0	18,763	-5,047	645	0	51,744	20,155	1,075	-925	**86,409**
Mongolia	Budget			93,316	39,129	29,139			48,495	124,666		65,264	**400,008**
	Expenditure			93,648	26,071	105,636			56,359	15,072		26,300	**323,085**
	Variance	0	0	-332	13,057	-76,496	0	0	-7,864	109,594	0	38,964	**76,923**
Myanmar	Budget			249,386	233,422	91,429		301	444,960	836,184	23,044	249,776	**2,128,502**
	Expenditure			100,013	62,461	313,370			44,541	991,716	-225	174,220	**1,686,095**
	Variance	0	0	149,373	170,961	-221,941	0	301	400,420	-155,531	23,270	75,555	**442,407**
Nepal	Budget		139,710		230,264	40,614	271		62,144	49,414	24,369	128,652	**675,437**
	Expenditure	1,317	9,577		189,956	64,044	101,461		60,721	17,182	511	117,124	**561,892**
	Variance	-1,317	130,132	0	40,308	-23,429	-101,190	0	1,422	32,233	23,858	11,528	**113,545**
New Delhi CCST	Budget				3,366				0	10,229		230,079	**243,673**
	Expenditure				1,028							133,861	**134,889**
	Variance	0	0	0	2,338	0	0	0	0	10,229	0	96,218	**108,784**
Pakistan	Budget			104,131	2,827,219	343,798	12,845	12,853			0	616,549	**3,917,394**
	Expenditure			781	1,690,299	72,888		7,769	101,994			354,177	**2,227,908**
	Variance	0	0	103,350	1,136,919	270,910	12,845	5,084	-101,994	0	0	262,371	**1,689,486**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Palau	Budget			2,580	88,865	31,186	430		80,867	6,949	1,613	25,800	**238,289**
	Expenditure				56,139	13,136			21,511	4,403		25,660	**120,850**
	Variance	0	0	2,580	32,725	18,050	430	0	59,356	2,545	1,613	140	**117,438**
Papua New Guinea	Budget				242,799				0	0		0	**242,799**
	Expenditure				195,882				17,276			17,500	**230,658**
	Variance	0	0	0	46,917	0	0	0	-17,276	0	0	-17,500	**12,141**
Philippines	Budget			1,870,454	2,277,241	193,717		301	770	478,535	35,452	63,845	**4,920,316**
	Expenditure			1,053,080	1,872,295	35,231		301	770	256,640	24,230	36,963	**3,279,508**
	Variance	0	0	817,375	404,946	158,487	0	0	0	221,895	11,223	26,882	**1,640,808**
Samoa	Budget				70,987	24,929	1,499		65,926	14,991	731		**179,063**
	Expenditure				70,845	1,413			18,536	6,434			**97,228**
	Variance	0	0	0	143	23,516	1,499	0	47,390	8,556	731	0	**81,835**
Singapore	Budget			15,975				127,800	28,535	27,690			**200,000**
	Expenditure							197,100					**197,100**
	Variance	0	0	15,975	0	0	0	-69,300	28,535	27,690	0	0	**2,901**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Solomon Island	Budget				123,982	16,651	1,032		90,901	47,017			279,583
	Expenditure				99,438	7,767			21,018	23,503	19,086		170,812
	Variance	0	0	0	24,544	8,884	1,032	0	69,883	23,514	-19,086	0	108,772
Sri Lanka	Budget				344,598				370,977	21,831	4,190	142,735	884,332
	Expenditure				281,570				315,070	19,692	4,171	73,803	694,305
	Variance	0	0	0	63,028	0	0	0	55,907	2,139	19	68,933	190,027
Suva CCST	Budget				130,482				21,108	9,772	346,548	136,547	644,458
	Expenditure	8,605		274	80,425				11,557	27,313	176,960	70,900	376,035
	Variance	-8,605	0	-274	50,057	0	0	0	9,551	-17,541	169,588	65,647	268,423
Thailand	Budget				649,094			18,702		111,908			779,704
	Expenditure	2,974			649,088		6	3,951		64,424			720,443
	Variance	-2,974	0	0	6	0	-6	14,752	0	47,483	0	0	59,261
Timor-Leste	Budget				183,542				3,558	22,403	26,533	34,807	270,843
	Expenditure				155,969				10,989	22,403	21,192	9,516	220,070
	Variance	0	0	0	27,573	0	0	0	-7,431	0	5,341	25,291	50,774
	Budget				28,147	30,224	1,102		32,424	28,193			120,090

