

COVID-19 OUTBREAK 16-MONTH UPDATE

REPORTING TIMEFRAME: 31 January – 31 May 2021

Photo credit: Thai Red Cross.

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 2.5 billion appeal laid out the broad support needs. This update reports on the progress in executing this plan since the last operations update.

The structure starts with a birds-eye-view, 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. Finally, this report also includes five featured stories from each region looking into experiences from different National Societies.

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

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COVID-19
Federation-wide Overview

Overview

Over the 16-month period covered by this report, the Federation-wide response to COVID-19 follows the same harmonized and transparent approach to accountability across the global Red Cross Red Crescent network of National Societies and the IFRC.

The IFRC's operational framework continues to focus on three priorities: I) Sustaining Health and WASH, II) Addressing Socio-economic impact, and III) Strengthening National Societies. As the pandemic continues, sustaining health and WASH remains the key focus in the response, particularly with the immunization activities gradually being reported by an increasing number of National Societies.

The financial and response data in this report is as of **05 July 2021**. Disaggregated data, and more details on Individual National Society data is available in COVID-19 Indicator Tracking Tool dashboard on GO platform.

Data Limitations

- ***Missing data and breakdowns***: National Societies have diverse 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 /age and further data breakdowns are particularly challenging to report on and not every National Society is able to report the breakdowns. Therefore, sum of breakdowns does not necessarily amount to overall totals.
    - 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.
- ***Reporting timeframe and data coverage***: This report is cumulative. There are instances when National Societies have revised their initially reported figures downwards as activities or financials are re-categorized or if prior reporting errors have been identified.
    - "Point-in-time" indicators are as of a certain date and provide a snapshot of the financial sustainability position of each National Society.
    - The COVID-19 Federation-wide financial overview is an important tool for global reporting and fast operational decision-making. However, it is not intended to replace formal financial reporting. Due to different reporting periods and processes, there may be some differences between formal financial reporting and numbers reported in this overview. Exchange rate fluctuations also affect financial reporting.
    - 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.
- ***Global Results and data quality***: In order to draw a global picture, different levels and types of activities are consolidated. This should be interpreted accordingly and read with the standardized indicator definitions and technical guidelines which are continuously developed. In this regard, please note:
    - Immunization data: Three new indicators have been introduced and two previous indicators removed. Not all the National Societies have been able to incorporate these new indicators in their systems or processes. Therefore, data reported might underestimate the efforts led by National Societies in this area.
    - 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.
    - Community preparedness, response and disaster risk reduction measures: Same as RCCE, this indicator includes both direct and indirect reach and risks double counting individuals.

Response

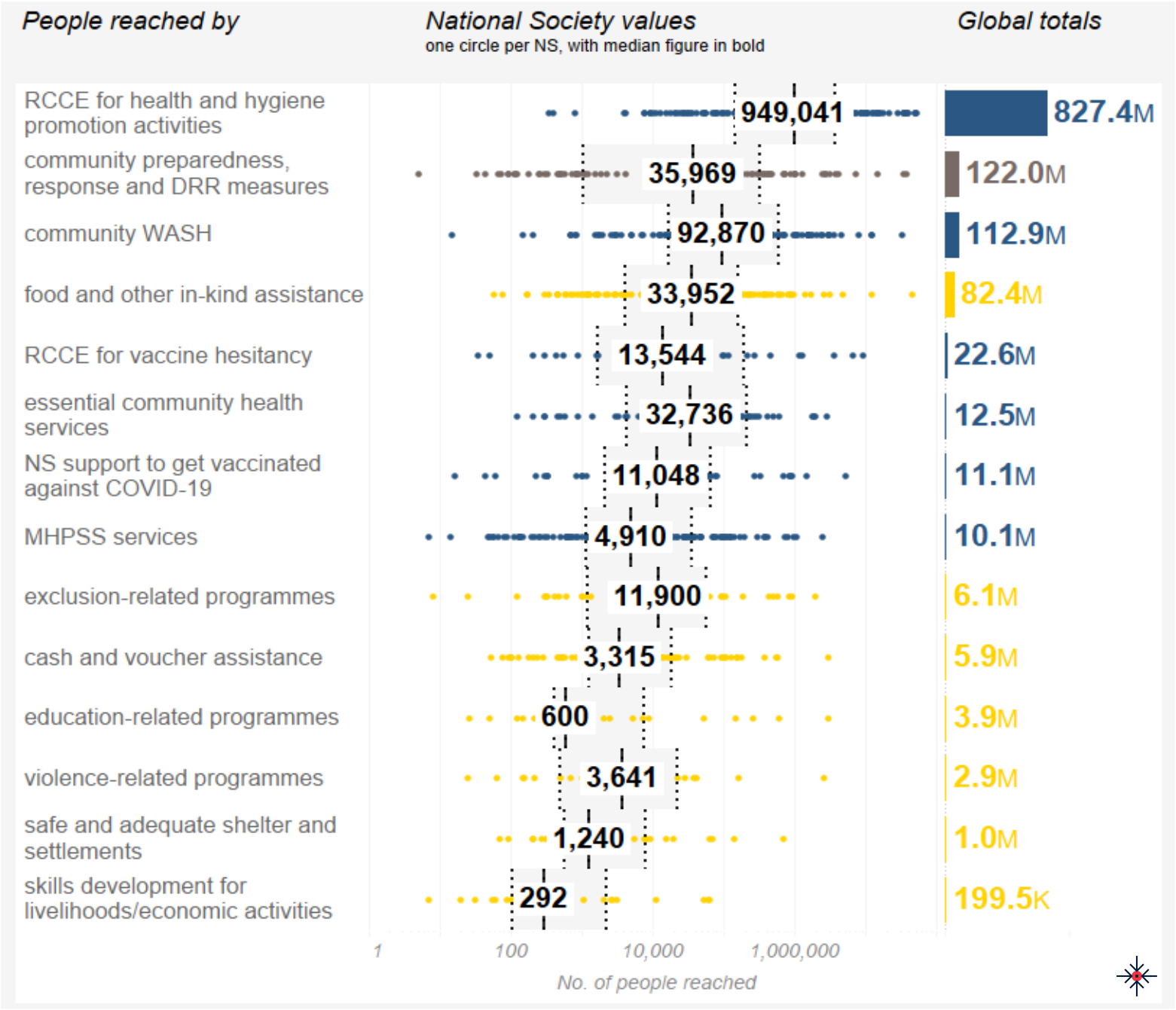
*177 National Societies reporting Indicators information**

** number differs for each indicator*

The pandemic evolves so does our response
To better reflect evolving activities of National Societies, new indicators for immunization have been introduced: people reached by NS support to get vaccinated against COVID-19, children under 24 months of age reached by NS support to receive routine immunization (RI) and children under five years of age reached by NS support to receive vaccines through supplementary immunization activities (SIAs)/campaigns.
We also see a gradual increase in number of people reached by RCCE for vaccine hesitancy and number of staff and volunteers trained on COVID-19 vaccine introduction.

The chart below shows distribution of people reached by type of service, according to National Society indicator reports. As each activity or service indicator is reported independently, the same people may be reached by multiple activities. Therefore, the figures should not be summed up across indicators to avoid double counting.

PEOPLE REACHED BY **INDICATOR**



I: HEALTH

CHF 847.04M

Curb the pandemic – Prevent Transmission and Sustain Health and WASH

People reached by

RCCE for health and hygiene promotion activities	**827.4M** *169 NS reporting*
community WASH	**112.9M** *118 NS reporting*
essential community health services	**12.5M** *56 NS reporting*
MHPSS services	**10.1M** *141 NS reporting*
RCCE for vaccine hesitancy	**22.6M** *40 NS reporting*
NS support to get vaccinated against COVID-19 *	**11.1M** *53 NS reporting*
vaccination through SIAs (children under 5 years of age)*	**1.3M** *16 NS reporting*
routine immunization (children under 24 months of age)*	**248.1K** *18 NS reporting*

** new indicator*



66.0K
staff and volunteers trained on COVID-19 vaccine introduction
***54** NS reporting*



Health Facilities

9,215
supported with infection prevention and control and WASH
***90** NS reporting*

4,969
treating COVID-19 cases
***36** NS reporting*

4,935
maintaining services to pre-COVID level
***53** NS reporting*

5.2M
COVID-19 cases in isolation receiving material support
***90** NS reporting*

18M
people tested
***55** NS reporting*

1.1M
contacts identified and/or followed
***60** NS reporting*



4,161
community burials by volunteers and staff
***28** NS reporting*

1.2M
COVID-19 cases received ambulance transport
***61** NS reporting*



740.5k
staff and volunteers supporting screening
***75** NS reporting*

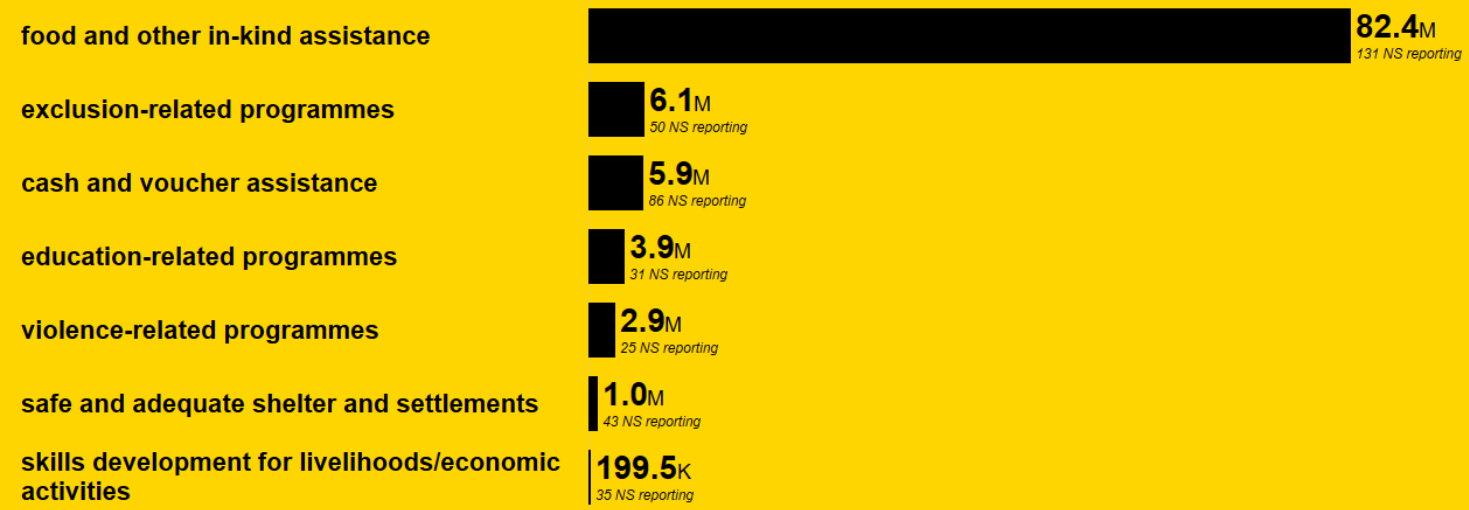
119.8k
staff and volunteers actively engaged in community-based surveillance for COVID-19
***60** NS reporting*

II: SOCIO-ECONOMIC

CHF 507.21 M

Tackle poverty and exclusion – Addressing Socio-economic Impact

People reached by





Community Feedback Mechanisms

1.4M
community feedback comments collected
***82** National Societies reporting*

2,239
*community feedback reports produced**
***56** National Societies reporting*
** this figure is lower than the previous figure as one NS advised of retrospective correction*



367.7k
staff and volunteers trained on CEA
***106** National Societies reporting*



2,529
branches with an analysis of the specific needs of marginalised groups
***61** National Societies reporting*

Disaggregated data about National Society activities is available on GO Platform.

III: NATIONAL SOCIETY STRENGTHENING

CHF 94.47M

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



134
National Societies providing volunteers with **insurance**
(fully or partially covered)
***167** National Societies reporting*



163
National Societies providing volunteers with access to **PPE**
(fully or partially covered)
***167** National Societies reporting*

National Society Readiness

122M people reached by pandemic-proof **DRR**
***172** National Societies reporting*

142
National Societies are included in government plans

149
National Societies have contingency plans

National Society Sustainability

49%
*Avg. core organisational budget funded**
***122** National Societies reporting*
** point-in-time indicator*

100
new streams for unrestricted income
***128** National Societies reporting*

138
*National Societies have adapted Business Continuity Plans**
***172** National Societies reporting*
** point-in-time indicator*

56
*National Societies have unrestricted financial reserves for 3 months**
***169** National Societies reporting*
** point-in-time indicator*

Income

TOTAL INCOME

CHF 2B

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

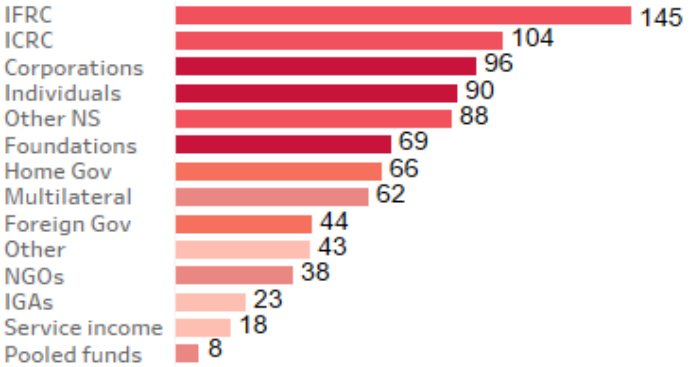
BY REGION

65M	481M	612M	782M	63M
Africa	Americas	Asia Pacific	Europe	MENA
48 NS reporting	*35 NS reporting*	*38 NS reporting*	*46 NS reporting*	*13 NS reporting*
3% of total global income	*24% of total global income*	*31% of total global income*	*39% of total global income*	*3% of total global income*

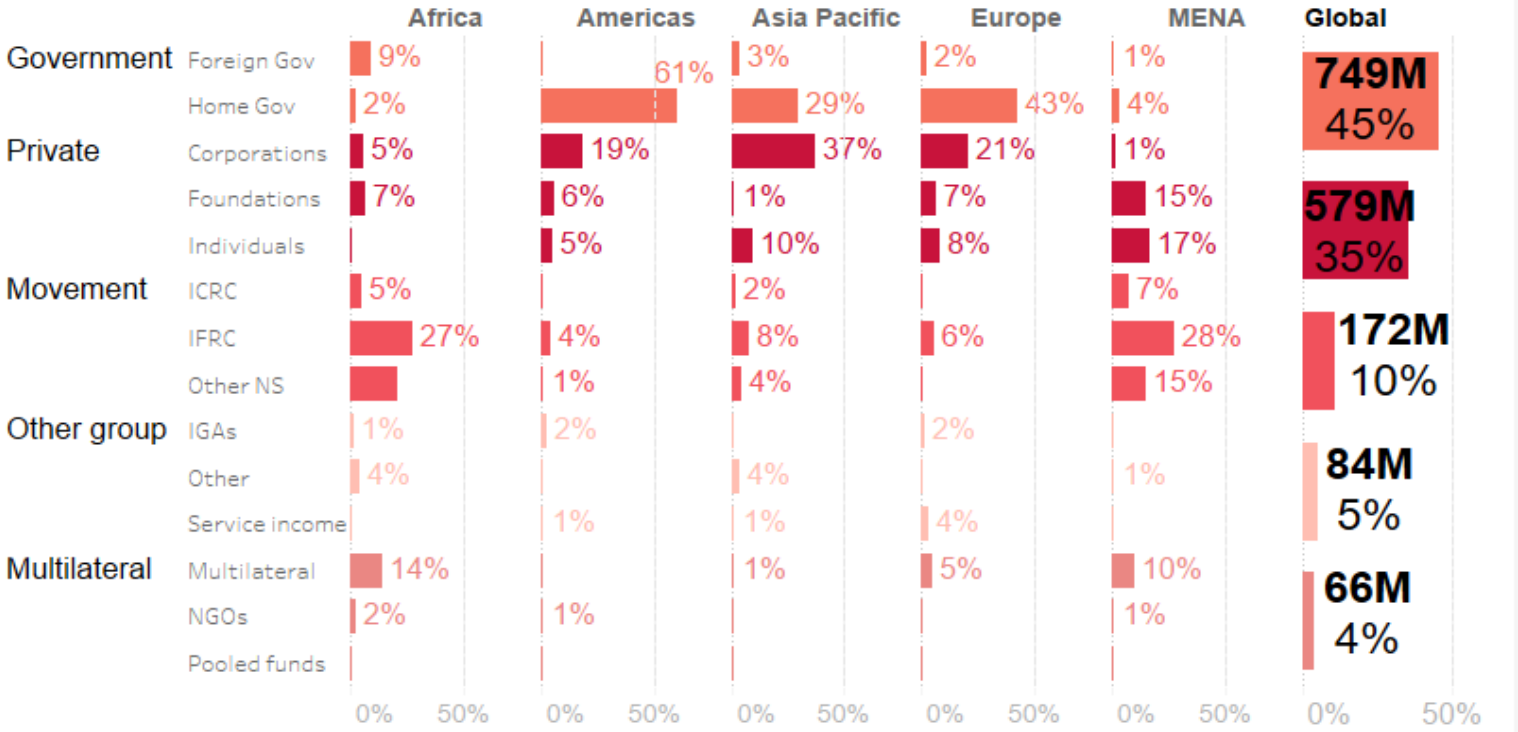
INCOME SOURCE **BREAKDOWN**

National Societies' sources of income varied between and within regions. In some cases large single-country contributions make up more than half of the regional percentage breakdowns. **Private** and **Government partners** continue supporting National societies and comprise **80%** of the income.
Within the Movement, IFRC remained the most popular source of income with 145 NS reporting income from IFRC in support of their COVID-19 response.

No. of NS indicating each income source



INCOME SOURCE **BREAKDOWN** BY REGION & GROUP

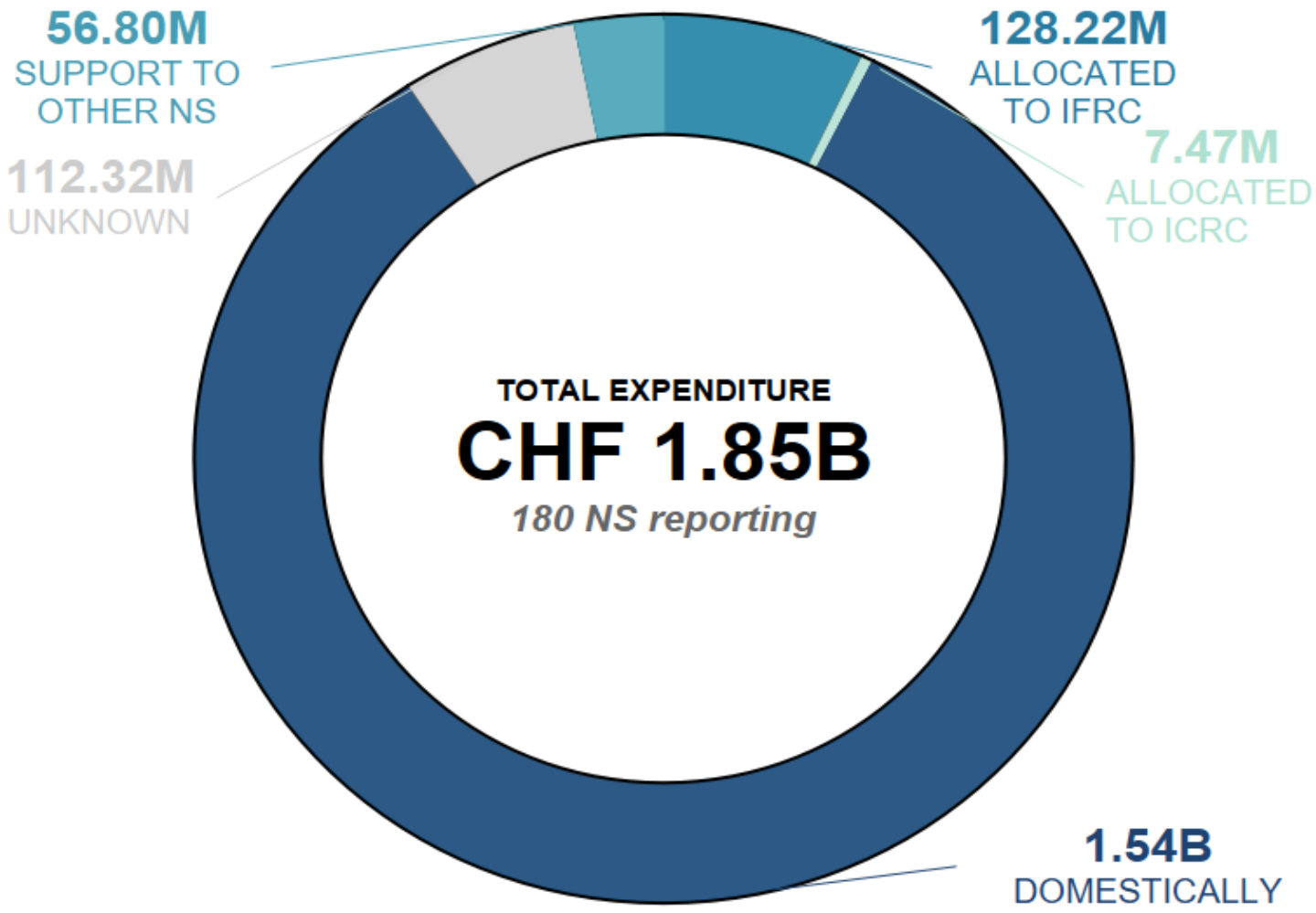


180 National Societies reporting financial information *of which 123 NSs reported in June 2021*

Expenditure

TOTAL EXPENDITURE AND SPENDING **BREAKDOWN**

National Societies reported **CHF 1.85B** in expenditure from the beginning of their COVID-19 response, with 83% spent on domestic activities.
The implementation rate increased to 92% compared to previous quarter.



SPENDING BY **REGION**



Africa	Americas	Asia Pacific	Europe	MENA
49M CHF	*517M CHF*	*538M CHF*	*697M CHF*	*49M CHF*

***180** National Societies reporting financial information*

EXPENDITURE BY **OPERATIONAL PRIORITY**

National Societies respond to the COVID-19 pandemic according to their respective mandate and context. The Federation-wide operational response framework for COVID-19 focuses on three operational priorities: **Sustaining Health and WASH**, **Addressing Socio-economic Impact**, and **Strengthening National Societies**.
Globally, the expenditure on Health operational priority has the highest amount. The same trend is seen in regions, except for Europe where 57% of the expenditure was to address socio-economic impacts of the pandemic.

BY REGION



Africa



Americas



Asia Pacific

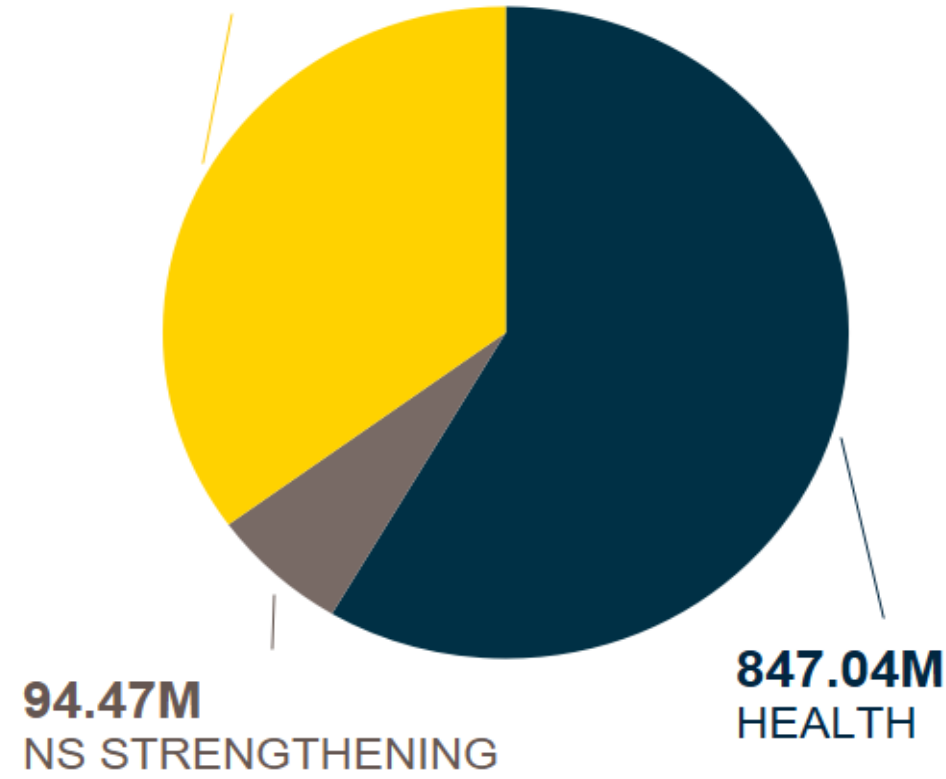


Europe

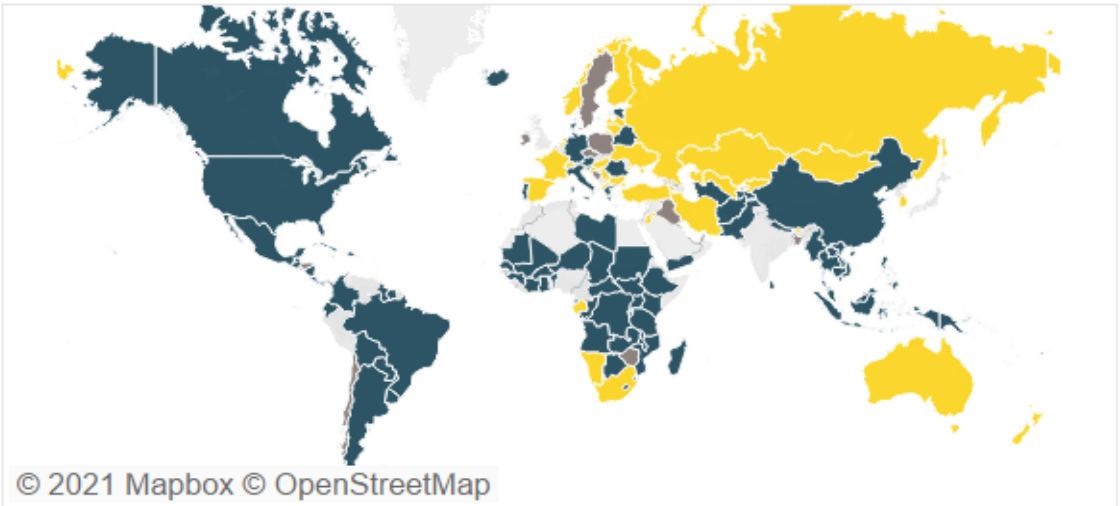


MENA

GLOBALLY



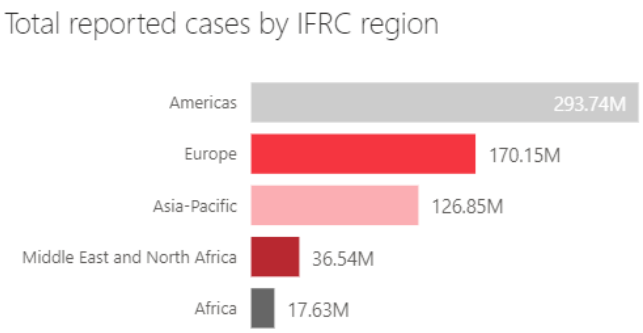
OPS PRIORITY WITH HIGHEST REPORTED EXPENDITURE **MAP**



The expenditure breakdown by operational priorities is not necessarily equal to the total expenditure.

Situation Update

186,411,011 cases reported globally to WHO, July 12th, 2021.

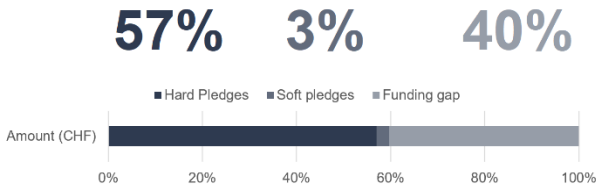


The graph shows cumulative cases per IFRC region overtime as of March 1st 2021. Data source: WHO. For additional analysis, visit https://go.ifrc.org/emergencies/3972#analysis

Funding Requirements

550,000,000 CHF Required

Current coverage:



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

G.O. Platform

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

Red Cross and Red Crescent Movement Resource Compendium

Find links to the following resources:

- Business Continuity Planning Help Desk
- Cash Help Desk
- Community Engagement Hub
- Livelihoods Help Desk
- Health Help Desk
- IFRC Reference Centre for Psychosocial Support
- Protection Gender and Inclusion
- Other National Society resources and guidance on several topics





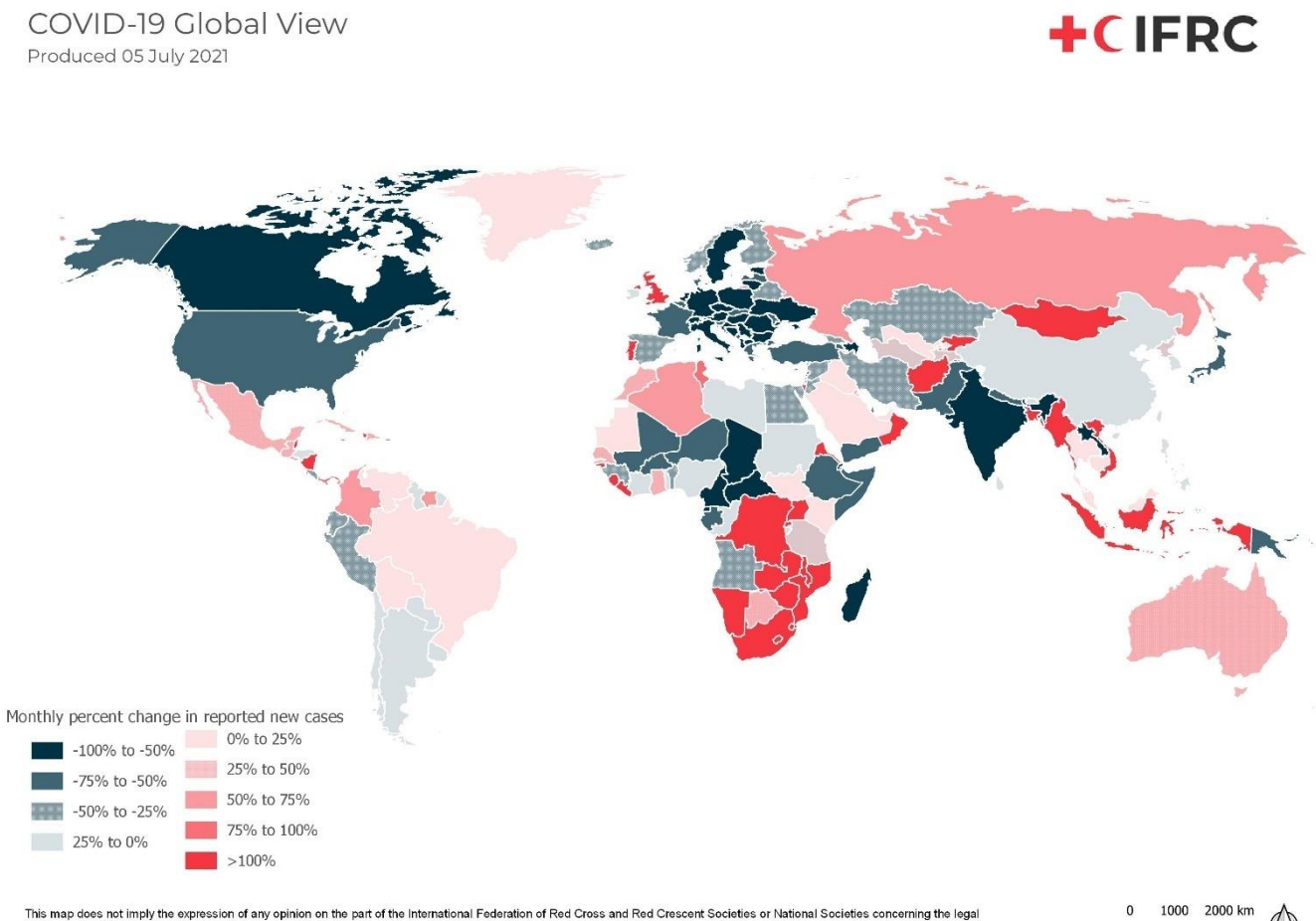
RED CROSS AND RED CRESCENT ACTIVITIES GLOBALLY

Operational Priority 1: Sustaining Health and WASH

Health and Care

Trends:

- On March 7th, Brazil surpassed the U.S. as number one globally in terms of total daily incidence.
- In late March, many central and eastern European countries started to exhibit signs of a possible "third wave" of COVID-19. Looking at the relative change in daily incidence, most European countries were still combating the autumn 2020 surge in November 2020 and then turned a corner in December 2020 and January 2021. However, by late February/early March 2021, the incidence in many European countries began to increase again.
- Surpassing both Brazil and the US, India became number one globally in total daily incidence, experiencing the world's largest COVID-19 surge. As a result, the world's attention shifted to Indian hospitals became unable to take new patients. Many grieving families started to be forced to forgo regular funeral ceremonies for mass cremations, painting a devastating picture of the reality on the ground. On April 30th, India became the first country to report more than 400,000 new cases in a single day.
- Led mainly by India, Asia became the continent with the highest total daily incidence globally in early May. Neighbouring Nepal also faced its most significant COVID-19 surge, from 500 new cases per day on April 16th to more than 8,600 on May 10th, a 17-fold increase in less than four weeks.



- Overall, **African nations have performed better than many expected** in terms of limiting the spread of COVID-19. By mid-May, the highest numbers of new cases were reported from South Africa, Botswana, and Ethiopia. Seychelles became the country in Africa with the highest number of cases on a per capita basis. Seychelles' cumulative incidence has more than tripled from early March (2,688 cases on March 1st) to May (9,184 on May 13th) despite having the world's highest vaccination coverage.
- In the **Eastern Mediterranean** region, since the beginning of the outbreak and until the end of May, the country reporting the highest number of total cases is the Islamic Republic of Iran, followed by Iraq and Pakistan. The Islamic Republic of Iran also reported the highest number of total associated deaths.
- **The surge of cases in South America** has received less attention despite many countries setting new national records or nearing their highest peaks. By late May, in terms of per capita daily incidence, South America represented 5 of the top 10 countries globally—Uruguay, Argentina, Paraguay, Colombia, and Suriname.
- Global attention on **emerging variants** continues to increase. As of May 25th, there are four identified Variants of Concern[1]: B.1.1.7/Alpha (first detected in the U.K.); B.1.351/Beta (first detected in South Africa); P.1/Gamma (first detected in Brazil); B.1.617.2/Delta (first detected in India).
- As of May 26th, the WHO reported 1.55 billion doses of **SARS-CoV-2 vaccines** administered globally, and 736 million individuals had received at least one dose. There are 413 million people worldwide who are fully vaccinated, corresponding to approximately 5.3% of the global population.
-

Response:

- **Refer to the IFRC-wide Overview section** of this report for the detailed and updated figures on the global reach of National Societies under Operational Priority 1.
- The IFRC Regional offices have supported National Societies with virtual training on Psychological First Aid (PFA), Psychosocial Support in Emergencies (PSSiE) or Psychosocial support in the context of vaccine hesitancy. Support has also been provided with translation and adaptation of technical materials.
- 152 of 192 National Societies, representing 79% of National Societies globally, are conducting COVID-19 vaccination activities or preparing to do so and have supported more than 12 million people to get vaccinated against COVID-19. The target is to get vaccines into the arms of 500 million people.
- The **IFRC Reference Centre for Psychosocial Support** (hosted by Danish Red Cross) developed tools and guidelines to promote psychosocial wellbeing for affected groups, staff and volunteers, and increase awareness of psychological reactions during crises or social disruptions. These materials are available on Health Helpdesk and PS centre website. The technical advisors have also supported regional efforts through virtual training and to adapt regional technical resources.
- 66,000 staff and volunteers have been trained to support the COVID-19 vaccine rollout, with numbers increasing. **11.1 million people reached** through NS support to get vaccinated against COVID-19.
- The health team is taking an active role in global lessons learning and coordination for contact tracing.
- Preparing to address the National Society needs in supporting vaccination activities in their countries, the IFRC rolled out two global surveys to measure the level of **engagement and readiness** for this process.

See in the following pages a Snapshot of Red Cross and Red Crescent Actions related to COVID-19 vaccination:

[1] Variants for which there is evidence of an increase in transmissibility, more severe disease, significant reduction in neutralization by antibodies (generated due to previous infection or vaccination), and reduced effectiveness of treatments or vaccines, or diagnostic detection failures.

IFRC network actions to ensure that equitable and effective access to COVID-19 vaccines is achieved:



- The IFRC and its National Red Cross and Red Crescent Societies play a key role in supporting people to get vaccinated, engaging and informing communities, building confidence in vaccines, and ensuring that people have access to vaccines.
- 75 per cent of all National Societies globally are currently supporting or preparing to support COVID-19 vaccination campaigns.
- National Societies work to reach the most vulnerable: people affected by conflict, violence and disasters; people in detention; indigenous populations; people living in urban slums and remote rural areas; migrants; and individuals that are unhoused. IFRC's plan aims to support 500 million people to get vaccinated, with a request for donations of CHF 100 million, as part of its global appeal to respond to the COVID-19 pandemic.
- Our volunteers and staff have supported the vaccination of millions of people in recent months. Here is a snapshot of our actions from around the world.

KENYA
RED CROSS SOCIETY





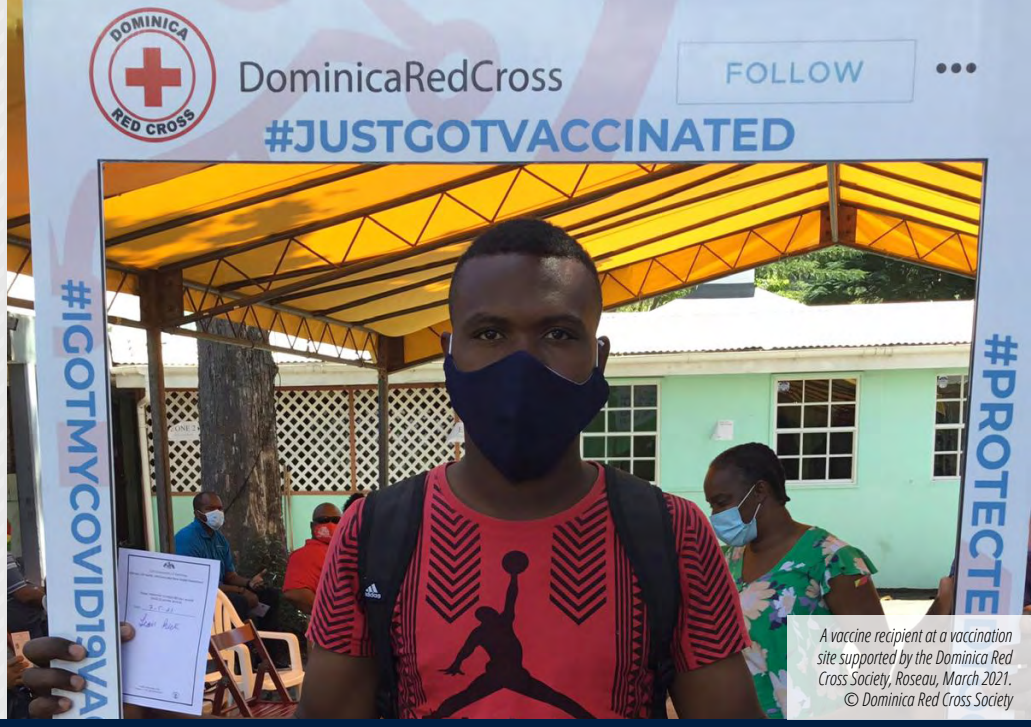
A Red Cross volunteer registering people for vaccination at a Ministry of Health vaccination centre, Kenya, March 2021.
© Kenya Red Cross Society

The Kenya Red Cross Society (KRCS) is a member of the National Steering Committee on COVID-19 vaccines that is tasked with leading the overall deployment of vaccines in Kenya. Red Cross volunteers have been deployed to support at Ministry of Health COVID-19 vaccination centres, including leading registration and crowd control.

KRCS is also working to understand communities' concerns about COVID-19 vaccines, as a means of establishing trust and increasing confidence in vaccines. The Red Cross conducts interactive sessions on local radio and takes part in household visits, providing information and gathering perceptions on vaccines, and designs feedback surveys to keep staff and volunteers informed on findings, which it shares on WhatsApp. KRCS additionally manages a 24-hour toll free hotline to answer questions and share information on COVID-19 vaccine efficacy and safety.

DOMINICA RED CROSS SOCIETY





A vaccine recipient at a vaccination site supported by the Dominica Red Cross Society, Roseau, March 2021. © Dominica Red Cross Society

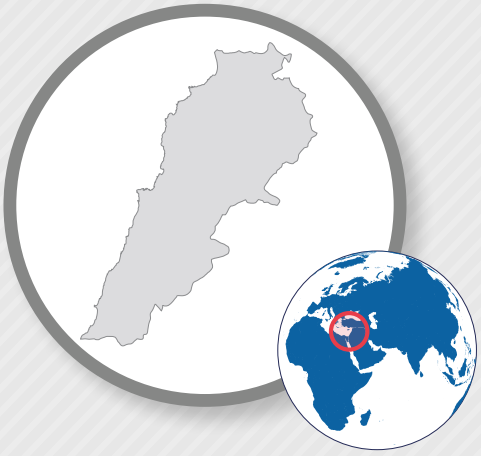
The Dominica Red Cross Society (DRCS) is partnering with the Ministry of Health and Wellness on COVID-19 immunization roll-out. Red Cross volunteers are assisting at vaccination sites with screening, registration and monitoring vaccine recipients. Under the slogan "Protected Together", the DRCS has also used communication channels such as social media and billboards to provide people with information on how and where they can be vaccinated.

The DRCS donated vaccine cooler bags to the Ministry to help facilitate delivery of COVID-19 vaccines to vulnerable groups. These vaccine cooler bags have been used to transport vaccines to people unable to travel to health clinics independently, ensuring vulnerable people such as the elderly and persons with disabilities have equal access to COVID-19 vaccines.



IFRC staff monitoring the arrival of 140,000 COVID-19 vaccine doses in Lebanon, Beirut, June 2021. © IFRC

THE IFRC IN LEBANON



In an innovative partnership with the World Bank, the IFRC in Lebanon is independently monitoring compliance of the vaccination campaign with national plans and international standards, to ensure safe handling of vaccines as well as fair and equitable access. With 15 monitors rotating between the 31 vaccination centres, IFRC's monitoring extends from supply chain management to vaccine administration and safe disposal of commodities and includes the collection of feedback from people being vaccinated. On average, IFRC monitors interview around 200 vaccine recipients and 100 healthcare staff each week.

As an independent monitor, IFRC reports on campaign implementation to the World Bank, which then seeks corrective measures with the authorities as needed.

KAZAKH RED CRESCENT





A Red Crescent volunteer providing information on COVID-19 prevention measures and immunization, Almaty, April 2021. © Kazakh Red Crescent

The Kazakh Red Crescent has deployed more than 1,000 volunteers and reached more than eight million people with information about COVID-19 prevention including immunization. Volunteers have distributed information products and collaborated with local governments to organize online and in-person information sessions to help build trust and facilitate dialogue.

Following research that the Kazakh public's most trusted source of information about COVID-19 is social media, the Red Crescent has developed an innovative chatbot to increase confidence in COVID-19 vaccines. The chatbot is a computer program that interacts with people through a popular social media channel. When people ask it a simple question or make a comment, the chatbot automatically provides an answer, directs people to the service they want, or connects people with the person best placed to respond. It allows the Red Crescent to listen to people's fears, doubts and needs and use this knowledge to support people with COVID-19 immunization.



A medical volunteer from the Philippine Red Cross. © Philippine Red Cross

PHILIPPINE RED CROSS



The Philippine Red Cross (PRC) is partnering with the Department of Health (DoH) on the roll-out of COVID-19 vaccines through the deployment of vaccination teams and volunteers in PRC-operated health centres, government operated heath centres and in mobile vaccine clinics. Mobile clinic buses have been specially equipped with cold chain systems and vaccine refrigerators to reach last mile communities in remote areas and in urban slums for vaccination. Simultaneously, as COVID-19 cases have peaked across the Asia Pacific region, PRC has continued to mobilize ambulances and medical tents to help decongest hospitals and alleviate strain on the health system.

As of July 2021, PRC volunteers and vaccination teams have administered 25, 574 COVID-19 vaccine doses.

For further information, please contact:

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IFRC

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 immunisation.
- **Its vaccinations – not vaccines – that save lives** efforts focus on vaccine delivery, getting jabs into the arms of people. National Societies support vaccine delivery via five sub-pillars:
  I. **ADVOCATE** for equitable access to COVID-19 vaccines between countries and countries. Facilitate vaccine provision through donation and dose sharing;
  II. **TRUST -** build community trust by understanding communities' concerns and building community trust, knowledge and acceptance of COVID-19 vaccines;
  III. **HEALTH -** getting jabs into arms and achieving high vaccination rates by supporting countries to access COVID-19 vaccines and deliver them nationwide;
  IV. **REACH** the most vulnerable, people affected by conflict, violence and disasters, people in detention, indigenous populations, people living in urban slums, remote rural areas, migrants, unhoused individuals; and
  V. **MAINTAIN** and strengthen other immunisation services, such as routine immunisation and vaccination campaigns for other diseases with a particular focus on zero doses and under-immunised communities.
- As global efforts to scale up COVID-19 vaccination gain speed National Societies have built off previous experience in routine and vaccination campaigns and are **a critical partner in bridging the vaccination gap** as it is vaccination and not vaccines that save lives.
- **Knowledge management and adaptive responses** are linked gaps: National Societies face challenges in learning from other Movement actors' experiences and rapidly adapting 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.

Risk Communication, Community Engagement and Accountability

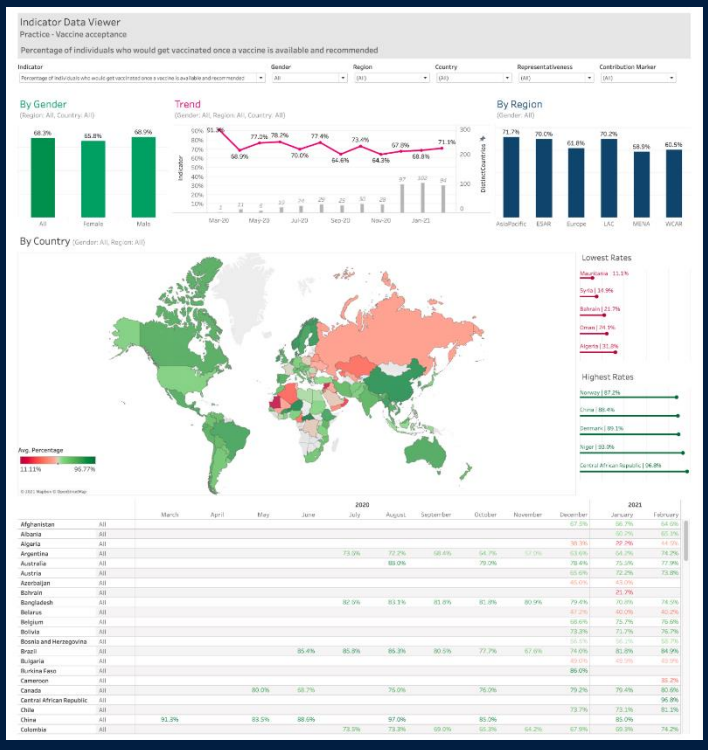
Trends:

Themes continue to remain consistent **around existing and potential treatments for COVID-19**. 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 population 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 the local context but to rapid changes in government plans for vaccine rollouts. The **side effects and safety of COVID vaccines** continues to be one of the most popular queries on various social media channels. In surveys run by National Societies in Bangladesh and Nepal, however, religious reasons were by far the most mentioned concern, further highlighting **the need for cultural contextualisation when designing programming around vaccine hesitancy.** A new **community feedback report was run by the Turkish Red Crescent Society**, under the Community Based Migration Programme (CBMP), to determine the vaccination status of individuals aged 65 and over. Findings suggest that among the 531 survey respondents (89%) who have not been vaccinated yet, 281 of them (53%) stated that they are not willing to be vaccinated or hesitant. Community perceptions of the COVID---19 vaccine in Lebanon found a low level of trust in the vaccine. Only 23% of survey respondents trusted it very much, 41% reported a moderate level of trust, and 9% did not trust it at all.

Pandemic fatigue and mistrust towards the response continue to be an ongoing trend in many contexts. A regional survey of 21 National Societies in Africa reflects these trends, with 22% of volunteers reporting that communities were unwilling to speak about COVID-19 with them. The most common reasons reported by those volunteers were that community members did not believe COVID-19 did not exist (56%), did not trust them (45%), did not believe COVID-19 could affect them (39%) and pandemic fatigue (33%). Communities have also raised **concerns around livelihoods opportunities, especially in those populations reliant on humanitarian aid**. Regional surveys conducted among National Society volunteers in Africa and Americas Regions indicated that worries around COVID-19's impact on education and economics were of a more significant concern than its health impacts – this was consistent when responding for themselves and when asked about community concerns.

Promoting the systematic use of socio-behavioural data to shape policy and programming

Biomedical solutions can only go so far without the support and acceptance of people and more broadly the communities in which they live. In the case of COVID-19, where people's behaviours play a key role in preventing and controlling pandemic, we have seen an unprecedented need to understand how perceptions, knowledge practices, social and structural variables are impacting the acceptance and uptake of preventive measures and vaccination efforts.



The IFRC, as part of the **RCCE Collective Service** partnership, has supported efforts to generate, analyse, and use evidence on community perspectives to systematically inform policy and programming, and improve effectiveness and efficiency.

The recently launched **Data portal** maps out available social-behavioural datasets and summarises existing evidence against the core indicators defined in the first ever RCCE COVID-19 **behaviour change framework.** Drawing on more than 126 datasets from 196 countries, the dashboard allows data exploration and analysis of socio-behavioural trends to ensure our response is grounded in social evidence. The ultimate goal is to improve the availability of data to ensure community capacities, knowledge, feedback and insights inform decision- making at every step of the response.

With the ongoing deployment of COVID-19 vaccines, community engagement and accountability are central to the TRUST area of the immunisation 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 mobilising communities to uptake COVID-19 vaccines. To date, a series of technical workshops have been conducted with the selected National Societies to start implementation.

Response:

Over the last 16 months, 827.4 million people in 169 National Societies have been reached through RCCE/A activities through diverse and localised channels from face-to-face interpersonal and community outreach activities to social media and hotlines WhatsApp Business lines and Chatbots. The IFRC continues to support

National Societies through resources such as 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. This Kit has been further updated to support teams with a multi-intervention tool and coding frame and continues to be widely socialised within regions and National Societies through webinar series and peer to peer coaching.

To date, there has been more than **1.4 million feedback comments collected and 2,239 feedback reports issued** by National Societies. Feedback data has been operationalised into responses through coordinated and community-based localised 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. Moreover, every two weeks, the IFRC team publishes the latest COVID-19 feedback and perception highlights through the ***Covid-19 flash feedback bulletin*** to capture a s well other social and behavioural data trends from social science networks and key partners.

The Vaccine Question Bank continues to be updated with support from the RCCE Collective Service to reflect changing circumstances, including questions for COVID-19 variants, to support the developing surveys. 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 367,700 volunteers have been trained in risk communication, community engagement and accountability. In the recent months a special training package about *How to ensure an inclusive and community-centred COVID-19 vaccines rollout* has been conducted in local languages and cascaded down to branch level in the Africa region in order to train community volunteers conducting vaccine uptake outreach.

Effective coordination of community engagement plays an essential role in fostering community trust, social cohesion, and public solidarity to pave the way for uptake of emerging lifesaving COVID-19 biomedical measures (diagnostics, treatments and vaccines) as they become available. The community engagement leadership and value of IFRC and its network were recognised in the establishment of the Risk Communication and Community Engagement collective service.

The IFRC together with WHO, GOARN and UNICEF recently launched the Operational guide for engaging communities in contact tracing. The purpose of this guidance is to reinforce the place of community engagement and participation in the contact tracing process. The guidance and related products articulate best practice principles for community engagement and how they can be operationalised as part of any community-centred contact tracing strategy. The Community engagement H.Q. team is also taking an active role in coordinating the different RCCE interagency subgroups such as the RCCE in Low Resource Settings, where a recent brief on Risk Communication and Community Engagement Considerations for COVID-19 Vaccines for Marginalised Populations has been jointly created with key partners.

Gaps to be addressed:

- Latest socio-behavioural data indicates an increased vaccine acceptance and uptake globally. However, situation varies from one context to another. As long as vaccines are available and accessible, social listening, community and perceptions feedback is crucial more than ever to respond effectively to vaccine hesitancy and build acceptance and uptake.
- **Regular RCCE capacity strengthening and support to ensure that communities are aware of risks** and continue to practice preventive behavioural measures, alongside the COVID-19 vaccines rollout campaigns
- Access to timely and trusted information and channels where to ask and get advice about COVID-19 vaccines represents a challenge for **populations on 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.

- Based on results from the COVID-19 perceptions survey in Africa where only 58 per cent of those surveyed reported they would have a COVID-19 vaccine, largely citing safety and effectiveness concerns, it will be crucial to keep **gathering and responding 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 to collect and monitor lessons learned, case studies as well as what are the best practices and those bottle necks what 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.



As COVID19 cases in Myanmar increase day by day our volunteers are raising awareness amongst communities of protective measures and posters erected in front of markets in Pathein Township, Ayeyarwaddy Division. Source: Myanmar Red Cross

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 marginalised populations worldwide. According to the World Bank, up to 4 billion people lacked social protection before the pandemic and an estimated 2.7 billion people have not received any public financial support to deal with the economic devastation caused by the coronavirus pandemic. Research by Oxfam shows that eight out of 10 countries did not manage to reach even half of their population – and women are more likely to be left out of any direct support. 97 per cent of the social protection support in response to the pandemic provided to 126 low- and middle-income countries was inadequate to meet basic needs.

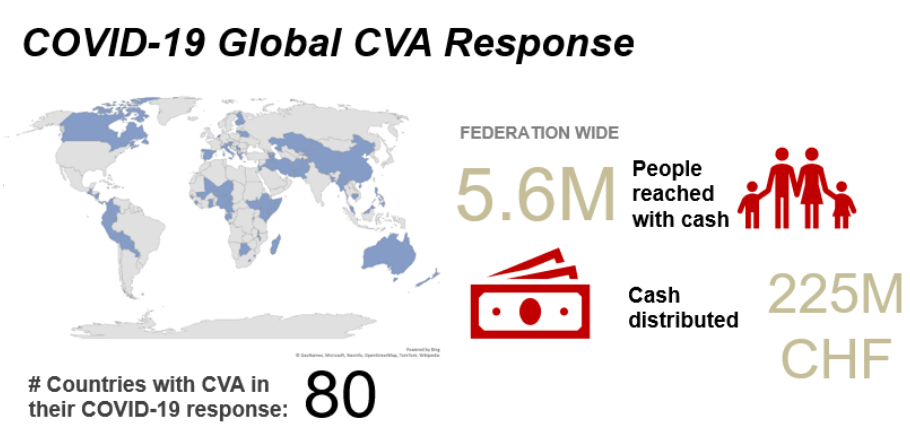
A sharp increase in food insecurity has been seen, and this has continued to rise. WFP/FAO forecasts for 2021 show that 142M people are projected to be in crisis or, worse acute food insecurity (IPC/CH Phase 3 or above) in 40 countries/territories for which forecasts are available. In April 2021, 34M people were on the brink of famine, up from 27 million two years ago. The number of undernourished people is currently estimated at 690 million[2].

Migrants, including migrant workers, are a particularly vulnerable group. A recent global analysis by the Red Cross and Red Crescent Migration Lab revealed that migrants have been disproportionately affected by the pandemic, with many migrants facing either direct exclusion from socio-economic support, or inadvertent exclusion in the form of an invisible wall to receiving support – where support is not accessible due to language, culture, cost or related to marginalisation and discrimination.

Amongst the hardest hit by the socio-economic impacts of the COVID-19 Pandemic and related policy measures have been **refugees and forcibly displaced populations**. A recent analysis from the IFRC and Turkish R.C. shows that the level of dept among refugee families in Turkey has increased by 50 per cent compared to pre-pandemic levels. More than 70 per cent of refugees are unable or can barely afford to purchase food.

Response:

National Societies have responded with food assistance, cash assistance to help meet basic needs, support to protect livelihoods, or support to restart disrupted production, income-generation, and small business activities. The Livelihoods Resource Centre (LRC) continues to be a key partner for the technical support to National Societies.



Cash and voucher assistance (CVA) continued to be provided to vulnerable communities, mostly as multipurpose grants to meet the basic needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19. **80 National Societies** have provided some form of CVA in their interventions. Under the overarching Federation-wide response, **5.6 million people have been reached with more than CHF 225 million** in cash and voucher assistance. Also included in the Federation-wide response is the IFRC Secretariat's support in distributing CHF 8.2 million, which more than doubled since the last report, to almost 1 million people, which also increased by more than three folds since the previous report.

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

Support to National Societies on the agreements with financial service providers (FSPs) continue to have an impact as more than half of distributions were done through electronic methods (e.g., mobile money) while only 10% of the assistance was distributed using different vouchers formats (both e-vouchers and paper vouchers).

Capacity building to support National Societies in their cash implementation increased also. Four regional Cash information (I.M.) workshops were completed covering various data and I.M. topics (literacy, collection, management, analysis, and visualisation) in 3 languages English, French, Arabic.

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 the restart of production and 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 revive disrupted livelihood activities. Advocacy continues with National Societies in Asia-Pacific, the Americas, Europe and Central Asia, and Africa to shift from the basic needs and livelihoods protection focus to food security and / or livelihoods programming that integrates elements of preparedness and resilience building as part of the COVID-19 recovery phase and beyond. In the Americas for example, a concept note for a pilot project aimed at supporting microenterprises on the road to recovery and resilience in the COVID-19 context was discussed with country cluster offices. In Central Asia, women's economic empowerment projects are being implemented in Kyrgyzstan and Tajikistan. In Tajikistan, the NS is providing comprehensive support to women and their families through vocational trainings and economic incentives coupled with psychological and legal assistance.

Coordination & technical support: The COVID-19 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. Through the Help Desk, the LRC has supported 39 National Societies (76 requests), CADRIM, the IFRC Secretariat, and IFRC regional and cluster teams with trainings, technical assistance, knowledge creation, and the sharing of resources and tools.



Cash transfer and survey program at Balkh province in northern Afghanistan. The program is for IDPs who have been drastically affected by multiple shocks such as drought, conflicts, Covid-19 and poverty. Both survey and distribution process led by a joint team from ARCS staff and volunteers. Source: ARCS

Meer Abdullah
DM - ARCS

The main requests are for advice on assessment tools, and review of response options and plans. So far, LRC has also organised 32 online technical training courses with 1,007 participants on livelihoods programming, programming using the cash transfer modality, and emergency and recovery livelihoods assessment. 19 webinars reaching more than 919 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.

A set of **technical guidelines and tools** have been produced especially for the COVID context – 20 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 and with preparedness and anticipatory action.**

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

Protection Gender, Inclusion (PGI) and Education

Trends: The impacts of the pandemic, While varying country to country, show that people are being pushed into vulnerarable situations, exacerbating existing and inequalities and creating new situations of vulnerability affecting people's **dignity, access, safety and participation** to vital processes in their lives.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.

Previous IFRC research shows that emergencies exacerbate existing inequalities leading to increased discrimination and exploitation and that their impacts are not gender neutral. Across the globe reports indicate a 60-700% increase in calls to domestic violence helplines.[1] **Violence, discrimination, and exclusion are interlinked,** and COVID-19 has had a disproportionate impact on marginalised and excluded communities.

As the pandemic changes in scale and as vaccination becomes a reality, 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.

Response:

The IFRC continues to support National Societies the global coordination of a strategic approach to PGI. This approach has laid the foundation for National Societies to respond to risks of violence, discrimination, and exclusion through clear priorities, enhancing accountability and outlining priorities. for peer exchange and learning webinars to support National Societies.

127 National Societies are conducting activities related to social care and cohesion, and support to vulnerable groups, **2,529 branches** include an analysis of the specific needs of marginalised groups in their assessments, **6.1 million people were reached through exclusion related programmes,** and **2.9 million 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.

Opportunities for peer exchange and learning have strengthened National Societies ability to localise best practices from different contexts. **Lessons learned** have been gathered in the form of case studies and will be disseminated to contribute to a better understanding of how PGI, when embedded within NS operations, can support engagement of people before, during and after disasters.

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.

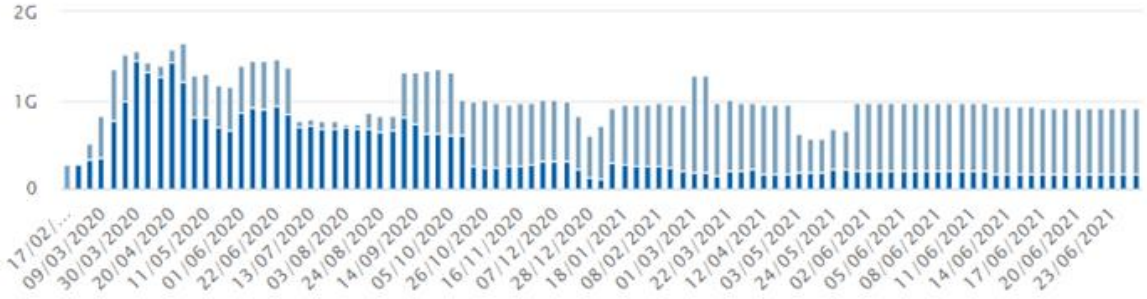
Gaps to be addressed:
National Societies have a crucial role in ensuring no-one is being left behind, with many NS capitalising on their longstanding relationships with communities. The lasting socio-economic impacts of COVID-19 on different people and their communities are unclear, but to ensure NS have the capacity and are fit for purpose to respond to their needs, it will be essential to;

- Systematically ensuring full compliance with our own IFRC Minimum Standards to PGI in Emergencies in all aspects of the response and future responses,
- Respond to the shifting landscape of protection needs as vaccines are rolled out by providing technical support to NS.
- Strengthen the collection and use of disaggregated data for sex, age and disability.
- Assess and respond to needs of NS institutional capacity for PGI
- Roll out planned training activities
- 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 violence mitigation and response.

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.



Number of students affected by full and partial school closures (UNESCO)

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[3]. A Save the Children report shows that children with disabilities have been given significantly less education than non-disabled children. The U.N. 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[4].

Response:

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

A series of 7 bi-weekly webinars on the RCRC Education Response to Covid-19 as well as a Virtual Summer Learning Series of **35 live online sessions** on diverse topics (e.g., first aid, international humanitarian law, empathy and migration, respect for diversity and power relationships, shelter and settlement, psychological first aid, human trafficking, SGBV, diverse SOGIESC, disability inclusion, safe housing, DRR, conflict management and positive communication) were organised and reached out a total of 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, U.K. 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:

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. **– including (advocacy for) the prioritisation of teachers' vaccination in the more vulnerable countries.**

Shelter and Urban Settlements

Currently, 43 National Societies self-report that they are active in providing shelter and urban settlements response in COVID-19 context, reaching 1 million people world-wide. 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, Arabic and Spanish, with French translation 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 R.C. was providing financial support to migrants to pay their rent and avoid their eviction and

[3] Global Partnership: https://www.globalpartnership.org/news/opinion-dont-let-girls-education-be-another-casualty-coronavirus
[4] 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

Barbados Red cross is in the planning for it) or Livelihood and H.H. 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 R.C. and Armenian R.C. 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, Spanish, French, Arabic and Russian. To have a common repository for all these resources at the cash hub website a specific Cash and shelter page has been created.

A self-learning module on the guidance is being worked on, and it is planned to be launched in July 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) at the end of July. Translations into other working languages have been included in several proposals to various donors and will likely take place during the course of 2021. Here below you can find the learning outcomes of the pandemic case study as presented in the course.



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. A joint effort by the Global shelter team has been done to promote further the work done by National Societies and to disseminate the lesson learnt by those National Societies working on the provision of shelter and settlement assistance in the COVID-19 context. A couple of newsletter were developed on rental assistance and shelter response at the same time that webinars on managing collective centers and shelter responses were organised.

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 U.N. 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[5]. 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 organised 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:

- Similar to the point mentioned under livelihoods**, the long-term socio-economic effects of COVID-19 will 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 b**uild 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.

Operational Priority 3: Strengthening National Societies

National Society Preparedness

Trends:

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.

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

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.



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 R.C., 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. this toolkit" instead of "this page". Updated totals including 2020 data and YTD through May 31st 2021 would be: 6,509 page views with 4,897 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.

Business Continuity Plans Awareness Sessions & Toolbox

A total of 100 people has been able to participate during the BPC awareness session organise by region specially from Africa and Americas region a total of **4 session** have been organised to sensitised NS about the importance of the BCP and the inter-connection with their Contingency Plans. An specific support from the Ebola Operation in Guinea and Angola from the Africa region have been requested to support the elaboration of their BCP.

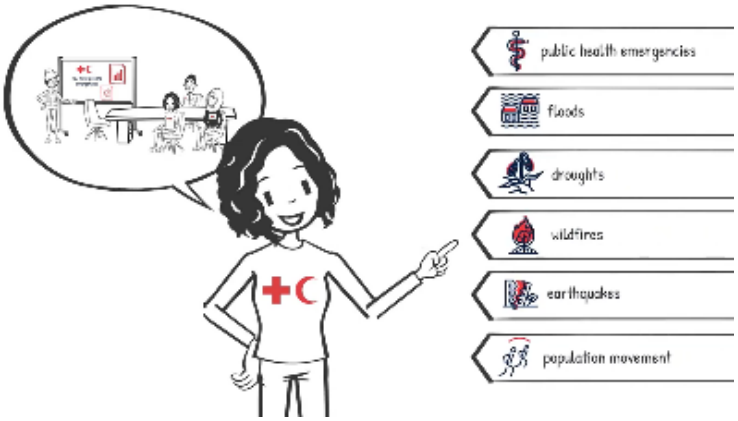
The Disaster Preparedness Centre in El Salvador had developed a tool box for National Society with all the relevant links to all the resources that might help and guide NS to develop their own BCP this tool can be found here.

National Society Readiness Awareness session

A total of tree session has been organised in the Americas region with the participation of each country cluster with the participation of all COVID-19 team member in order to sensitised on the component and products inside of the Pillar No.3 of the COVID-19 appeal in close coordination with the NS Readiness; NS Development and Volunteer unit to identify the main challenges and opportunities of the NS Capacity Strengthening

National Society Readiness Coordination session:

4th monthly Coordination calls were carrying out among the NS Preparedness Teams and COVID-19 operational Manager and NS readiness focal point to discuss the progress, gaps and opportunities of the NS Readiness Component; Region have expressed the need to continue supporting the capacity strengthening of NS specially with the Multi-hazard approach.



Preparedness Videos

In March, as part of the awareness campaign, a series of Preparedness Videos were launched for a more effective response the videos will be available in all official languages; The entire video Serie can be found here in the following link: https://www.youtube.com/playlist?list=PLf2g_NkFyyv6FYkh5QX_ao50BREcAw35q

A specific video was develop to help National Societies to understand the importance on Business Continuity planes and the inter-connection with the Contingency Planning and preparedness action in a National Society. https://www.youtube.com/watch?v=6-VJO2TJScM&list=PLf2g_NkFyyv6FYkh5QX_ao50BREcAw35q&index=3&t=3s

Response:

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, as a key player, and as a conduit for improvement on a systematic national level.

The operational objective has been to support NS capacity strengthening across the RCRC network through multi-hazard preparedness actions while also responding to the COVID-19 crisis. The IFRC Global Disaster Preparedness Center hosted by the American R.C. hosts 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 has 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.

	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.

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.

149 National Societies reported establishing or updating their Contingency Plans to achieve greater synergies in responding to affected populations' needs in future crises.

Support has also come in the form of the setting up of **Emergency Operations Centres** (EOC) and the related strengthening of information management. A critical piece of this has been the digital/data readiness capacity strengthening of National Societies 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
Different regions have preparing the readiness and response plan to the response of the COVID-19 waves and the different hazard and 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 the preparedness section on the G.O. platform to capture trends across the Movement, specifically related to understanding NS capacities and priorities for support.

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.

The **PER Approach methodology**, has also been reviewed 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. 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.

It was recognised that well-prepared National Societies with **cash capacities** allow for flexible and agile response in an emergency. A fast-track cash preparedness approach was developed and tested in six National Societies within the scope of COVID-19 response operation. This approach is an adapted version of the RCRCM standard CVA Preparedness approach, focusing on establishing minimum requirements to deliver CVA in a timely, accountable and effective manner. The National Societies completed the fast track cash preparedness have reported the added value of the investment, and are committed to continue investing in their capacities by following standard cash preparedness approach.

This is to note that the fast-track approach does not intend to replace the standard CVA preparedness approach but to be used as a starting point for longer-term CVA preparedness for NS. This approach has been tested in COVID-19 context and is being tested in non-COVID operations at the time of this report. An evaluation will be carried out once the piloting is completed in non-COVID operations and adjustments will be made before this approach could be used more widely.

Gaps to be addressed:

- National Societies have been requesting support to developed and revise the Business Continuity Plan to incorporate the risk and hazard analysis base on the epidemiolocal situation.
- 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 organisational settings. Developing Emergency Preparedness and Response (EP&R) is key for ensuring the quality of the emergency coordination processes.

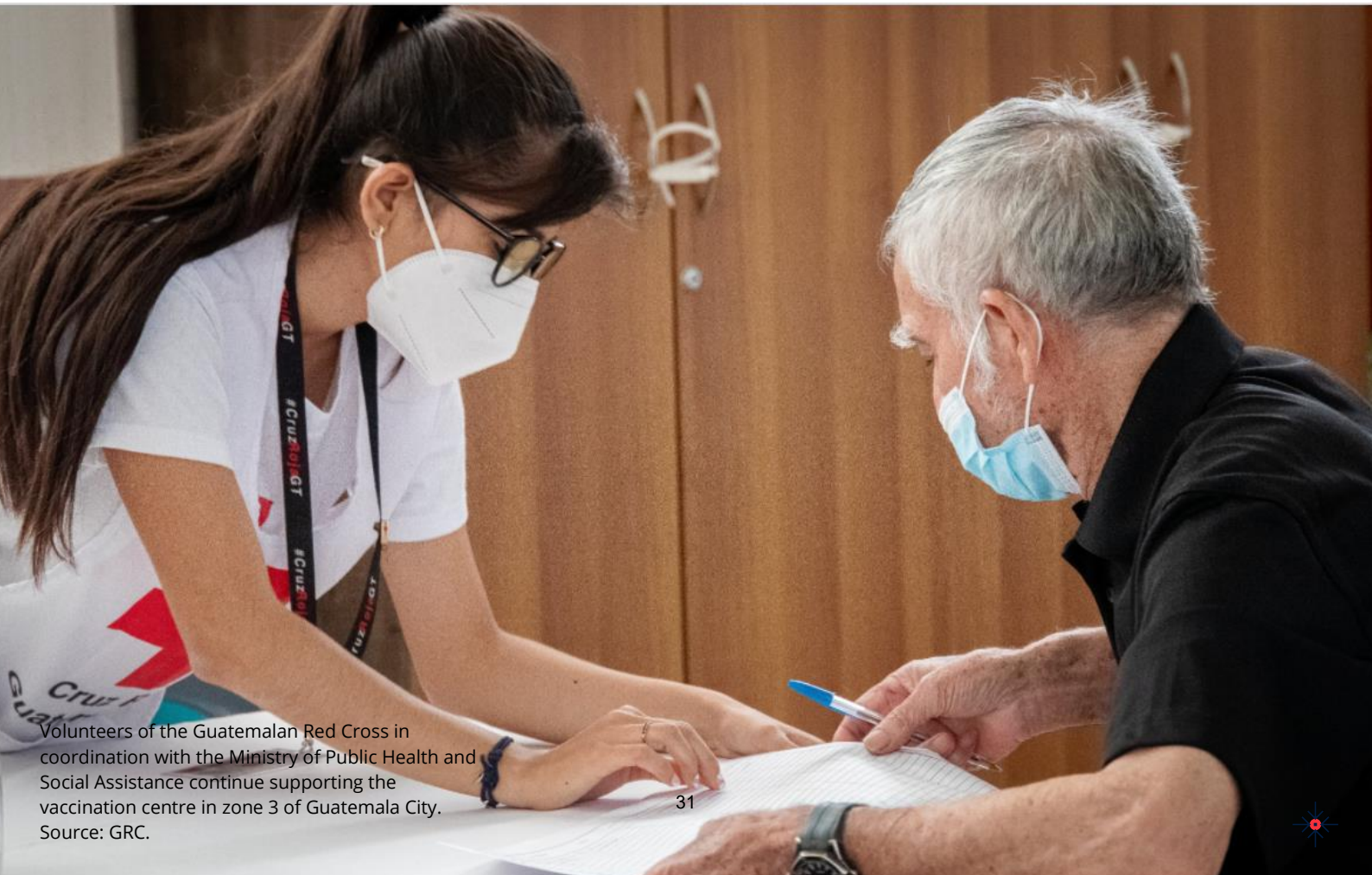
- Many NS preparedness mechanisms are being strengthened as part of the COVID-19 response itself. Continuous engagement and learning to **improve the BCP and the Contingency Planning** as part of the NS preparedness Mechanism is required to ensure the short-term needs are reflected in longer term institutional 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 specialised response teams within this context.
- 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.

National Society Development

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 28NS in need of volunteer insurance support (6 in Asia Pacific, 6 in Americas, 5 in Europe, 6 in MENA and 5 in Africa). 27 have been supported on options to insure volunteers and staff against Covid-19, based on the guidance for volunteer insurance. 23 NS have been supported in setting up a solidari ty mechanism for their volunteers, including financial projections. Five NS have been supported on negotiations with private insurance companies. The MENA regional office has established a regional solidarity mechanism to support other MENA NS 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.

A checklist on the mobilisation 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 mobilising volunteers to respond to needs while ensuring their safety, security and wellbeing.



Volunteers of the Guatemalan Red Cross in coordination with the Ministry of Public Health and Social Assistance continue supporting the vaccination centre in zone 3 of Guatemala City. Source: GRC.

Global and regional webinars were organised 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 I.T., 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 organisational risk management.

Enabling Actions

Business Continuity Planning and Security within IFRC Secretariat

IFRC provide essential services for our National Societies and people in different parts of the world. Business continuity and within it BC preparedness and business recovery are issues of growing importance given the circumstances in which the IFRC operate and their reliable, continuous, uninterrupted operation is an important element of the public image of the IFRC. The COVID-19 pandemic has had a significant impact on the work of the IFRC as it supports National Societies in response to the pandemic, and new emergencies while keeping staff and accompanying dependents safe. The COVID-19 pandemic has presented new challenges and opportunities from which the organization can learn and further develop as an institution.

After several months in pandemic time highlighted the absence of a comprehensive business continuity plan and different elements of business continuity are handled in isolation rather than holistically and as such the BC Task force planned and organized a lesson learned exercise with a view to improvement in this regard. The lessons learned exercise will take place in two phases – an interim lesson learned exercise and an after-action review upon conclusion of the activities of the Business Continuity Taskforce.

This lessons-learned exercise aims to examine those policies, standards, benchmarks, guidance, protocols, processes, and decisions against the a guiding principles established by the organization in March 2020 with a view to:

- supporting institutional learning by engaging staff in identifying lessons learned;
- documenting the captured lessons learned to facilitate the sharing of findings; and,
- analysing and organizing the lessons learned for the future application.

Finally, the exercise shall also propose suitable processes and tools to store the lessons learned and make them retrievable and immediately available in similar situations

Covid infection rate amongst our staff globally has reduces since previous months. Majority of IFRC offices are in working from home or essential staff only, working modality whereas few offices are in gradual reopening process aligned with the IFRC framework and local health authority's recommendation for reopening of office while providing a workplace that fulfills the duty of care for our staff members with mitigation measures in place.

Vaccine and vaccination have been in the forefront in the last months. UN System-Wide COVID 19 Vaccination Programme has included INGO and IO such as IFRC in their global vaccination roll out in countries where national vaccine plans or availability is absent. IFRC international staff and dependent and national staff are eligible through sponsorship of UN agencies for registration through UN vaccine coordinator in those countries and a fee is charged. This option is considered for humanitarian workers where a national plan is not in place and if COVAX humanitarian buffer does not apply. The programme intended to compliment and ease the burdens on existing National Programmes and COVAX.

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, NS 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.

Special Representative of the Secretary General (SRSG) and SRSG Team

The Special Representative of the Secretary General (SRSG) for COVID-19 and the SRSG support team have promoted strategic processes on behalf of the Secretary General to find optimized solutions for bottlenecks identified as part of the COVID-19 response. The function also provides strategic guidance to the Global Leadership Team (GLT), Senior Management Team, and other colleagues involved in the COVID-19 response.

The SRSG support team for COVID-19 is complemented by support from volunteers across the different regions, and continues its work to deliver on 5 group of priority tasks linked to humanitarian diplomacy, risk management, learning, business improvement and development and creating internal synergies.

Together with the GLT and including the Regional Directors, the SRSG in his oversight role, provides support to the National Societies in promoting clear proposals for their response to COVID-19, considering the long-term effects of the pandemic. Missions have been undertaken to identify the needs and opportunities of the National Societies, starting with the Americas and will continue with the other regions. On another note, the SRSG has been facilitating strategic involvement with a range of key stakeholders such as governments, international organizations (such as the UN) and the private sector (including pharmaceutical companies), to seek extraordinary solutions for extraordinary contexts.

Coordination between risk management, business improvement and development and learning with the technical areas of the Secretariat is key for IFRC to respond better to the pandemic. To this extent, and to create greater synergy and circles of support within the Secretariat and circles of collaboration with the National Societies, the SRSG team is working to bring all actors together. The Risk Management Strategy for 2021 -2025, the Business Improvement and Development framework and the Playbook as a learning system to integrate current efforts and lessons learned aligning with the COVID-19 Learning Strategy, are key products that results from the work of the SRSG in our response to COVID-19 and beyond.

Surge Personnel

For the reporting period, 136 Rapid Response personnel (female 66/male 70) from 35 sending National Societies were deployed to support the COVID-19 outbreak operation in 32 countries. The most demanded sectors were Health (31), Leadership (27), Logistics (15), PMER (13), I.M. (11), CEA (9) and Communications (9). By the end of June, seven Rapid Response deployment are still active (one on-site and six remotely).

136	40	96	35
Total number of Rapid Response Personnel deployed	Rapid Response Personnel deployed on site	Rapid Response Personnel deployed remote	National Societies supporting deployments

Good Practices and Lessons Learned report on COVID-19 Cluster Rapid Response and ERU deployment in Honduras for Hurricanes Eta and Iota operation was prepared by the Business Continuity Taskforce in November 2020. The report outlined that the factors that contributed that the outbreak did not spread any further were:

- IFRC COVID-19 safety protocols and guidance
- Consultation and communication between the field and H.Q.
- Reactivity and follow-up
- 'Bubbles' and early transition of the operation to NS

The main lessons learned in the event of future emergency deployments were to reinforce the attention on the following points:

- Preparedness
- Knowledge of and compliance with IFRC COVID-19 safety protocols and guidance
- Extended role of staff health function and resource allocations

Logistics

Following the recent response effort to the second wave outbreak especially in South Asia, the **Global Humanitarian Services & Supply Chain Management** in Asia Pacific (GHS&SCM-AP) unit in Kuala Lumpur coordinated and **facilitated** both international and local **procurements worth CHF 22 million for the Asia Pacific (AP) region and global needs (CHF 18 million for Asia Pacific region + CHF 4.08 million for global)**. Out of the CHF 18 million procurement done for AP, CHF 11.6 million is for local procurement. This effort reinforced the overall localization agenda of the organization and there's still on-going initiative from the CCDs/CDs pushing for local sourcing as and when it meets the quality and standards requirements. A total of 35 procurement files being technically reviewed and approved during the period of February 2020 – June 2021 worth CHF 4 million.

Under the recent new regional waves response, additional international procurement worth CHF 2.3 million for India, Nepal, Sri Lanka, Afghanistan and Bangladesh concluded for PPE and oxygen devices equipment such as oxygen concentrator, cylinder and ventilator amongst others. These items form part of the high demand items in this response. Related supplies had arrived in India, Nepal & Sri Lanka to meet the distribution needs of the National Societies. The same supplies for Pakistan and Myanmar are currently being procured as part of the readiness plan anticipating the second wave response. As oxygen supplies have becomes an essential need in this response, the GHS&SCM had also supported the procurement of oxygen plant for Afghan Red Crescent Society (ARCS)

The Europe Region supported National Societies through the Rapid Response deployment of a Supply Chain Coordinator and with the support of the Global Humanitarian Services and Supply Chain Management (GHS&SCM) Team. This support focused predominantly on the procurement of personal protective equipment, together with food and household items procurement under the COVID-19 operation of NS.

The procurement team has been supporting National Societies in their local sourcing processes and has shared guidelines for the request of quotations and tendering, while IFRC Medical Logistics supported the NS in the quality assurance for any PPE procurements.

For the DG SANTE COVID-19 mobile testing project, briefings were held about IFRC Procurement process for the seven Red Cross Red Crescent National Societies (Austria, Germany, Greece, Italy, Malta, Portugal and Spain) and NS have been supported in their local sourcing process.
For Hellenic RC and for Italian RC some tenders for rapid tests and for PPEs have been managed by IFRC Medical Procurement officer or by the country office in Greece with the support of Global Operational Procurement team.

To support identification of priority needs of National Societies experiencing resurgence of COVID-19 cases; a KoBo survey has been issued to capture items, quantities, and priority level of assets and equipment. This will inform the development of a mobilization table. A mapping of all global and regional stocks that could be mobilized either as a loan or donation is being conducted.
German MoFA prepositioned stock dispatched to below

- Ethiopia: Arrived in Ethiopia - waiting for GRN and inspection of Ethiopian EFDA for approval.
- Kenya: Import exception received. Shipment booked 22 June. Transit time 25 days.
- Mozambique: Arrived on 29 April 2021 in Beira Mozambique.
- Niger: ETA 15 June 2021, Niamey, Niger Awaiting update from Niger.

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. In close coordination with Global Fleet Unit (GFU), there are currently on-going process to the purchases of ambulances for India Red Cross Society (IRCS) (COVID-19 ambulance transport) and Maldives Red Cross Society (MRCS) (ICU ambulance).

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).

In the recent second wave response, efforts to source for free flight options with commercial logistics partners for mobilization of urgent needed oxygen-related medical equipment continues. To date, UPS managed to provide free support for both international & local transportation for 3 flights, ex-supplier in China to India and covering the local transportation for the distribution of Oxygen Concentrators to IRCS's states branches, covering a total of 20 sites. They have also provided free flight for the same item, ex-supplier in China to Sri Lanka. UPS has also extend their in-kind staff support in Mumbai to CCD Delhi for a total period of 18 weeks. There is an estimated saving of close to CHF 500K from UPS support. Sourcing of free transportation has also been extended to Airbus, Airlink, Qatar Airways & Turkish Airlines and effort continues.

Under this operation, 9 personnel have been deployed under various profile which included both procurement, logistics and supply chain coordination. Due to the restriction of travel, 7 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, India and regional coordination. In the recent second wave deployment, a Surge Procurement is deployed for India while a Surge Logistics in Mobilization Coordination is providing support to the regional GHS&SCM-AP team. Both are managing their portfolio remotely.

The new challenges since the last reporting period 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.

- In the second wave response, we are seeing an increase in the demand for oxygen devices equipment. Similar trend is seen where there is shortage of supplies of these items and long lead time foreseen as suppliers are pressured to meet the high demand needs especially for the South Asia countries.
- For IFRC, albeit it is international or local procurement, baseline standards and specifications of PPE & Oxygen-related equipment 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.

- Export and import restriction during COVID-19 were and still a focus challenge in our supply chain management. Export of PPE are 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. In recent Indian Government's directive, oxygen related equipment is banned from export. 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.

GHS&SCM-AP in collaboration with Medical Logistics, technical Health & Operation team in APRO had developed and shared with AP-CCDs/CDs of the Oxygen-related equipment & PPE items mapping template. This is a continuity of a pro-active approach from last year of PPE demand mapping exercise. This mapping is expanded to oxygen-related medical equipment. The exercise is to anticipate and streamlining the procurement needs as they arises while addressing supplies gaps both locally and internationally.

As part of the plan to strengthen the response & preparedness strategy for the COVID-19 operation, GHS&SCM-AP, together with the support from APRO Legal & IDRL is seeking the intervention from Ministry of Foreign Affair (MOFA) to address the PPE export restriction issue in Malaysia with the Controller of Supplies. This is to affirm the privilege provided to the IFRC in our Legal Status Agreement that, as an international organisation, are exempt from any and all customs prohibitions in light of our mandate on the delivery of humanitarian aid within the AP region.

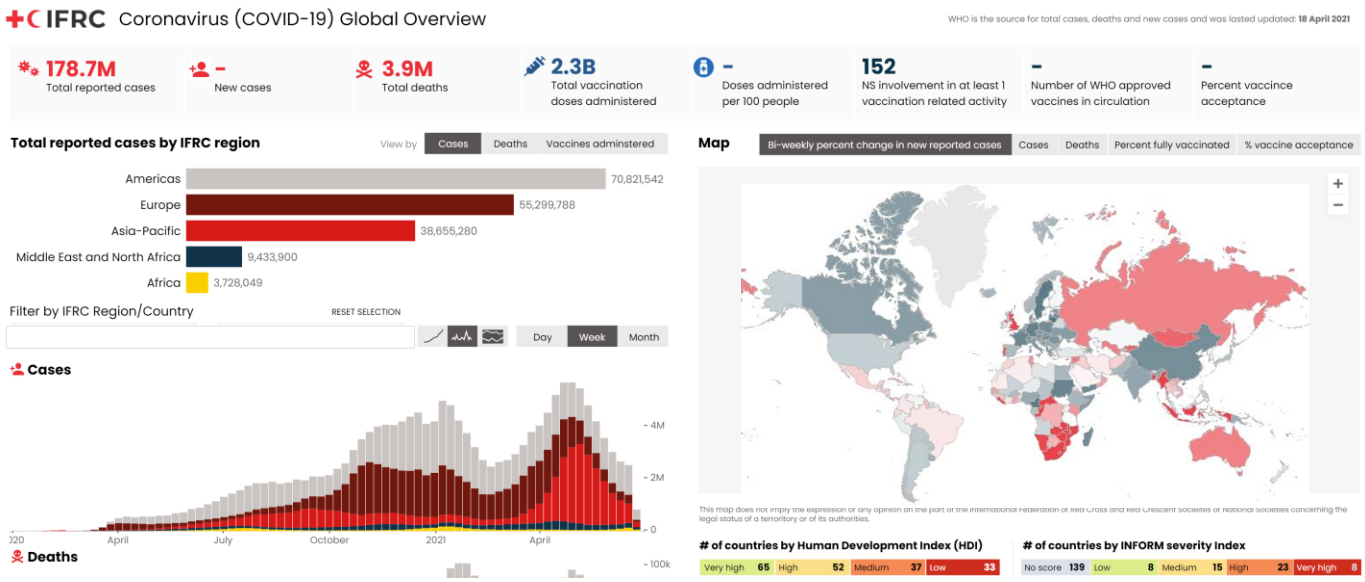
Information Management

During the unprecedented 16 months of this operation, the Go Platform has positioned itself as a solution to global and local information management challenges posed by the operation. Some of the achievements of the GO Platform are:

- Launched Epidemic Field Reports
- Launched COVID-19 specific Field Reports
- A revision on COVID-19 Specific Field Reports was done.
- The visits to GO have doubled
- 162 National Societies are regular users, submitting COVID-19 Field Reports.
- Approx. one hundred new user registrations per month.
- More than 35,000 views of the COVID-19 GO page.
- BMZ funds supported also the:
    - Redesign of Regional and Emergency pages.
    - Launch of the new IFRC KoBo server.

The COVID-19 GO page has accumulated a massive amount of information, dashboards and documents, which has made it hard to navigate. As a result, a redesign of the Global Emergency page is underway, and some of the future changes will be:

- A highly responsive integrated dashboard portraying epidemiological data, vaccination data, involvement of the National Societies in vaccination activities, indicators related to vaccination hesitancy, etc.



Learning

Following the development of a COVID-19 Learning Strategy proposal, developed during Q4 2020, a process to collect and analyse COVID-19 challenges, recommendations and lessons learnt was undertaken from all regions and all sectors / departments. Approximately 60 documents have been received to date. An Analytical Framework was developed and tested (largely based on the COVID-19 Appeal Priority Areas and Enabling Actions, and the Preparedness for Emergency Response Areas and Components), and approximately 200 challenges, recommendations and lessons learnt have been tagged to date. More capacity is sought to accelerate the tagging process, and a process to secure that has commenced. A prototype dashboard was also created to show the findings. This will also require further work. In parallel to further tagging work of the many more challenges, recommendations and lessons learnt, an exploration of the use of Machine Learning to analyse the data more deeply is envisioned. This process proposes to look for patterns, clusters and causalities in the data, to help identify root causes to and links between challenges and recommendations. This team proposes to benefit from the experiences that the DREF operational learning team will go through, likely adopting a similar approach. In addition, a Volunteer Alliance technical team, focused on organisational learning, is exploring the collection and analysis of volunteer COVID-19 stories related to challenges, recommendations and lessons learnt, to provide some further understanding and input from those working directly with affected communities. This COVID-19 learning initiative proposes to align with other IFRC Secretariat processes looking into different aspects of COVID-19 learning where possible and practical, and fundamentally to provide support to having a better understanding of our collective experiences with and through COVID, and to inform short medium- and long-term changes that the organisation needs to undertake.

Planning, Monitoring, Evaluation & Reporting - PMER

In the past 16-months, the IFRC secretariat continuously adapted existing tool to meet the operation's PMER needs. The **Federation-Wide Covid-19 reporting system** has been updated to refine the indicators on the activities National Societies support to the COVID-19 vaccination rollout. Guidance is shared with the membership here: https://fednet.ifrc.org/en/resources/PMER/covid-NS-PMER-guidance/ All collected and verified data is then published and available on the COVID-19 interactive dashboards on the G.O. Platform.

During the latest reporting period, the IFRC Secretariat continues overseeing the Federation-wide Evaluation of the response to assess the effectiveness and relevance of the Federation-wide response. An evaluation team, lead by an independent lead evaluator, and supported by evaluators from National Societies and IFRC secretariat staff have conducted over 250 key informant interviews, conducted desk review of over 200 documents and launched a global survey to all National Societies gathering almost 1,000 responses. The team continues to analyse all the data collected in what is one of the largest and more complex evaluations conducted due to the scale and scope of the response. The final report is expected to be finalised in Q3 of 2021.

FEATURED STORIES

AFRICA REGION – Application of operational learning from COVID-19 response in Madagascar

On 20 March 2020, the first case of COVID-19 was reported in the Madagascar capital of Antananarivo. As of July 2021, a total of 42,194 cases and 909 deaths have been reported to WHO. The COVID-19 pandemic has extended beyond a public health emergency; and led to **catastrophic socio-economic implications**.

In Madagascar, prior to the pandemic, the economy had been on an upward spiral – however in 2020 it **experienced its first decline in growth for more than 10 years**. Industries such as tourism and mining were among the worst affected. In midst of this, the country has been experiencing an **ongoing drought**, which has had devasting consequences and **pushed more than 725,000 people in the south of the Madagascar into food insecurity**.

The Malagasy Red Cross has been responding to the COVID-19 pandemic from its onset with support from IFRC through the IFRC Africa COVID-19 Emergency Appeal. The response includes community awareness and surveillance on COVID-19, risk communication and community engagement (RCCE), distribution of personal protective equipment, support to the Ministry of Health and cash distribution to people whose livelihoods had been impacted.

Following an urgent call for assistance from the Government of Madagascar, IFRC extended its support through MRCS by providing a Disaster Relief Emergency Fund (DREF) **to address the needs of 10,000 people** in the Ambataoabo Commune of Anosy Region which was among the areas that had been worst affected by the food insecurity with IPC 3 and IPC 4 levels recorded[6].

Cognizant of the ongoing risk of exposure to COVID-19 and based on **operational learning from their response to the pandemic**, the National Society ensured that "COVID-19 safe programming" approaches were integrated into the food insecurity operation. This included the distribution of face masks to all the population being supported in Ambataoabo (five washable masks per household) and community awareness on COVID-19. At distribution sites, hand washing facilities were installed, disinfection of public areas was conducted and social distancing protocols were put in place during cash distributions.

The Malagasy Red Cross has maximized the learning gained from the COVID-19 response through the strengthening of its overall capacity to respond to other emergency situations and ensure that appropriate risk mitigation measures are integrated.



AMERICAS REGION - Hurricanes Eta and Iota in Central America



On 3 and 17 November 2020, Hurricanes Eta and Iota made landfall in Nicaragua as Category 4 and 5 respectively, moving afterwards to Honduras and Guatemala, causing landslides and floods that displaced thousands of people and left dozens dead or missing in Central America and parts of the Caribbean.

These two hurricanes affected more than 7.5 million people in Central America. The main challenges faced on the early response phase, were related to maintaining safe COVID-19 measures in temporary collective centers. Over 311,000 people were evacuated in Guatemala, some 300,000 in Honduras and in Nicaragua nearly 70,000 people were evacuated and the SINAPRED opened 325 collective centres. In Belize, there was major flooding which affected 50,000-60,000 people who lived along riverside communities.

This situation created the need to ensure that evacuees had basic items to meet their immediate needs and that biosecurity and physical distance safe measures against COVID-19 were implemented, as overcrowding in collective centers became a high risk.

Also, in this early response phase, health services became essential, not only for chronic diseases such as high blood pressure and diabetes, which are considered risk factors for suffering complications from COVID-19, but also for other health issues that appeared as a result of the flooding, accumulated waste and debris, and lack of proper housing. Many people contracted acute respiratory infections (ARIs), foodborne illnesses (FBIs), fungal diseases, skin infections and scabies. Additionally, staff and volunteers in the three countries of the appeal, were affected by COVID-19, which resulted in a reduction in the National Societies response capacities.

Now that the Eta-Iota operation is moving to an early recovery phase, health promotion, COVID-19 prevention measures and risk communication remain as a high priority for staff, volunteers and communities' safety and are an integral part of the Eta-Iota Emergency Appeal and National Society Response Plans and take into account the guidelines and protocols already developed during the pandemic response.

Also, vaccination is slowly progressing, although in Guatemala and Honduras, most staff and volunteers have received their second dose, Nicaragua is still in an early phase and have not yet reached a significant part of NRC staff and volunteers.

With the support of IFRC COVID-19 Emergency Appeal, the Honduran, Nicaraguan and Guatemalan Red Cross have established Solidarity Funds as a protective measure for staff and volunteers since affordable health insurance is not available.

ASIA PACIFIC REGION - TRYING TO OUTRUN A TIDAL WAVE

Anatomy of a deadly COVID-19 surge in Nepal *(full article available at IFRC Exposure)*

The Beginning

A new wave of COVID-19 infections in Asia and the Pacific gathered speed and momentum at frightening speed. Starting with India. Almost seven months after steady decreases in the spread of infections, the number of people testing positive every day surged past the previous peak of 100,000 and kept climbing. The news was full of heartbreaking images and reports of people being turned away from hospitals, overflowing cremation centres and unchecked spread of the virus.

Neighbouring Nepal watched in horror. Fearing the virus, thousands of Nepalis who normally earned a living in India streamed home across the 1770-kilometre land border. Warning bells rang. Official daily tallies jumped into the thousands. Hospitals filled fast.

The Wave Breaks

The virus spread with terrifying speed in Nepal and the number of cases, deaths and people who needed medical care quickly moved into uncharted territory. Alongside authorities, partners and healthcare workers, Nepal Red Cross stepped up their lifesaving activities.

Almost 4,000 Red Cross volunteers began working day and night and have so far reached 2.5 million people while responding to the second wave. Helping with testing and vaccinations, encouraging mask-wearing, isolating infected people, installing handwashing stations and toilets, contact tracing, providing emotional support and helping to manage quarantine centres.