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure				35,005	16,628			2,582				**54,215**
	Variance	0	0	0	-6,858	13,596	1,102	0	29,842	28,193	0	0	**65,875**
Tuvalu	Budget				32,268	5,708	3,068		48,020	10,736			**99,801**
	Expenditure				19,375	4,670			4,447				**28,492**
	Variance	0	0	0	12,893	1,039	3,068	0	43,573	10,736	0	0	**71,309**
Vanuatu	Budget	5,096			95,098	22,764			82,947	41,735			**247,640**
	Expenditure				78,509	1,291			21,152	13,811			**114,763**
	Variance	5,096	0	0	16,589	21,473	0	0	61,795	27,924	0	0	**132,877**
Viet Nam	Budget	64,500		339,454	362,562				723	267,634	129	8,990	**1,043,993**
	Expenditure	26,574		339,454	362,562				723	216,604	129	8,990	**955,037**
	Variance	37,926	0	0	0	0	0	0	0	51,030	0	0	**88,956**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Europe													
Albania	Budget				495,360								**495,360**
	Expenditure				490,209								**490,209**
	Variance	0	0	0	5,151	0	0	0	0	0	0	0	**5,151**
Armenia	Budget				3,102,285	0							**3,102,285**
	Expenditure				1,751,476								**1,751,476**
	Variance	0	0	0	1,350,809	0	0	0	0	0	0	0	**1,350,809**
Azerbaijan	Budget				2,209,784								**2,209,784**
	Expenditure				1,173,653								**1,173,653**
	Variance	0	0	0	1,036,131	0	0	0	0	0	0	0	**1,036,131**
Belarus	Budget				1,337,389								**1,337,389**
	Expenditure				1,260,752								**1,260,752**
	Variance	0	0	0	76,637	0	0	0	0	0	0	0	**76,637**
Bosnia and Herzegovina	Budget				1,051,648								**1,051,648**
	Expenditure				518,912							3,242	**522,154**
	Variance	0	0	0	532,736	0	0	0	0	0	0	-3,242	**529,494**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

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Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Bulgaria	Budget				414,125				2,056			20,735	**436,916**
	Expenditure				416,261								**416,261**
	Variance	0	0	0	-2,137	0	0	0	2,056	0	0	20,735	**20,655**
Croatia	Budget				146,921								**146,921**
	Expenditure				143,309								**143,309**
	Variance	0	0	0	3,612	0	0	0	0	0	0	0	**3,612**
Cyprus	Budget				253,905								**253,905**
	Expenditure				247,281								**247,281**
	Variance	0	0	0	6,623	0	0	0	0	0	0	0	**6,623**
Europe regional office	Budget			293,344	41,229,892				24,235	23,963	486,761	217,869	**42,276,062**
	Expenditure	12,788		97,417	11,122,956		11,412		72,737	76,240	157,020	132,541	**11,683,111**
	Variance	-12,788	0	195,927	30,106,937	0	-11,412	0	-48,502	-52,277	329,740	85,328	**30,592,952**
France	Budget				776,348								**776,348**
	Expenditure				770,938								**770,938**
	Variance	0	0	0	5,410	0	0	0	0	0	0	0	**5,410**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
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Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Georgia	Budget				325,384						26,875		352,259
	Expenditure				1,592,161							37,223	1,629,384
	Variance	0	0	0	-1,266,778	0	0	0	0	0	26,875	-37,223	-1,277,126
Greece	Budget				1,020,217								1,020,217
	Expenditure				145,015		32	80				30,216	175,343
	Variance	0	0	0	875,202	0	-32	-80	0	0	0	-30,216	844,874
Ireland	Budget				209,888				12,416			2,363	224,668
	Expenditure				220,237								220,237
	Variance	0	0	0	-10,348	0	0	0	12,416	0	0	2,363	4,431
Israel	Budget				271,821								271,821
	Expenditure				232,223								232,223
	Variance	0	0	0	39,598	0	0	0	0	0	0	0	39,598
Italy	Budget				11,265,507								11,265,507
	Expenditure				7,445,993								7,445,993
	Variance	0	0	0	3,819,515	0	0	0	0	0	0	0	3,819,515
	Budget				829,406							63,873	893,279