IFRC, with Nepal Red Cross, mobilized partners to help urgently send emergency equipment such as oxygen concentrators, ventilators, protective masks and suits plus medical tents to hospitals to boost the embattled health system.

The Next Wave

The official number of COVID-19 infections and deaths being recorded in Nepal has decreased sharply, now sitting between 1,000 and 2,000 a day, but the psychological and health impacts of the surge will continue to affect people for the weeks and months to come. The latest wave shows that the pandemic is far from over and that no country can afford to relax.

The highly contagious Delta variant that first emerged in India and largely drove the latest surges in South Asia, has now been identified in more than 90 countries and is causing havoc from Indonesia to Bangladesh and Fiji.

More rapid and decisive action is needed to ensure that countries like Nepal have access to vaccines to protect people from these COVID-19 variants. More investment is critical to get the vaccines from the tarmac to all areas of Nepal and other countries and into the arms of people who ne ed them most, as quickly as possible.





EUROPE REGION - COVID-19 work in prisons in Ireland

Prisons have been disproportionately affected by COVID-19 across the globe – but not in Ireland. This was the first country in the world to introduce the Community Based Health and First Aid programme (CBHFA) in a prison setting, with inmates themselves as Irish Red Cross volunteers and peer-to-peer educators. It was piloted in Wheatfield, Dublin, in 2009, and is now being run in 12 prisons through a partnership with the Irish Prison Service (IPS) and Education & Training Boards (ETBs).

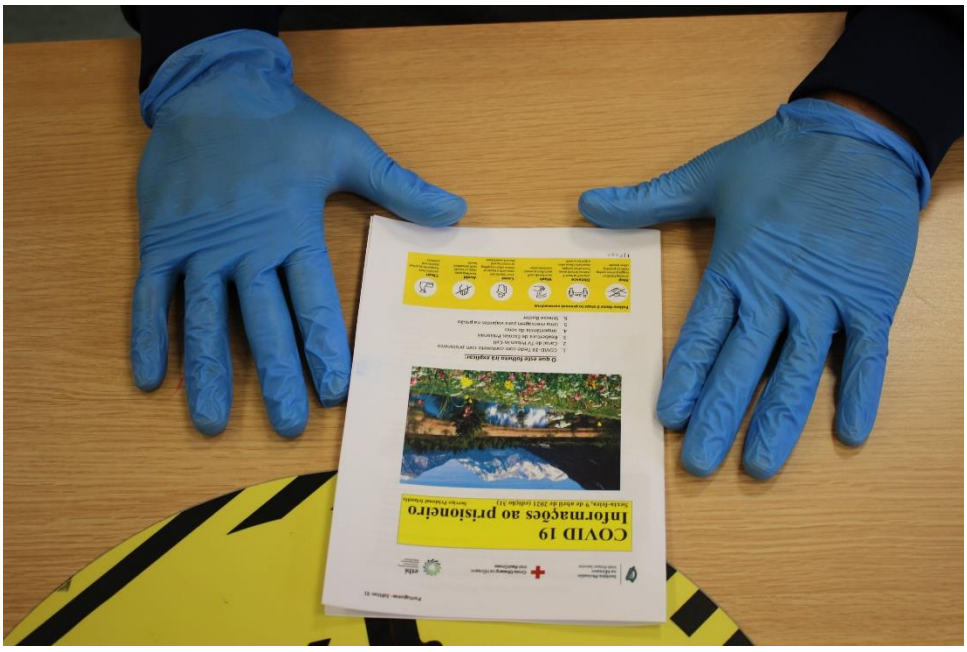
The initiative, driven forward by almost 200 inmate volunteers trained and supported by the Irish Red Cross, has a strong focus on infection control to promote clean and healthy prison environments. When the pandemic hit this became more important than ever, and with great success: Irish prisons, with around 3,700 inmates, went for nearly six months without a COVID-19 case. After that, small outbreaks were contained quickly – and no prisoners were hospitalised or died.

Over the years, Irish Red Cross volunteers in prisons have been involved in many projects to help make their communities safer: color-coded bucket and mop systems, hand-washing demonstrations, cough/sneeze etiquette... This kind of endeavours played a key role in creating further awareness about the importance of preventative measures vis-à-vis COVID-19, and have not only benefitted the prisoner community but also staff and inmates' families through online training.



With support from IFRC's COVID-19 Emergency Appeal, volunteers have expanded their assistance in the last months: during lockdowns, staff of services including Psychology, Chaplaincy, Addiction Counselling, Resettlement Services or Teachers were not allowed to enter the prisons, so inmates started to offering additional support wherever they could – from activities to improve mental health when visits were prohibited to the delivery of educational materials, leaflets and newsletters.

Irish Red Cross inmate volunteers have also been very active in addressing vaccine hesitancy amongst prisoners: in a critical moment to achieve widespread immunisation against the new coronavirus, they represent a trusted and reliable source for peers to approach them with questions and concerns, provide accurate information, and help counter misinformation so all prisoners are adequately equipped to decide about getting vaccinated or not.



MIDDLE EAST & NORTH AFRICA REGION - Responding to the pandemic in Syria



Syria is entering its eleventh year of crisis, which has devastated the country and resulted in multiple displacements and economic hardship. The public health care system is still frail, with limited or moderate response capacity. The situation has been exacerbated by an unprecedented economic downturn caused by the many years of conflict and the financial crisis in neighbouring Lebanon, as well as the tightening of economic sanctions against Syria, which has reduced resources and support for humanitarian work.

In this context, the pandemic is compounding a dire humanitarian situation. The impact of COVID-19 is seen in the context of a decade of health crises, a destroyed health system, and a deeply vulnerable population that already struggles to meet basic requirements including health care, shelter, food, education, and livelihoods. The breakout of COVID-19 and subsequent lockdowns have pushed millions of Syrians into a food crisis, with rising costs, job losses, and difficulty accessing basic services, in a country where 50 per cent of the working-age population is now estimated to be unemployed.

The economic impact of COVID-19 measures further compounds the situation of economic distress existing pre-COVID. Communities report significant losses of income pushing them into poverty and making them more vulnerable. In its effort, to reduce food insecurity and its negative effects on the most vulnerable people, the Syrian Arab Red Crescent (SARC) scaled up its food parcels distribution. SARC has reached 789,365 people, including 236,810 children through the distribution of food items.

The healthcare system is also fractured. Even before the COVID-19 pandemic, the shattered health infrastructure in Syria was unable to cope with the scale of health emergencies. Local procurement of the personal protective equipment (PPE) kits 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. As a result, SARC decided to procure PPE kits for 8,305 frontline staff and volunteers locally.

Regional Overview

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

Africa	**44**
Americas	**86**
Asia Pacific	**139**
Europe	**181**
Middle East and North Africa	**247**

IFRC

COVID-19 OUTBREAK AFRICA REGION SITUATION UPDATE

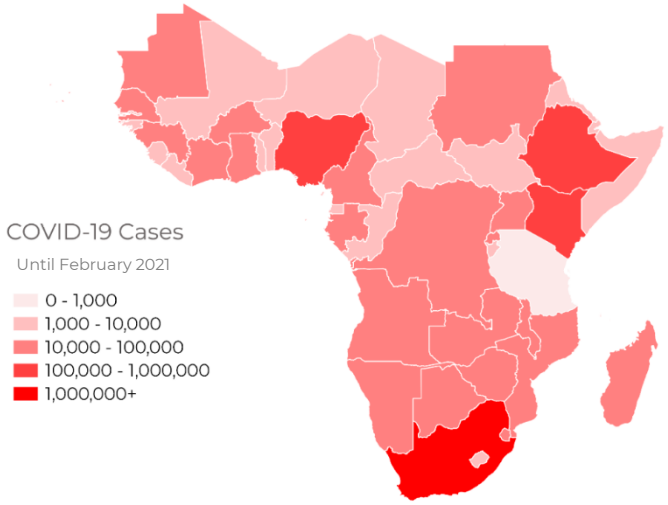
REPORTING TIMEFRAME:
01 January to 31 May 2021

Situation Update

3,985,213 confirmed cases in Africa Region

95,030 confirmed deaths in Africa Region

reported by WHO as at 10:00am CEST, 30 June 2021



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

SOCIOECONOMIC INTERVENTIONS

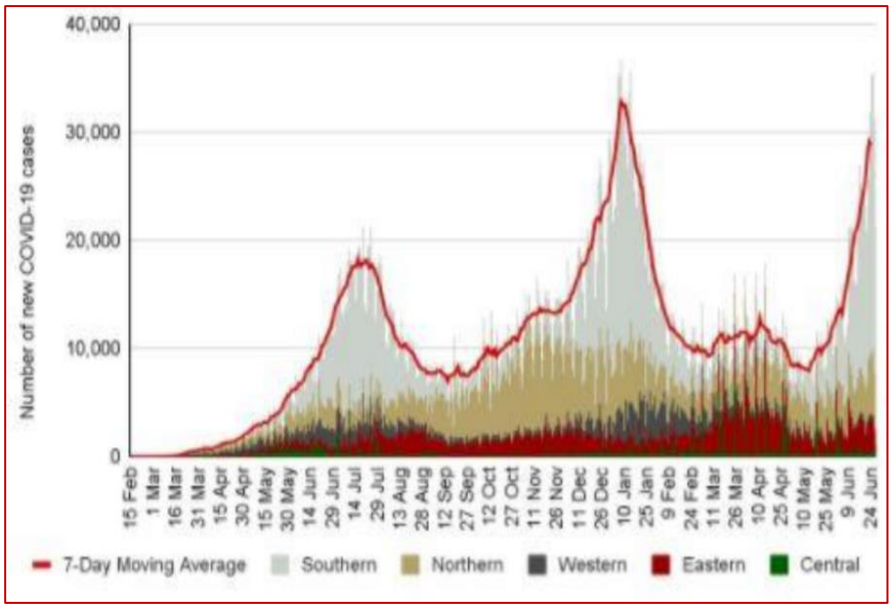
21	Management of the dead
31	MHPSS
44	Risk communication, community engagement, and health and hygiene promotion
9	Support for immunization activities
40	CEA, including community feedback mechanisms
35	Livelihoods, cash support & food aid
14	Shelter and urban settlements
31	Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

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

Regional overview

As of 6 July 2021, the cumulative number of COVID-19 cases in Africa has reached over 5.6 million, with over 140,000 deaths (Africa CDC dashboard, 6 July 2021). The countries currently reporting the highest incidence of new COVID-19 cases per 100,000 population include Seychelles (993), Namibia (478), Tunisia (199), South Africa (178), Botswana (161) and Zambia (106). (Africa CDC Outbreak Brief #76: COVID-19 Pandemic, 29 June 2021). Variants of concern have been reported in many countries throughout Africa Region, including 23 countries for variant B.1.1.7 (Alpha), 25 countries for variant B.1.351 (Beta), and 11 countries for variant B.1.617.2 (Delta). 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 (7.5%), Somalia (5.2%), Zimbabwe (4%), Comoros (3.7%), Mali (3.6%), Eswatini (3.6%), Niger (3.5%), Chad (3.5%), Malawi (3.3%), Liberia (3.2%), South Africa (3.1%), Gambia (3%), Lesotho (3%), Senegal (2.7%), Mauritania (2.4%), Angola (2.3%) and Democratic Republic of Congo (DRC) (2.3%). The number of daily new cases registered in Africa Region has been steadily increasing over the last few weeks. 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 experience community transmission and have experienced a second wave, while approximately 25% of countries are now experiencing a third wave.



# of new COVID cases: Source Africa CDC Outbreak Brief #76:

Countries in Eastern and Southern Africa are particularly facing a fast-surging third wave of the COVID-19 pandemic, with cases spreading more rapidly and soon projected to overtake the peak of the second wave (by early July). Since the onset of the third wave (3 May 2021), COVID-19 cases have risen for five consecutive weeks. As of 20 June (48 days), Africa has recorded over 474,000 new cases, a 21% increase compared to the first 48 days of the second wave. A combination of factors, including weak observances of public health measures, increased social interaction and movement, and the spread of variants, are powering the new surge. In Africa, just over 1% of the population has been fully vaccinated (WHO Africa, 24 June 2021).

Following the 12-month operations update, the global emergency appeal and regional emergency plan of action were revised. The focus of these revisions included support for immunization, continued risk communication and community engagement (RCCE) and accountability, and economic recovery. Africa is far behind in securing access to vaccines. Therefore, COVID-19 will continue to pose a threat to African populations, especially those most at risk, as well as the chronically ill. Other immunization programmes will continue to be hindered by COVID-19. 33 Country-specific support plans in line with the IFRC Five Pillar Vaccine Rollout Plan have been developed by National Societies in coordination with National Societies that are closely collaborating with their health authorities. However, only 15% of the CHF21 million allocated to immunization were received by Africa National Societies.

Due to COVID-19 movement restrictions, further economic deterioration is expected. Economic recovery in Africa will be slow in 2021. Support for livelihoods and food security has been scaled up by adapting and developing new programmes to address the economic fallout from the pandemic. This includes both in-kind (food) and cash/voucher support (multipurpose cash to address basic needs) to assist the most vulnerable communities, as well as longer-term approaches complementing or advocating for vulnerable communities' inclusion into existing safety nets and supporting early recovery and adaptation to the pandemic threat.

The IFRC Africa Regional Office is in operational coordination with 47 National Societies on the COVID-19 response. The total funding requirement to support these National Societies stands at 101,000,000 Swiss francs, with a coverage of 51%, or 52,000,000 million Swiss francs, which are fully obligated. The implementation rate against funding received stands at 69% as of May 2021.

Priority 1: Sustaining Health and WASH

Epidemic control

National Societies continue to support epidemic control measures in many countries. As vaccination brings an additional opportunity for control of the pandemic, National Societies are working with their ministries of health (MoHs) to support the speed-up of vaccine rollout. As part of the appeal revision process, 33 National Societies have submitted their COVID-19 immunization plans to make them responsive to the opportunities foreseen in vaccination, but also at the same time ensuring that the momentum of social and public health measures are not lost. National Societies are supported in analysing the evolution of the pandemic and responding to sudden resurgences of cases. The regional office has been supporting responses to resurgences of cases through mobilization of resources including personal protective equipment (PPE) from within or outside of the region. The continued support in personal protection and social measures to limit the spread of the disease continues through communication of health messages and engagement with communities through social mobilization, school awareness sessions, and social media campaigns with more refinement and customization based on feedback from communities through feedback mechanisms and growing evidence and new developments in knowledge from the scientific community and social sciences.

RCCE, health and hygiene promotion remain critical in the response of all African National Societies to COVID-19. As countries progress in their COVID-19 vaccination campaigns there is an increasing need to further strengthen this component into their respective responses. In Africa, the IFRC and National Societies are putting particular emphasis in building trust and reduce vaccine hesitancy, as well as support governments to increase capacity to roll-out vaccines. Between February and May 2021, 7,765 individual pieces of community feedback were collected, analysed and responded to across the region. Feedback data so far have indicated that the topic of COVID-19 vaccines is increasingly prevalent, highlighting that some people are worried about the safety of the vaccines and have asked how a vaccine developed in record time can be safe, as well as raising concerns that the vaccines were being tested on Africans for use in Europe. Many comments have shown that people believe real vaccines are not being made available for people in Africa or that vaccines were created to control population sizes. There are also concerns about the side effects of the vaccines, with people mentioning that it could cause infertility, reduced life expectancy, or even death. Many people are asking questions on whether the vaccine will be compulsory, when it will be accessible to the population, and why it is currently only available in some countries but not others. There are also questions related to the different types of COVID-19 vaccines and why they cannot be combined into one vaccine.

To respond to community feedback, in addition to producing the usual information products such as the monthly regional community feedback report and monthly factsheets of "Ask Dr. Ben" (Anglophone) and "Demandez au Dr Aissa" (Francophone), the RCCE and Communications teams have established a new partnership with the Africa Infodemic Response Alliance's (AIRA) Viral Facts team to co-produce our "Ask Dr Ben" videos answering key COVID-19 questions received from communities. These joint videos have been widely disseminated on the official IFRC, WHO and UNICEF websites regionally and globally, increasing our audience and reach.

In partnership with technical teams in Geneva, a new tool compiling over 133,000 pieces of feedback data collected by National Societies in Africa since the beginning of the COVID-19 pandemic into an interactive dashboard allows users to filter by date, country, cluster, feedback channel, type of feedback, and themes of feedback. This dashboard enables anyone to easily understand the most prevalent and up-to-date community perceptions and attitudes on COVID-19 in order to inform responses at country, cluster and regional levels. This data is essential for informing risk communication strategies and activities as it ensures that what we say and do evolves as attitudes and perceptions about COVID-19 also evolve.

In addition, direct support has strengthened capacities of African National Societies through a series of trainings coordinated by the CEA team with health, mental health and psychosocial support (MHPSS), protection, gender and

inclusion (PGI) and operations teams on "How to ensure inclusive and community-centered COVID-19 Vaccine Rollout'. This initial training has reached 21 African National Societies including Guinea, Mali, Guinea-Bissau, Democratic Republic of the Congo (DRC), Senegal, Ivory Coast, Niger, Togo, Benin, Cape Verde, Sao Tome & Principe, Gabon, Malawi, Nigeria, Lesotho, Kenya, Uganda, Botswana, Mozambique, Ethiopia, and Namibia, as well as representatives from partner National Societies, IFRC and ICRC, who participated in English and French virtual sessions held in April 2021. This training was adapted and implemented for the Eastern Africa cluster in May 2021, with participation from nine National Societies including Burundi, Djibouti, Sudan, South Sudan, Somalia, Kenya, Uganda, Rwanda, and Tanzania. Currently, replication of this training in being planned for West Coast and Central Africa clusters, as well as at country level, such as by the Ethiopian Red Cross Society.

Further capacity development through Branch Transmission Interventions Training (BTIT) for a number of National Societies (Malawi, Zambia and Sierra Leone) has also been delivered in this period. This training has focused on epidemic control and preparedness with a complimentary focus on hygiene and IPC requirements for management of cholera and COVID-19 at National Society branch level. The delivery of this training is forecast to continue with other applicable recipient countries with coordination through supporting partner National Societies.

Community-based surveillance (CBS)

Thirty-five National Societies in Africa Region continue to be directly or indirectly involved in community-based surveillance (CBS). Among these, six NS are implementing the CBS complete package[1], while the rest are implementing "soft" CBS which includes activities ranging from contact tracing, screening to referral of cases. Countries with a community epidemic and pandemic preparedness programme (CP3) contribute significantly to community-based surveillance and participate in 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 formal Ministry of Health surveillance systems.

Infection prevention and control and WASH in health facilities

The regional office has been channelling PPE from donations and procurement to countries with critical shortages during resurgence or sudden increases in cases or hospitalisations.

Increasing awareness and local National Society knowledge on epidemic preparedness and management of COVID-19 cases have been facilitated through provision of training, such as the BTIT curriculum highlighted above. One of the modules of the BTIT for National Societies includes topics such as epidemic preparedness, IPC and disinfection requirements within heath facilities, and rapid response measures, as well as assessing the level of integration and cooperation between National Societies and local government authorities for the management of facilities. With Namibia Red Cross, WHO provided a virtual training to help prepare regions to efficiently respond to the pandemic. The training educated participants on a variety of topics including coordination, surveillance, points of entry, rapid response teams, laboratory case management, infection prevention and control, risk communication and community engagement, and mental health.

Water supply to health facilities in various countries remains an issue for sustaining interventions to improve hygiene practises within health facilities. This requires further review and provision of regular WASH interventions, such as borehole drilling and installation of pumps and distribution networks. Interventions of this type need to be carefully evaluated to prevent ineffective drilling and borehole construction activities in areas that have not been adequately assessed, which may lead to insufficient supplies for affected communities through insufficient borehole yields. This was experienced by Ghana Red Cross Society as part of a borehole construction project, which led to 10 boreholes having to be abandoned due to insufficient yield and poor water quality.

[1] The scope of CBS is limited to systematic on-going collection of data on events and diseases using simplified case definitions and forms and reporting to health facilities for verification, investigation, collation, analysis and response as necessary (WHO)

Infection prevention and control and WASH at the community level

The focus of the majority of National Societies in the delivery IPC at community level has been on the provision of supplies and materials to improve hygiene within households and at more heavily affected locations, such as populated areas or informal settlements. This has been supported over the last three to six months with hygiene awareness sessions, training and hygiene promotion in central community locations such as markets, religious places of worship, and schools. Most National Societies have exceeded their objectives for training of volunteers in IPC-WASH measures in community centres and schools. In DRC, provision of hygiene awareness training has translated into increased knowledge about prevention measures by beneficiaries (88.7%, based on respondents to a survey); however, practice is still average (57.5%).

Innovation on different types of locally produced handwashing stations has increased within a number of nations, with a corresponding proliferation of handwashing materials, supplies and systems. This has led to improved relationships and further collaboration between National Societies and MoHs, with placement of handwashing stations in various health facilities being well-received by health ministries. National Societies have supplemented the provision of handwashing materials and kits with water supply tanks and taps stands to provide reliable and sustainable access to handwashing facilities for potentially affected and vulnerable populations. Installation of handwashing stations and materials provision have been coupled with community sensitization sessions and site appraisals to ensure the most suitable and practical locations are selected within recipient communities. Provision of additional hands-free washing technologies and disinfection devices has been impacted in some countries, such as Burundi, due to price inflation of disinfecting devices ordered.

A number of National Societies, including Comoros and Cameroon, have been undertaking systematic disinfection programs; however, this has identified some challenges with regard to complaints from community members, specifically those operating businesses or markets, about the timing and ongoing requirements for disinfection. The Comoros National Society has also produced chlorine solutions for use in disinfection across a number of regional centers.

As noted in previous operational updates, the increased provision of suitable and sustainable WASH facilities and supporting services within school environments is essential to limiting the spread of the disease among children and improving protection of vulnerable people in their communities. This has been addressed by further construction of school latrine facilities, such as those constructed by the Red Cross Society of Niger. Similarly, a number of National Societies have facilitated the rehabilitation of boreholes within community areas and schools to supply adequate water and sustain improved hygiene practices.

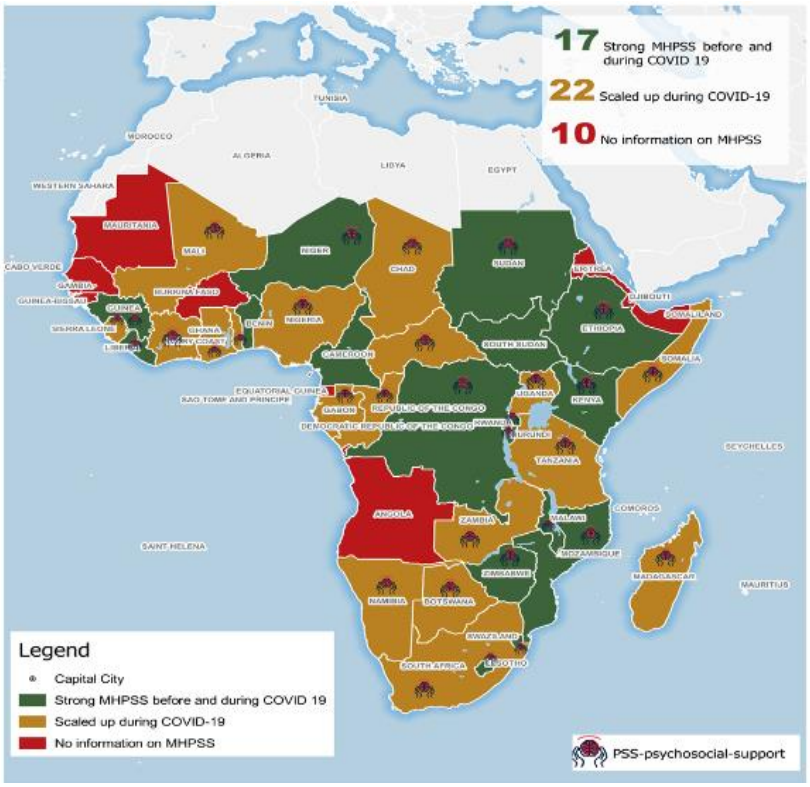
Mental health and psychosocial support services (MHPSS)

MHPSS services have been provided as part of the COVID-19 response actions in the region. At regional level, MHPSS focal points from 23 National Societies were trained in various PSS skills to increase their capacity in planning and rolling out quality MHPSS services at National Society level. Eleven participants from the National Societies of Burundi, Cameroon, Benin, Comoros, Guinea, Chad, Niger, Ivory Coast, and Madagascar, as well as IFRC health staff from cluster delegations, underwent the 4-day training facilitated by the IFRC Psychosocial Support Centre (PS Centre). Twelve participants from the National Societies of Somalia, Tanzania, Ghana, Gambia, Zambia, Kenya, Nigeria, South Africa, Liberia, Uganda, Botswana, and Namibia underwent a 3-day online training in community-based psychosocial support (CBPSS). Hence, there was increased mobilisation of National Societies with more focus on MHPSS in COVID-19 responses. Thirty-nine (39) out of 49 National Societies have a focal point to support the implementation of MHPSS activities as shown on the map below.

To further deepen the sharing of knowledge and learning among National Societies, focal points were organized into language groups (French, English and Portuguese). Two groups (English and French) are functional and have held their Community of Practice sessions, in which they share experiences and learnings from one another on a skill area. The monthly sessions are organized and facilitated by National Society focal points themselves with technical guidance from the region. Five sessions have been held so far focusing on psychological first aid (PFA) in COVID-19 response, monitoring and supportive supervision, and PSS support in emergencies. At least 25 National Societies have participated

in these sessions and gained new skills to improve their own work at National Society level. In addition to training and knowledge sharing on MHPSS, two guidelines have been developed and rolled out for National Societies to promote MHPSS in the COVID-19 response: 1) a guideline on "*How to support people in distress during COVID-19 vaccine rollout";* and 2) a guideline on "*Psychosocial support for volunteers who test positive for COVID-19".* A PFA module focused on epidermic preparedness and response (EPR) was also developed and integrated into the EPR training package for the region. All of these materials are useful for National Societies to support affected people in these situations.

Technical support continues to be provided upon request by National Societies to improve MHPSS interventions in-country. Trainings and sharing of materials and tools for COVID-19 response and other crises, such as Ebola and volcanic eruption, has been done with 10 National Societies including Rwanda, DRC, Guinea, Ivory Coast, Liberia, Sierra Leone, Zambia, Botswana, Nigeria and Uganda, which helped to assess, train and provide quality PSS services.



Status of National Society engagement in MHPSS in Africa Region – June 2021

There has been increased coordination and collaboration with Movement and non-movement partners through meetings, webinars and trainings. A concept note was shared and a meeting was held with Movement partners on how to harmonize MHPSS implementation at National Society including 19 participants from IFRC, ICRC and partner National Societies in Africa Region. It was agreed to form a Regional MHPSS Movement Working Group to work together following the Movement Policy, Resolution and Roadmap 2019. Active participation in the monthly MHPSS regional inter-agency working group meetings has been maintained and IFRC is well-represented in various discussions and on task teams. The memorandum of understanding (MOU) with the Regional Psychosocial Support Initiative (REPSSI) was signed and discussions on how to promote MHPSS in the region are ongoing. Strong collaboration with the PS Centre to provide technical support, materials, tools and trainings is ongoing.

Isolation and clinical case management for COVID-19 cases

As countries improve their capacities and readiness in isolation and clinical case management, the involvement of National Societies in this area of work is gradually decreasing. Initially, some National Societies were involved in supporting makeshift isolation facilities to manage surge in hospitalizations during the pandemic. Now, National Societies are supporting home-based care for asymptomatic and mild-symptom cases and have developed their skills and capacities through training webinars organized in the region. National Societies have prepared business continuity and preparedness plans to support this area as the pandemic evolves and if and when new resurgence or waves affect their specific countries. For that purpose, a specific guiding document to address new waves of infection has been produced by the IFRC Regional Office, which allows National Societies to set up their preparedness plans and prioritize activities in case of resurgence.

Ambulance services for COVID-19 cases

Thirteen (13) National Societies have ambulance services either as part of the COVID-19 response or as a service in general. As resurgences happen or as part of routine ambulatory service, National Societies provide services to transport COVID-19 cases to treatment facilities. National Society volunteers and ambulance service staff are well trained in IPC and ensure maximum protection of staff and the patients being transferred. As cases increase,

ambulatory services are at a higher demand and 13 National Societies have been responding to the surges in service needs. National Societies providing ambulance services also ensure provision and constant supply of PPE to service staff and volunteers and ensure safe ambulatory environment both for COVID-19 cases and other patients.

Maintain access to essential health services (community health)

Community health activities carried out by National Societies, such as CBHFA, immunization services, and other community health programmes, continue to enhance access to healthcare services through disease prevention and a health promotion approach. The services delivered to communities through the volunteers and branches complement and fill the gap in essential health services. National Societies' COVID-19 operations are designed both to complement existing community health programmes and to fill gaps in essential services at community level. Through the knowledge acquired as a result of training programmes and guidance documents on ensuring implementation of COVID-19 preventive measures, National Societies are able to design community health projects that add value to the prevention and control of COVID-19 in their implementation areas.

Maintain access to essential health services (clinical and paramedical)

The impact of COVID-19 on healthcare systems in Africa has resulted in the reduction or complete ceasing of elective services, such as immunization, emergency care, and maternal, newborn and child health (MNCH). Home-based care of mild and asymptomatic COVID-19 cases has been promoted in Africa Region to reduce the burden of the pandemic on healthcare systems and ensure essential healthcare services for healthcare needs in addition to COVID-19 is 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. Africa Region has been supporting immunization activities by facilitating and promoting participation of National Societies in the Global Immunization Task Force to put the immunization agenda high on the priority list of African National Societies.

Management of the dead

Following the joint IFRC/ICRC discussion and guidance document on Management of the Dead (MoD) to ensure the distinction between Safe and Dignified Burials (SDB), which is used during Ebola virus disease (EVD) response, from MoD in the case of COVID-19, National Societies are less and less involved in MoD, which does not require significant support from the Red Cross and Red Crescent. Two National Societies, Guinea and Gambia, have been requested by their MoHs to support in MoD. National Societies are able to use the guidance document in support of MoHs on MoD with PPE provided by the MoHs. The Health and Care department has been engaging with National Societies to raise awareness on the comparatively lower risk of handling dead bodies of COVID-19 to ensure the use of the MoD guidance instead of SDB and reduce panic or stigma to COVID-19 death.

Support for vaccination activities

The regional IFRC health, RCCE and operations teams have organized a series of webinars on immunization and COVID-19 vaccine rollout planning in support of National Societies to develop their immunization and COVID-19 vaccine rollout plans. Subsequent sessions on immunization and vaccine rollout were conducted at both regional and cluster levels. A total of eight webinars with more than 25 participants per session were organized during the past six months. These sessions have included updates on the rollout process, the role of the Red Cross and Red Crescent in supporting the implementation of National Deployment and Vaccination Plans (NDVPs) for COVID-19 vaccines, addressing vaccine hesitancy and improving demand, and guidance on National Society COVID-19 vaccination plans in line with the Movement-wide 5 pillar immunization annex. National Societies developing their vaccination plans have been supported through IFRC country and cluster delegations and the regional office.

The Health and Care department has been coordinating with external partners to get up-to-date information on current developments in vaccine rollout, vaccine distribution, and vaccine uptake to align programmes with risk analyses and evidence-based planning, ensure effective and efficient use of Movement resources and enhance complementarity.

Priority 2: Addressing Socio-economic impact

Economic recovery in most African countries will be slow and hindered by new waves of infection. The situation is particularly challenging for the most vulnerable people, especially for those dependent on informal markets to meet

daily minimum needs. Massive income and remittance losses have reduced both urban and rural households' ability to fulfil basic needs, including food. Movement restrictions impeded food trade, closing of 'wet markets', lower availability of labour, lack of liquidity (particularly for large food traders), closure of fragile informal and micro, small and medium enterprises, and limited access to agricultural inputs for next season's production. As a result of these supply disruptions, food price inflation in some countries has risen significantly faster than overall inflation, especially affecting the price of perishable and more nutritious foods relative to grains.

It is estimated that in 2020, Acute Food Insecurity in Africa had increased by over 60%, in large part due to the impact of COVID-19, which also exacerbated other drivers of food insecurity[2]. This means that over 100 million Africans were facing serious challenges to meet their daily food intake. In this light, the IFRC has launched a *Zero Hunger Pan African Initiative* that will tackle urgent acute situations and enable to address the root causes and build resilience on the long-term, with the objective of lifting people from poverty and eradicating dependence on food assistance, by investing in food production and developing low-cost, effective, innovative and smart livelihood alternatives that guarantee long-term food security. IFRC's Zero Hunger Pan African Initiative will contribute to Sustainable Development #2 (Zero Hunger) and is aligned with other pan-African commitments to end hunger. There are many different forms of support to the Zero Hunger Initiative, one being through the COVID-19 Emergency Appeal, under Priority 2, which specifically allows National Societies to address the socio-economic impacts of COVID-19

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

African National Societies continue implementation of basic needs and food security and livelihoods (FSL) programming acknowledging the economic security impacts of COVID-19. Financial service provider (FSP) procurement is ongoing and 19 National Societies have developed framework agreements under the COVID-19 response. The processes established under the COVID-19 response have positively impacted additional National Societies in establishing FSP agreements outside of COVID-19 projects. Meanwhile, the FSP agreements are increasingly being activated for other responses such as floods and droughts.

National Societies are currently engaging in cycles of workshops on information management (IM) in cash and voucher assistance (CVA), which are delivered in both French and English. The workshops focus on COVID-19 data literacy, collection, management, analysis, visualization and reporting. The workshops are delivered with support of IFRC Geneva and the Netherlands Red Cross 510 Team.

Shelter and urban settlements

The shelter unit continues to support 14 National Societies to implement programmes linked to decongestion and mitigation of COVID-19 in fragile sheltering settings (e.g., camps) through emergency or temporary shelters for quarantine or isolation purposes. Technical support and liaison continues to take 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. The urban programme continues to support other technical advisors in developing responses for urban contexts and regularly participates in joint task force (JTF) meetings.

Community engagement and accountability

In May 2021, the CEA team, in partnership with Ground Truth Solutions, held the launch of the COVID-19 Africa Volunteer Perception Survey report, where key findings of 2,628 responses from volunteers of 21 African National Societies were presented. From interactive sessions and an online KOBO poll, recommendations and suggestions from various colleagues in the region were consolidated into a plan of action to answer the main questions posed by the volunteers. The report was also presented to several Movement coordination groups and external partners in the region, such as the RCCE technical working group. In addition to reporting on volunteers' perceptions, the CEA and Ground Truth Solutions team has also provided a series of technical trainings for the National Societies of Togo, Gabon, Benin,

[2] https://africacenter.org/spotlight/food-insecurity-crisis-mounting-africa/

Cameroon, Uganda and Nigeria to enhance and conduct their own national perception surveys, as well as build the tools needed to visualize the qualitative data from these surveys.

The task force on media webinars, which was created by the RCCE interagency working group, has had three media dialogue sessions to address feedback from communities collected by partners from the RCCE sub-working group. Discussion topics have included the role of journalists on COVID-19 misinformation, COVID-19 vaccine development and safety, and vaccine demand promotion in Eastern and Southern Africa. The regional RCCE team was able to secure a partnership with the Prudence Foundation that focuses on promoting behaviour change through media awareness. The partnership will focus on strengthening mass communication campaigns of existing IFRC information products with dedicated Prudence Foundation country offices and building technical capacity of National Societies to produce visual content in response to the COVID-19 wave of misinformation.

Social care, cohesion and support to vulnerable groups

Protection Gender and Inclusion

The PGI team continues to offer technical support to IFRC and National Societies to work towards ensuring no one is left behind, no one is left out, and no one is left unsafe in the COVID-19 response. The team continues to work closely with National Societies by strengthening capacities of 35 PGI focal points.

The sustainable development goals (SDG) progress report highlights that the COVID-19 pandemic has unleashed an unprecedented crisis causing further disruption to SDG progress with the world's poorest, most vulnerable and most affected. Across all 17 goals, the poorest and most vulnerable, including children, older persons, persons with disabilities, refugees and migrants, are most affected, with women also bearing the heaviest brunt of the effects of the pandemic.

With vaccine rollout, there is need to ensure that the most vulnerable are not left out. A dignity, access, participation and safety (DAPS) approach should be used in reaching out to communities with information on vaccines and in vaccine rollout as well. The PGI team was part of the facilitation team at the African Region training on how to ensure an inclusive and community-centred COVID-19 vaccine rollout held on 21-22 April 2021. The sessions covered why CEA and PGI are crucial to any vaccine rollout, how to ensure an inclusive and accessible vaccine rollout, and potential barriers to vaccines and how to address them to ensure access for different people within the community (older people, people with disabilities, migrants, minority groups, etc.) in a dignified manner. In coordination and collaboration with the Ethiopian Red Cross Society (ERCS), Netherlands Red Cross, Swiss Red Cross, and Austrian Red Cross, IFRC conducted a PGI training of trainers (ToT) for 17 ERCS staff (2 women and 15 men). The aim of the ToT was to build and strengthen National Society staff skills in mainstreaming PGI in emergencies looking at the current emergency operations and understanding the DAPS approach. This was the first PGI training to be conducted for ERCS. The skills acquired will be used in all emergency operations including the COVID-19 response to ensure dignity, access, participation, and safety of communities. A plan of action is in place for continued support to ERCS.

The PGI team also conducted an integrated PGI and protection against sexual exploitation and abuse (PSEA) training for 15 South African Red Cross Society (SARCS) staff. The training focused on sexual and gender-based violence (SGBV) prevention and response. The IFRC PGI, CEA, and PSEA teams will continue to support SARCS to address some of the gaps, including PSEA policy development. This training will strengthen the National Society response to COVID-19.

The 5th PGI Africa Newsletter 2021 highlights the activities of Africa National Societies and IFRC on PGI including updates on National Society mainstreaming of PGI in the COVID-19 response. Several National Societies continue to mainstream PGI in the COVID-19 response but there is room to do more. There is a need for PMER teams to document how National Societies are mainstreaming PGI in the COVID-19 response. This would help in understanding successes, good practices, gaps, and areas requiring technical support. With regard to online technical support to National Societies, there have been some challenges in reaching out to National Societies with online webinars due to difficulties in accessing internet or stable internet connectivity. Travel restrictions continue to impact direct technical support.

Migration and Displacement

Through support from the global appeal, the regional migration and displacement team, and IFRC delegations, technical support has been provided to National Societies to strengthen COVID-19 response strategies, inform migrant populations, and increase sharing of knowledge through webinars on themes related to migration and COVID-19. A webinar on Migration and COVID-19 was organized with support from the Sahel Cluster Delegation for the Gambian Red Cross Society, which benefited from the experience of the Italian Red Cross under the coordination of the Migration Focal Point for the West Coast Cluster Delegation. The National Societies' COVID-19 Movement Coordination Task Force provides a forum to share guidance and ensure that migrants are included in National Society response plans (e.g., Nigeria and Cote d'Ivoire). The West Coast Cluster Delegation has supported the National Societies of Nigeria and Benin in developing a work plan and budget for a project regarding COVID-19 and Migration Management seeking support from partners (e.g., Italian Red Cross and UNHCR).

In Southern Africa, support to migrants continues to be through the provision of non-food items, food parcels and hot meals. At shelters, National Societies together with ICRC, UNHCR and local health departments are supporting screening and testing of COVID-19 for migrants. Vaccination rollout plans have been set to include migrants. SARCS has collaborated with stakeholders and partners to ensure the integration of refugees and migrants in humanitarian crisis response, especially in the COVID-19 response. SARCS has been promoting inclusiveness in all of its interventions, especially strengthening the strategic priority on migration and identity. Recently, SARCS has engaged with the National Department of Health to encourage inclusion of migrant and refugee volunteers/community health workers in vaccination rollout.

Priority 3: Strengthening National Societies

The IFRC Regional Office continues to support African National Societies during the pandemic period in their endeavours to save lives, invest in financial sustainability, transform leadership, implement digital transformation, realize the localization agenda, and strengthen their unique status as auxiliary to authorities, as well as support humanitarian diplomacy under Strategy 2030 and the Africa Agenda for Renewal. Beyond the emphasis on strengthening leadership transformation and financial sustainability, the COVID-19 global appeal and its operational support have fostered alignment of operational and National Society development (NSD) actions. Operational cooperation between National Societies, IFRC, ICRC, and other partners has been synergized ensuring shared leadership and shared understanding of the strategic objectives of National Society strategic plans and IFRC Strategy 2030.

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

African National Societies as last-mile humanitarian service providers continue to engage in effective partnerships with local authorities leveraged by their auxiliary role and in humanitarian diplomacy. IFRC appeal support has supported coordination with and complementarity to government agencies and partners in the COVID-19 response. This has enabled African National Societies to continue working closely with the public health sector in delivering services safely in response to significantly increased humanitarian needs. The wider Movement approach has continued to help communities contain the spread of the pandemic, including through National Societies' role in immunization. Furthermore, African National Societies' coordination with local authorities has ensured unified response measures in addressing deterioration of vulnerable peoples' physical and mental health, protection of livelihoods and social cohesion, and protection and advocacy for the most vulnerable as a priority.

National Society sustainability

Through the COVID-19 global appeal, IFRC Africa Region has worked with Movement partners to ensure strong, relevant, and sustainable African National Societies. Support to strategic outputs are a priority and include reviewing and developing strategic plans, disaster law legislation, and auxiliary role texts in relation to financial sustainability, humanitarian diplomacy, youth and volunteering, governance, and leadership. These approaches are intended to deliver highly engaged, accountable, and trusted National Societies that are able to directly and collaboratively implement the five strategic priorities of Strategy 2030 and the Africa Agenda for Renewal. In addition, several National Societies across the region continue to be supported in the development of risk management frameworks with foundations in managing integrity concerns.

The coordinated approach by National Societies, IFRC and partners has elevated efforts towards strengthening financial sustainability of National Societies by establishing a community of practitioners. In addition, the NSD team has been coordinating the Geneva counterparts in establishing a financial sustainability monitoring dashboard in collaboration with the partnerships and resource development (PRD) unit and putting in place actions aimed at mapping and identifying National Societies with potential for domestic fundraising and resource mobilization. Thirty (30) National Societies have been identified for piloting of a comprehensive domestic resource mobilization capacity building programme with support from an external consultant (PEN). This will provide tailored support to National Societies through each stage of development, including market studies, internal assessments, resource mobilization strategy development, recruitment, selection of platforms and tools, trials and rollout of fundraising products, and business models.

Several global grants have been made available to National Societies including the Capacity Building Fund, Empress Shoken Fund, and National Society Investment Alliance. The 2021 100th distribution of the Empress Shoken Fund saw four National Societies qualify out of seven that applied. These four National Societies include Benin, Kenya, Malawi and South Sudan.

The 2021 National Society Investment Alliance (NSIA) call for proposals was rolled out in May 2021 and National Societies are engaged in online submissions of applications. The NSIA is a partnership between IFRC and ICRC and part of Movement-wide efforts to support National Societies as resilient local actors. The NSIA focuses particularly on National Societies operating in medium-risk, high-risk and very high-risk contexts with two funding types available: 1) Bridge Fund of up to CHF 50,000 to increase readiness to future funding; and 2) Accelerator Fund of up to CHF 1 million for 3 to 5 years aimed at National Societies with a clear vision and existing plan for their organization's development.

Support to volunteers

To date, enhanced support is being provided to volunteers by National Societies in operations including the COVID-19 response. This support includes provision of PPE to volunteers, PSS, capacity building and volunteer insurance. Working in close collaboration with the CEA team on the Volunteer Perception Survey, the analysis revealed gaps that need to be addressed in support of volunteers. The findings indicated that 50% of volunteers (respondents to the survey) were still concerned about their level of safety as they didn't have insurance coverage. Some of the volunteers indicated the need to be supported with "tools of trade" for effective and timely reporting, which in some instances meant the need for data bundles for volunteers. Timely payment of volunteer incentives was also noted as being a major concern, as well as quality and quantity of masks provided to volunteers. With these insights, the youth and volunteering team is working to address these concerns through cluster delegations and National Societies. This includes fast-tracking volunteer data collection initiatives so that gaps can be identified within specific operations or National Societies and hence ensure scaled-up monitoring on duty of care to volunteers and targeted support. Some of these initiatives involve Volunteer Investment and Value Audit (VIVA) studies on identified National Societies and rollout of volunteer management systems (VMS), which have already been piloted in several National Societies including Mozambique, Lesotho and Somalia.

The Health team is working to support the development of key advocacy messages that will ensure volunteers are prioritised within NDVPs, as is the case with South Sudan Red Cross. Capacity building of volunteers with information on vaccine rollout is being implemented at various levels within National Societies through CEA teams.

Youth volunteers in African National Societies are being technically supported to actively participate in the COVID-19 response through a call for Youth Innovation Funding through the Limitless IFRC Innovation Academy, Global Youth Mobilization, and Big Six Youth Organizations, of which IFRC is a member.

Enabling Actions

Coordination for quality programming

Movement Coordination

The regional IFRC COVID-19 core management team coordinated the revision process for the revised regional Emergency Plan of Action (EPoA) following the revised global Emergency Appeal, which increased the funding requirement by 100 million Swiss francs to incorporate the immunization pillar, of which 21 million Swiss francs has been allocated to Africa Region.

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.

IFRC is part of the global immunization coordination platform with three working groups, initially: 1) Immunization Operational Working Group; 2) Advocacy Working Group; and 3) Resource Mobilization Working Group (later revised to be two working groups combining the advocacy and resource mobilization working groups). These groups discuss and coordinate general immunization programs including the COVID-19 vaccine. The groups are effective information sharing and coordination platforms that convene monthly. In preparation for the development and availability of the COVID-19 vaccine, the working groups have been discussing operational, advocacy and resource mobilization issues, and developing tools and linking National Societies to resources. The Immunization Operational Working Group organized several webinars every week inviting speakers from partner agencies for a deep dive on COVID-19 vaccination planning, rollout and other relevant topics. The Africa Regional Office, cluster delegation, and African National Societies have been tapping into and actively participating in these groups.

The IFRC Africa Regional Office has been working with African National Societies in Guinea, Kenya, Madagascar, Malawi, Mozambique, and Somalia to develop a coordinated program proposal of EUR 12.5m value to DG ECHO. This program proposal if successful will support COVID-19 vaccination activities across the six countries. The proposal development process has been collaborative; and involved coordination will partner National Societies (pNS) with in-country presence – namely the Danish Red Cross (Malawi), Finnish Red Cross (Kenya), French Red Cross (Guinea), Italian Red Cross (Mozambique), Luxembourg Red Cross (Madagascar) and Spanish Red Cross (Mozambique). These pNS will act as lead support to the National Societies – using their advantage of having in-country presence, resources, and experience to support the implementation of the program. IFRC will act in its coordination function in regards to the program, as well as availing operational and/or technical support at the equest of the National Societies and pNS. The 1st, 2nd, and 3rd round proposals have been submitted to DG ECHO, with a result expected in July 2021.

External Coordination

IFRC is actively coordinating with key agencies, as summarized in the table below. IFRC Africa Region is an active member of the Eastern and Southern Africa Country Readiness for Equitable Vaccination (ESACRED) working group, which facilitates information flow and coordination between National Societies, MoHs and other partner agencies in support of effective vaccine rollout. IFRC Africa Region also participates in the Africa Partners Coordination Forum: COVID-19 Vaccines Country Readiness & Roll-Out organized by WHO and ensures analysis of current developments, trends and challenges to inform its work and support in vaccine rollout.

Summary of Coordination Platforms for COVID-19 in Africa Region

Name of Platform	IFRC Role	Host Agency
Emergency Preparedness Working Group	Co-Convener	OCHA, ICVA, IFRC
RCCE Technical Working Group East and Southern Africa	Co-Chair	IFRC & UNICEF
Regional Community Feedback Sub-Working Group for East and Southern Africa	Chair	IFRC
Regional Community Feedback Sub-Working Group for West and Central Africa	Co-Chair	IFRC & MSF
Regional Health Partners Meeting	Represent IFRC	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF

Name of Platform	IFRC Role	Host Agency
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
Africa Partners Coordination Forum: COVID-19 Vaccines Country Readiness & Roll-Out	Member	WHO
Africa Task Force for Novel Coronavirus	Member	Africa CDC

Resources for National Societies

A number of useful resources have been created by IFRC, and IFRC Reference Centres and Hubs, as well as National Societies. Click here to view these resources.

Evidence-based insights, communications and advocacy

Planning, Monitoring, Evaluation and Reporting (PMER)

The PMER team continues to support National Societies with Federation-wide reporting. During the reporting period, separate refresher trainings were done for English and French-speaking African National Societies on Federation-wide reporting. During the training, National Society staff responsible for inputting data to the tools were given an overview of the Revised Appeal (including the immunization pillar), taken through the COVID-19 Federation-wide tools via practical sessions, briefed on the validation process, and shown where to access the analysed data. The participants were also taken through common data pitfalls. At the end of the training, the participants were allowed to share some of the challenges they experience in the reporting process and those were discussed with solutions suggested. The regional PMER team has developed and shared a guidance note on how to conduct lessons learned workshops for the COVID-19 operation for National Societies. The team also works in collaboration with the operations team and different delegations to ensure pledge-based reports are prepared and shared with donors on time.

Information Management

The IM team continues to support the development and updating of various tools for the COVID-19 operations including the master operations tracker to facilitate decision making, operational planning process that informs prioritization for additional funding and immunization tracker. IM team also continues to support the cash operations team in a Cash IM project where NSs are being trained on information management in cash and voucher assistance. The workshops focus on COVID-19 data literacy, collection, management, analysis, visualization and reporting.

Communications

The overarching goal of IFRC's COVID-19 response communications plan is to build a compelling narrative about the urgency of the humanitarian situation in Africa, the focus being to highlight the role played by the IFRC and Red Cross and Red Crescent teams across Africa.

The communications team provided timely public information and audio-visual (AV) content on various platforms to highlight the primary and secondary impacts of the humanitarian situation in Africa because of COVID-19, raise visibility

to local actors (and general audiences) on Red Cross and Red Crescent work in curbing the spread of the virus, and ensure one voice and Movement narrative. National Societies were supported through the development of key messages, production of AV materials through gathering and disseminating content, issuance of press releases, pitching of stories to media, and social media updates on the IFRC Africa Twitter page to help raise awareness and showcase the COVID-19 situation in Africa. The key messages have been updated at least every 2 to 3 weeks and shared through IFRC's Newswire. The key messages have highlighted the resurgence of COVID-19 cases in Africa, Red Cross and Red Crescent activities including countries facing double or triple threats while responding to other humanitarian crises, and vaccine equity.

Photos and AV material on the COVID-19 response have been shared on the IFRC Africa Twitter page. As of the end of May 2021, the page had over 16,000 followers, up to 392,000 Twitter impressions, nearly 23,000 profile visits, and 565 new followers. On average, COVID-19 related content had 1,000 to 3,000 Twitter impressions. On AV content, 20 videos were produced on #AskDrBen and #AskDrAissa and shared on Twitter. Also, in collaboration with the CEA team, the communications team worked with Viral Facts and produced four short sound bites on #AskDrBen videos on Twitter. More videos are to be produced.

Between April and May 2021, plans were made to organize AV story-gathering in a few countries to showcase success stories related to IFRC response to COVID-19.

Risk Management

In line with IFRC's overall risk management strategy, systematic risk management continues to be an integral part of the COVID-19 operation. There is early and continuous identification of risks inherent in the operation to ensure proactive implementation of mitigation measures to prevent or mitigate the impact of the risks identified. This ensures continued strengthening of the control environment to minimize as much as possible exposure to the different risks. "Live" risk registers continue to be maintained both at the Africa Regional Office and at each of the delegations. Mechanisms have been put in place to ensure proactive monitoring of the adequacy and effectiveness of risk responses and timely remediation of deficiencies. The Africa Region COVID-19 strategic risk register is currently under revision for Q2 to assess new risks, especially those impacting the vaccination program, reviewing and updating existing risks, and tracking progress made on the implementation of previously identified action points. A summary of the key strategic risks and mitigations measures adopted is provided below:

#	Key strategic risks	Key mitigations
1	Fraud and corruption	1. Co-ordinated/centralized procurement through the RO 2. Targeted support and capacity building of ANSS 3. Robust operational and financial oversight and monitoring 4. Continued ANSs capacity assessments and implementation of action plans 5. Layered validation of transactions
2	Low funding coverage (51%)	1. Deliberate focus on engagement with governments and intergovernmental bodies and other strategic partners 2. Concerted fundraising strategies at regional and global level 3. Advocating with National Societies to mobilize domestic funding 4. Targeted fundraising aimed at supporting countries affected by the Covid-19 resurgence
3	Low implementation rate for some ANSs (Overall at 69%)	1. Operational support from the regional office on monitoring and reporting 2. Proactive engagement with National Societies leadership 3. Tailored solutions for specific NS as per assessed needs 4. Focused attention and support to NS having an implementation rate below the set threshold of 55%
4	Human resources capacity constraints	1. Funding NS to invest in new staff for the operation 2. Provide adequate coaching and training 3. Increased operational technical team at country and cluster or Surge staff to fill urgent gaps in response management
5	Increased exposure of staff and volunteers to Covid-19 and security risks	1. All National Societies, country and cluster offices have up-to date Business Continuity Plans 2. Continued revision of BCPs to align with changing epidemiological situation in different countries 3. Dedicated staff health focal person at the regional level 4. Close monitoring of epidemic trends, movements and travel 5. Awareness/sensitization online security trainings

Risk management support to African National Societies is ongoing. Ten National Societies have been prioritized to receive support on the development of risk management frameworks, developing and maintaining COVID-19 and organization-wide risk registers, and training on the use of risk identification and monitoring tools and templates. Support to MRCS is on-going with BRCS scheduled to receive support in the month of July 2021. Continuous capacity building on risk management to ANSs will be a continuous activity aimed at improving risk management culture withing the region.

International support and resourcing

Logistics, Procurement and Supply Chain Management (LPSCM)
Between January and May 2021, the LPSCM Africa Unit has been coordinating PPE shipments to Niger, Ethiopia, Kenya, and Mozambique.

To support identification of priority needs of National Societies experiencing resurgence of COVID-19 cases; a KOBO survey is being conducted to capture items, quantities and priority level of assets and equipment. This will inform the development of a mobilization table. A mapping of all global and regional stocks that could be mobilized either as a loan or donation is also being conducted. Initial plans for medical oxygen support has been initiated by the operations team and, a market survey is being conducted by the logistics department for possible needs requests.

Partnerships and Resource Development (PRD)
Funding and Grant Performance: Following the revision of the Africa Region EPoA, the total funding requirement increased by CHF 21 million in support for additional needs in immunization.

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 52,097,708	51%	48,902,292	49%
Amount raised (CHF)	**Coverage (%)**	**Funding Gap (CHF)**	**% Gap**
CHF 3,083,461	**15%**	**17,916,539**	**85%**

Overall funding coverage for Africa Region is currently at CHF 52 million against a total funding requirement of CHF 101 million, equivalent to **51%** coverage and corresponding to a 49 million Swiss franc (**49%**) funding gap. Immunization coverage is at **15%** against the CHF 21 million funding requirement.

On compliance management, monitoring and reporting, out of 77 grant submissions valued at CHF 119 million, a total of 60 grants valued at 51 million Swiss francs have so far been approved. Eighty-two per cent (82%) of the total funding available has been allocated to National Societies, with 18% allocated to IFRC coordination structures at regional and sub-regional levels for technical support in the implementation of National Society country plans. Currently, 84% of the total income is earmarked and 16% is unearmarked.

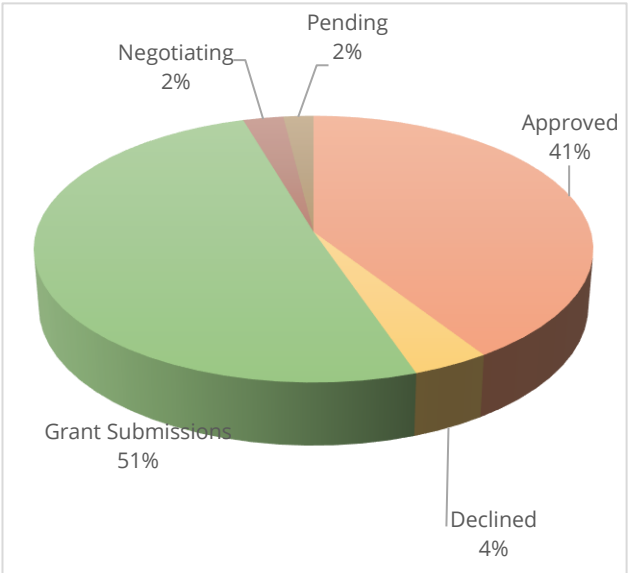


Figure 1: Grant Performance Overview Africa Region

Events: IFRC in Africa Region organized a regional donor briefing on Africa COVID-19 response and immunization plan. The call targeted multilateral partners, such as USAID mission focal persons, Islamic Development Bank, and Africa Development Bank. A Movement partners call was also organized, attracting 53 participants from partner National Societies.

Domestic Resource Mobilization: With support from the Swiss Red Cross, the PRD team has initiated a mapping exercise of African National Societies against key criteria in order to identify which National Societies and markets may have the greatest potential to benefit from investment in domestic fundraising and resource mobilization development. This will provide a benchmark against which future progress can be measured. There will be two stages to the research: one entirely desk-based, as there is a lot of information already in existence, then a deeper dive focusing on a small number of National Societies with the greatest potential. It is intended that this

exercise will help guide future decisions on investment in African National Societies, including through opportunities leveraged by the Virtual Fundraising Hub, as well as NSIA, among others. It also links with other global initiatives including the revision of the Federation-Wide Resource Mobilization Strategy. Once complete, IFRC Africa Region intends to use the analysis to attract donors to invest in domestic resource mobilization capacity development of African National Societies. To this end, IFRC Africa Region has contracted PEN Management and Development Consultants (PEN) to support this assignment. For Phase 1, PEN will work with 30 National Societies to undertake the initial research, before moving onto a small number of high potential/high need National Societies for Phase 2. This initiative is being implemented in coordination with thr National Society Development unit.

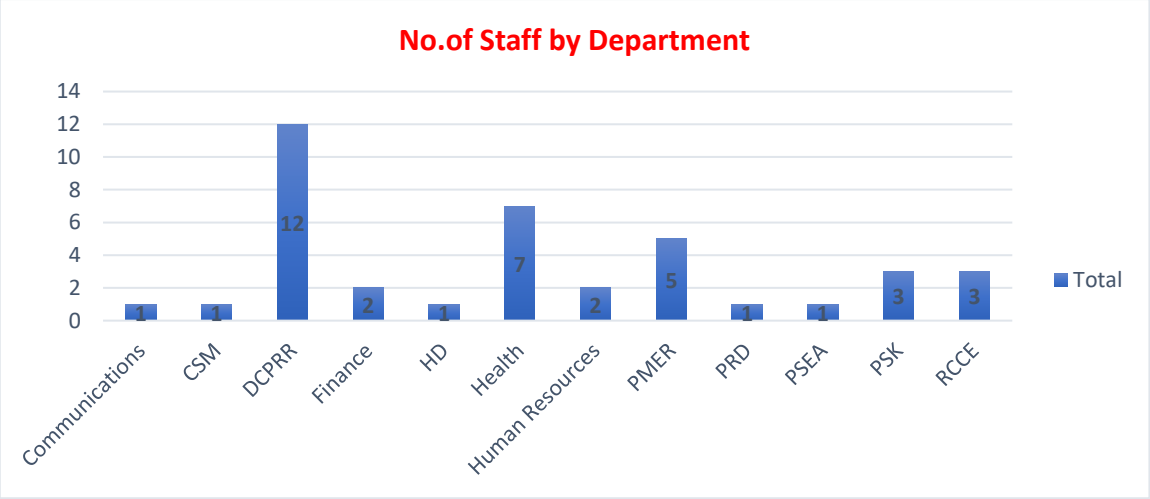
Following the revision of the appeal and inclusion of the immunization component, the PRD team in Africa Region is re-engaging with non-Movement donors, partners, and potential partners to highlight the needs of COVID-19 and immunization interventions in Africa, including secondary impacts, and showcase the work of Red Cross and Red Crescent actors to respond, to encourage engagement, support, and partnerships.

Surge

The region has had no surge requests for COVID-19 in the present as human resources have been hired to support the respective roles in the region. Nevertheless, with a third wave of COVID-19 currently impacting severely some countries in East and Southern Africa, African National Societies have requested additional support which may be considered through Global and Regional Surge

Human Resources

Current COVID-19 Workforce Distribution in Africa by Department



HR Achievements – Feb 2021 to Present	
Key Staff Recruitment	Recruitment of employees into pivotal roles for COVID-19 operations to support IFRC continuity have included the following: Business Continuity Planning Coordinator, Operations Coordinator (Indian Ocean Islands delegation), Regional Cash and Voucher Assistance Coordinator, DRM Manager, MHPSS Delegate, Health Delegate, Immunization (Central African Republic delegation), Surge Capacity Coordinator
Health Coordination	The Staff Health Coordinator provides ongoing step-by-step guidance and assistance to employees affected by COVID-19. This has provided a sense of security/safety to employees who lean on staff health.
New HR System	A simpler HR System has been introduced, Dynamic 365 HR, which is currently being used by employees globally.
Critical Issues to Address (Challenges)	
Working Equipment	New staff receive old laptops with keyboards that are 'Swiss French'. Many of these old laptops are not able to retain battery power for a long period and pose a risk to business continuity.
Short-term Contracts	Contracts that do not provide stability leave employees in an anxious state, especially before the end of contract dates, putting IFRC at a risk of losing key talent.

Financial Analysis

Africa COVID-19 Emergency Appeal has recorded a total actual income of CHF 49.3 million which represent 49 % of the total funding requirement of CHF 101 million. Total approved PEAR budget is CHF 50.4 million. Total expenditure as of May 2021 stands at CHF 40 million which is 79 % of the approved budget.

National Society response – key highlights

Red Cross of Benin



RC of Benin volunteers putting up posters in the community



RC of Benin volunteers during an interactive radio broadcast

To reach all strata of the population, the Red Cross of Benin (RCB) designed and installed posters in strategic locations of high visibility to increase awareness. In addition, these posters are distributed to trained volunteers who use them during awareness sessions. RCB volunteers have also been broadcasting interactive radio programmes in four community radio stations to reach a large population with awareness messages. This is also an opportunity for the listeners to call and ask COVID-19 questions and seek additional information. Subsequently, RCB trained journalists to encourage them to include COVID-19 related productions. More than 145 media productions have been done to date.

Today, a mobile telephone is one of the best channels to reach a larger population. In order to make judicious use of this asset, the NS contracted MOOV and MTN mobile service networks for the dissemination of 100,000 and 27,000,000 key COVID-19 messages (SMS) respectively. Indeed, five different awareness-raising messages have been broadcast to 20,000 subscribers in the case of MOOV and six different messages to 4,500,000 subscribers in the case of MTN throughout the national territory.

The Red Cross of Benin was assigned the role of management of the dead from COVID-19 in Benin, by the Benin Government. The efforts of the NS in supporting the Government are highly appreciated by all and today RCB is an essential structure in COVID-19 response and participates in important decision-making.

Botswana Red Cross Society

Since the start of the operation, Botswana Red Cross Society's (BRCS) auxiliary role and as the key humanitarian organization has been highly recognized in platforms including the parliament,

district and village leadership as well as other coordinating structures such as the national/district task force, public health emergency committee and national operating center.

BRCS has acquired new stakeholders such as the ECHO, UNDP, IOM, Japanese Government and Coca-Cola Foundation. The NS has also revived old partnerships such as UNICEF and Mastercard Foundation. Both partners h ave made significant contributions (both financially and technically) to enable the NS to respond to the COVID-19 crisis. Partnerships with private and public media have also improved as they frequently profile BRCS stories.



A Red Cross Volunteer carrying out a crowd management exercise during vaccine roll out in Satau

Key COVID-19 successes for BRCS during this period include:

- Reaching out to more people and hard to reach communities. From January to March 2021, a total of 2,452 volunteers supported over 400 institutions in all districts with various services including screening, dissemination of key COVID-19 messages, disinfection, among others. Currently, about 1,000 volunteers are still engaged in various projects. This increased work efficiency, visibility and cemented the NS humanitarian role even further.
- The NS has reached out to more than 700 community leaders/influencers, including traditional doctors, with key messages providing them with booklets, brochures and flyers on PSEA, GBV and COVID-19.
- The NS adopted innovative approaches to overcome the challenges posed by COVID-19 in delivering effective programmes. For instance, WhatsApp groups were created for proper coordination and information dissemination as well as offering virtual trainings.
- The NS has involved a considerable number of volunteers who use their native language other than Setswana to disseminate COVID-19 information.
- Through humanitarian diplomacy, volunteers and staff were able to influence decision making through participation in the local, district, national and presidential COVID-19 Task force and committee forums.

Rumors and lack of information especially around the COVID -19 vaccine remains one of the major challenges the NS has faced. This, in particular, is identified among families who experience post-vaccination deaths of their loved ones as they believe that they may have contracted COVID-19 during the vaccination. Numerous sources of information also present another challenge of concern as communities do not know which sources to trust. To address this, the NS engaged volunteers in communities to conduct a survey that will illustrate the possible acceptance or hesitancy. The volunteers also conducted vaccine demand creation activities through key messages. The NS continually engages community leaders and influencers in public face to face platforms who work as a gateway to ensure that the community receives the right information through awareness sessions. Rigorous community engagement through social media, Television and Radio is being used to disseminate factual COVID-19 information.

Burkinabe Red Cross Society

Burkinabe RCS continues to support the Ministry of Health as part of the devolution of the management of COVID-19 cases through the training of health workers. Trained agents contribute through routine activities which including, surveillance, local medical management of COVID-19 cases and rapid decision-making for cases requiring referrals. Other health workers have been trained in hygiene and sanitation in hospitals who are in turn helping to improve hygiene and sanitation in their work environment. This contributes to reducing the chain of transmission of the disease. In addition, agents from airports and land entry points were trained by BRCS on infection control and passenger awareness measures. The agents also contribute in routine surveillance of the disease at entry points of Burkina Faso. Rapid intervention teams from 49 health districts in 12 regions benefited from COVID-19 training by BRCS. These teams contribute to the rapid investigation of suspected cases, early detection and adequate medical management of COVID-19 cases in their districts. BRCS psychologists trained 250 volunteers from 10 cities in psychological first aid. The volunteers used this knowledge to support contact cases, suspected cases and their relatives in the community. Fifty-two BRCS volunteers were made available to the Operation Centre for Health emergencies (CORUS[3]) for the management of the Ministry of Health call center.



Issuance of training certificates by BRCS staff to a health worker trained as trainer in early detection and management of COVID-19 cases

Burundi Red Cross



COVID-19 awareness sessions through roadshows conducted by Burundi RC volunteers

In response to the COVID-19, Burundi Red Cross (BRC) has carried out several actions since the beginning of the outbreak in Burundi. The NS conducted contact tracing and surveillance, IPC-WASH, RCCE and PSS. The Business Continuity Plan was also developed to facilitate the work in case all staff had to stay home to avoid the spread of infection. Response activities are conducted in 18 branches of the country. These response activities helped to strengthen the capacities of BRC in general and the branches in particular as **community volunteers worked with their community members. The programme has helped to improve community ownership of the risks of COVID-19** by implementing prevention measures and avoiding the spread of beliefs, rumors through focus group discussions (FGDs) and roadshows.

To respond to COVID-19 pandemic, BRC worked closely with different partners such as IFRC, Luxembourg Red Cross, Norwegian Red Cross, Finnish Red Cross, Spanish Red Cross, Belgian Red Cross (Flanders and French), ICRC, Canadian High Commission Burundi and Swiss Cooperation. This partnership was made possible because of the good collaboration with the Burundi Government.

The NS monitoring and evaluation system put in place at branch level has enabled decentralized data collection, branch empowerment and better coordination of activities, allowing in the long

[3] Centre des Opérations de Réponse aux Urgences Sanitaires

term, the technical capacity building of provincial staff and thus a better efficiency with regard to resource management. Women and children are generally the most vulnerable to diseases and disasters since they are sometimes marginalized. During response activities, there was always integration in the choice of the teams, a mix of roles and responsibilities in all the teams called to facilitate in different activities.

Cameroon Red Cross Society

Some of the activities carried out by the Cameroon Red Cross (CRC) in response to COVID-19 between 1 January and 31 May 2021 include:

- Broadcasting 16 interactive radio programmes on COVID-19 in the Eastern and Northern regions addressing themes inspired by current events and communities.
- Deployment of volunteers to rapid intervention teams in the health districts of Mimboman, Nkomo, Meyo, Kondengui, Odza and Ekoumdoum.
- Engagement (awareness or communication) of volunteers with teachers and supervisors of public schools as well as students around topics related to COVID-19 in the North East and West regions. Twelve (12) primary and 12 secondary schools in the towns of Bertoua, Garoua and Bafoussam were reached. The volunteers also collected feedback in these institutions.
- Organization of 15 group discussions held in the locality of Demsa on the following themes: "knowledge about COVID-19"; "how to avoid COVID-19?" "prevention measures in times of COVID-19" and "handwashing".
- Disinfection of four markets and 20 primary and secondary schools in the cities of Douala and Yaoundé
- Organization of three CEA training sessions for trainers in Central (Mbalmayo training center), the South (Ebolowa) and the Far North (Maroua) Regions.
- Construction of boreholes in Mbilé and Lolo refugee camps in eastern Cameroon as well as provision of water tanks in areas with difficult access to water.

The major challenge faced by the NS during the reporting period was related to disinfection of market. **Traders complained from the outset about the timing of disinfection exercise and when they were allowed to access the market after disinfection**. These went so far as to prevent the volunteers from continuing with the spraying. However, due to good communication and understanding between the various stakeholders, the disinfection hours have been shifted to allow the activity to continue. The project management team was also forced to re-direct the disinfection to more schools to replace some of the markets where the traders did not allow for the disinfection activity to continue.



One of the boreholes constructed by Cameroon RC in use



Cameroon RC volunteer raising awareness among pupils in a school

Central African Red Cross Society

Through the support of IFRC, Central African Red Cross Society (CARCS) provided PPE and other items to its volunteers and vulnerable people. These include masks, examination gloves, protective suits, goggles, aprons, hand washing kits, soap, hydroalcoholic solution, chlorine, tablets, chairs and umbrellas for stands as well as megaphones with batteries and pulverizers. In Bangui, during home visits conducted by trained volunteers, people were made aware of prevention measures and benefited from PPEs that included masks, hydroalcoholic gel, soap and handwashing kits. Similar activities could not be carried out on the Bangui-Beloko axis due to the insecurity situation. In addition, awareness stands were set up in public places that included market entrances, bus stations, churches and mosques. These awareness sessions reached more than 800,000 people.



Demonstration of handwashing to raise awareness

Awareness stands were set up in strategic locations with high community members presence (market entrances, bus stations, churches and mosques) in the boroughs five and six of Bangui as well as in Boali on the Bangui-Beloko axis. Each of these booths had a plastic table, two chairs, an umbrella and a handwashing kit (soap/hydroalcoholic gel) as well as tools for data collection (daily report sheet of the volunteer and supervisor, notification sheet and feedback collection sheet). Mechanisms for community feedback, including sensitive feedback have been put in place. Feedback analysis meetings are organized and the findings help in coordination and adjustment in the approach used by the volunteers as well as the messages disseminated in the community.

A pavilion of the Red Cross of the Central African Republic Health Center was set up to bring moderate and complicated case management services as close as possible to the community (especially for the population of Bangui Borough three). For the health system to be complete, health facilities were equipped with diagnostic equipment and essential medicines for the management of chronic diseases to support efforts towards reducing the morbidity and mortality rate of vulnerable people. Equipment and medicines for resuscitation of patients suffering from severe forms of COVID-19 were also purchased.

The Comoros Red Crescent



A Comoros RC volunteer collects used masks from the streets for proper disposal

The NS has set up management committees at national level as part of its RCCE activities. The committees are in charge of educating the population about risks of COVID-19 and prevention measures. In addition, the committees engage their communities to understand their perceptions regarding the COVID-19 pandemic. Through community feedback, appropriate key messages are developed by the NS and disseminated through various channels to ensure the community members have access to factual information regarding the virus. CRC has produced broadcasts through national and local Radio and TV stations reaching a large population with key COVID-awareness messages that are tailored according to community feedback received.

	The NS has been placed by the Comorian Government as one of the key players in COVID-19 response. Through its experience in management of Cholera, CRC is involved in the national coordination of the fight against COVID-19. **The NS is responsible for producing chlorine at national level and disinfecting public places (mosques, institutional offices and markets) as well as supports in ensuring proper disposal of used PPEs**. Comoros Red Crescent is also supporting the Government in COVID-19 vaccination through conducting campaigns and setting up vaccination points managed by NS volunteer nurses. The NS coordinates with the Directorate of Civil Security in organizing ambulance trainings, an activity funded by UNDP. UNDP has also funded the training of paramedics at national level as part of COVID response.
Red Cross of the Democratic Republic of the Congo	Red Cross of Democratic Republic of Congo (RCDRC) vast network of volunteers continues with RCCE activities necessary to achieve behaviour change among community members they reach. This is done through home visits as well as awareness campaigns in public places (schools, churches and streets) using pre-recorded messages in megaphones. RCDRC also works with 15 low-frequency radio stations to broadcast jingles on COVID-19 mitigation measures. In addition, the NS organized two radio broadcasts with the main national media with a national coverage. The main topics developed during these radio broadcasts included: RCDRC response plan and interventions and; RCDRC contingency plan. Community feedback is collected by volunteers during RCCE activities. Some feedback collected include denial of the existence of COVID-19 and refusal of the vaccine. **The existing frequently asked questions at RCDRC level makes it possible for the NS to respond to rumors about vaccination and align with the orientations and awareness messages of the Government.** In terms of community engagement, the NS is involved in lobbying and advocacy activities which has made it possible to engage several local leaders as well as political and administrative authorities. The main success to date is the organization of a press conference with the local media. This has allowed the NS to report on its COVID-19 activities on a large scale.  *Handwashing and disinfection sessions at a Maluku Institute in Democratic Republic of Congo* RCDRC has also been implementing community-based surveillance activities. Under the CP3 programme, the volunteers monitored for COVID-19 in addition to measles and cholera. CBS activities have made it possible to report identified cases and refer patients to health facilities. An IPC/WASH rapid assessment was conducted In February 2021 to find out whether a targeted 45 health facilities provide standard IPC services as per MoH guidelines. Findings indicated that 42% of the health facilities provide the required standard package for IPC services. NS volunteers equipped with no touch thermometers have been stationed at the entrance of the 45 health facilities to take the temperature of all people visiting and reporting suspected cases. The NS has also provided IPC/WASH kits to more than 20 health facilities. The RCDRC volunteers stationed in the health facilities continuously raise awareness and conduct handwashing demonstrations at handwashing stations.

RCDRC provided no-touch thermometers and chlorine to churches and schools. The NS volunteers also supported in conducting disinfection of these institutions. Handwashing stations with taps and water tanks were installed in schools. To sustain proper hygiene measures in schools and in the communities where students live, teachers, principals and other administrative staff were oriented on the concepts of WASH in the school environment. A KAP conducted by RCDRC revealed that 88.7% of respondents knew COVID-19 prevention measures and 57.5% practice prevention measures. A majority of respondents (90%) are satisfied with the NS and its interventions and 95% of the respondents said that RCDRC provided them with vital information that helps improve their health and well-being.

Congolese Red Cross

Through its trained volunteers, Congolese Red Cross (CRC) continues with COVID-19 response which includes support to MoH in COVID-19 screening and hygiene promotion at port entry points, care of quarantined persons in public institutions, disinfection of health facilities and public institutions, awareness about prevention measures in public places, production of interactive radio and television programmes to encourage positive behaviour, combat rumours, fear and stigma as well as management of the dead (from COVID-19). The NS works with various partners that include French Red Cross, ICRC, WHO and MoH.



Awareness sessions conducted by CRC volunteers in a market

CRC holds its place as a privileged partner in the response to public health emergencies having a network of trained volunteers. The NS is a member of the national coordinating committee for COVID-19 response in the country. **CRC volunteers have also become monitors of vials during the vaccination campaigns organized by the Expanded Program on Immunization (EPI)**

Red Cross Society of Côte d'Ivoire



The Red Cross Society of Côte d'Ivoire (RCSCI) continues to mobilize, train and deploy

"Hi Everyone!
My name is Gnaoré Gbalain Thomas. I am a person living with disability. I participated in the workshop organized by the Red Cross in Korhogo. This gave me the opportunity to learn a lot about the Red Cross and its founder, Henry Dunant. We discussed mainly the pandemic that is affecting people. As persons living with disabilities, we proposed to create awareness among our friends so that they will not contract the disease. I am right here to say "thank you" to the Red Cross and its president without forgetting the World Bank that made it possible for us to participate in this workshop. Thank you once again! Now, I don't go out without my gloves, my hand sanitizer and mask because I will never be infected by COVID-19"

volunteers including staff and community volunteers to conduct COVID-19 prevention activities in 75 local branches across the country. The activities of the Red Cross in this regard have complemented the efforts of the government and other stakeholders in curtailing the spread of the pandemic in the country and contributed to increasing the knowledge of community members especially those in the remote parts of the country. RCSCI has assisted households to restart their lives and improve their livelihoods through cash assistance support.

With the vaccination phase of COVID-19 rolled out in March 2021 and the reluctance of the larger percentage of the eligible population to take the vaccine, **RCSCI is supporting the Government in nationwide community mobilization for the vaccine.** The National Society, with the support of IFRC developed a national plan of action for social mobilization for COVID-19 vaccination. The NS is seeking funding support through IFRC to scale up vaccination campaigns across the country to reach more than five million eligible persons in urban and rural zones of the country.

Red Crescent Society of Djibouti

Djibouti Red Crescent Society has set up handwashing stations in communities, border crossings, hospital entries and camps. DRCS volunteers also conducted awareness sessions where they demonstrated proper handwashing. In support of the Ministry of Health, the NS has screened people at border crossings and hospital entries. Volunteers worked full day at border entry points where they provided COVID-19 awareness messages to people passing through the entry points together with handwashing stations and temperature screening in conjunction with the authorities. In addition, all the trucks crossing the entry points are disinfected and truck drivers are sensitized on handwashing and screened.



Hand washing demonstration sessions in the community

Communities have shown appreciation of the efforts and dedication of Djibouti Red Crescent volunteers and staff. This feedback has been expressed through social media (Facebook) where the National Society posts about its COVID-19 response activities.

During COVID-19 response activities, DRCS learned that in a humanitarian field **people don't have to stop when faced with challenges, but only change strategies to face each situation in a better manner.** In this case, COVID-19 made everyone feel afraid of everything and everyone. However, the Red Cross and Red Crescent Societies managed to put in place a bravery slogan of 'save yourself to save others' which the volunteers and staff applied fully by having full knowledge of the pandemic and using PPEs every time they were going out to sensitize the communities.

Red Cross of Equatorial Guinea



Food kits distribution by RCEG volunteers

Since the beginning of the pandemic, activities carried out by the Red Cross of Equatorial Guinea (RCEG) have allowed the population to be reassured about the information concerning COVID-19. The availability of NS staff in different regions and a large network of volunteers throughout the national territory as well as the availability of ambulances to support in the response has made the NS be recognized as one of the main humanitarian organizations to contact for COVID-19 information and support. RCEG also distributed food kits to vulnerable families. A food kit consists of 10 kg rice, 5 sardines, 1 kg salt, 1 litre of oil and 1 packet of

spaghetti. The target group included street children, the elderly and vulnerable families from different villages. Personal protective equipment (PPE) were also provided to health centers and hospitals as well as RCEG staff and volunteers at headquarters and branch level. The PPEs included masks, gloves, hydroalcoholic gel, liquid soap and first aid kits.

Baphalali Eswatini Red Cross Society

Baphalali Eswatini Red Cross Society (BERCS) is one of the key players in the COVID-19 pandemic preparedness and response interventions in Eswatini. Since February 2020, the NS has worked very closely with the Ministry of Health in training, deployment and supporting community health workers responding to the pandemic. BERCS is part of the National Emergency Task Force for the coronavirus in the country for which all coronavirus related projects implemented by the NS are shared and discussed. The selection of the NS into the National Emergency Task Force was in accordance with the Disaster Management Act of 2006. This is a very important role where the NS contributed meaningfully towards the COVID-19 emergency response plan, and also provided linkages with the international community through the RCRC Movement. On that note, the NS works closely with a number of Government ministries especially the Ministry of Health, the Deputy Prime Minister's Office, Ministry of Agriculture, Ministry of Education, Security Forces, and the UN Agencies in supporting the implementation of the National COVID-19 response plan. The NS further collaborates with other local and international partners.



Community gate to gate awareness campaign and vaccine survey bonducted by BERCS volunteers

The NS continues with gate-to-gate awareness-raising campaigns on COVID-19. This exercise is now blended with a KAP survey on the COVID-19 vaccines (rapid community assessment) which also addresses rumours around vaccines and hesitancy.

BECS continues to provide primary health care (PHC) essential services which include the provision of direct medical services and healthcare to those impacted by COVID-19 - daily COVID-19 screening and consultations, weekly outreach activities and daily health education that has integrated COVID-19 messages. BERCS clinics continue to provide health services to the community. The NS also procured **five canvas tents to be used by divisions to assist homesteads in need of isolation shelter due to COVID-19.**

The NS successfully conducted interactive Radio and TV shows to encourage positive behaviour change and address circulating myths, fear and stigma. BERCS did interactive radio interviews in Siswati to engage with audiences in a two-way process that will allow them to ask questions and get responses. Radio jingles and adverts were also used to share key health messages. The NS continued to share its COVID-19 activities and prepared messages via social media (Facebook and WhatsApp) and such messages included the importance of wearing a face mask and proper masks management, handwashing and social distancing as well as other COVID-19 preventive measures. Refer to the link to access these messages.

In response to the food security crisis in the Shiselweni Region, which is one of the most affected regions in the country together with Lubombo, BERCS continued its humanitarian food assistance which reached 3,601 households with E700 once off payment.

Ethiopia Red Cross Society



ERCS volunteers conduct COVID-19 screening



ERCS *volunteer conduct COVID-19 awareness in a market*

ERCS is conducting awareness-raising sessions through radio programmes, mass awareness events in markets, schools and social media as well as through house visits. Through these activities, the NS has been able to directly reach more than 6,500,000 people. ERCS conducted COVID-19 screening activities in Diredawa Administrative City where more than 160,000 people were screened during the reporting period. In addition, three health centers were supported in Oromia Region with mobile sanitation facilities. Food and in-kind support has been provided to more than 16,000 people. Finally, more than 7,800,000 people were reached with WASH services that included installation of handwashing facilities at community level and in schools.

The different public holidays, conflicts and displacements have created a challenge for the community to adhere to safe ways to protect themselves from the pandemic. The state of emergency greatly helped in adherence to preventive measures in the country. With the uplifting of the state of emergency, the number of cases and deaths from COVID-19 increased especially in the months of January and February 2021.

Gabonese Red Cross Society

The Government of Gabon has launched its **strategic plan for vaccination** against COVID-19 throughout the national territory. As of 2 June 2021, a total of 16,557 people had received their first vaccine dose and 8,756 people had received the second dose (fully vaccinated).

The Gambia Red Cross Society

GRCS also continues its efforts in RCCE and management of community feedback through radios talk shows, television programmes, house to house visits, caravans and social media. The outreach activities are covering more than 1,000 communities in all the seven regions/municipalities with key messages on COVID-19. GRCS has produced two songs on COVID-19 performed by two Gambian musicians and six short video documentaries in six different local languages for a wider reach.



G-Plus Emergency Response Team providing ambulance services for the transfer of suspected and confirmed COVID-19 cases

Based on the effectiveness of the G-Plus ambulance services, The Gambia Government through MoH requested two ambulances from GRCS to support evacuation of cases from communities to treatment centers. In response, the NS has provided the ambulances and an additional two ambulances are stationed at the NS G-Plus Base to provide backup support upon urgent need. The NS has also posted its volunteers in 13 border posts within the country to screen and register people entering The Gambia.

The recognition of the National Society offered by The Gambia Government has created a strong springboard for future partnerships. Continuous work of the National Society with national and local authorities ensures ownership of initiatives and contribution improvement of services in the country at all levels. In its auxiliary role of the Government, The Gambia Red Cross Society has high expectations from The Gambia. As such, **the National Society is committed to keep on focusing on RCCE activities to encourage the targeted communities to get a COVID-19 vaccination.** In this regard, the GRCS is committed to mobilize its Red Cross volunteers on this issue as it can be decisive in stopping the spread of the virus.

Ghana Red Cross Society



Interactive talk shows on COVID-19 conducted by GRCS volunteers

Ghana Red Cross Society (GRCS) conducted social mobilization and awareness creation on COVID-19 through the use of Radio, Television as well as collecting feedback from the community. Trained volunteers carried out bi-weekly shows on various media platforms discussing issues about COVID-19 and educating people on the signs and symptoms of the virus, the spread of the various, the prevention and stigmatization. Together with Ghana Health Service (GHS), The NS was able to develop jingles which were played on mobile vans with overhead speakers targeting large gatherings and in the markets. The NS has also trained and supported media journalists to share health information.

GRCS volunteers are assisting in the management of the hotline of the Ministry of Health. The calls received have made it possible to trace suspected cases, assist people (travelers, information seekers, infected people) and collect complaints and feedback from the population. Feedback collected by the volunteers has made it possible for the NS to adapt COVID-19 awareness messages. Volunteers were provided with motorbikes, boots, megaphones and bibs to facilitate their COVID-19 awareness activities.

GRCS has disbursed cash to vulnerable households across the country as part of its cash transfer programme. The NS also drilled and mechanized boreholes across the country to provide safe and portable water to markets, schools and communities as a whole.

The key challenges experienced by the NS included listener fatigue, inability to extend RCCE activities to schools and develop messages to meet the roll out of the vaccine. To counter the issues, **key messages on COVID-19 were redesigned to meet the roll out of the vaccine and RCCE approaches were re-strategized to address the second wave of the virus thus training volunteers on the new approach.**

Red Cross Society of Guinea-Bissau

The Red Cross Society of Guinea-Bissau (RCSGB) trained its volunteers on RCCE related to COVID-19 vaccination. In turn, the volunteers conducted social mobilization activities in the three most affected regions of the country (Bafata, Bissau and Biombo) targeting priority groups (health personnel, defence and security forces, RCSGB volunteers, firefighters, civil servants, elderly people, chronically ill and comorbid people) as selected by the High Commission for the fight against COVID-19 and the Ministry of Health. NS volunteers also support health facilities in screening and ensures that social distancing is observed by people visiting the facilities. Awareness sessions are also conducted for people visiting health facilities.

RCSGB collects complaints and feedback from the population through their community feedback mechanism. The feedback gathered by the volunteers allows the NS to adapt COVID-19 awareness messages. Volunteers are provided with megaphones and visibility bibs to facilitate

their COVID-19 awareness activities. RCSGB has successfully conducted interactive radio programmes to encourage positive behaviour, fight against rumours, fear and stigma as well as inform the population about the services they offer and where to access care. People are also touched by messages addressing issues of discrimination, violence and exclusion.





COVID-19 awareness conducted by RCSGB in the community

Since the beginning of the operation, RCSGB has been recognized as one of the main humanitarian organizations to contact for information on COVID-19. This is due to the **high-profile toll-free number across the country, including remote areas**. With its extensive network of volunteers, the Ministry of Health and the High Commission for the fight against COVID-19 have involved the NS in its response to COVID-19, including participation in the committee of the national working group. This has allowed RCSGB to contribute to COVID-19 procedures and guidelines for the country.

Kenya Red Cross Society

Kenya Red Cross Society (KRCS) COVID-19 response focuses on RCCE on COVID-19, through sharing timely, accurate information to influence behaviour change among the communities at risk, provision of accessible water, hand washing facilities, soap and hand sanitizers, livelihood support/through food distribution and cash transfers to vulnerable households in informal settlements and integration of PGI and effective CEA approaches as well as supporting other prevention and control initiatives by the Government and coordination for the response. The NS has reached its Kenyan population with support from IFRC, PNS and other partners as detailed below:



Screening at swab collection center by trained KRCS volunteers

- KRCS has trained its staff and volunteers involved in the response on ECV and RCCE packages to ensure they are well-equipped with the correct information and knowledge.
- Public Address Systems (PAS) are hired for mass communication campaigns in local languages. The PAS are mounted onto KRCS vehicles combing key corners of social places such as market centres and in the villages. KRCS has reached more than 11 million people who include the elderly and persons living with disabilities. Focus group discussions are also used to reach people.
- The **KRCS complaints and feedback toll-free line** is managed by staff at the Emergency Operations Centre (EOC), who receive the feedback, collate and document all feedback and complaints received to support relevant programme teams address [the same. Feedback received mainly relates to ongoing KRCS cash interventions including delays in

receipt of cash and errors in the mobile phone numbers for recipients. These are addressed by the KRCS programme team. KRCS teams also conducts household visits as part of sensitization and dissemination of feedback and complains to the affected communities

- In line with its auxiliary role to the Government of Kenya, and to support the overwhelmed MoH workforce, KRCS trained a team of volunteers well equipped with PPEs to supplement the Government efforts in screening as many people as possible to identify suspected cases of COVID-19 infection for isolation, management and monitoring to arrest the chain of infections and local transmission in the population. KRCS also supports making referrals and follow up on such cases and tracing of contacts.



Hand washing demonstration in school by Kenya Red Cross Society volunteers

- KRCS provides access to water and handwashing facilities including other WASH items such as chlorine, soap and where relevant, hand sanitizers. This activity focuses on COVID-19 infection prevention among the vulnerable population such as those with disabilities, population in prisons as well in public places.
- KRCS has embraced the use of cash transfers as one of the effective ways of supporting people affected by shock to access basic needs such as food. Vulnerable households in informal settlements are targeted with this support. To align with the Government recommendations for use of cash for social protection to cushion vulnerable communities from the effects of COVID-19, KRCS targets vulnerable groups that include chronically ill, the elderly, widows and widowers, child-headed households, people living with severe disabilities and households where the head has lost a source of livelihood due to COVID-19
- KRCS upholds the safety of staff and volunteers to ensure that they do not get infected during response. All staff and volunteers carrying out response activities are provided with personal protective equipment ranging from face masks, hand sanitizers, full-body gowns/aprons and gloves depending on the area of operation within the response. The staff and volunteers are also tested periodically as part of disease surveillance.

Lesotho Red Cross Society

The COVID-19 pandemic has disproportionately affected communities in hard-to-reach areas and hot spots with limited access to health and sanitation services. The Lesotho Red Cross Society (LRCS) supports interventions and activities that respond to the pandemic. At first it focused on hygiene education and on installation of locally available tippy taps in the villages and schools. With support from IFRC, Netherlands Red Cross and British Red Cross it expanded its focus on capacity building of staff and volunteers while continuing with dissemination of key messages related to compliance of COVID-19 protocols in schools, churches and other public gatherings in coordination with Ministries of Health and Education for "together we are unstoppable".

Through the formation of WASH clubs, the NS was able to contribute to helping the teachers to control the spread of the virus in schools. LRCS adopted an innovative approach whereby **WASH clubs members are elected as ministers of sanitizers, ministers of masks or ministers of physical distancing.** The ministers select a team to encourage and monitor adherence to prevention measures. Teachers provide facilitation support to the students upon need. This

ensures that students are given the responsibility of alerting their peers on the importance of compliance to prevention measures

LRCS has trained communities on Climate Smart Agriculture initiatives including keyhole gardening, trenching, double digging, pest management and crop rotation to ensure their resilience in food production during the pandemic.

District findings indicate that cases of mental health are rising, due to many factors that include among others, violence, sexual abuse, substance and drug abuse due to economic and social 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, the LRCS continues to provide mental health and psychosocial support in hotspot communities.





Photo left: LRCS volunteers installing hand washing facilities. Photo right: school children using installed hand washing facilities in schools

Liberian Red Cross Society

The Liberia National Red Cross Society (LNRCS) staff and volunteers in seven of the 10 most affected Chapters continue to provide RCCE, PSS and health/hygiene awareness to communities, schools, and public areas. The volunteers are posted at public areas and schools conducting awareness and engaging with communities on myths of the virus. The NS clinic is providing awareness on epidemic and is engaged with national immunization campaigns. NS continues to conduct volunteers capacity-building and institutional development. LNRCS is providing PPE to governments hospitals, treatment centres, NS chapters volunteers and other major private health facilities across the country. COVID-19 response experience has boosted LNRCS capacity in preparedness for effective response while providing safety for staff, volunteers and government actors through the use of PPEs. **Through this operation, LNRCS has been recognized as a reliable, trusted and potential partner to the Government of Liberia and its partners**.

Malagasy Red Cross Society

During the COVID-19 context, the Malagasy Red Cross Society (MRCS) realized a need of enhancing First Aid among different institutions and communities. The NS is making all possible efforts to support the Government in fighting COVID-19 pandemic. With support from IFRC, French Red Cross, German Red Cross and Luxembourg Red Cross, MRCS conducted community awareness sessions, provided equipment and cash, set up feedback and complaining mechanisms and provided First Aid support. During emergencies (including COVID-19), First Aid has always been a crucial need for the affected population. However, the NS has limited capacities to assist the affected population. One priority aim for the National Society is to make it strong and autonomous, capable of generating national resources to carry out its mandate in the country. The main initiative to achieve this is commercial First Aid. With support from IFRC, the Malagasy Red Cross Society obtained funding from BMZ to strengthen the initiative. Different activities have been organized such as conducting feasibility and visibility market assessments for the online first aid learning on First Aid Blended Learning (FABL) as well as for the ambulance

services. After the market assessments, the National Society also conducted a series of training for trainers, and simulation exercises.

The mobilization of First Aid trainers is a key success factor in the development of the Malagasy Red Cross Society's visibility and income-generating activities. **FABL is a great opportunity for the NS commercial First Aid to generate income and help sustain it in this COVID-19 recovery phase.** However, its mastery requires the expertise of real professionals in the field and some capacity building of the actors involved. Technical attention needs to be paid in making this activity effective for volunteers and management staff. In addition, ambulance service is one of the pillars of commercial First Aid of the NS. Parallel actions will need to accompany this service to make it operational including training in First Aid for the volunteer First Aid trainers. Some medicine supplies and training kits are still in need. Therefore, this will have an impact on the results of the activities. It is recommended, with availability of resources, to procure the needed supplies and kits as well as to prioritize First Aid team training. The objective is also to make these trainings available at national level, with a pilot region that could be extended to other branches as part of the decentralization strategy of First Aid activities.



Basic first aid training, Malagasy Red Cross

Malawi Red Cross Society



MRCS volunteers manning a handwashing station in the market

Malawi Red Cross Society (MRCS) in collaboration with WFP, provided food and cash support in primary schools in several districts in support of the food insecurity situation in the country. This was through their livelihood take home ratio programme where more than 1.5 million pupils were reached. In addition, more than 57,000 households were provided with cash to cushion them from food shortages for a period of four months (December 2020 – March 2021).



MRCS volunteers in full protective gear ready to receive returnees at Mwanza point of entry

MRCS conducted handwashing and sensitization activities in strategic points including big shops, mobile markets, churches, hospitals, cash distribution points, fish markets and schools etc. Volunteers also assisted in managing handwashing stations. MRCS broadcasted COVID-19 jingles and Radio phones in programmes where Ministry of Health experts answered questions through community Radio stations. The NS also conducted mobile van awareness campaigns reaching over 6,000,000 people. As a cross-cutting activity, PGI was advocated for in all MRCS activities where people were made aware of PGI and PSEA issues in the context of COVID-19,

especially in the wake of COVAX rollout. MRCS has rolled out vaccination and PGI project funded by Danish Red Cross. **The NS has since been one of the very few organizations that are at the frontline supporting the government to advocate for COVAX uptake by the general public.** The onset of COVAX sensitization was not well-timed as Malawi Red Cross Society had to wait for the government's go ahead through the Ministry of Health. COVID-19 vaccine consignments started arriving in the country while sensitization wasn't yet started. Vaccination and sensitization almost started at the same time, resorting in the initial low uptake of vaccine by the population.