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure	11,361		113,792	333,773							74,103	**533,028**
	Variance	-11,361	0	-113,792	495,633	0	0	0	0	0	0	-10,230	**360,251**
Kyrgyzstan	Budget	194,404		135,754	753,677				43,800				**1,127,635**
	Expenditure	55,293		137,797	572,531				26,498				**792,119**
	Variance	139,111	0	-2,043	181,146	0	0	0	17,302	0	0	0	**335,517**
Moldova	Budget				347,009								**347,009**
	Expenditure				314,568								**314,568**
	Variance	0	0	0	32,441	0	0	0	0	0	0	0	**32,441**
Montenegro	Budget				1,208,078								**1,208,078**
	Expenditure				898,124								**898,124**
	Variance	0	0	0	309,954	0	0	0	0	0	0	0	**309,954**
Poland	Budget				137,672								**137,672**
	Expenditure				138,243								**138,243**
	Variance	0	0	0	-571	0	0	0	0	0	0	0	**-571**
Portugal	Budget				98,534							1,102	**99,636**
	Expenditure				82,204								**82,204**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strenghten National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Variance	0	0	0	16,330	0	0	0	0	0	0	1,102	**17,431**
Republic of North Macedonia	Budget				714,935	0			6,719			7,728	**729,381**
	Expenditure				712,158								**712,158**
	Variance	0	0	0	2,777	0	0	0	6,719	0	0	7,728	**17,223**
Romania	Budget				723,045							2,258	**725,303**
	Expenditure				664,329								**664,329**
	Variance	0	0	0	58,717	0	0	0	0	0	0	2,258	**60,974**
Russia	Budget				1,086,612							60,973	**1,147,585**
	Expenditure				840,244							46,575	**886,819**
	Variance	0	0	0	246,368	0	0	0	0	0	0	14,398	**260,766**
Serbia	Budget										5,500		**5,500**
	Expenditure				836,501								**836,501**
	Variance	0	0	0	-836,501	0	0	0	0	0	5,500	0	**-831,001**
Slovenia	Budget				171,673				1,065			533	**173,271**
	Expenditure				166,349								**166,349**
	Variance	0	0	0	5,325	0	0	0	1,065	0	0	533	**6,922**

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Spain	Budget				730,125								730,125
	Expenditure				724,200								**724,200**
	Variance	0	0	0	5,925	0	0	0	0	0	0	0	5,925
Tajikistan	Budget			1,290	1,153,381						16,340		1,171,011
	Expenditure	5,290		317,265	793,611								**1,116,166**
	Variance	-5,290	0	-315,975	359,770	0	0	0	0	0	16,340	0	54,845
Turkey	Budget				4,387,717								4,387,717
	Expenditure				2,408,021								**2,408,021**
	Variance	0	0	0	1,979,696	0	0	0	0	0	0	0	1,979,696
Turkmenistan	Budget				322,151								322,151
	Expenditure				305,274								**305,274**
	Variance	0	0	0	16,878	0	0	0	0	0	0	0	16,878
Ukraine	Budget	694,937			440,535				325,356		0	48,498	1,509,326
	Expenditure	36,145			454,028				170,346			30,294	**690,813**
	Variance	658,792	0	0	-13,494	0	0	0	155,010	0	0	18,204	818,513

Emergency Appeal

INTERIM (12MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/1	Operation	
Budget Timeframe	2020-2021	Budget	APPROVED

Prepared on 02 Mar 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
United Kingdom	Budget				243,375								243,375
	Expenditure												0
	Variance	0	0	0	243,375	0	0	0	0	0	0	0	243,375
Uzbekistan	Budget			161,250	626,805				14,533				802,588
	Expenditure			174,307	339,568				1,630				515,505
	Variance	0	0	-13,057	287,237	0	0	0	12,903	0	0	0	287,083

Emergency Appeal

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COVID-19 Outbreak Global Appeal