Mauritius Red Cross Society



The NS was conducting face to face sensitization in the community during the first months of 2021. However, with the second wave of local contamination, a national lockdown was declared. In May 2021, some of the restrictions were waived and the NS maintained sensitization through its social media platforms such as Facebook and its webpage. Key messages were also published in newspapers and broadcasts made on national Television. When economic activities re-started, stickers and banners were adapted in local language (creole) and distributed to supermarkets, local shops and garages. The NS can organize community sensitization activities in Rodrigues Island only due to the prevailing restrictions in Mauritius. Rodrigues Island is still COVID-19 free. NS volunteers are also promoting community surveillance on this island during sensitization sessions.

The services of MRCS have been appreciated by the public. A satisfactory survey was launched on the NS Facebook page where messages of appreciation have been received. NS volunteers are being encouraged by the population (through social media) to perform their job without fear.

Mozambique Red Cross Society



Sensitization and awareness- raising on COVID-19 prevention measures to affected communities in accommodation Centres

A story of change: Munhava neighbourhood is the largest urban slum in Beira City (Sofala Province), the second-largest city of Mozambique. This neighbourhood has about 50,000 inhabitants living in poor quality housing close to each other with inadequate water and sanitation facilities. Munhava area was severely affected by Cyclone Idai in 2019 and many people lost their houses and livelihoods. Within two weeks after the cyclone made landfall, Cholera was detected, and the outbreak spread rapidly. In April 2020, volunteers were trained on COVID-19 prevention and handwashing stations were set up in Munhava Locality A and at the central market. In cooperation with MoH, WHO, CUAMM and UNICEF, community leaders and leaders of the central market were trained in COVID-19 prevention and on how to communicate on the risks. CVM volunteers conducted community outreach activities where they spoke with people about COVID-19 and answered their questions during household visits. COVID-19

prevention messages were disseminated using cars with sound systems and by volunteers using megaphones.

As a result of these activities, it was observed that vendors of the markets used masks correctly. Buyers washed their hands at the entrance of markets and volunteers demonstrated proper handwashing practices. It was observed that in front of several households, people placed a bucket for visitors to wash their hands before entering their houses. As an unexpected result it was noted that during the rainy season of 2020-2021, fewer cases of Acute Watery Diarrhoea and Cholera were reported compared to the previous rainy season. Hence it can be concluded that hygiene practices of the population in Munhava neighbourhood have improved which has positive impacts on COVID-19 and Cholera.

Since December 2020, a decrease in adherence to preventive measures by the population of Munhava has been observed. This decrease has been observed in all provinces and districts of Mozambique. CVM and IFRC health teams have been able to analyse the cause of decreased adherence. The population is tired of the preventive measures as they complicate their livelihoods. Moreover, people did not see many impacts of COVID-19 as not many people were losing their lives. This behaviour is similar as was experienced at the beginning of HIV, where the Mozambique population started taking HIV seriously when they saw relatives and friends dying. As a result of decreased adherence to preventive measures, and with the South-African variant of COVID-19 already in Mozambique, the number of COVID-19 cases in Mozambique has increased significantly since January 2021. Therefore, there is an urgent need to intensify community-based health activities to ensure the return of adherence to COVID-19 prevention measures.

Namibia Red Cross



Some of the procured First Aid materials in use during a first aid session in Namibia

Namibia Red Cross (NRC) since the start of the COVID-19 outbreak made major strikes at aligning itself to the national measures to preparedness and response of COVID-19. 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.

In response to the COVID-19 situation in Namibia, the NS, with support from IFRC developed a Resource Development Strategy. As part of the implementation of this strategy, the **NS decided to have a First Aid Centre where they can offer commercial training services to generate income as a first step and eventually initiate commercialized ambulance services.** First Aid

is a critical skill for the NS staff and volunteers, and it is believed that the public also needs this skill as it's a lifesaving element. On the other hand, this initiative will generate income for Namibia Red Cross as a way of ensuring sustainability of the National Society. The National Society has since established a commercial first Aid centre in Windhoek. The support provided by BMZ went towards acquisition of commercial first aid materials and equipment.

Red Cross Society of Niger

The COVID-19 response is supported by a network of volunteers spread across its eight branches. To ensure the sustainability of IPC and RCCE interventions and actual involvement of the community, the NS has adapted CEA approach with an establishment of complaint and feedback committees. By involving local and communal authorities and community volunteers, the response created an appropriate environment for the participation of all the stakeholders in the implementation of activities. On one hand, RCSN volunteers gained access to monitoring the pandemic development at community level, on the other hand, a framework was created where communities are participating in awareness sessions on prevention measures and are able to feedback and provide recommendations for improvement of the response. The feedback of all the stakeholders improved the performance and promotes ownership of activities.

While substantial progress has been made in increasing provision of safe water, hygiene, and sanitation services, the COVID-19 pandemic has confirmed the importance of sanitation, hygiene and adequate access to safe drinking water to prevent disease. **According to WHO, handwashing with soap is one of the best ways to prevent the spread of pathogens and infections, including the COVID -19 virus.** Children who may be sick and have no signs or symptoms are a risk factor and are likely to spread the disease within communities. To that end, RCSN activities focused on prevention of infections in schools, through rehabilitation and construction of separate school latrines for boys and girls. This intervention is also aligned with the United Nations Sustainable Development Goal N°6 (Ensure access to water and sanitation for all).



A block of latrines constructed by RCS of Niger © IFRC, 2021

Participatory coordination and planning among humanitarian actors and government technical services promoted an efficient implementation of activities. Moreover, the involvement of community members, including volunteers and other organizations created a reciprocal trust among implementation teams, community members and government health agents. For instance, in collaboration with the Zinder Regional Directorate of the Ministry of Health, health districts of Tirmini, Garagoumza and Takoussa were disinfected with the support of RCSN community volunteers.

Nigerian Red Cross Society

Nigeria Red Cross Society (NRCS) is providing cash support to the most fragile category of affected people mainly elderly people aged 60 years and above, female-headed households, child-headed households, people living with disabilities, pregnant and lactating mothers, chronically ill, host families as well as families with more than four children under the age of five years. NRCS volunteers were engaged in six states to support registration of targeted households, as well as conducting house-to-house visits to ensure that all targeted households have received the cash assistance. Vulnerable households were registered across the communities through the use of CEA approach which ensured that the selection criteria was strictly adhered to in registering the vulnerable persons.

A story to tell I am so happy and grateful to the Red Cross

My name is Oriekose Vida Victory, I'm 28 years old and I'm from Ihogbe Community Edo state Nigeria precisely. I'm one of the beneficiaries of the money that the Red Cross has shared.



Oriekose Vida Victory

"So, I was into petty food items business before the COVID-19 epidemic. Before the lockdown, I had a shop. But someone broke into my shop during the lockdown and stole all my wares. I was left with nothing and I did not know how to feed myself and my siblings. I'm the eldest among six other children, I lost my dad when I was 16 and had to take up most of the responsibilities of catering for my mom and my siblings. It has not been easy for me. Not until I met with the Red Cross volunteer, Mr. Henry Asekunewo who registered me to benefit from 30,500 Naira, we were living in a poor condition. The money really helped me to start up something. I was able to start another business and now able to feed my family. I'm so happy and grateful to the Red Cross, and I am now following closely messages on COVID-19 with the Red Cross and what Red Cross is doing".

Rwandan Red Cross

Different trainings and refreshers were provided to Rwanda Red Cross (RRC) volunteers in PSS, SGBV and dignified managed of the dead. In addition, RRC has increased the number of volunteers and their capacity to support the operation and be able to disseminate key COVID-19 messages at grassroots level and provide psychosocial support to families in need.

RRC COVID-19 response has consisted of increased countrywide social mobilization with a particular focus on schools, public places as well as districts under lockdown (in Karongi and Gicumbi). This is being done using social media, mobile radio and house to house sensitization using megaphones. The NS has supported WASH targeting particularly in schools whereby handwashing stations have been constructed, hygiene materials/products and facemasks distributed. RRC is also considering supporting with ambulance services in COVID-19 response in close cooperation with the Ministry of Health.



Handwashing stations were mainly constructed in schools in support of school's hygiene.



RRC volunteer in a public place to sensitize the population on COVID-19

The most economically affected households have been supported in multipurpose cash transfer (households in home-based care) for access to basic needs. A process is underway to also support their income-generating activities. **Cash transfer has proven to be successful for household economical support, however the challenge is that a large population is in need of support as compared to the funds the NS has available.**

RRC response to windstorms, floods and the volcano eruption has been challenging for both the volunteers' teams and the communities themselves. In some cases, people were more scared of the consequences of volcano eruption than the pandemic itself. In addition, population

movement resulted in some displaced communities being put together. Sometimes the combined communities had different backgrounds in terms of COVID-19 prevention mechanisms, and this was a huge challenge for the volunteers and other responders. Together with sensitization activities, there was a decision by the NS to distribute facemasks and install handwashing facilities for the displaced communities.

Sao Tome and Principe Red Cross



Installation of hand washing systems in schools

Sao Tome and Principe Red Cross (STPRC) trained young Red Cross volunteers and community health workers in RCCE for the purpose of creating COVID-19 awareness in communities. Among the volunteers, some were selected and trained to conduct contact tracing. The trained young Red Cross volunteers carried out information and awareness-raising actions in different communities in all the neighbourhoods of São Tomé and the Autonomous Region of Príncipe in collaboration with community health workers. Plays were also performed with the aim of mobilizing the population to protect themselves from COVID-19. The NS has also installed handwashing sinks in all neighbourhoods to promote proper hygiene practices. Through its trained volunteers, STPRC supported the Ministry of Health in carrying out visits and follow-up of people infected with COVID-19 as well as their contacts. The NS rehabilitated and equipped an isolation space for people who may have contracted COVID-19. In addition, handwashing systems were installed in health facilities and schools by the NS.

Sierra Leone Red Cross Society



The symbolic presentation of IPC materials to DiCOVERC representatives in Western Rural District for onward distribution to vulnerable communities

During the period under review, SLRCS distributed assorted IPC and IEC materials to eight (8) operational branches (Bombali, Port Loko, Kambia, Tonkolili, Koinadugu, Kailahun, Western Rural, and Urban) respectively. In Bombali, Koinadugu, Kailahun, and Western Area, the team from SLRCS headquarters officially handed over the materials through the District Corona Virus Emergency Response Center (DiCOVERC) for onward distribution to the vulnerable communities. The DiCOVERC coordinators in the respective districts expressed satisfaction over their involvement in the distribution process and pledged their continued support to SLRCS in the COVID 19 response. In Bombali, **the DiCOVERC coordinator commended SLRCS for the active participation in the response activities including community engagement in COVID-19**

preventive measures using IEC materials, providing psychological First Aid to COVID-19 affected persons, and burial of abandoned dead persons during lockdowns. The symbolic presentation (official handover) was meant to profile SLRCS and strengthen coordination and collaboration between SLRCS and DiCOVERC teams in the operational branches and at national level.

SLRCS organized interactive radio shows at national and branch level to disseminate basic facts on COVID-19 to address myths, rumors, and misconceptions about the pandemic. Panellists were identified from DiCOVERC, SLRCS branch staff, and community stakeholders. At national level, the SLRCS communication team organized Television shows hosting the NS COVID-19 response team and representatives from the National Corona Virus Response Centre (NACOVERC). Discussions focused on the basic facts on COVID-19, the proper use of face masks, handwashing procedures, social distancing and the role of the Red Cross in health emergencies. Questions and feedback from community members included clarification on the use of face masks, myths about COVID-19 transmission, signs and symptoms. These concerns were addressed for better understanding. The panellists in different discussions encouraged the public to take the necessary preventive measures to curb the spread of the pandemic.

Somali Red Crescent Society

From March 2020 to May 2021, Somali Red Crescent Society (SRCS) volunteers had conducted COVID-19 community awareness-raising sessions for all clinics supported by different SRCS partners. The volunteers disseminated tailor-made messages to people attending these clinics. In this exercise, more than one million people were reached in Somaliland and Puntland. SRCS volunteers also distributed COVID-19 IEC material and posted others in public gathering places. Tailor-made messages were also used for schools and health centres. Television spots were used and rented vehicles that were loaded with speakers to disseminate recorded messages in Somaliland and Puntland.

The SRCS run clinics were organized in a way that ensured protection of staff and patients from COVID-19 infection. This included putting up of tents outside the clinics for pre-screening of visitors, installation of water tanks and handwashing facilities for visitors to wash their hands immediately when they arrive at the clinic as well as ensuring physical distancing outside and inside the clinics.



Visitors to health clinics washing their hands in SRCS installed facilities

The South African Red Cross Society

Fulfilling its auxiliary role, the South African Red Cross Society (SARCS) immediately scaled up its preventative interventions to support Government efforts in all nine provinces of South Africa. Staff and volunteers have been mobilized to carry out risk communication and community engagement (RCCE) as well as water, sanitation, and hygiene (WASH) support. The National Society also supported affected families with immediate food needs through food parcels distributions and provision of hot meals. The National Society also has ensured staff and volunteers well-being throughout the implementation through the provision of personal protective equipment (PPEs) and psychosocial support (PSS). The PPEs have been useful in ensuring that volunteers involved in the response in risky communities are protected from being exposed to the virus. These PPEs are also being used by the volunteers whilst conducting screening, contact tracing and testing in collaboration with Department of Health (DoH) and Department of Education (DoE).

Due to the prevalence of diseases such as TB and HIV/AIDS, the National Society integrated the testing and screening of communities for those diseases in its interventions in close collaboration with DoH. SARCS also embarked on other campaigns to raise awareness on gender-based violence as it was cited by the government as being on the rise during the strict lockdown. The National Society developed key messages on sexual gender-based violence (SGBV) and provided PSS to affected persons.



SARCS volunteer assisting an elderly woman with vaccination registration

SARCS is part of the national campaign 'Sisonke' initiated by Department of Health (DoH) which aims at creating awareness and inspire collective action to mitigate, minimise and manage COVID-19 and its effects through promoting vaccination to all people living in South Africa. So far, the National Society has expanded its supporting role to include the support towards vaccination process in South Africa across all nine provinces. SARCS has been identified as one of the leading partners in community engagement and advocacy through its community feedback mechanisms that integrate RCCE to provide timely and reliable information about COVID-19 and the vaccination campaign to address perceptions, rumours and myths.

South Sudan Red Cross



SSRC volunteers, community leaders and MoH staff conducting Radio Talk shows

South Sudan Red Cross (SSRC) volunteers nationwide have reached more than 3,500,00 people with COVID-19 prevention messages. The approaches used to reach the population include house to house visits, announcements made through megaphones as well as focus group discussions in social places such as water points and markets. The volunteers also provide a hotline number-6666 for the population to call in the event of feeling sick or suspect someone is infected. Volunteers were provided with megaphones and posters to facilitate the awareness sessions. Interactive radio talk shows are conducted to encourage positive behaviors, address rumors, fear and stigma, information about Red Cross services and where to access care. The NS screens its office staff and provides them with surgical masks, hand sanitizers, surgical gloves and soap.



SSRC volunteers conduct COVID-19 awareness to community members

The SSRC has been actively involved in the Governmental National Task Force (NTF) for COVID-19 and is the co-lead of RCCE technical working group (RCCE TWG) and continuously participates in all meetings. With its vast network of volunteers, the MoH and NTF has involved the NS in its COVID-19 response. This has aided the NS to contribute to COVID-19 response, procedures and guidelines for the country.

The Sudanese Red Crescent

Sudanese Red Crescent Society (SRCS) continues with COVID-19 response and prevention activities to date. This also includes raising awareness about the COVID-19 vaccine. The NS in collaboration with MoH trained health staff and its volunteers in health promotion and how to sensitize communities about the vaccine. In collaboration with Internews, SRCS trained staff and volunteers on rumors management. **SRCS volunteers have devised an innovative approach for COVID-19 vaccine awareness, where they are disseminating videos of themselves getting the COVID-19 shot. The aim is to encourage others to get vaccinated.**



Distribution of masks in schools by SRCS volunteers

SRCS noticed that many people were not using face mask due to economic reasons, so they came up with an idea of mask production where the **volunteers produced re-usable face masks and distributed them in schools and communities**. SRCS has produced leaflets and posters with COVID-19 key messages and distributed them in public places. The NS has conducted educational and awareness sessions in communities as well as broadcast radio programmes in different covering COVID-19 information. SRCS conducted disinfection campaigns where they covered 3,000 institutions. Hand sanitizers and liquid soap have also been distributed to SRCS PHC centers. Psychosocial support has been provided through mobile phone calls where SRCS has responded to calls from children, health facility staff, migrants, among other people. Food items and cash have been distributed to IDPs, refugees as well as host communities to combat the effects of the pandemic.

Tanzania Red Cross National Society

Tanzania Red Cross National Society (TRCNS) works with the refugee population in the western corridor where it is managing 15 health facilities in the three refugee camps (Nyarugusu, Mtendeli and Nduta). More than 350,000 Burundians and Congolese refugees as well as host communities are being provided with comprehensive health services including COVID-19 awareness raising and implementation of prevention measures. TRCNS has integrated CEA in all its interventions. In its refugee operation, trained staff and volunteers are supporting with the complaints and feedback mechanism based in the interagency desk. Through community feedback, communities ask questions and share their feedback which mostly informs community needs in terms of education. The NS also supports in rumor tracking which informs community perception about COVID-19 and other disease outbreaks. TRCNS has established tele-counselling services through a hotline number that is available for use by staff, volunteers and community members who might be in need for PSS.

Togolese Red Cross

In response to the COVID-19 situation in Togo, the Government has adopted two preventive measures that include scrupulous compliance with prevention measures and vaccination of all prefectures in Togo. The vaccine selected by the Togolese authorities is AstraZeneca and according to the recommendations of the World Health Organization (WHO). Two doses of this vaccine continue to be administered, in order to have the required immunity against the COVID-19 virus.

Given the reluctance and/or fear of some communities to administer the second dose of vaccination, and in order to maintain the level of community engagement and have the required immunity against the COVID-19 virus, the Togolese Red Cross scaled up its RCCE component through mass awareness activities and radio broadcasts on the importance of vaccination against COVID-19. The NS is also working with community leaders, religious

leaders, local authorities and other influential leaders to ensure that community members get vaccinated and are involved in awareness campaigns. A total of 160 volunteers have been involved in the vaccination campaign that is organized by the Regional Directorate of Health to facilitate the registration of the population and contribute to the management of rumours.

Uganda Red Cross Society

During the COVID-19 response, Uganda Red Cross Society (URCS) has made great achievements some of which include:



House to house RCCE in Busia district

- Improvement and building the culture of data capture/knowledge management at the transactional bit between community members and URCS community volunteers. The culture of reporting has been improved at branch level. The ability to capture disaggregated data including sex, disability and age groups per household has allowed the NS to provide information that would help in targeted response. In addition, the NS has created an RCCE dashboard. The rumour tracking in communities in a systematic way has been a great achievement.
- URCS was invited on radio talk shows to discuss COVID-19 which shows that the NS roles in COVID-19 response are appreciated: https://mulengeranews.com/mtn-uganda-intensifies-mask-wearing-campaign/
- After the announcement of the first case, URCS took a month to join the districts in rolling out COVID-19 response. The districts especially border points called on Red Cross to support. "*Red Cross we are waiting for you to come to our rescue*" this was a quote from the resident district commissioner". This demonstrates how local authorities recognise URCS as a first responder.

Zambia Red Cross Society





Photo left: Soap distribution in a school in Zambia. Photo right: Constructed permanent hand wash facility in a school in Zambia

Based on assessments conducted by ZRCS to ascertain the gaps in WASH in public institutions such as health facilities, schools, markets, stations and entry points, the need for handwashing facilities was seen as paramount in these institutions. The NS procured and distributed handwashing stations to these institutions. Placement was at the entry point and this helped to enhance hand hygiene among the general public and contribute to breaking the route of COVID-19 transmission. To enhance hand hygiene, ZRCS volunteers made controlled household visits to conduct triggering on handwashing to promote household construction of tippy taps. Soap was also distributed as per standard of proper handwashing. ZRCS also constructed permanent hand wash facilities in schools to promote proper hygiene practices among school-going children.

SRCS provided emergency cash transfer (ECT) to vulnerable groups that had been adversely affected by the COVID-19 pandemic through the Government social protection programme. The vulnerable groups included people aged 65 years and above, child-headed households, female-

headed households, chronically ill and people with a disability. Additional beneficiaries were included such as those who became vulnerable because of the negative impact of COVID-19 pandemic such as informal workers, who lost their jobs due to government lockdown measures. Beneficiary selection was done through the existing list of beneficiaries under the Ministry of Social service within the social protection safety net programme.

As a result of the COVID-19 pandemic, many people showed psychological traumas due to the different experience amid the pandemic such as fear, anxiety due to isolation or loss of business caused by lockdowns. ZRCS focused on diffusing the stress among community through implementing psychological support services for volunteers, staff and the general public. MHPSS activities were Integrated in all COVID-19 response activities. ZRCS also trained volunteers as psychological first aid (PFA) providers. **A care plan for management of staff and volunteers who test positive for COVID-19 was developed including procurement of Oxygen ventilators.**





ZRCS volunteers during a cash distribution exercise

Zimbabwe Red Cross Society



Awareness campaign in progress in Harare

Zimbabwe Red Cross Society (ZRCS) continues with its COVID-19 awareness campaigns which are being conducted through a UNICEF funded project. Awareness campaigns are being conducted once per month per district using microphones and speakers as well as home visits. COVID-19 jingles are also being used as part of edutainment. ZRCS staff are utilizing opportunities at any gatherings to deliver COVID-19 key messages. The NS also raises awareness through Radio and Television. Staff and volunteers are also provided with PPE to protect themselves and those around them. Community feedback continues to be collected, in various parts of the country to track rumors, perceptions, questions, suggestions and views on COVID-19. This helps the NS adjust their awareness approach, messages and response activities with the aim of meeting the needs of the community

Health facilities have been supported with handwashing facilities, jerry cans, soap, PPE (masks, sanitizers, gloves, gowns, scrub suits and googles) and disinfectants. NS volunteers are supporting in the screening process and ensuring social distance is observed while visiting the health facilities. Awareness sessions are also conducted for the people visiting the health facilities. **The ZRCS clinic is working tirelessly to demystify vaccine hesitancy myths and misconceptions**. A webinar was done internally to inform staff members about the vaccine as well as to explain its functions.

Stories to tell

"COVID-19 a monster that has brought sorrow to our learning. Ever since January 2021, we have been at home due to the second wave of COVID-19. We missed school. Coming from poor families and community, we never had online lessons. However, mid-March, the government removed lockdown restrictions and now as learners we are back in school." These sentiments came from pupils from Tamuka, Rising star, Tariro and Starlight schools. "School is our second home, during daytime we are in class. Now with this COVID-19 pandemic upon us, we have to practice good hygiene always, that is wash our hands, sanitize, social distance and mask up all the time. In March 2021, our school received handwashing stations from ZRCS. The stations are designed in a way that you do not touch anything which is another way of reducing the spread of COVID-19. We just use our feet to tap on the paddle and water gushes out. These handwashing stations cost a fortune. Our parents are struggling to feed us and pay our fees, what more of handwashing stations. May God bless Zimbabwe Red Cross Society" said Tanaka, the head-girl at Starlight school. "You rarely find well-wishers like these," she continued. "Words cannot express our gratitude enough" said Tapiwa Mukaronda a grade seven learner at Tariro primary school in Harare. "Every morning, during break and lunch time we are washing our hands before we enter the classroom. The handwash stations and soap are readily available. COVID-19 can never scare us now. We will defeat it instead."

Since the start of the operation, the NS has been recognized as one of the key humanitarian organizations 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. ZRCS has also been identified as one source of reliable information by the communities through COVID-19 perception surveys which are ongoing.

The list of National Societies and activities above is based on information submitted to the IFRC Regional Office for Africa on various channels and will be kept up to date. In case of required revisions/amendments or information about your NS which is missing, please let us know and it will be added with the next update.

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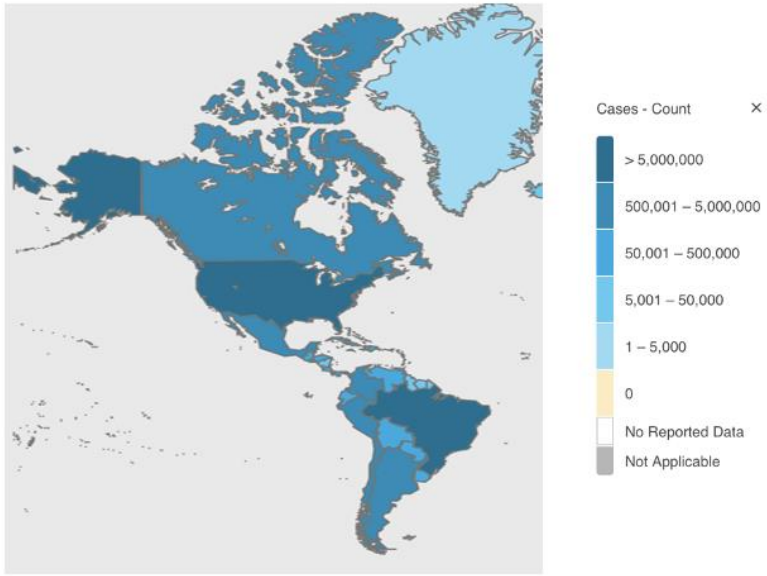
COVID-19 OUTBREAK AMERICAS REGION SITUATION UPDATE #18

REPORTING TIMEFRAME:
February 2020 to May 2021
16-month report

Situation Update

72,186,963 Confirmed cases in Americas Region

1,896,955 Confirmed deaths in Americas Region
reported to WHO as of 30 June 2021.



National Society Response

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

Health and WASH **33**

Socioeconomic Interventions **32**

NS Institutional Strengthening **32**

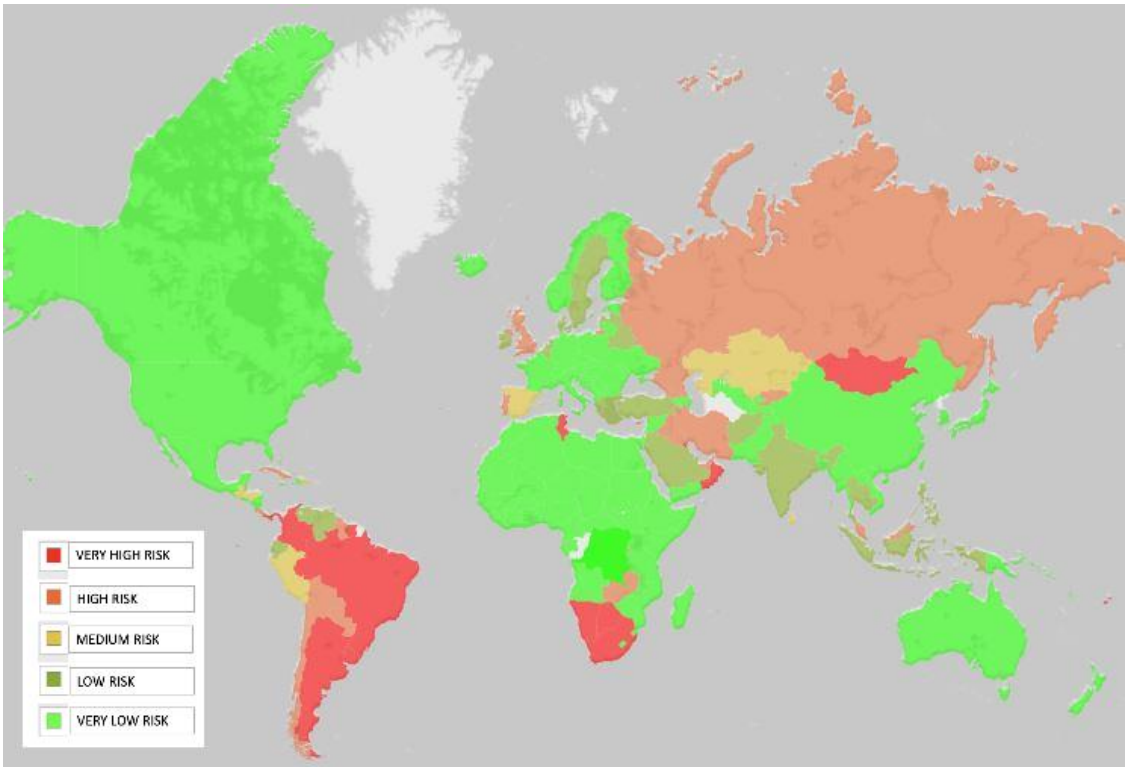
See Annex for information on National Society level of activity in the three Priorities

HEALTH AND WASH				SOCIOECONOMIC INTERVENTIONS		NS INSTITUTIONAL STRENGTHENING	
18	Ambulance services for COVID-19 cases	20	IPC and WASH (health facilities)	4	Management of the dead	28	CEA, including community feedback mechanisms	30	National Society readiness
16	Community-based surveillance (CBS)	12	Isolation and clinical case management for COVID-19 cases	32	MHPSS	27	Livelihoods, cash support & food aid	27	National Society sustainability
27	Epidemic control measures	19	Maintain access to essential health services (clinical and paramedical)	32	Risk communication, community engagement, and health and hygiene promotion	13	Shelter and urban settlements	31	Support to volunteers
29	IPC and WASH (community)	21	Maintain access to essential health services (community health)			27	Social care and cohesion, and support to vulnerable groups		

IFRC Internal

Regional Overview

As of June 2021, the Americas Region reported 72 million cumulative cases of COVID-19 and 1.8 million deaths, representing 40% of total cases and 48% of total deaths worldwide. In the last four months, seven countries within the region were ranked in the top ten countries for highest 14-day cumulative incidence worldwide, demonstrating a steady increase in new cases. Other countries within the region have experienced a decline in cases; however there continues to be an overall increase in the number of deaths. Most of the region presents high epidemiological risk in comparison to the rest of the world.



Epidemiological Risk Map. Source: INFORM COVID-19 Risk Index.

As of February 2021, nine countries within the region started their vaccination campaigns (USA, Canada, Costa Rica, Brazil, Argentina, Mexico, Chile, Argentina and Panama). As of May 2021, an additional 25 countries joined the campaigns; however vaccination is taking place at varying rates, thus resulting in differing epidemic control between subregions. Additionally, as the elderly population continues to be among the first phases of people to be vaccinated, a shift in the demographic of cases is being observed where the younger population is now exhibiting the most severe form of COVID-19.

Due to the considerable increase in cases, Colombia, Haiti and Argentina are experiencing significant strains in their health system due to the burden placed on clinics and hospitals lacking sufficient resources. Haiti and Colombia are facing disruption of services at the first level of health. Some countries have been lagging in reporting data, which has made subregional evaluation even more complex.

Studies worldwide indicate that one in two people states that the pandemic has affected their mental health[1]. There are still great difficulties to address the growing psychosocial needs of the population due to the overload of the health system and the scarce financial and human resources in mental health services. Additionally, the impact of COVID-19 due to increased economic stress, job insecurity and unemployment, social isolation, and loss of support networks, has

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

increased incidence of distress, anxiety, depression, as well as exacerbating preexisting mental disorders, and risk of suicide.[2] The long-term consequences on mental health will be severe in all countries of the world, but more dramatic effects will be exhibited in countries with fewer resources and more impoverished[3].

Particularly vulnerable groups, such as imprisoned, patients in psychiatric hospitals or nursing homes, people with disabilities, and women suffering any kind of violence, are at even greater risk; a situation that is exacerbated in countries with pre-existing gaps in the protection of human rights[4]. Studies highlighted that people with severe mental illness have been completely excluded from the COVID-19 vaccination process[5], which is a call for action.

Although some countries in the region have been able to implement high distribution rates of vaccination for the population, with Chile and United States among the top ten countries ranked worldwide, the region presents an important spread of the new variants, thus creating new outbreaks. These variants are more transmissible and could have the potential for reinfection. The fatigue of the pandemic along with the flexibility of the population regarding the preventative measures after immunization, represent some of the multifactorial risks that lead the increase in COVID-19 cases and deaths.

Priority 1: Sustaining Health and WASH

The Americas region has gone through different scenarios during the last six months of the COVID-19 pandemic. At the beginning of the year, there was a decrease of cases and deaths, and the implementation of vaccination campaigns began in several countries. Then, by February 2021, new variants of the virus were identified, and its spread throughout the subregions caused an increase in the number of cases and deaths. Several countries in the region have been reporting the highest new daily cases and deaths per one million people for consecutive weeks; representing the highest incidence globally.

After 18 months of pandemic, negative psychosocial and mental health effects are increasingly affecting the population, a situation that is evidenced by the rising number of cases of anxiety, distress, depression, and the worsening of pre-existing mental disorders. In addition, mourning at the loss of loved ones, fear, and sadness for the loss of support networks or livelihoods, fear of getting infected and suffer social stigma, worries due to exposure to rumors and false information about vaccines, and the neurological and cognitive effect of COVID-19 are having a deep emotional impact on people.

The need to implement community-based and far-reaching preventive mental health and psychosocial support actions is evident to support individuals, families, and communities to increase their well-being, mental health, and resilience. In the Americas region, the 35 National Societies continue to strengthen their capacities in Mental Health and Psychosocial Support (MHPSS) and have expanded actions at different levels of care. For example, in the context of **COVID-19 vaccination** to reduce the stress caused by rumors, in the **school environment** to facilitate the return to face-to-face classes and increase psychosocial well-being; in continuity of **telecare** to provide **Psychological First Aid** to people in isolation, and in **Advocacy** with the implementation of mental health policies and laws as the most effective strategies to guarantee the sustainability of mental health services beyond the pandemic, as well as campaigns on social media.

Epidemic control

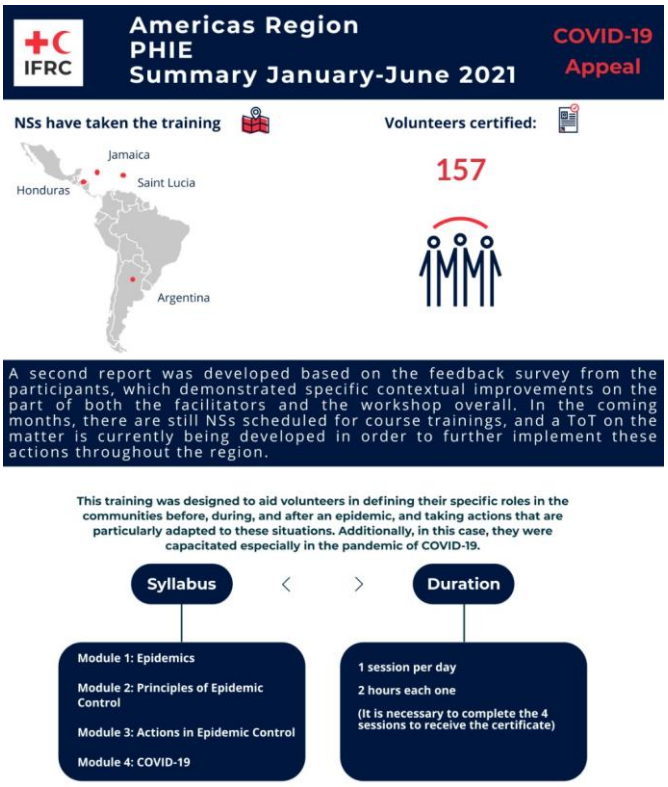
Epidemic Control for Volunteers Training

[2] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30141-3/fulltext
[3] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30141-3/fulltext
[4] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00025-0/fulltext
[5] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00209-1/fulltext

The Public Health in Emergency Team have conducted online workshops for different National Societies. In the last four months, 6 trainings have taken place with 4 National Societies: Jamaica, Saint Lucia, Honduras and Argentina. As shown in the infographic below, out of these trainings, 157 volunteers have been certified.

Epidemic preparedness and control is the top priority of the region, identified through a questionnaire implemented by the extended group of the Health Unit. This will be included in country health and WASH activities, with the collaboration of all sectors that are responding to an outbreak.

In the Americas Region, 15 National Societies have included the design of their Health and WASH strategy in the 2021 operational plan[6], together with reinforcing the capacities in preparedness and response to epidemic and other health emergencies. In addition, the regional office will assist the improvement of Information management on public health. The collection and analysis of strategic information is essential for raising awareness (the gathering clear and coincise essential information), the early detection of any risks at community level, and to inform on capacity of the health system.



Americas Region Public Health in Emergencies Summary. Source: Health

Risk communication, community engagement, and health and hygiene promotion

At the begining of the year, the Risk Communication and Community Engagement (RCCE) team developed a guidance document for National Societies 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 National Societies' internal community, and to provide an opportunity to clarify questions and collect feedback from staff and volunteers. This feedback can also support the design of social mobilization and RCCE plans to be implemented with external communities to support vaccination campaigns in each country.

Additionally, during early January 2021, the team processed the information from the perception survey that was carried out during the months of November and December of 2020, in the region. Regarding the survey from the Caribbean, a total of 154 responses were received; 74% of the respondents were women, 24.7% men, and 0.6% did not specify. In the case of Latin America, there were 578 responses; 63.8% of the respondents were women, 35.6% were men and 0.5% did not specify.

Some of the main findings from the perception survey include:

- It is interesting to note that the results in both sub-regions are similar, although there are significant differences such as the level of trust in government expressed by people in the Caribbean versus people in Latin America.
- There is a widespread perception in the region that campaigns about protective measures worked at the beginning but are no longer working and people have decreased their use of protective measures.
- A relevant fact that could be deepened with information campaigns is the use of protective measures in public transport, many people expressed that it is difficult to implement protective measures in public transport, where the main problem is maintaining social distance.

[6] IFRC 2021 Operational Plan- table of indicators.

- The recommendations to improve the information campaigns are very interesting. Many people expressed the need for fines or other punitive measures to reinforce the use of protective measures. Others suggest the use of fear as part of the campaign. However, the vast majority agree on the use of testimonials from recovered people and on making the campaigns more youthful and fun.

We are in this together

During April, there were two live sessions on "We are in this together":

- 21/04/2021 - Spanish: New coronavirus strains and vaccines. Guest: Dr. Pedro Porrino. Health in Emergency coordinator.
- 21/04/2021 - English: New coronavirus strains and vaccines. Guest: Dawn Byng, Health Officer.

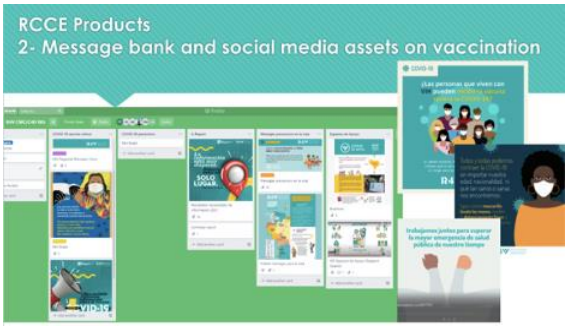
Two podcasts and social media clips are being produced from these live sessions.

Social Media assets and community work materials with a focus on migrants

As part of the participation in the CwC / C4D working group of the regional migration platform R4V, information materials have been developed on COVID-19 and vaccines with a focus on migrant populations:

1. **Survey on perceptions on COVID-19 vaccines:**
   - Questionnaire based on RCCE Collective Service questions bank.
   - 200 participants at regional level
   - Preliminary results show:
     - 48% believe that the COVID-19 vaccine will protect them much or moderately.
     - 61% believe the vaccine is moderately safe.
     - 61% would get the vaccine.
     - 34% do not know if they will have access to the vaccine.

2. **Message bank and social media assets on vaccination**
   Social cards and GIFs on the importance of the vaccine, key messages and inclusion, preventing misinformation and rumours.
   - Messages selected responded to the information needs shared by national platforms and identified through FGD surveys.
   - Regional Reference Group established with refugees and migrants from Venezuela.
   - A 2nd batch is being finalized and will be available in the coming weeks.



RCCE Products – Message bank and social media assets on vaccination. Source: RCCE

3. **RCCE 3 - New set of information kits for people on the move**

Adaptation of UNICEF LACRO's information kit to R4V branding and COVID-19 context including:

- Brochure with protection messages on safety and prevention of main risks during the journey that includes a map of the region with main routes, distances and temperatures.
- Social media postcard version which also includes messages on physical and mental health, hygiene and nutrition.
- Other informative products including directories of contacts per country are being adapted and will be available in the following weeks.

St. Vincent and the Grenadines, La Soufriere Volcano Response

As part of the St. Vincent and the Grenadines La Soufriere emergency response operation, risk communication material was created on how to reduce the possible spread of COVID-19 while in shelters. The graphics contained precautionary measures to guide people in shelters on how to protect themselves and others from the virus and was shared by the St. Vincent and the Grenadines Red Cross via their WhatsApp line, on social media platforms and as posters.

Community-based surveillance (CBS)

The Colombian RC has included CBS as part of their national public health in emergency plan for its implementation during 2021. With the support of the Norwegian Red Cross, a pilot of the project is being developed to supporttwo vulnerable municipalities.

Additionally, the Honduran RC has been working in a specific diagnostic system to implement on a community level to those affected by violence through the help of the Norwegian Red Cross.

Infection prevention and control and WASH in health facilities

The WASH regional team supported Peruvian RC in a course on proper cleaning and disinfection of surfaces in the context of COVID -19. The training was focused on different settings, including health care facilities.

Infection prevention and control and WASH at the community level

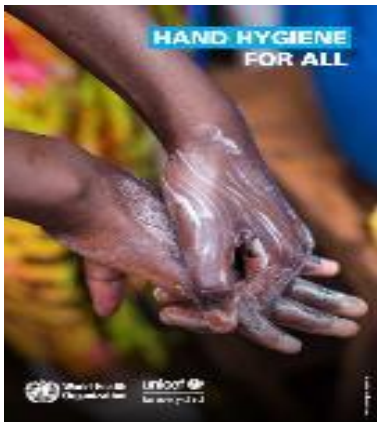
The WASH regional team developed two modules of a virtual course on Education in Emergencies, at the request of the Panamanian Red Cross (PRC). The first module focus on IPC measures for COVID-19 to ensure a safer teaching environment both at schools and for PRC branches supporting virtual classes of students.

The second module is about the minimum WASH requirements in order to adequate the teaching areas, at school and PRC branches, for proper handwashing and promotion of hygiene behaviors.

The WASH regional team also received a request from Grenada Red and Belize Red Cross to reinforce their participatory hygiene promotion methodologies. The PHAST/CHAST approach will be reviewed for designing a dual methodology ToT, with the theoretical virtual part, and a community based practicum organized by each National Society.

English-speaking Caribbean National Societies were assisted from the regional WASH team in reviewing their NS Response Plans.

A meeting with the regional representatives of the Global Initiative Hand Hygiene for All (HH4A) coalition was held in collaboration with UNICEF, PAHO and other LAC - WASH members, to coordinate the information gathering in 18 prioritized countries in the Americas region that have been involved in handwashing promotion. Health officers from each IFRC delegation will be supporting the development of this survey and the report is expected to be completed by the end of 2021.



"Hand-hygiene for all" poster. Source: Health and WASH

The importance of sector coordination during complex responses: La Soufriere Volcano Response
The WASH Regional team had an active role in the WASH National Coordination Meetings related to the La Soufriere Volcanic eruption emergency response, involving from the beginning the WASH Rapid Response Person assigned, so he could assess and plan the IFRC response in the field, in a coordinated way with the rest of the WASH actors present. One of the main aspects was the hygiene promotion and hadwashing to prevent COVID-19 outbreaks as well as other diseases either in affected households or in shelters. For this purpose, a concept note was developed and presented to UNICEF to jointly implement hygiene promotion activities in the most affected communities trough a partnership.

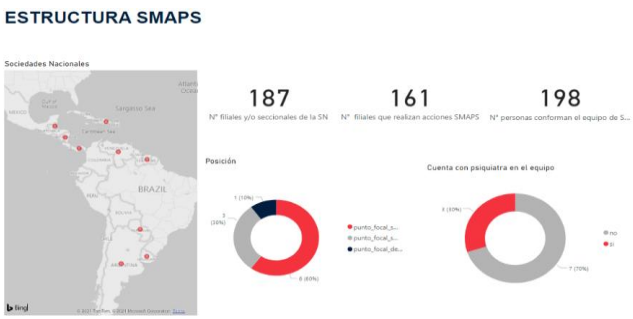
Mental health and psychosocial support services (MHPSS)

The main highlights related to achievements and challenges from the Mental Health and Psychosocial Support Services (MHPSS) team have been summarized in the infographics below:



MHPSS Summary from January 2021 until June 2021. Source: MHPSS

Needs assessment and analysis:
During the month of January, a needs assessment was conducted to identify the areas of interest of the National Societies and the plan of actions for 2021. In February, the Regional MHPSS Assessment for Early - Long term Recovery COVID-19 was updated based on epidemiological and social criteria and the capacities of the National Societies, which helps to identify the countries with the highest psychosocial risks. By the end of May, an evaluation and analysis tool was developed to standardize the regional process for identifying the capacities and needs of the National Societies. This data will be available in the MHPSS Dashboard developed for this purpose.



America´s MHPSS Dashboard prototype

Strengthening capacities and technical support:

- 501 people participated in the Webinars that were organized in different topics: mindfulness; Strategies to go Back in School after COVID-19 / Mental Health and Psychosocial Support (MHPSS) programs in school settings; MHPSS forum with youth; MHPSS in the context of the COVID-19 pandemic together with Ecuador RC; how to effectively use the MHPSS Policy and Resolution of the Movement in collaboration with the ICRC and Psychosocial Support Reference Center (PSS RC); and presentation of MHPSS COVID-19 vaccination roll-out material.
- The National Societies have been supported in the review of materials and guides developed by them and in the translation of different materials such as the guide Back in School after COVID-19 into Spanish and Portuguese with the support of the Brazilian Red Cross.
- Active participation in the IFRC multisectoral group on Education in Emergencies where a MHPSS module has been developed.
- A Trainer of Trainers (ToT) Course has been developed in MHPSS Programs in school settings. Within the framework of this initiative, a pilot was carried out to test the training and tools with the St Lucia RC where 4 volunteers of the NS received the ToT and 90 teachers were trained. Also, these materials were used in a module that was given in collaboration with the Colombian RC in which 30 teachers from North of Santander participated.

Strengthening Peer Support:
The regional MHPSS network with the focal points of the National Societies remains active through which mutual collaboration is promoted including the exchange of materials such as guides, manuals, among others. The Argentine Red Cross has provided emotional ventilation to the Bolivian RC to improve the well-being of the MHPSS technical teams within the framework of the strategy by caring for those who care. The Jamaica Red Cross has supported the St Lucia RC in the process of training teachers in the strategy Back in School after COVID-19.



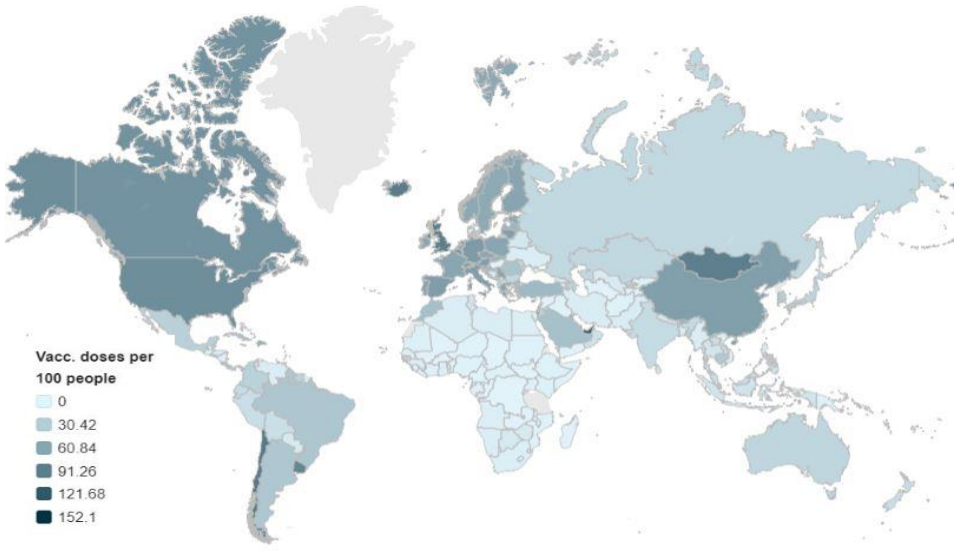
wide variety of material developed under MHPSS for COVID-19 disseminated on a daily basis. Source: MHPSS

Advocacy for mental health:
Awareness - raising has been carried out continuously with the National Societies, IFRC Youth Commission, Community Engagement and Accountability (CEA), Protection Gender and Inclusion (PGI) - Communications, HR and PSS Reference Center focused on highlighting the importance of mental health through the ***#MentalHealthMatters*** campaign. During April, within the framework of the world health day, two live events were held, for Latin America with the participation of Nicaraguan and Bolivian RC and representatives of youth Commission from Ecuador and Nicaragua, and for the Caribbean with participation of Jamaica, St Lucia, Trinidad and Tobago RC and a representative the Youth of Belize RC discussed this year's theme proposed by WHO "Building a fairer and healthier world" from a mental health perspective. Collaboration with CEA and PGI in the *RedHearts* podcast on Gender - based Violence and the relationship with mental health. The MHPSS news has been created where the success stories of Saint Lucia in MHPSS programs in schools and the actions that the Youth Commission is taking to improve the mental health of young people and children were told and circulated.

Strengthening relationships with other actors:
Active participation in the bi-monthly regional MHPSS meetings led by PAHO in which different regional actors such as UNICEF, MSF, Save the Children, among others are participating.

Support for Vaccination activities

The Ministry of Health of Brazil, Colombia, Venezuela and Ecuador requested the support of the National Societies for the implementation of their vaccination campaigns and to expand access of vulnerable population to the COVID-19 vaccines. Other countries in the Caribbean are in dialogue with government authorities. The majority of countries are joining efforts to ensure equitable vaccine access to everyone, and to combat the challenges and vaccine hesitancy of population. Currently, Brazilian Red Cross is conducting awareness activities and CEA for the reduction of vaccine hesitancy among indigenous populations. The



Cumulative vaccination doses administered per 100 people. Source: IFRC global vaccination tracker Dashboard.

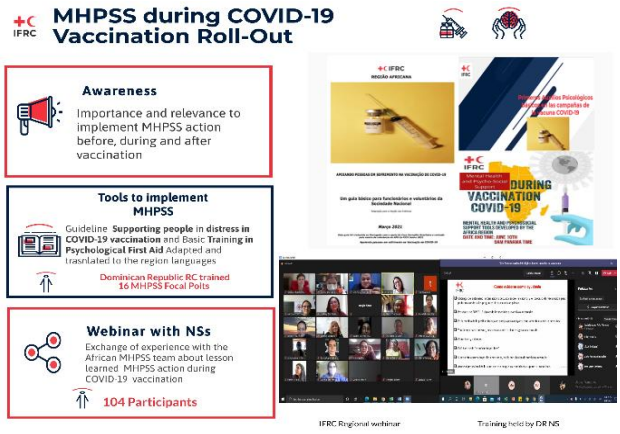
Venezuelan Red Cross developed a proposal based on the distribution of immunizations throughout their health network; contingent on the vaccination of participating National Society personnel and an updated national immunization plan since there is a lack of resources within the country.

The Colombian RC supports the vaccination of vulnerable populations including undocumented migrants and the isolated rural population. Ecuador RC is helping in the provision of immunization-related medical resources. Most of the provinces within the country have shown support of immunization by providing supervision for both the pre and post-vaccinated populace, allowing the identification of possible secondary effects.

There is a considerable attention to a new COVID-19 vaccine that has been proven to have a level of efficacy as high as 90%. The vaccine requires few resources for a cold chain, is effective with single dose, and protects against eight viral variants of interest, thus pointing out that this vaccine is the best choice for marginalized and isolated populations.

MHPSS during COVID-19 vaccination roll-out:
At the end of May the following actions were done:

- Development and sharing with NSs and IFRC units of key messages about the role and the importance of including MHPSS actions during the COVID-19 vaccination roll-out.
- Exchange experiences about MHPSS initiative and material to use during COVID-19 roll-out developed by the African Region. The pack is composed by a guide on how to Support People in Distress during COVID-19 vaccination and a Basic Psychological First Aid Training.
- Adaptation and translation of these material to the American Region culture and languages, and sharing with all National Societies (versions are available in English, French, Spanish, and Portuguese). The material can be accessed here, by using the password: GR_1425.
- A webinar was held to present the African Region initiative and materials, reflecting on the importance of implementing MHPSS actions during the vaccination roll-out. 104 National Societies'MHPSS and health focal points, and volunteers participated and had the opportunity to talk to MHPSS colleagues from the African region.



MHPSS during COVID-19 Vaccionation roll-out. Source: MHPSS

Success Stories: The Dominican RC has been the first National Society to train 16 of its health focal points with MHPSS materials during the COVID-19 vaccination process, to develop MHPSS actions before, during, and after the immunization, as they are supporting the Ministry of Health in the COVID-19 vaccination process. The Guatemalan Red Cross is also in charge of a vaccination center and is providing PFA during the vaccination process.

Priority 2: Addressing Socio-economic impact

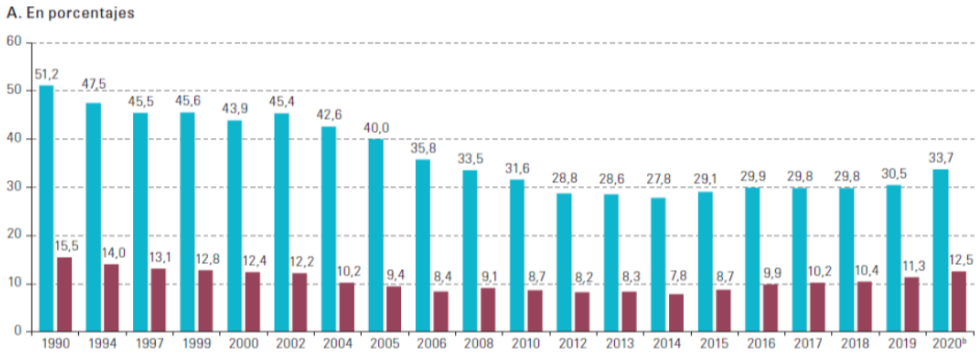
Livelihoods and household economic security (livelihoods programming, cash and voucher assistance)

Highlights of the first 16 months of operation

During the first 16 months of operation, the regional office has provided technical support to the NSs and delegations in the cluster. National Societies have been encouraged to maintain and strengthen livelihood recovery activities, focusing on the most vulnerable groups such as women, migrants and the informal economy. Spaces for conversation and collaboration between livelihoods technicians have been strengthened and concept notes for regional implementation alternatives have been prepared.

During the first months of the year 2021, reports have been disseminated by the main UN agencies on the impacts of COVID-19 on the economies of the region and on the most vulnerable groups. These reports have made it possible to identify key aspects related to the extend of the socioeconomic crisis in the region, such as the high level of informality in the economy, the over-representation of women in the first line of response to COVID-19, the difficulties of several states in addressing the enormous social needs and the weakness of social protection systems.

As detailed in the diagram below, the Economic Commision for Latin America and then Caribbean (ECLAC) pointed out in its report *Social Panorama of Latin America 2020*[7], that poverty levels In the region in 2020, due to the crisis, have reached the levels of 2006-2008, which implies that the region has gone back more than 12 years in its struggle to reduce poverty. This increases the challenges of supporting the most vulnerable groups so that they can meet their basic needs and avoid falling into poverty or extreme poverty, but at the same time poses the challenge of generating actions to recover livelihoods to support those who have fallen into poverty.



Percentage of persons in situation of poverty (blue) and extreme poverty (purple) in the Americas Region between 1990 and 2020. Source: ECLAC

With respect to informal labor, the International Labor Organization (ILO) reports that in Latin America and the Caribbean there are at least 140 million people working informally, which represents around 50% of workers. This group of workers has no access to social security and, in many cases, has not been a priority for assistance by the States of the region. According to ILO data[8], there are countries such as Bolivia, Guatemala, El Salvador, Paraguay, Peru, Ecuador and Colombia with over 60% informality.

Activities conducted throughout the last period

The main activities conducted during the last 4 months include:

Global

On March 2021, IFRC participated in the coordination and implementation of the Round Table on Livelihoods and Food Security in Latin America. Participants included 11 from the facilitation and support team, 17 representatives from 6 National Societies of the Americas (NS) and 1 representative from a European NS (PNS).

On May 2021, participation in two lessons learned sessions of the ATLAS pilot conducted in the Americas. Shared lessons learned, challenges and proposed activities to give continuity to the tool in the region.

Meetings with Livelihood focal points:

Four monthly meetings of livelihood technicians in the region were developed. The regional technician database has reached 39 people from different societies in the region. This space has helped to strengthen the networks of collaboration and exchange of experiences of successful activities in the context of COVID-19.

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[7] CEPAL. 2021. Panorama Social de America Latina 2020. Disponible en https://www.cepal.org/es/publicaciones/46687-panorama-social-america-latina-2020

[8] https://ilostat.ilo.org/topics/informality/

- February: Second Regional Livelihoods focal points meeting. Presentation of ATLAS project in Ecuador.
- March: On March 31, the third monthly meeting of Livelihoods technicians was held. The Colombian Red Cross presented its good practices in adapting livelihoods activities in the context of COVID-19.
- April: Fourth Monthly Meeting of Livelihoods Technicians of the Americas. The meeting was led by Argentina RC and addressed aspects of PGI and Livelihoods in the context of COVID-19.
- May: The fifth Technical livelihoods meeting of the Americas was developed. The central topic was alternative activities to work on employability and self-employment. Fourteen people participated.

Capacity building:
A regional capacity building program has been developed that will include 6 online tutored trainings during 2021. In March, applications were opened for the Livelihoods Programming Course (LPC) in English and the Emergency Livelihoods Needs Assessment and Recovery (ERLA) course in Spanish. Both courses are taught by the Livelihoods Resource Center. The courses started on 15 April and will conclude the first week of June 2021.

- LPC: 29 people from four National Societies and IFRC staff have registered.
- ERLA: 33 people from 12 NS and IFRC staff have registered.

Technical Support:
The team has provided ongoing support to NSs and Cluster in technical consultations, implementation of activities and promoting livelihood actions that advance livelihood recovery. Meetings have been coordinated with the livelihoods Resource Centre and the PGI focal point of the Americas Regional Office (ARO) with the objective to elaborate a practical guide on livelihoods and gender in the context of COVID-19. Finally, the main results of the COVID-19 survey on NSs in the region, within the framework of the IFRC DIGITAL AND DATA WEEK, were presented.

CVA Activities:
The implementation of CVA has continued. Support has been provided to the clusters and National Societies in the elaboration of feasibility studies and implementation of the selected assistance mechanisms.

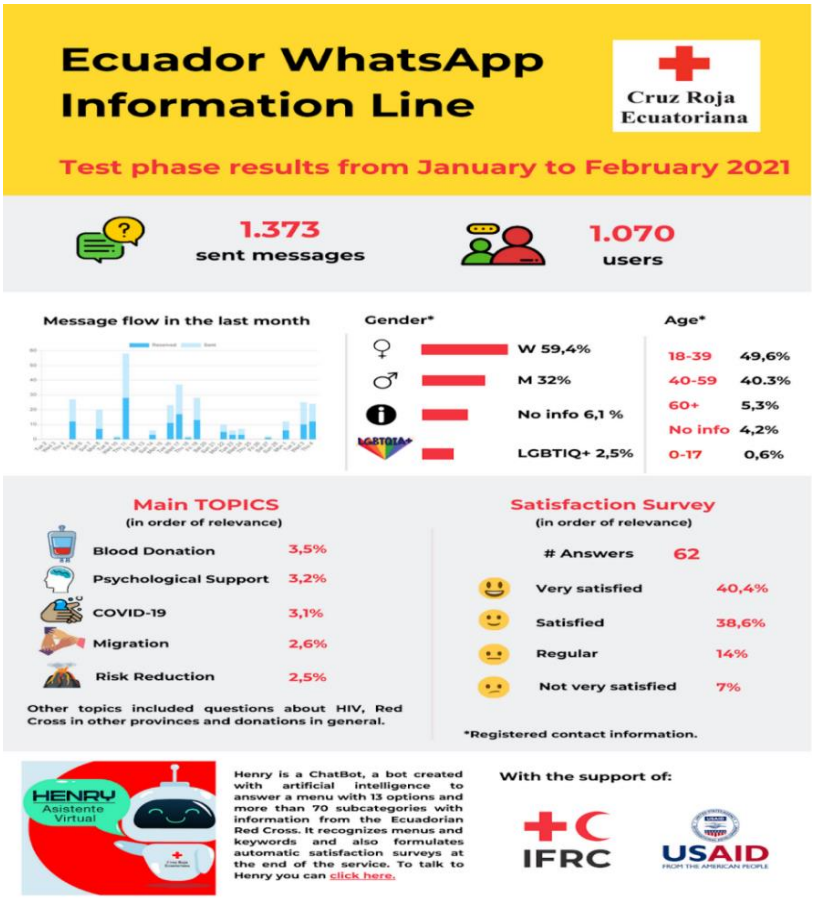
- Guatemalan Red Cross completed the distribution of checks to 339 families for basic needs. One aspect to highlight has been all the preparation to maintain a strict biosecurity protocol in the different stages of implementation. They are currently working on the PDM.
- The Honduran RC completed the feasibility study, which has been approved to assist 108 microentrepreneurs and 100 families. They are currently awaiting approval of logistical procedures for the transfer mechanism.
- In March, the Salvadoran RC completed distribution to 1,300 families for basic needs.
- The Nicaraguan RC has completed and approved a feasibility study. The activity will consist of assistance for basic needs to 120 families with a voucher or mobile wallet.
- In March, the Panamanian RC has concluded the distribution of vouchers to 400 families for basic needs.
- In April, the Uruguayan RC has completed its feasibility study and has implemented CVA with a local mechanism.

Next steps:
The team will continue with the regional capacity building planning, the implementation of the microenterprise concept note and will provide support to the National Societies and technical units for the implementation of the activities that have been contemplated in their updated NS Response Plans.

At the regional level, the socioeconomic impacts of COVID have deepened, so the call to implement livelihood recovery activities and support for the basic needs of the most vulnerable groups will be strengthened.

Community engagement and accountability

WhatsApp Line Ecuador:
The line in Ecuador is managed by a Bot named Henry (after Henry Dunant). During the first two months of start-up, a testing phase has been developed where processes and messages have been adjusted. The results have been summarized in the infographic below:



Ecuador WhatsApp information line. Summary of test phase results from January to February 2021.

CEA Training

During the first half of 2021, 220 NSs staff and volunteers have been trained in CEA focused in COVID-19. Guatemala: 60; Brazil: 60; Saint Lucia: 15; Honduras: 25; Panama: 50; British Red Cross Overseas Branches: 10

Visit to the Ecuador - Peru border

In early February, due to the closure of the border between the two countries, an IFRC team from CEA and Health visited the province of Loja (Ecuador) to carry out an on-site assessment. A joint plan was developed with Ecuadorian RC technicians to improve the work with the migrant population in Loja. In the case of CEA, communication channels were established and messages were provided to disseminate to the migrant and host population about migration, COVID-19 and Dengue.



IFRC team from CEA and Health visited the province of Loja (Ecuador) to carry out an on-site assessment.

Visit to triage points

From 2 March to 5 March 2021, visits were made to the triage points of COVID-19 of the Ecuadorian Red Cross in Tungurahua, Los Ríos and Santo Domingo de los Tsáchilas. The team reviewed the information provided to the community as well as didactic material and took pictures and videos of the regional campaign #WomenLead. Full report is available in Spanish.



IFRC team visited the triage points of COVID-19 of the Ecuadorian RC in Tungurahua, Los Ríos and Santo Domingo de los Tsáchilas. Source: CEA

Perception survey with volunteers

During the month of April, the results of the perception survey of volunteers in the region were processed. Additionally, a dashboard was developed for easier visualization of the data. Some interesting findings include:

18 Nationals Societies / 1,640 responses

- More than 78% of the volunteer respondents would take the vaccine if it were available.
- More than 86% of the volunteer respondents are concerned about the economic impact of the pandemic.
- The biggest concern about COVID-19 vaccines is their potential side effects.
- Responses can be filtered by the National Society.

Key document revision

The team is participating in the review of the brief **on Risk Communication and Community Engagement for COVID-19 Vaccines: Considerations for Marginalized Populations.** This document will become part of the Collective Services inter-agency resource library.

Regional Perception Survey

The CEA team has also been working with the 10 National Societies in the region that joined the effort to conduct a vaccine perception survey. Although none of the countries has started yet, the data collection is expected to start in the month of August.

Regional CEA Team Meeting

The CEA Regional Meeting was held on 19 May. The National Societies of Chile, Dominica and Guatemala Red Cross shared their experiences in COVID-19 campaigns for the community and schools. You can access to the presentations by clicking here and the recording of the event here by entering the code $ixzW6G0.



COVID-19 Red Hearts podcast flyer. Source: CEA

Red Hearts Podcast

The second season of the podcast was launched in May. At this time, three episodes were produced, two in Spanish and one in English. You can hear them here:

- COVID-19, variants and vaccines. Questions and answers – Available in English | Spanish
- Violencia basada en género y su relación con la salud mental – Available in Spanish

Americas CEA Updates
Every two weeks, documents, training, resources and news of interest (in English and Spanish) are sent to the regional CEA network through a Newsletter created with MailChimp. The latest editions can be accessed here.

Social care, cohesion and support to vulnerable groups

- The Protection Gender and Inclusion (PGI) Global Team launched a Global Survey to collect case studies on PGI programmes specifically targeting COVID-19 effects but also adaptations of programmes impacted by COVID-19. This survey was also launched with the Health sub regional focal points and two case studies were collected from Guatemala and Panama.
- A joint initiative of Education in Emergencies together with areas such as Mental Health and Psychosocial Support (MHPSS), Disaster Risk Reduction (DRR), Community Engagement and Accountability (CEA), and Water, Sanitation and Hyigiene (WASH) have been launched to deliver a basic training for the Panamanian Red Cross. This Training will be implementd with the support of the Reference Center of Institutional Preparedness (CREPD).
- During these months an operational guidance of livelihoods an PGI during COVID has been under development. This Guidance is expected to be launched, rolled-out and implanted in the upcoming months.
- Under the initiative of the Red Hearts Podcast, a special program related to gender based violence and its relation to mental health was launched. This program has a special focus on how the COVID pandemic increase the cases of Gender-based Violence (GBV) and domestic violence, the close relation with adaptations of Psychosocial Support Services (PSS) and the need for self care of the Mental Health and Psychosocial Support (MHPSS) providers.

Priority 3: Strengthening National Societies

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

National Society readiness
The CREPD (Reference Centre for Institutional Disaster Preparedness) has continued to service the National Societies of the Americas region by providing key support in tool development, technique enhancement, process harmonization, and other important best practice approaches considered of value to the NSs. All this has been done in coordination with the regional offices of the IFRC. Given the on-going large-scale impact of COVID–19 to the operational environment of the NSs and their critical operations, the CREPD has been particularly active in supporting business continuity plans (BCPs) through proper infrastructure set up and maintenance.

Noteworthy events of the past months include "PRE work plan elaboration day for the Honduran Red Cross". This event took place in early March and focused on strengthening the mechanisms in which preparation and response to crisis and disasters are met by the NS. The implementation focusing on PER (Preparation for Efficient Response) is still under way. Continuous evaluations of results within its different phases, remain in progress.

National Society auxiliary role and mandate
As for auxiliary roles and mandates to the government, commitments in understanding the impact of COVID-19 both directly and indirectly remain active. Assistance in processing evaluations, assessment mappings, and various other information mechanisms, continue to be held. These have served as great tools for understanding the scope of the emergency situation, making humanitarian and development actions more effective and efficient, a key element in enhancing partnerships between NSs and public authorities. Some of these development actions have been in the areas of: logistical support, ambulance services, PPE and hygiene kit distribution, hygiene communication and promotion, and other general health and mental health services.

Additionally, in coordination with the Global Disaster Law Team, the Americas Disaster Law Team developed 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. This was done with the objective to urge governments

humanitarian access for essential lifesaving work and to avoid potential barriers in providing humanitarian assistance. Last, it is noteworthy to mention that NSs have also undergone noticeable strengthening measures of their technological capacities, including efforts to improve their PMER units.

National Society sustainability

Throughout the last four months, responses to the structural and capacity challenges brought on by the on going impact of COVID–19 continue to be boosted. As part of the financial sustainability framework, key priorities have focused in assisting NS programs and structures in light of their mission and strategy, long term financial resource attraction, management of current financial resources, and helping National Societies to find pathways to engage leadership in order to enable cohesion between the efforts mentioned before. The combined focus on financial sustainability, key partnerships, and network developments, aim to further reinforce continuity plans and help preserve traditional operations as much as possible.

In the recent months, further additions have been made to the team: an NSD focal point joined in February for the Andean region and a financial sustainability assistant for the Central American cluster joined in April. Key priorities have focused on management, strategic planning, organizational development, capacity building and modernization of NSs in line with areas of focus that build on the vision of Strategy and the Buenos Aires Commitment.

In the Caribbean, NSs continue to improve their financial sustainability through investments in three pillars (accountability and systems development; resources mobilization; vision and mandate). Financial assessments have been successful with the Grenada and Dominica RC. However, for a NS like Antigua and Barbuda, assessments have stalled due to lack of prerequisites such as completed implementation plans.

As for the Andean region, a heavy load of activities were concentrated in the Ecuadorian RC these past months. Noteworthy activities like the elaboration of a ToT on financial sustainability and business modelling trainings have begun to be implemented and financed. In addition, the Colombian RC successfully completed the WIAL process. As for the Bolivian RC, huge advancements in the territorial mapping process transpired. In addition, a potential experience exchange with other NSs has begun its planning stages and will hopefully be organized within the upcoming months.

In Central America and Mexico, the “Best Practices Exchange Forum” on financial sustainability, specifically within the framework of priority 3 pilar 2 of the COVID-19 operation, was successfully organized and conducted. Furthermore, an additional exchange with the Colombian RC and any other potentially interested NSs, is currently under planning stage. This new exchange will aim to cover the importance of efficient indirect cost recovery practices. The main participant from the Central America cluster is the Salvadorean RC. As for the Mexican RC, most sustainability activities have revolved around the strategic alignment of programs and services through a standardized social intervention model. This model has aimed to allow balanced conditions within all the branches in terms of resource execution, investments, income diversification, and minimize the dependency on general crowdfunding. And lastly, an informational newsletter on various topics important for the cluster, including financial sustainability, is under development.

The main challenges and priorities in terms of organizational development and capacity building have revolved around developing human resources - leadership, management, volunteers and staff - financial/material resources as well as systems and procedures. The further implementation of a robust financial sustainability culture, the recommendations from the technical supporting staff, and a constant flow of feedback from key actors in the NSs, should enable stronger NSs with increased capacity and impact. Unfortunately, though improvements are noticeable, lack of engagement and poor information turnover in some of the proposed activities for process improvements persists. It remains evident that Business Continuity and Financial Sustainability (FS) thinking is still a new concept for most NSs in the region. However, ongoing solution steps continue to be experimented and deployed. It is with great hope that the upcoming launch of the financial sustainability dashboard will help bridge information gaps and provide a tool packet not previously available to the NSs of our region.

In relation to Resource Mobilisation, the main challenges identified by National Societies have been:

- Branches with high economic dependence on headquarters, largely due to the difference in capacities between headquarters and its branches.
- Insufficient incomes, cash flow risk, with difficulties in ensuring continuity of operations.
- Lack of specialised staff in the Risk Management (RM) area.
- Significant decrease in unrestricted income due to economic impact on income-generating activities.
- Limited resources (human, material, technical and financial) to adapt to the changing environment.
- Challenges in migrating services and processes to remote formats (need for investment, lack of qualified staff, CRM database management).
- Lack of funds, materials and specialised staff to develop high-impact fundraising campaigns.

The challenge of Financial Sustainability is broad and requires coordinated actions and support from different areas of the IFRC. The proposed recommendations include actions aimed at improving the capacities of the NS to mobilise resources, reduce dependence on some revenue streams and mitigate risks:

- Develop Resource Mobilisation Plans with a more long-term approach, focused on diversification of revenue streams to reduce high dependency.
- Increase the RM professional staff working in an integrated way with core technical areas of the NS with a common approach (finance, OD, PMER, communications between others).
- Focusing the efforts of the RM departments in the search for unrestricted funds.
- Strengthening partnerships with the Private Sector at the local level, improve the negotiating capacities.
- Improve accountability systems and anti-fraud and anti-corruption policies.
- Modernising fundraising mechanisms and improving data management through CRM, ERP.

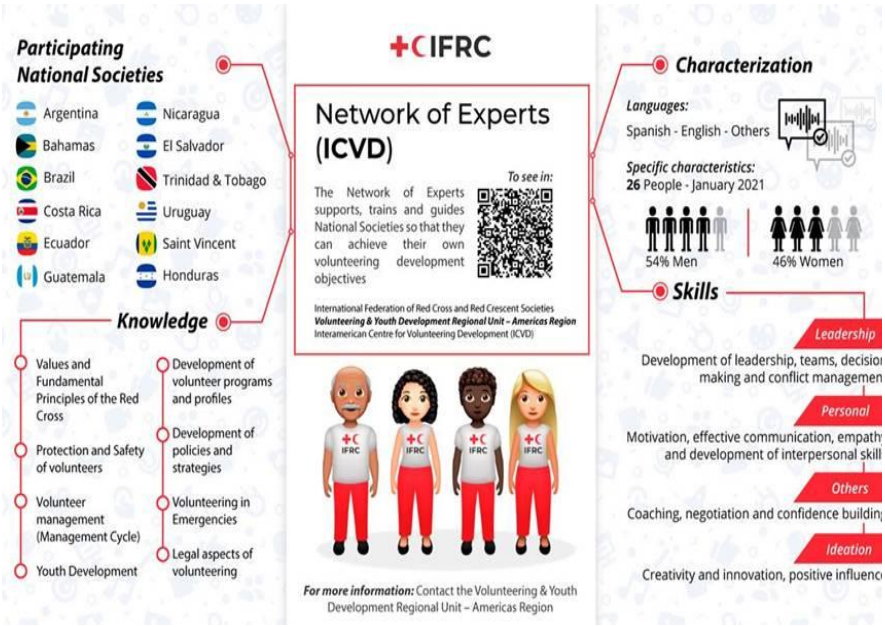
Over the past year, increased support from the private sector has been key for National Societies in the region, as well as peer-to-peer support through the resource mobilisation network of the Americas, which has been very active.

Support to volunteers

Please find below information on various initiatives and actions about the work that volunteers and young people from the Americas region have done in relation to the COVID-19 response and also initiatives developed by the Americas Volunteering & Youth Development Unit in order to support National Societies.

- **Humanitarian Actions Carried out by the NSs of the Americas in Response to COVID-19.** A compilation of key action of NSs from the Americas, in response of COVID-19 emergency, in relation with volunteering and youth was done between March and August 2020.
- **Perspectives from volunteers and young people in relation to COVID-19.** This document summarizes the comments made by volunteers and young people from the Americas that participated in the forums of SOKONI during the 12th and 13th of August 2020.
- Interactive presentation with the actions carried out by the volunteers and the National Societies can be accessed here.
- Specialized map on humanitarian initiatives in relation to COVID19 within the Volunteering Development Platform can be accessed here.
- The launch of the first **Working Group** within the framework of the Interamerican Centre for Volunteering Development (ICVD). Its purpose will be to develop tools to improve the **diversification of volunteer activities and programs in the NSs in the region** in the framework of the pandemic.
- **Protection mechanisms for volunteers**. As part of ongoing efforts to support NSs in obtaining private insurances and/or solidarity funds, contacts and meetings were established with private companies to analyse options that can be tailored for NSs.
- The implementation of solidarity funds continues. The following solidarity funds are almost ready Venezuela, Nicaragua, Panama and Peru.
- **Perception of vaccines.** The roll-out of COVID-19 vaccines has started in many countries in the region. As part of such efforts, a survey was made with more than 1,600 volunteers from 18 National Societies to know what the volunteers and young people think about the vaccines and also what they have heard in the communities where they work.

- **Network of Experts (ICVD).** The Red Cross has individuals with extensive experience who play a crucial role within initiatives and operations on volunteering development. According to the identified needs, these Volunteering Development experts, coming from National Societies, the IFRC and outside the organization, can offer specific support to National Societies according to their areas of expertise. The members of the Network will be able to support the work at the regional and national levels according to their areas of specialization, needs and identified opportunities, as detailed in the infographic below.



Network of experts infographic.
Source: Volunteering and Youth Development.

- **South American Youth Network - Motivation and experiences of young people during COVID-19**. Together with the Volunteering & Youth Development Regional Unit, the South American Youth Network and the representatives from the Americas in Global Youth Commission, an interactive session was prepared with young people from 6 National Societies. The session served for participants to share their experiences during pandemic times and many expressed their feelings, challenges and also opportunities during these times and for the future. A total of 49 young people were involved.



South American Youth Network – Motivation and experiences of young people during COVID-19

- **Volunteer Laboratory: Digital Creatives:** ICVD's first laboratory dedicated to digital creatives took place from January to April and sought to promote the enablers of the Federation's 2030 strategy, namely: commitment, accountability and trust.

- Series of live sessions on Instagram "Volunteering in the Americas 2020" in which they spoke with volunteers who stood out for their NSs about their experience during that year.

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 is integrated by Regional Ops. Manager, Finances Analyst, PRD, Logistic, Information Management (IM) and Planning, Monitoring, Evaluation and Reporting (PMER).
- **Bi-weekly Regional Task Force** integrated by all Country Cluster Delegations (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 it permits to address concrete issues related to 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, CEA) in the cluster and the same areas representative from the NS. At this meeting the agenda includes:
    - Situation 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 16-months, the PMER team has provided continuous support to Country Cluster Delegations (CCD) and National Societies with COVID-19 operations. Efforts have been focused especially on the consolidation and revision of NS response plans, development of monitoring tools, and submission of GO Field Reports, Operation Updates, pledge reports for donors and the KOBO Data Collection process. In the period from January to May 2021, the team worked on the revision of the Global Emergency Appeal (EA), Regional Emergency Plan of Action (EPoA), and National Society Response Plans (NSRPs) to include the new immunization indicators and adjust the activities to be carried out.

More specific activities conducted by the PMER Team include:

Planning: The PMER Team has been working closely with National Societies to ensure a proper planning of the COVID-19 operation and a healthy implementation of funds. PMER Focal Points have been working closely with NSs in the revision of NS Response Plans. The third revision session, scheduled in May 2021, was very productice where 33 out of the 35 NSs in the region submitted their revised plans, which now include immunization-related activities to be implemented by NSs.
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. A monitoring matrix tool has been developed to keep track of Financial implementation, NS Response Plans, availability of funds, vaccination status per country among others. This monitoring matrix is used in all meetings to address relevant issues and to guide decision-making.
Evaluation: The PMER Team has also supported the COVID-19 Global Evaluation Team to conduct the evaluation process in the Americas Region. The support provided includes logistics, data collection and validation of the findings at regional/country level.

Reporting: The Regional PMER along with PMER Focal Points have been working hard to meet Federation-wide reporting requirements. During the past months, the team has focused on the completion of the 12 and 16-month report for COVID. In addition, significant support has been provided to National Societies to ensure the completion of GO Field Reports, KOBO Financial Overview and Indicators Tracking forms, pledge-based reports for donors, and the revision of the NS Response Plan. In addition, the global Emergency Appeal (EA) and regional Emergency Plan of Action (EpoA) were revised and published in the IFRC Go Platform.

Information Management (IM):
GO: The Americas COVID-19 emergency page centralizes information on the regional aspects of the operation by dividing into three tabs or sections to consult. First tab (COVID-19 situation) focuses on health indicators and vaccination, the second tab (actions) showcases information products tracking activities undertaken by the National Societies, and the third tab (funding) reflects the main funding indicators for the operation. Further information available here.

Livelihoods: To understand the regional context of the current COVID-19 crisis, IM provided support on the implementation and visualization of a survey aimed to capture the impact of COVID-19 on beneficiaries' volunteers, workers, and their families. The results of the survey can be explored here. Likewise, IM collaborated in the visualization of a regional map with macroeconomic indicators to serve as a reference for NSs on the impact of COVID-19.

CEA: IM provided support with the analysis and visualization of perception surveys conducted in the region. The results can be viewed in the dashboard.

Health: IM collaborated with the health unit in the development of a Vaccine Monitoring Dashboard to track activities undertaken by National Societies on vaccination. The Regional Health Unit co-hosts coordination meetings with PAHO towards the cooperative actions of different organizations focused on holistic health activities.

Communications:
To mark 12 months of the pandemic, the team worked with the office of the regional director, technical colleagues and the global team to draft an opinion paper on the impact of the virus on migrants, in the context of the Americas. A media edit was published in Forbes Centroamérica: *Migrantes y desplazadas, los más afectados por COVID-19*.

In support of the launch of the Global Migration Lab report *Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery*, the team worked closely with the Colombian RC and global teams, to prepare press release, key messages and organised a Red Talk to promote the role of the CRC in supporting migrants during the pandemic, and the impact they have seen in these communities.

Vaccination and Rise of COVID in Americas

- IFRC calls for an urgent scale-up of vaccinations, health interventions and economic support as the pandemic continues to surge in the Americas. Available here.
- ReliefWeb: IFRC calls for an urgent scale-up of vaccinations, health interventions and economic support as the pandemic continues to surge in the Americas. Available here.

The La Soufriere Explosion and Triple Threats: Dengue, COVID, and Volcanic Eruption

- La Soufrière Volcano: Red Cross warns of immediate and long-term humanitarian needs. Available here
- How to Help St. Vincent Amid Volcanic Disaster. Available here
- Water, food and supplies urgently needed in St Vincent. Available at Loop - Red Cross
- Bermuda Red Cross launches an appeal in support of people affected in St. Vincent. Available at The Royal Gazette

Stories and social content

- The responders on the frontline of the pandemic EN | SP - A photo story giving a name, face and voice to some of the Red Cross COVID-19 responders, across the Americas.
- Web Article (In Spanish): Women resisting amid the pandemic - Zurich, Roselbis and Mariluz are three women who today live in Lima, Peru, very far from their native Venezuela. They undertook a journey a few years ago in search of better opportunities, both for themselves and for their families.
- Being prepared: Responding to two powerful hurricanes in the midst of a pandemic. Web story - EN | SP
- In Ecuador there are 17 triage points anchored to the Public Health network, providing support on the front lines of COVID19. Get to know one of them: the Enrique Ponce Luque Health Center, led by Dr. Manuela Castro and a team of women. See on Twitter or Download on Shared
- Building a fairer, healthier world from a mental health and psychosocial support perspective:
    - Twitter Live in English: with Suriname Red Cross, Jamaica Red Cross, Trinidad and Tobago Red Cross, and representatives from the Red Cross Youth Network of the Americas and the mental health and psychosocial support team.

Videos

- Dominica Red Cross: Dominica Red Cross recently produced and disseminated a video encouraging persons to maintain protection measures even after taking the COVID-19 vaccine
- Video clips for Social Media: What is Anxiety and how to cope
    - Download here

International support and resourcing

Logistics, procurement and Supply Chain:

- Americas Regional Logistics Unit have prepositioned PPEs for the value of CHF 50,000 to respond to the upcoming requests in the region. As from the beginning of the 2021, the unit have executed shipments to more than 15 countries for the total quantities of PPEs requested.
- The procurement team have been actively supporting the National Societies in their respective local sourcing processes, using the tool of Global directive, to accelerate sourcing and procurement management, for any procurement conducted for COVID-19 emergency response.
- RLU Continue with the support to DCPRR team to ensure the processes monitoring in the next part of funds allocation for COVID-19 operation.

Security and Safety:

The Regional Security Unit continues to work daily to guarantee the duty of care.

During the 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 IFRC decision makers. Since March 2021 (as for the 16-month report), the security team switched to another tool which is the Travel Ban Calculator - Dashboard BCP - Calculator, which gives a better picture of the risk situation by country in terms of Health and Security. The Health part is fed weekly by Dr. Pedro Porrino and the Security data comes from an analysis pondered by closure of borders, mobility restrictions, COVID testing upon arrival, isolation period and the Security Phase of each country.

Coordination meetings with regional IT team were and are held to analyze the way to move forward with the Americas Security Dashboard and the Travel Ban Calculator.

Regional Security Unit is the coordinator of the Regional Business Continuity Plan Team; therefore, the unit continue providing to Regional and Global BCP Team a bi-weekly analysis of the Work Modalities of the countries where IFRC has offices to monitor the possibility of progressive reopening of the offices as well as the BCP itself.

Regarding Duty of care, travel precautions for COVID are and have been given to all travelling staff, new guidance for physical distancing in vehicles from Regional Security Officer Peter Finlay, COVID biosecurity measures included in the Pre Briefings prior to travel, focus on the essentiality of travel (using the Travel Dashboard) to consider validation, and most recently a Security assessment to the Darien Province that included health subjects to be accounted.

Health and pandemic have also been included in the Security Risk Registers and all of the Minimum Security Requirements MSR documentation of each office to ensure Duty of Care.

The change in the Work Modality brought by the virus has come to discuss new office space options for the near future (whenever feasible and safe enough). Getting ready for hotdesking with part of the staff and others working from home at semi-permanent basis are part of the options to keep the physical distancing and prevent exposure among the team and their families.

Partnerships & Resource Mobilization:
The Americas Partnerships & Resource Development (PRD) unit has pursued additional fundraising activities with the aim of raising additional funds for the COVID-19 response in the Americas, both via the IFRC Emergency Appeal and to National Societies in the Americas directly.

In April 2021, the IFRC regional office organized two new international virtual meetings with donors and partners with the aim of explaining the plans for the Americas and subregions, showing progress against objectives and encouraging future engagement support and partnerships:

- Regional Partners Calls on 6 April 2021 with members of the Red Cross and Red Crescent Movement
- Regional Partners Calls on 7 April 2021 with governmental agencies and private sector organization.

In addition, new partners calls have been organized at subregional and local level. Two will take place in June 2021.

The IFRC has also been engaging with partners and donors bilaterally regarding potential financial support for the COVID response. Current grant negotiations for the Americas include negotiations with the private sector, governments, multilateral organizations, and partner national societies.

During this period, the support of the private sector has been key for the National Societies of the region and the Partnership and Resource Development unit has been providing support in the coordination and monitoring of bilateral contributions aimed at activities related to COVID-19.

Another fundamental element has been peer to peer support, for which the Resource Mobilization network of the Americas has played a very important role. Success stories and opportunities have been very actively shared among the National Societies of the region through this communication and interaction mechanism.

Financial Analysis

The COVID-19 Emergency Appeal was revised in March 2021 and received an extension until June 2022 with the aim to include an annex for vaccination support across the region. The actual operative plans are updated and aligned to actual funding conditions based on the health situation between March and April 2020. As of May 2021, the Americas region has reached a total funding coverage of 41% from the total funding requirement of 95M CHF, and has an implementation rate of 70%.

DATA	IN CHF
Funding Requirement	95,000,000
PEAR#21	**39,439,350**
Annual Ops Budget	38,921,926
YTD Income	39,408,825
YTD expenses	27,436,313
Operative Budget Implementation	70%
YTD Income vs Funding Requirement	41%

Funding Coverage:
As May 2021, no new funding has been received to vaccination support and some National Societies in the region are running out of resources to continue activities. Some of the National Societies with less than 50,000 CHF of cash balance from the funding provided through the IFRC Secretariat include Mexico, Cuba, Antigua and Barbuda, Barbados, Belize, Dominica and Saint Lucia. THE IFRC Americas Regional Office and National Societies continue to advocate to receive new funds to continue with the effort across the region.

National Society response – key highlights

American Red Cross

The COVID-19 pandemic presented extraordinary challenges to people and organizations across the country, and the American Red Cross (AmCross) was no different. Pausing the Red Cross essential mission to serve people in need was not an option, so in March 2020, the NS began implementing plans to keep delivering vital blood and disaster relief services whenever and wherever they were needed, while also keeping workers and those they serve as safe as possible.



l Cross phlebotomist April Hall works with whole blc donor Stephen Futado. Source: American Red Cross

Generous donors once again stepped up, helping the Red Cross make critical investments to ensure the safety of dedicated workers who supply life-sustaining blood to hospitals across the U.S., raise awareness about the ongoing need for blood donations during the pandemic, and adapt the ways to respond to disasters and care for survivors.

The Red Cross moved quickly to ensure that blood drives and donation centers had appropriate safety protocols in place for donors and staff. Donated funds helped with purchase of supplies and equipment needed to continue blood collections during this public health emergency, including infrared thermometers for temperature checks, personal protective equipment (PPE) like masks and gloves for staff, as well as hand sanitizer, disinfectant and supplies needed to support enhanced cleaning measures at blood drives and donation centers. To help ensure the safety of disaster operations during this ongoing pandemic, AmCross distributed essential supplies to all 50 Red Cross regions across the country for use by people affected by disasters and disaster relief and recovery workforce.

Over the first year of service delivery during COVID-19, more than 11,000 Red Cross disaster workers were deployed (on the ground or virtually) nearly 24,500 times, with many responders deploying more than once. They helped provide vital aid to hundreds of thousands of people affected by disasters across the U.S.—and they were equipped to safely provide these essential services amid the ongoing COVID-19 pandemic.

In addition to the more typical disaster response work, the Red Cross has also been providing support when requested at some mass COVID-19 vaccination sites around the U.S. For example, in Park County, Colorado, Red Cross volunteers welcomed people at the parking lot, helped with registration and passed out snacks in the recovery area at a local event where some 500 older adults were given COVID-19 vaccinations. Last year, the Red Cross also launched a Virtual Family Assistance Center (VFAC), which was originally set up to provide support and information to families who have lost a loved one due to COVID-19.

While the expanding availability of safe and effective vaccines offers new hope, the COVID-19 pandemic is not over. The Red Cross will continue working to ensure the health and safety of blood collection employees, volunteers and donors to maintain the collection capacity and meet increases in demand. For as long as needed, American Red Cross will also continue to safely support and shelter people displaced by disasters, either in available hotel space or, when necessary and in coordination with local government officials, in congregate shelters with appropriate PPE and enhanced safety, social distancing and cleaning protocols.

Antigua and Barbuda Red Cross

The Antigua and Barbuda Red Cross (ABRC) continues its fight against COVID-19. During the reporting period, the ABRC conducted a mobile PPE distribution to the elderly and disabled community, where a total of 14 persons were assisted. The NS also distributed food to a special group of unemployed single women as part of the "Women support Women Antigua Chapter", where 15 family food parcels were distributed.

Also the ABRC made a donation of PPE to the Antigua and Barbuda Fire Department in support of their ambulance services. This included KN95's, face shields, medical gowns and disinfectants. The safety equipment donated will assist the medics in continuing the work that they do in serving the community and also as part of the regular community outreach initiatives in sensitizing the general public and encouraging them to follow proper COVID-19 health and hygiene practices. The ABRC's volunteers and staff visited Bethesda, a small community in St. Paul, Antigua, to distribute COVID-19 Prevention Kits with hand sanitizer and face masks.



st Aid Coordinator with ABRC Beneficiaries. Source: ABI

Additionally the NS hosted a health screening for its personnel where 31 persons took part. The St. Vincent's and Grenadines Red Cross National Society was also supported during their time of disaster. In order to ship the items over, the ABRC partnered with the National Office of Disaster Services (NODS) and donated cases of water, blankets, jerry cans and N95 face masks and goggles.

Lastly, to showcases the National Society´s response, in May 2021 the country slowly returned to a sense of normalcy. The NS hosted a Wellness Week for its volunteers, members and staff. This week of events gave the participants lots of great information and practices for day to day life. Some of the topics highlighted were; mental health, personal and professional development, diet and nutrition, team building exercises, financial wellness and entrepreneurship.

Argentine Red Cross

The Argentine Red Cross (ARC) conducts psychosocial support activities that contribute to coping with isolation. Branch volunteers distribute basic supplies (food or medication) to people in isolation who are in at-risk groups.

In March 2021, the ARC incorporated a rapid testing service, in coordination with local authorities. Volunteers carry out tasks for the supervision, interpretation and delivery of results. Virtual training was provided to volunteers to conduct this activity. The National Society has made available training modules for municipalities on "Deployment of COVID-19 Rapid Testing Devices".

Communication material is created and disseminated through the branch-level communication network. Publications in social networks provide information on COVID-19 prevention, gender-based violence, blood donation, healthy habits, risks at home and use of psychoactive substances.

Vulnerable communities received training on the importance of safe water, basic sanitation and hygiene practices. Hygiene and cleaning kits were distributed. Work continues on the production and distribution of safe water, installation of storage tanks and delivery of filters and water purification powders in the north of the country. Sanitation actions continue, including: waste management through the distribution of containers, garbage cans, cleaning and cleaning days, and

training for the community. The Argentine RC will soon start working with the community to form construction brigades to implement ecological dry toilets.



Installation of water tanks in the north of the country.

The National Society has started organizational improvements to better address emergencies, including COVID-19, in 5 rural schools in El Soberbio, Posadas and Esquina and Corrientes.

The Argentine RC provided supplies and personal protection equipment to the national health system. A cooperation framework agreement was signed between the NS and Fundación Banco Nación Argentina to refurbish and furnish 150 primary health care waiting rooms throughout the country, creating quality and friendly spaces for the children when they use health services.

The NS conducts multidimensional support for the vaccination campaign, ranging from communication to vulnerable communities, registration of people to be vaccinated, and logistics.

The final phase of the national livelihoods project has begun. The branches that are working in community kitchen and communities have received trade kits that are used to provide training and courses to strengthen the employability of people, recover and diversify livelihoods. General workshops were held for insertion into the labour market (labour law, social skills, IT) and will continue with trade courses (bakery, gastronomy, iron/ metal work, sewing, etc.).

The National Society employs a CEA approach, asking the communities for feedback through different communication media. All communication pieces are adapted to the cultural context and language of each community.

Through the Argentine RC Humanitarian Observatory, research was initiated to promote understanding of social and health situations in society.

To support a diversity of communities, the National Society provided assistance and food security to people living on the streets and psychosocial support by telephone to people engaged in prostitution. PGI training meetings were held for volunteers, which also included psychological first aid strategies for cases of gender and domestic violence.

The Youth in Movement project was launched to promote young people as agents of behavioural change through soccer for development and to transform youth attitudes and behaviours through recreational-educational and sports activities, as well as through the implementation of community micro-projects that contribute to the development of confidence, commitment and capacity of people and the construction of peaceful, resilient and inclusive communities.

Belize Red Cross Society

The Belize Red Cross Society (BRCS) response operation has facilitated country-wide activities with the support of 15 Staff members and 110 Volunteers representing 7 branches and the headquarters. The target population for the NS response are the elders, persons living with disabilities and migrants, single parents, and persons unemployed due to COVID-19.

A total of 24,191 families (120,955 persons) have been reached through NS relief efforts countrywide and 11,500 have been reach indirectly with health education campaigns. In the past few months

2,182 pairs of surgical masks were distributed to members of the public, front line workers, including medical staff, NS Staff and Volunteers. 210 COVID hygiene kits, containing 1 hand sanitizer, 1 pack Clorox or alcohol wipes, 2 pairs of gloves, tissue, 2 disposable face mask or 1 sewn mask, were distributed to frontline personnel.



Volunteers providing support at vaccination site. Source: BRCS

Additionally, the NS continued its support to vulnerable persons affected by the heavy unemployment distributing 1,283 food packages to families affected by COVID-19. It was noted by the RC that the Government currently does not support persons affected by COVID-19 and within the last few months, there was a 10% pay cut to public servants salaries including teachers. Livelihoods continues to be a challenge in the country.

The NS continues to provide frontline workers, community members at risk of contracting the virus, staff and volunteers with hygiene kits and other Personal Protection Equipment. The NS currently assist two vaccination campaigns within the Belize District. Volunteers assist with temperature check, sanitizing patients, registration, and monitoring of patients.

Bolivian Red Cross

The Bolivian Red Cross (BRC) continues to provide health care, including MHPSS, to the population and National Society volunteers. Cumulatively, the BRC has provided 15,656 MHPSS services through its branch-based services in 9 departments. In the area of WASH, the BRC has distributed 7,665 hygiene kits, with 4,500 personal hygiene kits between February and April 2021 in La Paz, Oruro, Potosi, Cochabamba, Chuquisaca, Tarija, Pando, Beni and Santa Cruz departments.