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Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
MENA													
Algeria	Budget				756,177				51,764	343,899	12,820	108,471	**1,273,132**
	Expenditure				536,232				42,631	135,623		57,010	**771,495**
	Variance	0	0	0	219,945	0	0	0	9,134	208,276	12,820	51,461	**501,637**
Egypt	Budget				1,042,314	238,650			156,401	19,067		94,271	**1,550,703**
	Expenditure			9,905	338,319	119,325		24	61,791	5,729		25,820	**560,913**
	Variance	0	0	-9,905	703,995	119,325	0	-24	94,610	13,338	0	68,451	**989,790**
Iran	Budget			989,508	1,889,105						5,660	1,070	**2,885,343**
	Expenditure			989,509	1,492,502								**2,482,011**
	Variance	0	0	-1	396,602	0	0	0	0	0	5,660	1,070	**403,332**
Iraq	Budget			296,304	2,112,065	8,267			474,381	538,557		23,785	**3,453,360**
	Expenditure			32,413	1,275,864	8,267			72,675	527,808		27,553	**1,944,579**
	Variance	0	0	263,891	836,201	0	0	0	401,707	10,750	0	-3,768	**1,508,782**
Jordan	Budget			194,839	608,781	231,158			262,351	627,484	11,354	15,266	**1,951,232**
	Expenditure				659,413	205,893			124,952	15,775	1,437	14,687	**1,022,156**
	Variance	0	0	194,839	-50,632	25,265	0	0	137,398	611,709	9,917	579	**929,076**

Emergency Appeal

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COVID-19 Outbreak Global Appeal

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Lebanon	Budget			190,476	4,256,708	281,973			234,852	296,378	23,428	46,162	**5,329,975**
	Expenditure			190,476	4,186,959	281,973			501,102	27,628	23,428	17,168	**5,228,732**
	Variance	0	0	0	69,749	0	0	0	-266,250	268,750	0	28,994	**101,243**
Libya	Budget			174,150	175,131	195,113		89,225	294,390	82,308	6,950	256,941	**1,274,208**
	Expenditure			49,875	171,551	32,814		27,144	79,426	50,841	4,838	30,618	**447,107**
	Variance	0	0	124,275	3,580	162,298	0	62,081	214,964	31,467	2,113	226,323	**827,101**
MENA regional office	Budget			551,510	1,689,358	231,949	38,610		931,365	1,360,080	353,574	239,706	**5,396,153**
	Expenditure			9,905	1,051,151	3,053	32,612		70,737	483,994	48,393	42,145	**1,741,989**
	Variance	0	0	541,605	638,208	228,896	5,998	0	860,629	876,087	305,181	197,561	**3,654,164**
Morocco	Budget				530,053				279,035	494,784		49,535	**1,353,407**
	Expenditure				195,183				170,156	1,996		9,348	**376,684**
	Variance	0	0	0	334,870	0	0	0	108,879	492,787	0	40,187	**976,723**
Palestine	Budget			803,985	2,675,629	37,410			50,525			46,725	**3,614,275**
	Expenditure			692,209	2,409,152	37,410			226,613	40,013		75,248	**3,480,644**
	Variance	0	0	111,776	266,477	0	0	0	-176,088	-40,013	0	-28,523	**133,630**

Emergency Appeal

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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Syria	Budget				4,349,517				309,800	47,303		118,250	**4,824,870**
	Expenditure				4,748,428				25,009	292			**4,773,729**
	Variance	0	0	0	-398,912	0	0	0	284,791	47,011	0	118,250	**51,141**
Tunisia	Budget			184,187	826,554	53,509			194,594	1,644		50,114	**1,310,602**
	Expenditure				750,630				253,293	1,922		47,419	**1,053,265**
	Variance	0	0	184,187	75,923	53,509	0	0	-58,699	-278	0	2,695	**257,337**
Yemen	Budget			367,650	2,275,243	175,849			205,972	349,375			**3,374,089**
	Expenditure				1,033,440	178,173			39,153	333,351			**1,584,117**
	Variance	0	0	367,650	1,241,804	-2,324	0	0	166,818	16,024	0	0	**1,789,972**

Emergency Appeal

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COVID-19 Outbreak Global Appeal

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Geneva													
Geneva	Budget	31,950	169,974	933,418	2,008,211		705,456	74,550	417,968	1,701,404	1,656,468	4,660,281	**12,359,680**
	Expenditure	27,339	115,984	559,772	2,023,093	83	62,716	22,824	258,578	1,123,852	945,209	1,674,470	**6,813,919**
	Variance	4,611	53,990	373,646	-14,881	-83	642,740	51,726	159,391	577,551	711,259	2,985,810	**5,545,761**