In partnership with UNICEF, from December 2020 to March 2021, the BRC distributed COVID-19 prevention items to indigenous peoples of the Bolivian Amazon.



The Bolivian Red Cross distributed hygiene kits. Source: BRC

Given the continued economic hardship of this pandemic, BRC volunteers throughout the country have distributed 151,162 household food parcels and 3,385 food kits. Through the 20 recently trained volunteers, the BRC implemented a cash transfer programme that reached 1,149 people.

The National Society has been active in traditional and social media with RCCE messages, reaching 2,098,585 through institutional social media and 12,857,141 through radio broadcasts in 4 languages (Spanish, Quechua, Aymara and Guaraní).

These actions would not be possible without the volunteers from the 15 branches, from which a total of 509 have IFRC insurance, and out of this, 127 include an insurance policy covering COVID.

Brazilian Red Cross

The Brazilian Red Cross (BRC) continues to conduct actions to respond to the pandemic that has had an enormous impact in Brazil. Branch-level actions contribute to a multi-faceted operation that includes health (including Risk Communication and Community Engagement (RCCE), Mental Health and Psychosocial Support (MHPSS) and Water, Sanitation and Hygiene (WASH), among others.

The Brazilian RC is engaged in preventative action that include providing COVID-19 tests for the population of Mato Grosso do Sul and Rio de Janeiro. The branches in Rio de Janeiro and Rio Grande do Sul carried out health prevention activities reaching a total of 389 people. More than 400,000 information brochures were printed for these activities. In the states of São Paulo, Rio Grande do Sul, Rio de Janeiro and Paraná, the National Society provided Personal Protection Equipment (PPE) and hygiene items that reached 232,967 people.



Volunteers support the National Immunization Plan.

The National Society supports the government's immunization plan. Each branch in the country carries out activities according to its possibilities. Some branches provide their space to be used as vaccination centers, and other branches provide trained human resources to carry out the vaccination. There is an initiative to adapt buses as mobile vaccination sites to reach vulnerable areas of the country.

The Amazonas, Ceará, Rio de Janeiro and Federal District branches provide psychological first aid sessions to volunteers affected by the pandemic. The Rio Grande do Sul and Paraná branches carry out community and virtual psychosocial support activities.

The Brazilian Red Cross has distributed Elmo helmets in hospitals throughout the country. This helmet allows oxygen to be supplied without the need for intubation. The system improves breathing and can be used outside ICU beds.

The coordination for the cash transfer program has begun. In June, the National Society will start training participating branches on the use of the KoBo tool to enable data collection.

With a Community Engagement and Accountability (CEA) approach, the Rio de Janeiro, São Paulo and Paraná branches will conduct a perception study with three target groups (the elderly, the homeless and migrants). This study will be conducted to determine how these people perceive COVID-19 with interest in vaccine confidence, mental health and socioeconomic impact. During the month of May, 94 volunteers from the São Paulo branch received training in CEA. The intention is to carry out, still in June, training in PGI in the São Paulo branch, and CEA and PGI in the Rio Grande do Sul branch.

Using videos that employ clay figures, the Brazilian RC has created materials to educate on Protection Gender and Inclusion (PGI), Primary Health Care (PHC) and Health topics. Recently, radio spots were created and aired on local community radio stations.

The National Society's PGI department monitors issues of domestic violence and works together with the psychosocial support department to identify possible interventions.

Chilean Red Cross

The Chilean Red Cross (ChRC) conducts virtual training for its volunteers on intervention protocols, prevention and general aspects of COVID-19. Volunteers are tested to carry out the actions of the National Society with greater prevention.

The Chilean RC National Health Directorate conducted a course on "Initial Management of Childhood Burns in times of COVID-19". This course was given in association with the Burned Children's Aid Corporation, due to an alarming increase in burns in children at home during quarantine.

The National Society supported the vaccination campaign with its branches, based on possibilities to provide space as vaccination centres or with human resources for vaccinations. The Chilean RC created a campaign to support the national vaccination process, with videos and graphic pieces to inform about vaccination dates and post-vaccination advice. The Regional Committee of Libertador Bernardo O'Higgins carried out the "Talk to Me" campaign to disseminate the program to mitigate the stress caused by isolation as a result of COVID-19.



Delivery of portable hand wash basins - Biobío Region, April 2021, Source: CRC

A total of 14,390 personal protection items were delivered to polyclinics in the Arica, Antofagasta, Biobío, Ñuble, Metropolitan, Los Lagos and Valparaíso regions.

At the national level, prevention and awareness-raising activities have been carried out on public roads, handing out towels and disinfectant bottles. The Alto Hospicio branch held educational talks on water and sanitation in settlements in La Pampa.

The National Society installed portable sinks in Biobío - Ñuble, Los Lagos and Valparaíso to combat the spread of the coronavirus in the most affected areas of the country. Hygiene kits, shelter and personal protective equipment have been provided to people affected by the pandemic.

Psychosocial support activities and sessions were held with migrants in the areas of Iquique and Colchane. A humanitarian operation was carried out in the towns of Colchane and Iquique, where primary medical assistance was provided to migrants and locals. A tent was bought for humanitarian aid focused on medical care, destined for the Arica region.

Colombian Red Cross Society

With the growing number of COVID-19 cases and now in the highest peak, the Colombian Red Cross Society (CRCS) contributes to the efforts to protect the health and wellbeing of the population. Throughout the first year of pandemic, the demand for humanitarian services in Colombia grew exponentially, overstretching and burdening the national health system.

The current pandemic outlook in Colombia is concerning and to a great extent uncertain, as there are at least three COVID-19 variants of concern circulating, according to WHO's classification. Meanwhile, the progress of the immunization efforts have been slowly accelerating and increasing the immunization rates, but the National Vaccination Plan still faces enormous challenges to effectively and timely bring about overall immunity in the country. The complexity of the pandemic situation in Colombia has been augmented by the breakout of the largest social unrest seen in decades, which led to an even more complex scenario of transmission risk and economic adversity.

As a response to the pandemic in Colombia, the NS has been implementing a National COVID-19 Response Plan consisting of three main domains of action: prevention, mitigation, and early recovery. Currently, the NS Response Plan encompasses actions covering the branches in 31 departments of the country, with a special focus in Chocó, Amazonas, and Nariño, as locations with the greatest needs and limited response capacity.



Hands washing stations at a marketplace in Cartagena Colombia. Source: CRCS

A relevant activity carried out early 2021 includes the procurement and importation of 27,265 PPE items to Colombia. These were urgently needed to protect Red Cross frontline volunteers and staff in the field in the departments of Amazonas, Bolívar, Chocó and Nariño. This items were also distributed among the exposed populations reached by the actions of the NS.

Ongoing MHPSS for communities and health staff has reached 1,276 people, including 859 community members from 16 communities and 417 health staff in 11 healthcare facilities, with skills and strategies to cope with the emotional stress caused by the effects of the pandemic through 55 work sessions. The MHPSS strategy encompassed the design and broadcasting of key messages on radio stations to address coping mechanisms for people with emotional distress due to the pandemic, thus reaching an estimated audience of 136,000 people.



Woman reached by cash tranfer assistance in Nariño Colombia. Source: CRCS

The contraction of income sources to ensure the financial sustainability of the CRCS reduced the funds available to support the already ongoing humanitarian operation prior to the emergence of the virus in Colombia, and to implement new actions necessary to respond to the increasing demand for humanitarian services.

The Colombian Red Cross is a main provider of blood in the country. The economic impact of the pandemic also generated a shortage of blood, as a life-saving resource needed by a great number of healthcare facilities. It was therefore urgent to maintain the NS blood bank operating as an essential clinical health service, providing financial support for the payroll of the blood bank's core human resources structure. This enabled the maintenance of the production and distribution of blood, which contributed to the restoration of the resulting income to ensure the NS financial sustainability. As a result, CRCS blood bank obtained 6,600 new donors, which in turn made available an equal number of blood units that supplied the demand.

To address the socioeconomic impact of the pandemic, the CRCS implemented a strategy to provide economic support to 1,000 families with 1,154 conditioned cash transfers reaching 4,000 people. This population is comprised by people in the departments of Chocó and Nariño, which were identified by the government as having the greatest levels of vulnerability and risk, due to the disruption of livelihoods caused by the consequences of the pandemic on the economy.

Costa Rica Red Cross

The Costa Rican Red Cross (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 Center (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, the response level 4 (NR4) alert has been declared for the entire national territory and pre-hospital services are provided for COVID-19 cases as well as for all other daily incidents. As of 31 May 2021, a total of 71,450 active cases are reported at national level, with 318,986 accumulated deaths.

In the regions, representatives of the Costa Rica RC continue to participate in the meetings of the Regional and Municipal Emergency Committees, and participate in the activities requested, for example, the distribution of humanitarian assistance from the National Commission for Risk Prevention and Emergency Attention (CNE).

As of May 2021 a total of 80,871 confirmed or suspected patients of COVID-19 have received pre hospital care through the 9-1-1 emergency line. Between de period of this report (Feb-May) a total of 23,272 people have received prehospital care.



CRC staff delivering face masks as part of the mpaign "Put a mask on your heart" in communiti San Ramón, Alajuela, Turrucarres, Sarchi and Poc May 2021. Source: CRC

Epidemiological and statistical surveillance COVID-19 cases of staff, as well as the different epidemiological links that, due to their proximity to the positive cases, are preventively isolated to increase the protection of the rest of the personnel, remains active.

Coordination with the Caja Costarricense de Seguro Social (CCSS) is maintained for taking samples for NS staff and for vaccinating staff and volunteers who are more vulnerable due to their work in patient care and transportation. So far, 507 staff and volunteers have been vaccinated. As part of the support to immunization, three branches (Cartago, Limon and Puntarenas) are currently supporting local health authorities. In Cartago, NS staff and volunteers are supporting the registration and control of people reaching vaccination centers; ambulance are provided to transport health personnel to vaccinate people with limited mobility in their homes and two volunteers support the follow up of COVID-19 cases and the corresponding registration.

The NS, from its Doctrine Department, maintains a permanent follow-up of Restoring Family Links (RFL) cases of national or migrant population, as well as the preparation of the RFL Post and Fundamental Principles for new campaigns from July to November. With funds from the ICRC and at the request of that institution, a video was produced on the objectives and enabling factors of the RFL 2020-2025 Strategy for the entire subregion (link to video on RFL).

On July 20, 2021, the #YoMeCuido campaign and the video "El Autocuidado" (Self-Care) will be launched, with the objective of raising awareness among the Red Cross staff and volunteers on this topic and in celebration of World Self-Care Day.

Between February and May, a total of 1,634 active users were reported in the learning environment *CRCapacit@*; two regions have begun a training program on rescue, general topics regarding prehospital care services and emergency management.

Cuban Red Cross

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.



nteers from the Cuban Red Cross provide support v actions to prevent the spread of #COVID19. Source: CRC

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.

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. 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

The Dominica Red Cross Society (DRCS) has supported vulnerable families through the provision of vouchers to over 200 persons, food and in-kind assistance to over 400 people. Over 100 persons in home isolation have also received material support from the NS.



Dominica Red Cross Volunteers in Vaccination promotion photo booth. Source: DRCS

In addition to livelihood support, the DRCS has supported improvement in WASH, through several hygiene promotion initiatives in vulnerable communities. The NS has enhanced five public conveniences and has reached 852 persons with community WASH activities. Six primary schools and one secondary school benefited from DRCS Health and Hygiene promotion activities. Schools were also presented with hygiene products (rubbing alcohol, soap

bars, hand sanitizers, and facemask) along with information on COVID-19 prevention measures. Twenty of the most vulnerable students were provided with personal care packages. The NS also reported reaching 20,000 people with their very creative RCCE via social media such as Facebook, WhatsApp, and banners.

Dominica Red Cross placed an emphasis on training to maintain communities' access to essential health services. Students and staff members from the Centre where Adolescents Learn-to Love and Serve (CALLS) were taught life-saving skills in First Aid. This training has prepared 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 also been trained. The NS also completed two days of Emergency Response, Care, and Treatment Training for ambulance drivers and first responders. Training was facilitated by the Dominica Fire and Ambulance Department. A total of 19 volunteers have been trained.

Recently, the Dominica Red Cross has supported the Health Care system in the COVID19 immunization rollout through volunteers who have been assisting with screening, registration, monitoring and evaluation of persons who received COVID-19 vaccine and supporting the elderly with vaccination. The NS has also advocated for vaccination through the development of CEA materials including billboards and on social media encouraging the general public to be vaccinated with their slogan "Protected Together" which forms part of the DRCS campaign for vaccination against COVID-19.

Dominican Red Cross

The Dominican Red Cross (DRC) supports the Government in the mitigation, prevention, and vaccination activities in response to COVID-19. Protecting the health of volunteers and staff has been a fundamental premise of all the activities under the NS Response Plan: "Juntos en Acción".





Staff and Volunteers support national vaccination campaigns during June 2021. Source: DRC

Infection awareness, prevention measures and Personal Protection Equipment (PPE) distribution are routine activities. The Dominican authorities leading the response have prioritized vaccination campaigns and awareness with the Dominican Red Cross as integral part of the national campaign "Vacúnate RD". This campaign aims to reach the highest possible national vaccination coverage and support to the most vulnerable people.

The Dominican RC has trained 93 staff and volunteers for COVID-19 routine and supplementary immunization activities. Thus far, 92,000 people have been supported by the National Society to receive the vaccine in Distrito Nacional, San Cristobal and Dajabon.

Activities under Water, Sanitation and Hygiene (WASH) also continue to be a priority. A total of 93 hand washing stations have been placed in 20 health centers in the provinces of the National District, Santo Domingo, Espaillat, Santiago, Dajabon, El Seibo, Hato Mayor, La Romana, Samaná, San Cristobal and San Pedro de Macorís. Hygiene promotion activities have also been conducted reaching an estimated 3,451,928 people. In addition, 3,897 hygiene kits and disinfection instructions have been distributed to older adults and vulnerable populations in prisons, churches, town councils and primary care centres.

Branch offices distributed 6,747 food parcels and hygiene kits to older adults. 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, 9,317 people have been sensitized with educational materials in both Spanish and Creole on COVID-19 infection risks and hygiene promotion.

The MHPSS hotline of the Dominican RC remains available and in close coordination with the Ministry of Health referral program benefiting 3,799 adults with Psychosocial Support first aid (including 127 volunteers and staff). To strengthen the service to the population, 449 people were referred to the National Mental Health Service of the Ministry of Public Health (AURORA). Also, through its ambulance service, the NS has been able to assist 72,037 people with pre-hospital care.

Ecuadorian Red Cross

The Ecuadorian Red Cross (ERC) continues to strengthen the services offered to the population in the face of the pandemic. These services include health, Psychosocial Support (PSS), pre-hospital care, safe blood, Water, Sanitation and Hygiene (WASH), humanitarian assistance, livelihoods, and Restoring Family Links (RFL). In addition, the Ecuadorian RC worked on the revision of its COVID-19 NS Response Plan in order to support the vaccination campaign being implemented with the Ministry of Public Health (MSP), with the delivery of supplies and equipment, hiring health personnel and psychosocial support for the following 6 months (July to December 2021).

As part of the coordination between Ecuadorian RC authorities and the Ministry of Health, volunteers of the National Society provincial boards, technicians from national headquarters and Movement actors in the country have been vaccinated. This allows the NS to continue with the interventions within the COVID-19 operation.

As part of epidemic control, the Ecuadorian Red Cross supported with COVID-19 tests for 8,704 people. Another 80,032 people received medical attention at triage stations from the National Society.



The ERC establiehd triage stations to support the Ministry of Health. El Oro. Source: ERC

Activities under Mental Health and Psychosocial Support (MHPSS) have reached 13,404 people. The MHPSS services included not only telematic care, but also increased face-to-face care at some triage points and in health centers that provide psychological care. In addition, MHPSS was provided to humanitarian personnel including support for emotional coping during the pandemic, individual psychological care, emotional discharges and psychoeducation workshops and training. Community members have indicated great interest in psychoeducation workshops on various topics such as: grief management, work stress, mental health self-care, prevention of substance abuse, among others.

A total of 78,296 vulnerable people received assistance in the form of food and other in-kind assistance. The support was provided in 21 provinces. With respect to the cash transfer program, 2,349 people received cash transfers, 262 entrepreneurs received technical advice and 32 entrepreneurs received seed capital to start their business.

Grenada Red Cross Society

The Grenada Red Cross Society (GRCS) has focused its response to COVID-19 on Risk Communication via education and hygiene promotion, social protection through relief distribution, Psychosocial Support (PSS) for staff and volunteers and business continuity development for the National Society operations during COVID-19. Currently, there are no active cases of COVID-19 in Grenada. Nevertheless, the National Society has to date distributed food, hygiene supplies as well as food vouchers to 559 females and 262 males.



GRCS Staff and volunters preparing distribution of food supplies. Source: GRCS

During the reporting period the Grenada Red Cross Society produced a Vaccination Jingle which has been disseminated on various media platforms including the National Society facebook page. The jingle includes a tagling "Get VAX it's your BESTSHOT!". Vaccine hesitancy has remained commonplace in the Caribbean and the Grenada Red Cross continues to address this issue.

With the Atlantic Hurricane Season approaching, the National Society is also mobilizing and ramping up efforts to prepare in the context of a pandemic. Apart from upgrading the NS to ensure there is a functional Emergency Operation Center (EOC), at the community level the NS has been providing training to Community Disaster Response Teams.

Guatemalan Red Cross

The Guatemalan Red Cross (GRC) carries out its humanitarian services as an auxiliary of the public authorities, working 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. The activities implemented by the NS include providing timely medical care and pre-hospital care to the general population, patient transfer services including people confirmed with COVID-19, strengthening water and sanitation systems, and contributing to reestablish, strengthen and protect livelihoods in line with its Strategic Development Plan.

The National Society has provided PPE, as well as equipment and supplies for cleaning and disinfecting the work areas of all the Guatemalan RC branches. Additionally, the NS continues distributing supplies for the dignified and and people who transit or return to their places of origin as a result of the health emergency in the Central American region (hygiene kits, basic snacks, safe water, key messages, orientation, information, Psychosocial Support, Primary Health Care and Restoring Family Links). These actions and services were implemented in the northern, eastern, western and southwestern regions, covering six departments of the country.

In addition, Psychosocial Support (PSS) is being provided through emotional discharges and self-care guides specifically for the work teams that attend to human mobility in conjunction with the health emergency. The teams are made up of facilitators in positions of attention to the migrant population and technical staff of NS projects involved in the response.

To provide an effective response, the Guatemalan RC has carried out humanitarian actions to date, including: 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. In addition, 27,785 medical care services were provided, 1,804 people benefited with humanitarian aid (basic necessities and supplies), 1,754 units of blood were distributed in assistance centers and 17,290 people were

trained. Likewise, the hydro-meteorological and geological situation of the country is constantly monitored in communities, municipalities and departments through the different coordination platforms where the NS is a liaison.



and volunteers provide material and human resou support for the Mass Vaccination Center in Guatemala City, May 2021. Source: GRC

The operation of vaccination centers requires additional resources, especially human resources to help administer the vaccine, record information, sign informed consent forms, provide psychosocial care, pre-hospital care, and provide information to the people who come to the centers. It is estimated that each center requires at least 28 people with different levels of specialization, as well as a permanent ambulance to transport patients in case of need. For this reason, the Guatemalan RC has provided logistical support for the establishment and operation of the Vaccination Center installed at the Alida España Center since 28 May, 2021.

Coordination of actions with local authorities in the active Emergency Operations Centers is maintained, with the participation of the NS Delegations in the Departmental and Municipal Coordinating Units for Disaster Reduction.

Haitian Red Cross

The Haitian Red Cross (HRC) continues working closely with the Haitian Government through the civil protection and health authorities with risk communication, supporting health centres with disinfection services and WASH activities.

RCRC movement partners continue supporting the Haitian RC in the field by meeting regularly to support its response actions. In the last months, the National Society has liaised with various working groups to identify key areas where it can support the national COVID-19 vaccination activities. Haiti continues to face multiple health and socio-economic challenges. There is significant denial among the population in the face of the COVID-19 and refusal to apply containment measures, among others. To raise awareness, Haitian RC staff and volunteers have conducted risk communication and hygiene promotion activities through the mobilization of 1,427 of its volunteers, all of which have been been provided with personal protection equipment items including masks, facial covers, and access to sanitizer.



RCS ambulance personnel providing suppc during public events. Source: HRC, June 202

Through risk communication activities, an estimated 2,882,663 people have been reached with key sensitization messages on COVID-19 transmission and hygiene promotion. The NS has installed a total of 236 handwashing stations across seven departments, where it is estimated that a total of 1,035,344 people has benefitted from these facilities. Supporting the Ministry of Health in its response efforts, the Haitian RC has also conducted disinfection activities in 61 health centres. The National Society has also provided Mental Health and Psycosocial Support (MHPSS) services, benefitting a total of 44 people.

The distribution of Personal Protection Equipment and other health supplies remains a priority for this National Society. To help reduce the risks and the spread of COVID-19, the Haitian RC distributed masks to community members at some large important gatherings in the country. Volunteers have been deployed to distribute surgical masks, visors, KN95 masks and latex gloves during the carnival and public festivals in the 14 regions, but more particularly in the big cities.

Honduran Red Cross

As a result of the COVID-19 pandemic and the Eta and Iota storms, the migratory flow has increased. To support the migrant population, the NS has distributed 1,450 hygiene kits (1,200 for men and 250 for women) so that they can have access to basic toiletries and personal hygiene items to avoid various diseases such as COVID-19.



ɔuse-to-house approach with prevention message
Mery de Flores, April 2021 – Source: HRC

The Honduran RC has reached vulnerable populations (children, young people, the elderly, adolescents, pregnant women, as well as health personnel, and teachers) in the different communities, through the implementation of Psychosocial Support (PSS) actions. Through MHPSS workshops during 2021, a total of 5,305 people has been reached through projects funded by UNICEF, NESTLE and IFRC.

With the support of external donors and private companies, 1,503 food rations have been delivered to affected families, along with 4,652 personal and household hygiene kits. In addition, 105,000 gallons of water were distributed to 286 families and 773 water filters to pregnant women and senior citizens. The NS also distributed 4,000 PPE kits to 16 health units, with the objective of strengthening health facilities, located in Tegucigalpa and Valle de Sula (Chamelecón, Pimienta and Villa Nueva).

Under Community Based Surveillance, activities have been carried out benefiting 200,636 people. Some the activities include trainings in epidemiological surveillance with focus on arboviruses and COVID-19, fumigation campaigns in Tegucigalpa and Valle de Sula, awareness campaign and promotion of biosecurity measures for the prevention of COVID-19, and hygiene promotion through messages for the prevention of COVID-19 via educational talks and face-to-face approach.

Under NS Streghtening, ten local committees have been supported to improve their capacities as "local response committees", promoting work at the community level with a focus on COVID-19 and Dengue Epidemiological Surveillance. In terms of visibility, institutional shirts and vests were distributed to volunteers and staff for safer access to intervention areas where NS personnel are required to be well identified. Additionally, support was provided for the purchase of materials to improve the plumbing installations of the councils of La Ceiba, Pimienta, Villa Nueva, Chamelecón and the councils of Choluteca and Mayangle, which exhibit infrastructure limitations.

Two Landcruiser type ambulances were also acquired to continue with pre-hospital transfers, delivered to the Tegucigalpa and San Pedro Sula councils.

Through the solidarity support mechanism for active personnel affected by COVID-19, a strategy was developed to consolidate a Solidarity Fund. To date, 109 people affected by COVID-19 have been supported with food aid, medicines, hospitalization and other expenses related to their recovery from the disease.

Jamaican Red Cross Society

The COVID-19 Response efforts of the Jamaica Red Cross Society (JRCS) continued with increased intervention in some areas, especially in the field of Psychosocial Support (PSS) through the provision of Psychological First Aid Training in partnership with the Government of Jamaica as well as the launch and roll out of the National Society's Cash and Voucher Assistance (CVA) Programme, which targeted livelihood groups severely impacted by the COVID 19 pandemic. The NS also continued to establish and leverage key partnerships, which have significantly aided its response to local communities. Additionally, the National Society has increased its focus on the training and preparation of staff and volunteers to better contribute to its response, especially in the areas of Psychosocial Support, Shelter Management, CEA and other areas, all with a skewed COVID-19 focus.



lunteers wearing promotional clothing. Source: JR

The National Society continued to enjoy the support and continues to collaborate well with the Government of Jamaica, especially the Ministry of Health and Wellness and the Ministry of Labour and Social Security and other key agencies as part of the national response to COVID-19 and other emergencies. The number of local communities reached has also expanded to over 300 as Branches and Area Groups of the NS intensified assessments and response actions.

The Jamaican RC also continued its development in key areas supported by the COVID-19 Response Project including strong attempts to restore existing income streams impacted by the pandemic and diversifying where possible. The support for staffing and general operational costs has also significantly benefitted the NS in executing support to local communities and fulfilling its auxiliary role.

Some of the main achievements of the National Society over the 12-month period include:

- 12,000 families served with food packages and over 1,200 families served with sanitation packages in 349 communities
- Over 100,000 families served by staff and volunteers in partnership with Government and Private Sector Organizations.
- Volunteers contributing approximately 30,000 hours of service over the course of pandemic response
- 525 vulnerable families served through the NS Cash and Voucher Assistance (CVA) Programme totaling 78,750 USD.
- Almost 251 staff and volunteers trained in Psychological First Aid including under Mental Health Response Porgramme of the Ministry of Health and Wellness
- Over 200 Volunteers being trained in other disciplines
- Anti-stigma and Anti-Discrimination Campaign launched, including development of COVID 19 anti-stigma song and video, now being used by other Caribbean National Societies.
- National database of vulnerable persons created, which is being used by the government and other partners to serve vulnerable communities

Mexican Red Cross

The vaccination program against the coronavirus in Mexico began on December 2020. As of May 2021, 14.43% of the population has been vaccinated. Since January 2021 a downward trend is reported in relation to prehospital care cases as per NS statistics.

During the period February - May, 2021, the COVID 19 Response efforts of the Mexican Red Cross (MRC) continues with increased intervention in some areas. Under Health prevention and promotion, activities such risk communication, community participation and health and hygiene promotion were intensified, increasing the number of people reached by 396%. Given that by January 31, 2021, the number of people reached were 468,721 and as of May 31, 2021 the figure is 2,323,117. The growth in the number of pre-hospital care services in the reported period also increased 23%, going from 47,261 to 58,478. While the pre-hospital transfer service grew by 22%, going from 37,973 to 46,673.



Risk communication campaign in Central de Abastos, Mexico City, May 2021 (MRC)

The Mexican RC continues to provide Mental Health and Psychosocial Support (MHPSS), where services have grown by 21% with respect to the figures reported as of January 2021, for a total accumulated of 14,616 people reached. Additionally, there was an increase in services provided to migrants by the RCF going from 14,616 to 17,193.

Regarding the vaccination of first line care personnel for suspected and confirmed COVID-19 people as of May 31, there is an advance of 84% with the first dose and 55.8% with the second dose.

Two field hospitals (Polanco, Guerrero) continue operating; however, the National Society is in process of retiring them since there is a downward trend in the demand for services.

To date, Mexican RC will continue with the COVID-19 response plan, meeting the needs of the population in the field of institutional competence.

Nicaraguan Red Cross

The Nicaraguan Red Cross (NRC) continues to respond to the emergency with actions aimed at reducing the spread of the virus throughout the country, through communication campaigns on hygiene promotion, hand washing, use of masks with the most vulnerable sectors, as well as to volunteers and members of the SN.

Informal labor has increased and prices of the basic food basket have risen at the beginning of the year. The Nicraguan RC has been 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 provision of medicines. In the last 4 months of pandemic response (February - May 2021) the NS has focused on:

The Nicaraguan RC, through its National Center for Psychosocial Support and Mental Health, continues to provide 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. Mental Health and Psychosocial Support (MHPSS) actions were carried out with 50 children and adolescents from Rivas with educational actions on proper hand washing as protection against COVID-19. The NS also continues to deliver key messages in social networks on COVID-19 prevention, stress management in times of pandemic and MHPSS.

Other activities implemented include, hygiene promotion for the reduction of the spread of the pandemic at St. Vincent Paul Special School, including the delivery of 800 hygiene kits, temperature taking and promotion of hand washing to 24,255 people who requested the service, 375 pre-hospital

transfers of suspected COVID-19 cases, of which 64 were positive, sanitization of 1,200 vehicles with quaternary ammonia and delivery of 2 ambulances purchased under the COVID-19 Appeal to subsidiaries to reinforce the pre-hospital service to the population.

The Rivas, Sébaco and Matagalpa, Boaco branches have collaborated with the COVID-19 vaccination campaign at the request of the local health authorities through talks promoting vaccination in health centers, transferring senior citizens to vaccination centers and providing support in taking vital signs for visitors to vaccination centers.



exander Arauz is a volunteer with the Nicaragua RC
me photos of his work during the COVID-19 pander
Source: NRC

To address the socio-economic impact of the pandemic, the NS has delivered food packages to 101 families of children with disabilities in Granada, food and hygiene kits to 500 families in the municipalities of Managua, Carazo and Granada. Additionally, a feasibility study was completed for the Cash Transfer program, which will be implemented in June and July 2021, benefiting 120 families affected by the pandemic through electronic transfers and supermarket vouchers.

Under National Society Streghtening, trainings have been provided to volunteers in the use of surface disinfection equipment for COVID-19 and fumigation (Tipitapa). Also, internal security protocols and standards for COVID-19 have been reinforced at headquarters and all subsidiaries. The NS completed the reinforcement of the central COE by improving the situation room, meeting room and enabling a recording studio for the press and the development of live sessions.

PPE has also been delivered to personnel and volunteers of the 32 branches. A total of 2,000 volunteers benefited from this delivery. Additionally, 154 staff members at the headquarters were equipped with disinfection materials such as alcohol, liquid soap and bleach.

These actions are recognized by the country's governmental entities, through the auxiliary role played by the National Society and the established spaces granted by law.

The Nicaraguan RC continues to work in coordination and synergy with governmental entities, both in the area of health crisis and natural disasters. Within the framework of the COVID-19 response, the Red Cross will promote a new initiative to benefit senior citizens focused on improving the quality of life, health conditions in Primary Health Care (PHC), medical care and hygiene promotion of 111 senior citizens in Somoto, Sébaco and Jinotepe for 12 months, with funds from the Empress Shoken Fund Joint Commission.

Paraguayan Red Cross

The Paraguayan Red Cross (PRC) is providing support to the Ministry of Public Health and Social Welfare through training and technical support for the development of protocols. The National Society continues to support the 145 call center with the reception of calls for suspected COVID-19 cases and case referrals.

In order to reduce the risk of contagion among the prison population and prison staff, 28 sewing machines were delivered to them to work on the production of items to prevent COVID-19. They were trained in Infection Prevention and Control, Water, Sanitation and Hygiene (WASH) promotion.

The National Society conducts social media campaigns on vaccination. The type of services and specialties offered by the Queen Sofia Hospital in general and in the context of the pandemic were promoted and disseminated. The dissemination of the campaign "LA SALUD EN TUS MANOS" (HEALTH IN YOUR HANDS) continued. This integrated communication campaign covers the information needs of the population about COVID-19. Recommendations were also disseminated for third-year high school students who choose to return to school.

Household visits were made in areas where the population is most vulnerable to COVID-19, in order to check the health status of family members, verify the presence of respiratory symptoms, communicate the route to follow and raise awareness about the preventive care that should be taken to prevent the disease.



Support in vaccination campaigns for elderly people. May 2021. Source: Paraguayan Red Cross

Hand-washing stations have been installed in Family Health Units, educational institutes, community canteens and health facilities, and at strategic points in other cities. Agreements were established with different actors who undertook the commitment to maintain these hand-washing stations. The different branches were in charge of monitoring the use of these sinks, their care and whether if they had sufficient supplies for their operation.

Assistance is provided in community kitchens with talks on COVID-19 prevention and delivery of food kits. Prevention kits are also delivered to homes in vulnerable areas. In coordination with educational institutions, menstrual hygiene kits were distributed to girls and women with informative talks on the subject. The beneficiary communities include indigenous communities.

The Paraguayan RC is supporting the state in managing the vaccination process. Criteria and profiles were developed for the selection of volunteers (health professionals, medical students, doctors, nurses, etc.). The Queen Sofia Hospital is being used as a testing site for virus detection and vaccination against COVID-19.

More than 500 people were assisted with the cash transfer program. A program satisfaction survey was conducted.

Peruvian Red Cross

The Peruvian Red Cross (PRC) has distributed hygiene, protection and food kits in the regions of Madre de Dios, Lima, Puno and Tumbes, as well as Lima. In this reporting period, 124 food kits were distributed in Puno (Totoras, Pampa Verde and Pozuzo); 374 hygiene and protection kits were distributed to marginal impoverished areas in Lima (Huaycan, Carapongo, Santa Clara, 12 de noviembre and Villa Hermosa).

As part of the COVID-19 and migration response actions, the Peruvian RC distributed hygiene kits to Haitian migrants on the Peruvian - Brazilian border in the Madre de Dios region. In addition, 650 protection kits were distributed to the Venezuelan migrant population on the Peruvian - Ecuadorian border in the Tumbes region.

The National Society is implementing a Community Engagement and Accountability (CEA) approach in the peri-urban areas in Lima reached with the community kitchens that it supports. The results of

the surveys, focus groups and/or interviews will enable the Peruvian RC to analyse and readjust its intervention. Initial findings indicate the continued need for COVID-19 prevention and care, as well as organisational support (sustainability and formal recognition by State institutions).



Volunteers conducted surveys with people reached through community kitchens supported by the Peruvian Red Cross. Puente Piedra, Lima.

Increased support for COVID-19 response actions by provincial branches is contributing to the strengthening of volunteers' range of action (from management to operational tools), which provides installed capacities for future interventions.

As the State's vaccination programme is underway (now reaching people age 60 and above) and some local governmental bodies have requested support, the National Society is developing its plan to complement State actions. The Peruvian RC is coordinating with national, regional and provincial level institutions. In some places, volunteers provide complementary support services to the State's vaccination authority. With ICRC and IFRC technical support and accompaniment and partnered with the Ministry of Health's unit for the health of indigenous Andean and Amazonian and Afro-Peruvian population, the PRC currently is creating a plan to roll-out vaccination education and RCCE actions with Amazonian indigenous peoples in the areas covered by two NS branches in the northern and central Peruvian Amazon.

Red Cross Society of Panama

Panama reports 365,399 patients recovered by 31 May 2021, an accumulated 378,097 positive cases, 2,655,708 tests have been applied, for a positivity rate of 5.5%. There are 6,371 cumulative deaths with a case fatality rate of 1.7%. Active cases total 6,327, of which 5,906 persons are in home isolation and 368 in hotels. Hospitalized patients total 421, including 368 in the ward and 53 in the ICU.

From January 20 to May 31, 2021, according to the report issued by the Expanded Program of Immunization (EPI) of the Ministry of Health (MINSA) in Panama, 1,071,988 doses of vaccines have been applied nationwide out of a population of 4.2 million inhabitants, which represents 14%.



PRC Volunteer supporting the elderly in vaccination center as part of the Operation PanavaC-19

The Ministry of Health is working on measures to avoid the third wave of high contagion, implementing vaccination campaigns more quickly, carrying out sweeps in sectors that are difficult to access, as well as carrying out studies for the application of vaccine doses to a larger population. At the same time, it plans to acquire 300,000 to 500,000 doses of vaccine per week in order to immunize as many people as possible in the shortest possible time.

The Panamanian Red Cross (PRC) stands out this quarter in the support and response to Operation PanavaC-19, a plan created by the Ministry of Health for immunization. In addition to this, the Panamanian RC, in order to improve the tools and knowledge of volunteers and administrative staff,

has conducted virtual training on Community Engagement and Accountability (CEA), in order to know the perspective of the population in the tasks carried out in recent months.

Operations related to COVID-19 continue to be channeled through the emergency operations center (COE), with the following activities:

- Spokespersons and loudspeackers: in different parts of the country, taking prevention and care messages to the population in general.
- Delivery of masks and PPE and guidance on their use. The local committees deliver masks, and promote the correct use of PPE, as well as the application and removal of masks. This action has reached 646 people. Refugees were given hygiene and prevention kits as an initiative to mitigate the spread of COVID-19, benefiting 1,155 people. In the communities of the Emberá Drúa and Ella Puru indigenous peoples, 198 people received medical attention, including temperature and blood pressure readings, general consultations, and the delivery of medicines based on medical diagnoses.
- Transfer of COVID-19 and suspect COVID-19 patients: 10 patients, 7 male and 3 female.
- Traceability.
- Delivery of medicines (supplied by health authorities).
- Psycho-social support, dissemination of key messages on social networks and radio, reaching an estimated 9,897 people.
- Fogging services, disinfections to the facilities of the Panamanian Red Cross, such as schools and government offices.
- Immunization support. Within the vaccination flow in each center, the volunteers of the NS collaborate in most of the steps, mainly in the arrival of patients, verification, mobility to the vaccination rooms and waiting rooms. The Red Cross has made 37 transfers and indirectly reached 326,448 people in more than 150 vaccination centers, for a total of 326,485 people benefited.

Saint Kitts and Nevis Red Cross Society



St. Kitts & Nevis Red Cross recently received donat
f food items to go towards their COVID-19 respons
Source: SKNRCS

The Federation of St. Kitts and Nevis has had 75 positive cases of COVID-19 to date with 27 active cases. Since May 2021 through June 2021, St. Kitts and Nevis saw an increase of 30 additional cases linked directly to the cluster. The Ministry of Health (MoH) is actively conducting contact tracing to ascertain and contain the spread within this cluster. All schools have now reverted to virtual lessons as the number of schools with confirmed cases or direct contacts continue to rise. Government has recently instituted night-time curfew to help curb this spread. The MoH has placed all who had children tested under a 14 day quarantine at home order.

Prior to the recent cluster of cases, the Saint Kitts and Nevis Red Cross Society (SKNRCS) completed another successful food voucher program initiative and assisted 235 households. Each household received a food voucher valued at XCD$275. As such, many vulnerable families who may have found themselves forced into quarantine were able to manage through at least the initial week in meeting the food and sanitary needs of their family.

In carrying out its mandate as auxiliary to state, the NS is guided by situation analysis given by the SKN National COVID-19 Team as well as weekly briefings and information from IFRC Regional and International:

- The government of SKN continues to be vigilant in its approach to fighting COVID-19.
- Weekly Press Briefings that gives the public the status of the Federation as it relates to Health and Economic situation that is being faced by the country
- The country is facing hard economic times and families are suffering loss of jobs livelihoods and drought conditions in the farming sector.
- The ports have been re-opened with strict protocols that includes mandatory 2 weeks quarantine, wearing of masks and tests prior to and before leaving quarantine. Tourists are also given guided tours within the parameters of the COVID-19 quarantine regulations.
- The strategic approaches being employed by the NS are in the areas of risk communication, best practices, and psychosocial support along with addressing some needs of the most vulnerable individuals.
- The NS has successfully completed another round of food voucher assistance to 235 households. Each food voucher was valued at XCD$275.
- The NS continues to provide capacity building opportunities for the volunteers to effectively respond to COVID-19 and any emergent disaster.

Saint Lucia Red Cross

COVID-19 cases are rising in St Lucia, particularly at the community level as persons with no known travel history continue to test positive for the virus. A national State of Emergency ended on 30 September 2020 and was replaced with the COVID-19 Bill. The bill which will remain in effect for two years makes reference to declaration of quarantine facilities, social distancing and suspension of liquor licenses as well as COVID-19 protocols and COVID-19 certification for the tourism industry. The island is currently under a State of Emergency and will continue for 90 days ending 31 May 2021.

The Saint Lucia Red Cross Society (SLRCS) continues to undertake its role as an auxiliary to the public authorities of St Lucia, and as such participates in coordination meetings including those of the umbrella body NEMAC. These coordination meetings provide opportunity to identify existing gaps in the humanitarian response to COVID-19. Shortfalls in the governments social support networks has implications for the work of the NS including increased demand from the general public for food-aid and economic support to meet medical expenses and other basic needs.



St Lucia RC provide ambulance services to transpor patients safely to the health-care facilities to receive care. Source: SLRCS

Two hundred copies of the 2021 calendar were also developed and distributed to provide additional messaging and reminders on disease prevention and management of COVID-19 related consequences including stigma, healthy eating and MHPSS.

The St Lucia RC main focus has been to provide food-support in the form of food-parcels and food-vouchers to vulnerable households. Government agencies such as the Ministry of Social Transformation and other social institutions providing for elderly, homeless and other vulnerable persons seek assistance from the SLRCS to provide food to their beneficiaries.

As the number of cases continue to rise, the Ministry of Health (MOH) has engaged the National Society to mobilize trained staff and volunteers to support with contact tracing with the signing of an Memorandum of Understanding (MOU). Five staff and volunteers are currently assigned to the MOH to undertake the role, providing follow-up calls, Psychosocial Support (PSS) and guidance to persons in home isolation and home quarantine. Volunteers and staff have to date conducted case

	investigations and follow-up of nearly 900 persons over the past three months. Over the last month, the NS has provided food support and hygiene products to ten families in home-isolation and quarantine. These are families who were identified through contact-tracers and who made specific requests to the NS for food-support.
Salvadorean Red Cross	As of May, there have been 71,479 confirmed cases of COVID-19, 66,903 recovered cases, and 2,202 deceased, in El Salvador. On 17 February 2021, the government of El Salvador began the vaccination plan. To date, more than 6,000 people have been vaccinated, all of them working on the front line saving lives of patients infected with the virus, who are treated in different establishments of the public health network. Vaccination has been done in vaccination booths prepared for this purpose. On 3 May 2021, the Minister of Health announced the opening of an auto vaccination center. In order to speed up the vaccination of the population, they requested support from the National Society to provide pre-hospital care on site. Support is provided by two ambulances, 2 Emergency Vehicle Operator, and 4 pre-hospital care volunteers. Initially, there was only one vaccination car in the central area of the country, in San Salvador. Later, an auto-vaccination center was installed and activated in the eastern part of the country, where support is also provided with the same number of resources.  *The Red Cross in El Salvador delivers humanitarian aid to communities amidst the COVID19 pandemic. Source: SRC* Between operational and administrative staff of the National Society, 99 people have already been vaccinated (2 doses) out of a total of 266, which represents 37.21%. In the volunteer area, there are a total of 1,726 active volunteers, of which 1,564 volunteers have received the vaccine. An important donation was received from the company HANESBRANDS in the amount of 1 million reusable cloth masks of which 14,000 thousand were delivered to the Ministry of the Interior of the Central Government. Ten hand-washing stations were delivered to the sectional offices to continue with the prevention of COVID-19, and five disinfection kits were delivered to national hospitals to help health institutions combat the virus. A request has been received from the Ministry of Health of El Salvador to support the vaccination campaign, and the Salvadorean Red Cross is working on the fourth update of the National Society Response Plan to include immunization activities. Coordination with UNICEF has begun and the IFRC has been asked to provide support with the flow of communication with the organization's contacts in the country.
Saint Vincent and the Grenadines Red Cross	The Saint Vincent and the Grenadines Red Cross (SVGRC) has been working tirelessly since the start of the pandemic to what has evolved into a compounded disaster setting. On 22 April 2021, the La Soufriere Volcano erupted, spewing lava and ash, the latter reaching as far as the island of Barbados. Prior to this, the Red Cross was also wrapping up a Dengue Emergency Response in the country. In February 2021, the COVID situation took a negative turn on the islands as the first death was recorded, this was followed by several other fatalities. The COVID-19 response by the National

Society has factored in these unusual contexts as well as the negative implications on livelihoods for the population and the strain on the local healthcare system.

Some of the major activities reported by the St Vincent and the Grenadines RC to date include the prepositioning of stock for the impending volcanic eruption along with a virtual early warning and risk communication session. Additionally, the National Society focused its efforts on:

- Food Security to vulnerable groups (HIV, Gender, immigrant medical students, homeless) reaching a total of 1,260 persons.
- Support for 335 persons in quarantine.
- Sanitation and hygiene tools for six schools.
- Cash assistance to 90 persons.
- Supporting 200 persons with safe and adequate shelter under COVID-19.
- Volunteer Training in COVID response Water, Sanitation and Hygiene.
- Knowledge sharing increased and social networks to share information.
- Provision of hygiene items for prison officers and inmates.



Volunteer pouring locally made sanitizer in smaller bottles for distribution. Source: SVGRC

- Sanitation and hygiene packs given to homeless as a prevention for violence and contracting the virus.
- Protection of volunteers maintained, through PPEs, information and webinars.
- MPHSS reaching 410 persons including volunteers.
- Supporting 30 health facilities.
- Addressing vaccine hesitancy.
- Increasing capacity through the engagement of new stakeholders.
- Supporting with the safe evacuation of persons from danger zones while maintaining COVID-19 protocols.
- Volunteers were also given the opportunity to share their stories on the Pandemic and their experiences during a PSS session.

During the reporting period, a perception survey was completed reaching 276 persons from across the country. In the area of vaccination, persons were asked whether they were sure about the vaccine. Results showed that over 60% of respondents said they were unsure.

Vaccine hesitancy continues to be an issue in SVG. The National Society has supported the Ministry of Health vaccination rollout and has reported to have reached 450 persons. With the Hurricane season in full gear, it is even more imperative that the Red Cross is supported both in the areas of vaccination and preparedness for other emergencies.

Suriname Red Cross

The Suriname Red Cross (SRC) provides assistance with regards to vaccination campaigns. This is done in collaboration with the Public health authorities (BOG) in the urban areas and on the other hand with the Medical Mission (MZ) in the rural communities. The volunteers are involved in various activities such as triage, assisting senior citizens, intake, and data entry.

The assistance to the hospitals has also put a lot of pressure on the volunteers because of the long shifts, overcrowded rooms and the emotional nature of carrying out the work. In this context, a Psychosocial Support Session (PSS) was organized for the volunteers. Due to the COVID measures, the session was performed 4 times to accommodate all volunteers. Marvin Polack, Psychotherapist

and Mavis Hoost, Dahira Polak, Pamela Gunther, Psychologists at the Diakonessenhuis (Hospital) were recruited to facilitate these sessions.



olunteers assisting at medical facility. Source: SCR

The Suriname RC is in discussion with the Medical Mission (MZ) to jointly provide information about COVID prevention and vaccination in the rural communities. The communities that have been selected are also communities where the NS has carried out interventions. A concept note has been submitted to the IFRC for the implementation of this program.

In the midst of the third COVID-19 wave, Suriname has suffered from flooding in several areas due to heavy rainfall. Volunteers and CDRTs in the various communities have since then provided assistance to individuals in flooded areas in Nickerie, Commewijne and Marowijne.

The National Society has distributed jerry cans, water buckets, water boots, hygiene kits and have also performed other distribution activities in collaboration with the NDT and the government. The Suriname Red Cross assisted in the management of a shelter (School) in Wageningen in the Nickerie District. 11 families were accommodated. The work was complicated due to the COVID situation. In the flooded areas such as Wageningen, Johanna Margaretha, Rust and Werk, the number of infections rose sharply during this period.

The Bahamas Red Cross Society

Since the first reported case of COVID-19 in the Bahamas in March 2020, the government has issued several Emergency Orders to curb spread of the virus, including daily curfews, mandatory use of face masks, temperature checks and hand sanitizing in public places and commercial enterprises; PCR testing and proof of negative COVID-19 results prior to travel or entry into the country, or proof of full vaccination. Testing services are available throughout the country at hospitals and medical facilities. As of 14 June 2021, 12,225 cases of COVID-19 have been reported in-country, with numbers peaking in late March and mid-May this year[9]. As of 11 June 2021, some 68,000 residents of the country's 396,816[10] population have received at least their first vaccination.

Through the IFRC COVID-19 regional appeal, the Bahamas Red Cross Society (BRCS) has been implementing activities supporting epidemic control measures; infection prevention and control (IPC) and water, sanitation and hygiene (WASH) at community level; risk communication and community engagement (RCCE) and accountability; and mental health and psychosocial support services (MHPSS). The National Society will continue to support relevant activities up to 30 June 2022, pending available funding.

During the reporting period, the National Society completed its role in supporting the Government of the Bahamas' initiative in food security, providing over 50,000 meals a week to vulnerable families in New Providence and the Family Islands through the National Food Distribution Task Force (NFDTF). Bahamas RC also expanded its Meals-on-Wheels program in New Providence and Grand Bahama by 950 people over three months; and reached 732 vulnerable households through its local

[9] Bahamas: Coronavirus cases. Worldometers
[10] Bahamas: Population 2021. Worldometers

branches/member groups with in-kind humanitarian packages in the Family Islands, and with food vouchers in New Providence. However, this need continues, and will be supported pending availability of funds.

As part of its forward planning, the Bahamas RC will launch several initiatives to support food security and self-sufficiency including the piloting of household backyard gardening, sale of produce at local fresh markets, and lifeguard skills training to expand employment opportunities based on the Bahamas' reliance on tourism.



BRCS supported COVID-19 awareness raising among schoolchildren with the use of activity books and stay safe campaigns. (Source: BRCS)

Since November 2020, the NS hotline service has handled several hundred calls around COVID-19 along with related concerns about food, housing and unemployment. The hotline was highly active up to the end of March 2021; however, it is currently staffed by volunteers at reduced capacity due to staff turnover and decreasing funding.

The Red Cross has also conducted psychosocial support (PSS) activities for residents of three aged-care facilities including the installation of aquariums in common areas, small social gatherings, visits to local attractions including lunch and a space to discuss the challenges and constraints of living within a pandemic.

Risk communication and community engagement (RCCE) activities are conducted through household visits, community meetings, information sharing and awareness raising with the distribution of PPEs, food parcels, hand sanitizers, and promotion of good handwashing practices.

With IFRC support, BRCS continues to help maintain the handwashing and sanitization amenities installed in three schools and three aged-care facilities, covering over 2,070 students and 53 residents respectively. The National Society has also distributed 2,000 COVID-19 awareness activity books and 2,053 face masks in schools.

IFRC also helped BRCS recruit a dedicated COVID-19 response project manager and additional finance staff, as well as in purchasing PPE and providing training for volunteers in PSS and protection, gender and inclusion (PGI) concerns. The NS Currently has some 500 active volunteers on the ground supporting its activities. Through IFRC support, all volunteers are insured.

The Barbados Red Cross Society

One of the key achievements by the Barbados Red Cross (BRCS) was the implementation of the cash-transfer programme (CTP) valued at CHF 21,427in 2020. Targeting fifty-two beneficiaries, the CTP was rolled out in partnership with the Household Mitigation Unit of the Prime Minister's Office. Vulnerable individuals who were negatively impacted (through the loss of jobs due to national shutdowns) were identified for the provision of cash-based support for the period of two months. This programme afforded volunteers the opportunity to engage in a new approach to community outreach through assessments which supported the selection of beneficiaries.

In 2021, with the sharp rise in confirmed cases of COVID-19 and the resulting national lockdowns, the Government of Barbados, through the Ministry of People Empowerment and Elder Affairs, and the Household Mitigation Unit in the PMO, again partnered with the Barbados Red Cross in supporting vulnerable persons through its' national "Give Back" programme. Through partnership

with the GoB, Barbados Red Cross volunteers were given the opportunity to support the preparation and distribution of 1,488 food relief packages to vulnerable households.


Food relief efforts from volunteers. Source: BRCS

A key area of support provided by the BRCS has been in the provision of targeted Psychosocial Support (PSS) to affected individuals. Beneficiaries of the NS' CTP and food voucher programmes (the latter of which had an estimated reach of 1,650 persons at the household level) who requested specialized PSS were paired with private counselors who provided a series of sessions, and the development of individual recovery plans. The cost of these were covered by the NS. Coming out of this arrangement, the Barbados RC has developed an agreement with Life Intervention Support Services to support the development of a PSS unit and capacity within the National Society.

With the eruption of the La Soufriere volcano in St. Vincent and the Grenadines (SVG), the Red Cross was also able to provide PPE kits (including N-95 masks) to the 25 volunteers and staff who supported the clean-up efforts of the NS, as well as the packaging and distribution of 500 blankets to the Department of Emergency Management for onward movement to their partners in SVG.

The Canadian Red Cross

As of 15 June 2021, the COVID situation in Canada has seen over 1,403,285 COVID cases and 25,944 deaths; As of 10 June, 2021, around 35.5 million people had been tested for COVID-19 infection. Most cases (65.1%) and deaths (77.6%) have been reported by Ontario and Quebec, which are also the most populous provinces in Canada. As of 5 June 2021, 23,313,174 people (61.34% of the population) have received at least one dose of a COVID-19 vaccine.

COVID-19 tested Canada's readiness capacity as emergency health needs exceeded communities' capacity to respond. Over the past 16 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 isolation centres, dedicated support to Indigenous populations, staffing in long-term care homes, health surge resources including field hospital capacities, support to COVID-19 testing and vaccination, Emergency Response Services and non-clinical support in healthcare facilities and expertise to support Epidemic Prevention Control (EPC) efforts in a variety of facilities.

The CRC, as an auxiliary to the government, supported testing individuals for COVID-19 in both clinical and nonclinical capacities in the provinces of British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick, Newfoundland, Nova Scotia, and the territory of Nunavut. Where clinical support was provided, the CRC conducted testing for over 1,356 individuals at 18 sites and observed self-administered tests for over 108,449 individuals at 16 sites. Non-clinical support, primarily via the deployment of personnel including support to queue management, greeting, registration and administration, and IPC cleaning was provided at 38 testing sites.

In support of the Province of Manitoba, the CRC conducted contact tracing activities via a virtual operations team, closing over 16,400 cases and conducting over 94,000 contact tracing calls. Within the reporting period, the Society also supported over 15,000 individuals in quarantine at 30 sites across Canada, including those who are positive COVID cases or close contacts unable to self-isolate at home, individuals experiencing homelessness, and migrant/temporary foreign workers in Southwestern Ontario.

The Canadian RC provided EPC and IPC assessments and/or services to 288 health facilities, in support of Provincial Health Authorities in 6 provinces and 1 territory (British Columbia, Manitoba, Saskatchewan, Ontario, Quebec, New Brunswick and Nunavut), with the support of the Government of Canada. This support included EPC rapid assessments and recommendations provided to sites as well as EPC/IPC and PPE training provided to around 13,500 Frontline workers, ToT, SWAT and Champions in over 1,000 trainings (virtual, classroom and in-facility).

Mental health and psychosocial support services are being provided to beneficiaries and CRC personnel across multiple operations, both virtually and on-site. MHPSS specialists have been in contact with beneficiaries over 19,400 times, provided more than 11,400 referrals for MHPSS/SWB and conducted over 210 training sessions with more than 2,375 CRC personnel on topics including psychological first aid (PFA) and job-specific trainings.



the request of the City of Montreal, the Red Cross h been distributing food to people experiencing homelessness to prevent the spread of COVID-19 at various outdoors sites. Source: CRC

Within the reporting period, where clinical support was provided, the CRC administered over 22,810 vaccines at 43 sites across Canada. Clinical and non-clinical support, primarily via the deployment of personnel, to processing of individuals, queue management, greeting, registration, and administration was provided at 116 sites. Approximately 900 CRC staff were trained on COVID-19 vaccine introduction and engaged with vaccination operations and over 70 CRC staff and volunteers participated in non-COVID-19 routine immunization and supplementary immunization activities.

To address the socio-economic impact, in partnership with the City of Toronto, and other organizations, the CRC is working to address food security during the COVID-19 pandemic and has delivered approximately 61,000 food hampers within the reporting period, and has provided lodging and in-kind support to approximately 14,000 individuals in need of housing due to the pandemic, including those required to quarantine as a result of travel.

Since October 2020, the CRC has rapidly surged approximately 1,669 rapid responders nationally, 145 full-time employees, and 3,432 volunteers. Red Cross teams are ready to support up to 10 COVID Testing IFRC Internal sites or vaccination sites concurrently. The current focus is on workforce conversion into rapid responders and preparation for vaccination support and multi-hazards responses.

The Guyana Red Cross Society

The Guyana Red Cross Society (GRCS) has been implementing activities through its headquarters and volunteer groups across the various regions in Guyana. Over the past 16 months, the Guyana RC has conducted hygiene promotion, shared COVID-19 information, distributed face masks and demonstrated the correct use of the masks to migrant populations, the elderly and disabled and other vulnerable populations and communities. 1,348 migrants (582 males and 766 females) have benefitted from the Red Cross interventions.

The National Society has also conducted hand-washing demonstrations in various communities and organizations. Additionally, the Meals on Wheels programme has been enhanced to cater for persons affected by the COVID-19 crisis. The NS has also supported the Ministry of Public Health National COVID-19 24 hour Hotline with volunteers, who provide COVID-19 information, PFA and

referral services. The Guyana RC has maintained a presence on the HEOC and NEOC National Platform by attending meetings has provided Psychosocial Support (PSS) to staff, volunteers, beneficiaries and affected persons and supported the Ministry of Public Health Blood Bank with Blood Drive.



PSS Session, Kwakanie Shelter, Region 10. Source: GRCS

More recently the Guyana RC has supported the National COVID-19 vaccination drive by sharing information, being present on the site of vaccination to support with crowd control, monitoring persons to ensure use of PPE and social distance, registering, screening and monitoring persons for vaccination and providing first aid.

The Guyana Red Cross also continued its efforts in risk communication and in managing community feedback through phone calls to the office and social media. The NS ramped up its institutional preparedness with the establishment of the emergency logistics warehouse and enhanced its health education and hygiene promotion via social media. Material for COVID-19 information, tutorials for the proper wearing of masks, hand washing, and etiquettes of coughing and sneezing has also been disseminated.

In May and June of 2021, the Guyana Red Cross also donated 100 medical disposable protective suits, 100 safety goggles and 200 boxes of KN95 masks as well as 1050 jerry cans, 15 kitchen sets and 40 solar lamps to the Civil Defence Commission (CDC) towards flood relief efforts.

Trinidad and Tobago Red Cross Society

While the COVID-19 pandemic has created a challenge for many, it has also forced the Trinidad and Tobago Red Cross (TTRCS) to think outside the box and create innovative solutions for the challenge. The knock-on effects of COVID-19 have provided the National Society with many avenues to grow by testing the auxiliary role to the fullest, ensuring the NS was seen as an important stakeholder for the state to partner with, to reach the most vulnerable, to fill gaps where needed, especially in the areas of technical support with contact tracing, WASH, using the human resource strength of volunteers.

Continuously displaying the importance of the Red Cross also meant that the NS capacity had to be enhanced to meet and keep up with requests. To achieve this, the Trinidad and Tobago RC had to improve its systems to ensure it was modern and effective. To that end, the organization saw major changes within its IT systems with the installation of a server to manage data more seamlessly and allow for remote work access in the event the organization was forced to quarantine. Investments in 2020 with the call-centre paid off with its constant use in 2021 for supporting contact tracing and following up with beneficiaries.

The Trinidad and Tobago RC Garden to Kitchen Initiative further developed with the completion of the NS 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 see through video and webinars the options in agriculture that can be used to grow at varying scales from small individual gardens designed to supplement home use to larger systems that can produce for sale. Recently, the NS completed the shell of its Kitchen to wrap up the Garden to Kitchen Initiative. The Kitchen once outfitted will serve meals to vulnerable persons accessing the Clinic as well as the wider community who needs food support.

From March 2021 to May 2021, over 9,000 persons were forced to home-quarantine after they tested positive and many had no support to access food for the duration of their 14 – 28 day or longer quarantine. Working with the County Medical Offices of Health, the TTRCS was able to provide 280 food parcels to these persons. The food parcel was designed to last 14 days and based on advice from the health surveillance team, additional food parcels would be given if the quarantine was extended.

While the lockdown and subsequent State of Emergency forced many people out of employment as their non-essential business sector closed, the TTRCS stepped in with providing some relief with food support in the form of vouchers valued at USD$120.00 to 311 families, and food parcels to 50 families.



Some beneficiaries of the Garden to Kitchen Initiative. Source: TTRCS

The national vaccination campaign started slowly in February 2021 with the country receiving a donation of 2,000 vaccines from Barbados. In May, the Sinopharm vaccine received WHO approval and Trinidad and Tobago immediately was awarded a gift of 100,000 doses with the Government committing to purchase more from Sinopharm. This aided in ramping up Trinidad and Tobago's vaccination roll out. By the end of May over 100,000 persons would have received a first dose and over 8,000 would have been fully vaccinated. As more vaccines become available to Trinidad and Tobago, the TTRCS has positioned itself to support. At the mass vaccination sites, the NS has been supporting with emergency medical care, monitoring post-vaccination area, as well as providing volunteers for administration and logistics.

To reduce the testing burden at state sites, the TTRCS has approached the Ministry of Health to offer the services of the Red Cross Clinic to be a testing site. While awaiting approval, the NS will be building the logistics capacity to facilitate testing such as establishing the testing area to collect samples, enhance training of staff, and procuring the relevant equipment and supplies. Once the approval is granted, the TTRCS will be in a position to support collection of samples for PCR tests. Additionally, the TTRCS is planning the implementation of conducting Rapid Antigen Testing for frontline staff that are typically in the field and have a higher exposure risk.

Uruguayan Red Cross

The Uruguayan Red Cross (URC) has been coordinating with the actors involved in the response, the reception of people of different nationalities who wish to enter the country and must remain in quarantine awaiting the results of the swabbing. Since August, the Uruguayan RC has supported this work in Rivera and since December in the departments of Rocha and Montevideo.

The Uruguayan Red Cross deployed the National Intervention Team to accompany the response in the contingency centers. In addition, activities of Restoring Family Links (RFL) and delivery of hygiene and protection kits to people staying in the contingency centers are being carried out.

The NS continues to carry out health awareness talks, distribution of hygiene kits, asepsis and disinfection kits and cleaning products. In the cold months, warm clothing kits will again be distributed. The Uruguayan RC has carried out cash transfer programs and food distribution in the form of food baskets, food parcels and vouchers, which will continue in the coming months.

To support volunteer induction, the NS has reviewed its Institutional Basic Training virtual course, reformulating the evaluation process to reaffirm the knowledge required upong course completion. Webinars are open to all volunteers to reaffirm the concepts of health and prevention of COVID-19.



Volunteers provide support at contingency centers. Source: URC

At the national level, biweekly meetings are held to monitor the actions in vaccination centres throughout the country. Technical support is provided to some branches, while others provide administrative support in the process of recruiting new volunteers.

The NS continues to reinforce promotion and prevention to mitigate the spread of the virus. In each of the distributions or days carried out by the branches, health awareness talks are given on correct hand washing as well as the correct use of protective equipment. These talks are aimed at both volunteers and members of the community. Each activity is accompanied by printed graphic material that is distributed to people to reinforce care.

A virtual workshop was held on Psychological First Aid for volunteers deployed in Contingency Centres, with participation by Montevideo and Dolores branches, provided volunteers the guidelines on how to provide Psychological First Aid and a tool for registering PHC actions were presented.

Venezuelan Red Cross

As of 31 May 2021, authorities have confirmed a total of 234,165 cases of which 215,640 have recovered. The cumulative deaths have risen to 2,646. Venezuela continues to register one of the lowest mortality rates of the region, however, since February 2021 the country has been experiencing the second wave of COVID-19 cases due to the arrival of variants of the virus.

The Venezuelan Red Cross (VRC) has reinforced its efforts on protecting their staff and volunteers to ensure the continuity of the main activities provided in the health centres of the National Society. The support of the Venezuelan RC has focused on the provision of primary health care, psychological support, hygiene promotion and strengthening of the National Society.

Around 37,388 people have been attended at the respiratory triage points to identify potential COVID-19 positive cases. Furthermore, educational sessions on hygiene promotion have continued to be provided in the waiting rooms of the Red Cross hospitals, addressing topics such as: hand washing, importance of social distancing and correct use of face masks, reaching 69,401 people. Additionally, 2,716 people of the NS staff have received Psychological Support (PSS) by the National Mental Health PSS team.

Regarding the transfer of patients, 932 people have received this service, of which 600 correspond to people with COVID-19. The transfers were made following biosecurity measures and were addressed to those possible cases detected at the NS headquarters for referral to a sentinel centre, as well as for those confined in public centers that require transfers for tests.

By mid-May 2021, a survey was launched to volunteers with the objective of gathering information on the satisfaction level and different perceptions of the volunteers in COVID-19 context. The survey had 781 valid participants and showed that on average, the NS has been able to provide adequate PPE and information regarding COVID-19. Additionally, 79.77% of volunteers responded that they

have a mental health unit to which they can go to in case they require PSS. The results from the survey will allow the VRC to improve and adjust its response.

A total of 3,988 volunteers of the NS are currently insured by the IFRC. Additionally, 5,667 PPE units has been distributed among the branches to volunteers and VRC health staff. Hospital cleaning kits, community hygiene kits, personal hygiene kits, and other items to mitigate the risk of contagion have also been provided to the Health Network of the Red Cross.



Hygiene promotion activities for volunteers. Source:VRC

On 14 May 2021, the Venezuelan Vice-president officially requested the VRC support on the National Immunization Plan, identifying the National Society as a key actor to support the process of implementing its national vaccination programme. Different coordination has been held to establish the roll of the VRC regarding this process, as a result, the NS will support the actions at the vaccination centres in 13 states of the country through the delivery of medical equipment, cold chain equipment, ambulance services in coordination with the Ministry of Health, PPE to volunteers and VRC staff and the dissemination of key messages with the aim to reduce myths and rumours regarding vaccination.

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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COVID-19 OUTBREAK ASIA PACIFIC REGION 16-MONTH UPDATE

REPORTING TIMEFRAME: 31 January 2020 – 31 May 2021

Situation Update

29,116,501 confirmed cases in Asia Pacific

564,037 confirmed deaths in Asia Pacific
reported by JHU as of 27 June 2021

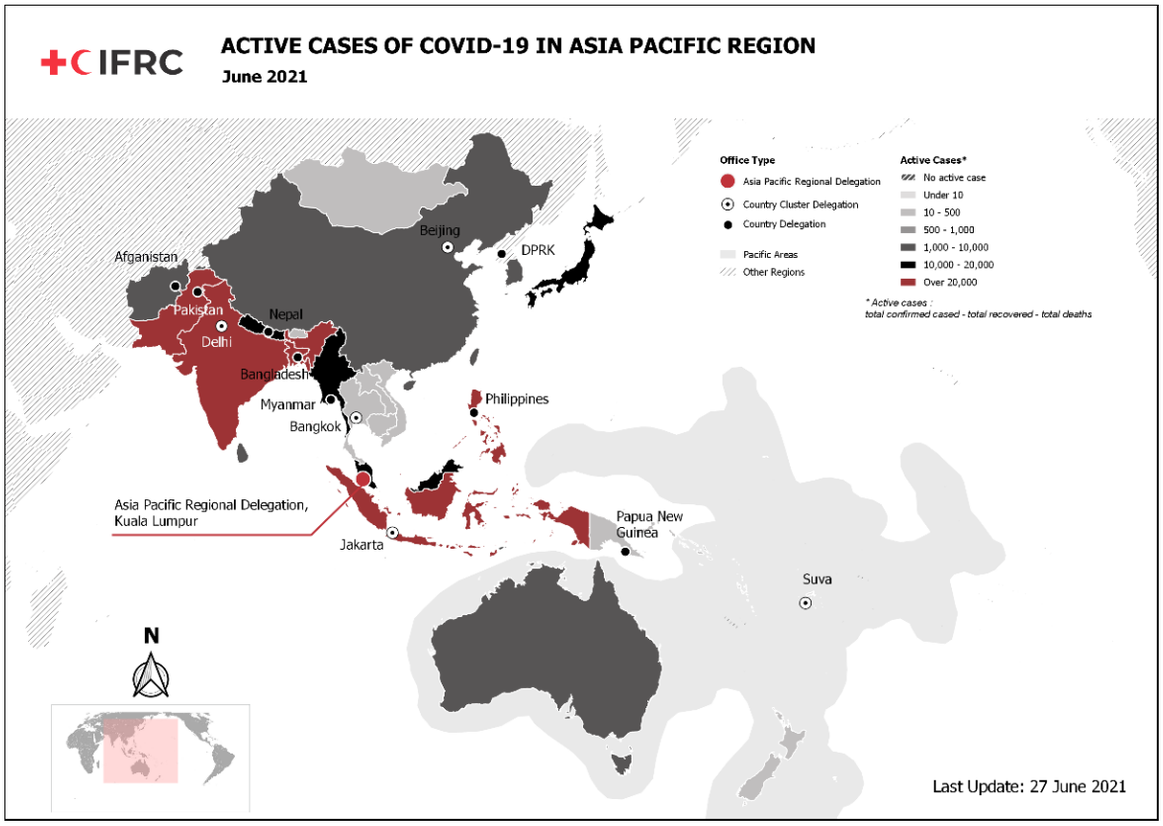
National Society Response

38 National Societies engagement in the three operational priorities

Health and WASH
38

Socioeconomic Interventions
37

NS Institutional Strengthening
35



PEOPLE REACHED

155 million by risk communication and community engagement

40 million by water, sanitation and hygiene

4.2 million by mental health and psychosocial support

45 million by food and in-kind assistance

863,000 by cash and voucher assistance

14 million by disaster risk reduction

STAFF & VOLUNTEERS

75,000 supporting screening

116,000 trained on community engagement & accountability

35 NS involved in COVID-19 vaccine roll-out



Regional overview

The Asia Pacific region issued its **fourth revision of the Emergency Plan of Action** on 27 April 2021. Since the last revision, the **COVID-19 pandemic has worsened especially in South Asia**, while COVID-19 vaccination has brought hope to the deepening crisis. National Societies have continued to develop their response plans, including several countries with substantial clinical interventions, especially to **address the need for life-saving oxygen**. Building on the work since the start of the pandemic, IFRC launched an immunization annex aiming to **ensure the equitable distribution of vaccines and promote vaccine acceptance in communities**. This plan was integrated to the latest EPoA revision and will support National Societies to raise awareness and trust in vaccine campaigns, to identify high-risk communities and individuals and support the Ministry of Health to roll out successful vaccination programmes. In all countries, the **socioeconomic impacts** of this crisis are being felt, with low-income households and those excluded and marginalized being the 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 **95 million Swiss francs until June 30, 2022.**

Priority 1: Sustaining Health and WASH

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. As of 31 May 2021, the region has had more than 38 million cases and more than 555,000 deaths. The **new wave of COVID-19** has made South Asia the new epicentre of the global pandemic. The new wave has been devastating to the region, particularly across India and Nepal, and indications are that the threat is growing even as the situation is starting to look better in other regions.

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 155 million people with key health messages** and more than **4.2 million with psychosocial support services**. The Asia Pacific Regional Office (APRO) continues to provide technical support to National Societies by updating the technical guidance according to evolving scenarios. The regional Health Unit has conducted 30 health technical webinars in the reporting period. The team has also developed a 'New Wave' technical document to prepare National Societies in the region for possible multiple waves in 2021.

Asia Pacific National Societies are gearing up to support COVID-19 vaccine rollout. As of April 2021, **31 National Societies** in the region have identified their roles with the Ministry of Health on **COVID-19 vaccine roll-out**. APRO has organized a webinar where more than 100 people participated across the region on the role of National Societies in vaccine roll-out. More than 19 National societies have completed the readiness self-assessment and are preparing the action plan for COVID-19 vaccine rollout.

Epidemic control

National Societies in the region are working with the Ministry of Health to suppress the pandemic. During the reporting period, 34 National Societies in the region are actively involved in epidemic control with public health interventions such as entry/exit point screening, testing, home isolation services, and contact tracing. National Societies are involved in measuring body temperatures especially in the border areas, collection of swabs for testing, operating Biosafety Level 2 labs and providing social emergency services in quarantine facilities. More than **75,000 staff and volunteers have been mobilized to support screening activities.**

Examples include:

- Philippine Red Cross has operationalized **molecular laboratories**, strategically located across 13 locations in Philippines and has tested more than 2.9 million COVID-19 specimens. Currently, Philippine Red Cross has embarked on a saliva RT-PCR test.
- Timor-Leste Red Cross has mobilized more than 950 volunteers to **support COVID-19 screening** in several public locations and health/quarantine facilities across the country.

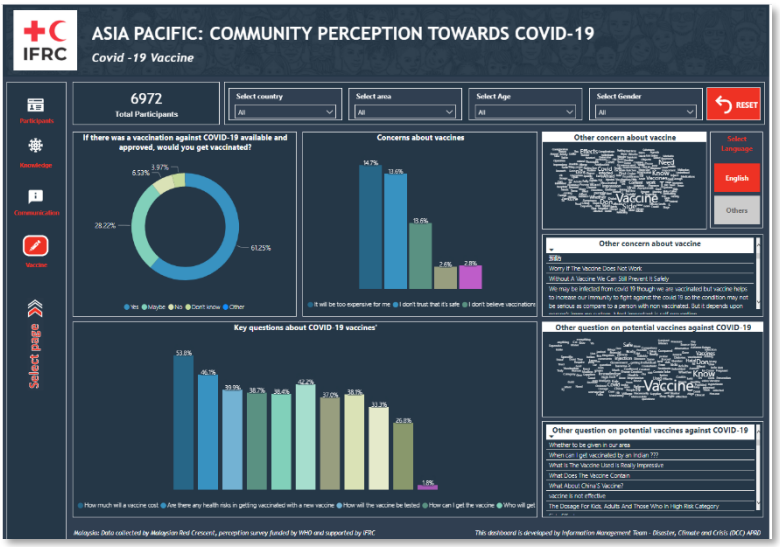
Risk communication, community engagement and accountability for health

While COVID-19 continues to pose challenges with movement restrictions, 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

community engagement and accountability (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:

- **Community feedback:**
  - A feedback mechanism for staff and volunteers in the Pacific on COVID-19 is planned, including a feedback mechanism for communities in Fiji (training to be implemented in July 2021).
- **Perception surveys:**
  - Malaysia Red Crescent Society has implemented their second perception survey funded by WHO (dashboard) and is currently planning the third round of the perception survey.
  - Nepal Red Cross Society has implemented a perception survey for round two.
  - Perception survey round 3 questionnaire has been finalized and sampling frames for Cambodia, Pakistan and Afghanistan are currently being drafted.
  - Based on the initial youth café, IFRC has supported the youth team in drafting a concept note for a follow-up event to address questions, misconceptions and concerns about the COVID-19 vaccine.



- **Capacity building:**
  - National Societies in the Pacific have been trained in CEA and the vaccine roll-out.
  - IFRC APRO implemented several trainings and webinar sessions (in collaboration with health and as tailored training such as for Singapore Red Cross).
- **Mainstreaming CEA** into COVID-19 operations:
  - With the support of IFRC, the CEA team in Pakistan has successfully applied for funding through the WHO Solidarity Fund to **strengthen CEA work in the vaccine roll-out.**

Infection prevention and control and WASH in health facilities and communities

National Societies are at the forefront of increasing awareness, knowledge and skills in helping to prevent cross infection and transmission of SARS-CoV-2 amongst their staff and volunteer, communities, refugee/displacement camps, urban dwellings, places of detention and health services. Several National Societies are supporting government authorities on contact tracing in communities, refugees, and displacement camps and through their mobile and stationary health clinics.

National Societies have been quick at adapting to the situation, carrying out WASH activities with COVID-19 preventive measures taken into consideration, to protect its staff, volunteers, and the people they serve. Emphasis has been placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines, and distributing suitable items required to maintain personal and environmental hygiene 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.

Examples include:

- IFRC CCD Jakarta worked closely with Indonesian Red Cross (PMI) to support **PMI Hospital Bogor** with 3 batches of PPE supplies, medical equipment, 53 HEPA filters for isolation wards, 3,000 PCR testing and IPC trainings for health workers. IFRC is also supporting the procurement of an additional 700 PCR testing kits to fill in the gap while PMI Bogor is completing the building of a laboratory for PCR testing and trainings.

- In the midst of a second wave, Nepal Red Cross Society continues to forge ahead with implementation of WASH activities, working towards lowering the transmission rate and providing the public with much needed WASH-related facilities and information. Some of the work done include carrying out **hygiene promotion sessions** in quarantine centres, dissemination of hygiene messages through loudspeaker, and construction of handwashing stations, tube wells and toilets in schools.

Mental health and psychosocial support services (MHPSS)

The COVID-19 Pandemic has persisted for more than 16 months and people are feeling emotionally and mentally exhausted. A pandemic fatigue survey was conducted in Asia Pacific region among Red Cross Red Crescent staff and volunteers and received 473 responses. The survey result has been analysed and will be presented to all Asia Pacific staff and volunteers through a webinar.

The **Asia Pacific's Mental Health and Psychosocial Support Regional Training and Learning Collaborative** ("The Collaborative") has been set up this year. The Collaborative is the fruit of discussion among IFRC Reference Centre for Psychosocial Support (PS centre), IFRC Asia Pacific Regional Office, and Hong Kong Red Cross, for closer collaboration and serving the Asia Pacific region. The first online Psychological First Aid training of trainers has been conducted in early June with 20 participants from 14 National Societies. IFRC Asia Pacific Insights had their first webinar with the topic of MHPSS during COVID-19, moderated and emceed by the Collaborative.

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.

The Philippine Red Cross (PRC) has set up 80 medical field tents, which served as a staging, and isolation wards in different parts of the country with 23,871 people served. PRC together with the Department of Health and local government units has started an initiative to **decongest hospitals through isolation and treatment facilities** and are managing patients with mild symptoms. PRC has also partnered with the Metro Manila Council to set up isolation facilities in Lung Center to manage COVID-19 patients with mild symptoms.

Nepal Red Cross deployed their Red Cross Emergency Clinic for five days to support outpatient services in Bajarabarahi, Lalitpur. The deployment under the facilitation of NRCS Lalitpur District Chapter reached 154 patients in 5 working days. This supported the hospital to decongest the increasing flow of patients they were managing.

In Cox's Bazar, Bangladesh Red Crescent Society has set up 2 isolation and treatment centres with 30-bed capacity and they are planning to expand the facility to 50-bed capacity. This is to support the current increase in number of COVID-19 positive cases among host population and camp population in Cox's Bazar.

Other National Societies have also been instrumental partners of their government in providing support for clinical case management in country, including Afghan Red Crescent Society, 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, Nepal Red Cross Society and Philippine Red Cross have been supporting patient transfer since the beginning of the pandemic. 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. APRO health team is also working with the regional logistics team to provide support during procurement of transport vehicle and equipment in those vehicles.

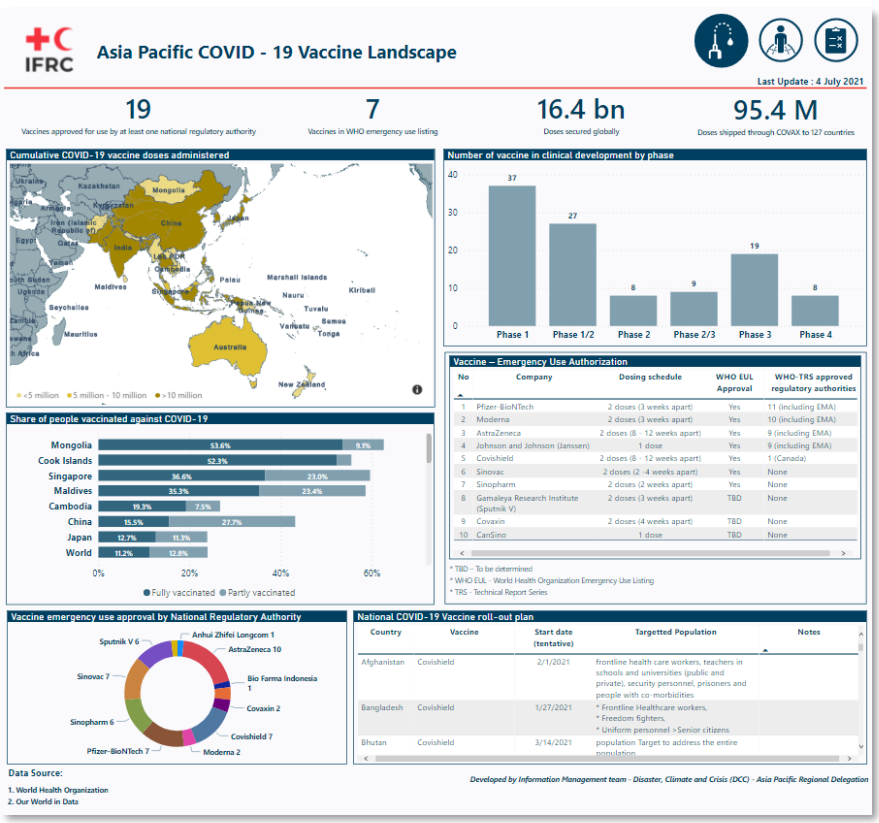
Examples include:

- In addition to supporting emergency medical services, Pakistan Red Crescent is also using its **ambulance services to reach door to door for vaccination campaign.**

- Six ambulances from PMI branches in Jakarta Barat, Kota Surabaya, Kota Surakarta, Kota Medan, Kota Sidoarjo and Buleleng were **upgraded to transport patients with infectious diseases**. IFRC CCD Jakarta has also supported PPE for the ambulance crews. There is a plan to support upgrade for additional six ambulances and procurement of two isolation stretchers for PMI NHQ and PMI Bogor Hospital ambulances. Monitoring and evaluation activity will be conducted in coming months with collaboration among PMI, IFRC and ICRC to evaluate the activity of all the upgraded ambulances at the PMI Branches.

Support for vaccination activities

Asia Pacific National Societies are working on the vaccination plan together with the Ministry of Health, As of April 2021, 31 national societies across the region have identified the role in the COVID-19 vaccine rollout. More than 19 National societies have completed the readiness self-assessment and 10 national Societies have 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 prioritizing and how we can better assist with, for example, financial, technical, and logistical support.



Examples include:

- Bangladesh Red Crescent Society has mobilized 3,000 Red Crescent volunteers in the vaccine administration centre, working alongside government health workers across the country. The second phase of the vaccination campaign, the National Society expects **15,000 of its volunteers to be involved in vaccination effort.**
- Pakistan Red Crescent Society's Corona Care Hospital in Rawalpindi has been reconfigured as a **mass vaccination centre.** As of 31 May 2021, 50,713 doses have been administered at the centre with 14,587 individuals fully vaccinated and 22,109 partially vaccinated.

Priority 2: Addressing Socio-economic Impact

The socio-economic repercussions of the pandemic are being widely felt across Asia Pacific. COVID-19 has affected all sectors substantially, while disproportionately impacting the marginalized, migrants and displaced people, and families who are dependent on informal economy. Based on a 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 provision of immediate in-kind, cash and voucher assistance with consideration of longer-term recovery support.

Over the past 16 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. COVID-19 specific guidance on food security and livelihoods, 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, as well as the provision of temporary shelter where necessary.

Livelihoods and household economic security

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 16 months, a total of **14 National Societies reported utilizing cash and voucher assistance** to address immediate basic needs of households affected by the pandemic and the secondary economic impact. At the regional level, IFRC continues to co-chair the Regional Cash Working Group (RCWG) together with WFP and OCHA. RCWG meetings continued in the first two quarters of 2021 where ongoing regional cash responses to COVID-19 were discussed with emphasis in strengthening linkages to government social protection mechanisms. For better coordination of the longer-term livelihood recovery programming, a **Regional Livelihood Reference Group** has been formed. This group has already met four times to discuss on formalization of the group functioning, coordination in knowledge management through sharing of programme success and raising of discussion on emerging thematic areas. Recently, the group is facilitating mapping of livelihood and social protection work within countries in IFRC Asia Pacific.

In Myanmar, there have been some successful livelihood initiatives - **promotion of group-based micro enterprise** such as soap making enterprise is being taken up, where villagers have been provided training on soap making. Community Volunteers Group Revolving Fund has been created. In Bangladesh, **livelihood training** on cattle rearing, creation of nursery and seed bank have been facilitated. 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. There are ongoing efforts to review and rework the National Society Response Plan in terms of socio-economic impact and focus on longer term livelihood recovery. NSRP of Indian Red cross Society has been reviewed and the National Society's focus in addressing socio-economic impact is on initiating skill development programming and livelihood recovery programming.

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 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.
- A COVID-19 and Shelter webinar was delivered as part of the AP Shelter and Settlements Webinar Series in March, targeting National Societies, IFRC staff and PNSs from the region. The Webinar was attended by 56 persons and provided an overview on the work of the GSC and relevant shelter guidance that has been developed as well as presentations from shelter response to COVID in Niger, Egypt and Bahamas to enable cross-regional learning and exchange opportunities.
- The first edition of the global Shelter and Settlements Newsletter was focussed on the topic of Shelter During a Pandemic Response. The newsletter was developed as a cross-regional initiative compiling key resources, webinars and guidance as well as global stories from relevant RCRC COVID responses.

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.
- Coordinating the development of specific guidance on assistance and protection activities for migrants, refugees and IDPs during the COVID-19 pandemic.
- External engagement includes 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.
- Public facing communications and humanitarian diplomacy included contributions from Asia Pacific National Societies to the IFRC reports *'Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic'*, and '*Locked down and left out? Why migrants' access to basic services is essential to our COVID-19 response and recover,* which provides further insights into the barriers faced by migrants, refugees and IDPs in trying to access essential services, including access to vaccines.

Preventing and responding to risks of violence, exclusion, and discrimination

Many National Societies have incorporated prevention and response programming to address the risks of violence, exclusion and discrimination during the COVID-19 operation. In addition, the IFRC Asia Pacific PGI Coordinator and SGBV Advisor have provided technical support, coordination, and guidance to National Societies to better prevent and respond to risks of violence, exclusion and discrimination. This included:

- Development of technical guidance notes for PGI and SGBV prevention and response: How to Consider PGI in the Response to Covid-19, and Prevention and Response to SGBV in Covid-19 Guidance note.
- Quarterly Sub-regional webinars on PGI, Child Protection, and SGBV prevention and response during Covid-19
- Funding allocation to NSs looking to conduct COVID-19 specific violence prevention programming; for example, Nepal Red Cross implemented tailored support to survivors living in isolation centers, and Cambodian Red Cross implemented an anti-discrimination program for youth in select communities.
- Peer-to-peer support through the PGI sub-regional networks for stronger mainstreaming of violence prevention practices and approaches.
- Ad-hoc trainings on PSEA, SGBV, Child Protection, and PGI for National Societies to better address any risks of violence, exclusion and discrimination in the Covid response.
- PGI Delegate Staff on loan from Canadian Red Cross to support the India COVID-19 operation.

Mainstreaming PGI across all programming to ensure protection, inclusion, and diversity coverage

Several National Societies have mainstreamed PGI into their response plans as well as developed standalone programming to address the great diversity of needs in their country context. For example, National Societies remain committed to collecting sex, age, and disability disaggregated data and analyzing the diverse needs of people in the community. Other inclusion activities included IEC materials tailored to reach youth and older people, as well as programme design that focused on stronger inclusion of people with disabilities. Approximately 25 National Societies' PGI focal points have attended PGI webinars with a focus on how to best include marginalized groups during COVID, especially those most greatly impacted by the pandemic. Webinars on Child Protection, PSEA, and SGBV were also hosted by IFRC, including a special webinar for youth in Southeast Asia.

Asia Pacific PGI team has also provided support and technical guidance to mainstreaming PGI across all programs to ensure satisfactory protection, inclusion and diversity coverage. This includes ad-hoc support to NSs and close programme support. Coordination with external partners, through the Asia Pacific Gender in Humanitarian Working Group, has provided opportunities to link programmes and partners within countries, as well as share up-to-date content on Covid-19 response tools in countries across Asia Pacific.

Priority 3: Strengthening National Societies

COVID-19 has presented new challenges for National Societies. Movement restrictions and physical distancing have had an impact on their established ways of working and hampered humanitarian access, requiring new and safe modalities for volunteers and improved processes for business continuity and ongoing delivery of operations, services and programmes to people in need. The IFRC APRO has prioritized 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 maintaining operational capacities with safe operating procedures. 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 were supported, in coordination with Regional Staff Health and Global BC group, in situation when positive cases were confirmed between staff and volunteers. Recommendations and guidance were provided. National Societies have been supported to update their Contingency Plans by using multi-hazard approach.

Support to National Societies to implement Forecast-based Financing (FbF) and related early actions under COVID-19:

- BDRCS implemented early actions for cyclones as outlined in its Early Action Protocol (EAP) ahead of cyclone Yaas in May 2021. BDRCS is also part of the UN's Central Emergency Response Fund's Anticipatory Action Framework in Bangladesh that aims to scale up flood early action by reaching up to 440,000 people in partnership with WFP, FAO, UNFPA, UNICEF, and OCHA.
- The Mongolian RC activated its EAP for dzud in December 2020 ahead of the dzud season in February and the related impacts on vulnerable herder households. MRCS coordinated the implementation with FAO for a joint delivery of animal care kits and unconditional cash.
- The Philippine RC submitted a new EAP for floods which targets small businesses in urban areas. The Vietnam RC submitted its first EAP which targets heatwaves in 3 cities.

National Society sustainability

Business Continuity Planning Help Desk for National Society was established, with the goal to provide guidance, share good practices and support National Societies in comprehensively planning and strengthening their ability to maintain relevant in country-wide services to communities affected by a crisis. National Societies were supported in producing COVID-19 related SOPs and ensuring that proper preventive and mitigation measures are implemented according to the Federation guidance and national legislature. Active support to National Societies continues. Challenges remain for the future in upgrading the business continuity framework in the system that will be applicable to any kind of threat to the business continuity, not just focusing on COVID-19 pandemic.

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. In addition, a global level core cost working group has been formed to develop tools and guidance to assist NS with defining their core cost to drive decisions to address financial sustainability. Two workshops have taken place in 2021.

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. To date, two NS in Asia Pacific namely PMI and CVTL have expressed interest to have an action learning coach to guide discussions on financial sustainability.

Support to volunteers

- 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, CCDs and APRD.

- Support is currently ongoing for Lao Red Cross to register insurance for their volunteers through the IFRC Global Volunteer Insurance Scheme, as well as to the remaining 11 National Societies.
- **National level Volunteer Solidarity Fund** has ben established for five National Societies (Myanmar, Malaysia, Bangladesh, Indonesia and Pakistan) with funding support. APRO is currently supporting two other National Societies (Vietnam and Nepal) to establish the Solidarity Fund mechanism.
- A webinar was organized recently to help National Societies to introduce the Solidarity Fund to a wider audience and guide National Societies to kickstart the funding.
- APRO also continues to review National Society Response Plans to ensure volunteer safety and wellbeing remain a key priority in the response.

Enabling Actions

Evidence-based insights, communications and advocacy

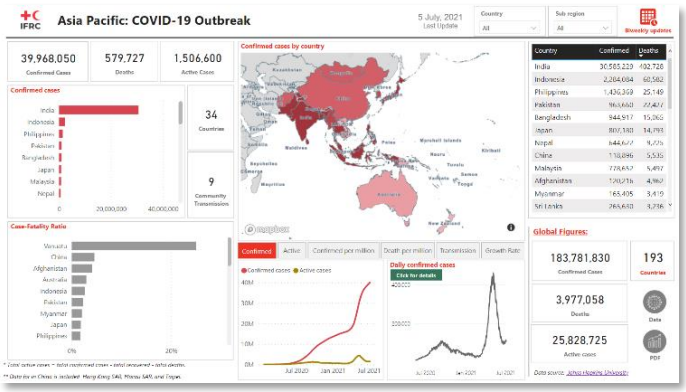
Planning, Monitoring, Evaluation and Reporting

National Societies in the Asia Pacific region is currently undergoing revision of National Society Response Plan (NSRP). The revised NSRP will take into consideration the evolving situation and needs in the country for the next phase of response operations including new waves and COVID-19 vaccination plan. The region has also been sharing weekly situation report on IFRC GO since early May to update relevant stakeholders on the response in South Asia, which has expanded to include other countries in Asia Pacific affected by the new wave of COVID-19.

The third global real-time learning exercise is being planned on the topic of responding to concurrent emergencies during COVID-19. An IFRC-wide evaluation to assess the effectiveness and relevance of the Red Cross and Red Crescent response to the COVID-19 pandemic is expected to conclude in the coming weeks. Furthermore, in collaboration with the PNS PMER Working Group and Learn to Change, APRO held a learning session in May 2021 to reflect on localizing the Global COVID-19 Evaluation and Research Agenda in South East Asia with 30 participants from IFRC delegation and National Societies. At the country level, National Societies are supported on technical capacity in overall planning, monitoring and data collection methods.

Information Management (IM)

Several improvements on the COVID-19 Portal - accessible at https://ifrc-asiapacific.org/COVID_portal - have taken place to increase the accuracy and effectiveness of the shared information to the users. The COVID-19 portal centralized various information generated from COVID-19 related works in Asia Pacific. The portal consists of 15 main dashboards developed with specific purposes to answer the user's needs. New analysis on biweekly confirmed cases, regional overview, and daily positive rate charts have been added to the COVID-19 Outbreak dashboard to support IFRC Communication team in developing media press release update.



In regard to COVID-19 vaccine dashboard, in collaboration with IFRC health team, APRD IM Team has added some valuable information related to the number of people who have been vaccinated (fully or partly vaccinated), vaccine doses secured globally, and vaccine shipped to COVAX facilities. This information was found as most required information by the users in the current situation to provide better analysis towards COVID-19 situations in each country. The APRO IM team also supported the CEA team to develop COVID-19 community perceptions dashboard which offers a first level of analysis and the qualitative data in its original form from Bangladesh, Malaysia, and Nepal. The COVID-19 community feedback dashboard has developed reflecting cross-country feedback analysis from National Societies in Indonesia, Nepal and Pakistan. The COVID-19 Operation dashboard has been improved by adding new analysis on the finance status by county and donor, implementation/spending performance, working advance, and vouching rate analysis both for National Societies and IFRC. The dashboard also highlighting the project end by pledge, and the pledge by percentage vouched. In the last 90 days, the COVID-19 portal has been accessed 1,554 times by users from 51 countries worldwide where Malaysia, Indonesia, and Australia are the top three.

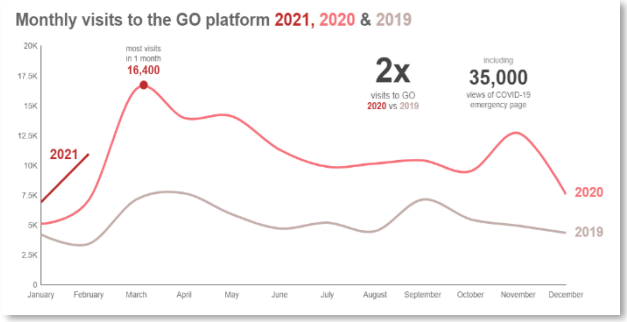
The APRO IM has supported National Society to strengthen their information management capacities:

- To promote the utilization and functionality of the GO platform for disaster information management, APRO IM conducted two sessions for the Malaysian Red Crescent Society (MRCS) on 5 and 8 February 2021.
- Technical support for Myanmar Red Cross Society (MRCS) on analyzing and visualizing using Power BI tool towards their implementation data and information related to current response including activities related to COVID-19 response and resource management was conducted in May-June 2021.
- In collaboration with IFRC CCD Jakarta, APRO IM conducted five days of online Mobile Data Collection (MDC) training for the Cruz Vermelha de Timor-Leste (CVTL) from 26 April to 7 May 2021. A total of 24 peoples participated in the training. During the online MDC training, CVTL staff learn about the IFRC approach for assessment, developing the MDC form using Kobo web form and XLS form, data management and data cleaning.
- In response to a support request from the Afghanistan Country Delegation, APRO IM team hosted a hands-on Power BI virtual workshop on 6 May 2021. The workshop was attended by 36 people from 10 NSs and IFRC. This workshop (and video recording) was very well-received and has resulted in some attendees creating their own dashboards for their own country's activities.
- The second Power BI workshop session focusing on advanced charts and mapping tools was conducted on 16 June 2021. The workshop was attended by 37 people, from 14 Asia Pacific National Societies and IFRC.

Asia Pacific Information Network (APIN) as a channel to share information and knowledge has started showing its form. Participation from several National Societies through various events has shown that this channel is beneficial for its members. In the last three months, there were three big events which have gathered the APIN members. During the first event, at least three National societies from APIN members presented their in-place information management system during IFRC's Global Data Digital Week event that took place on 19-23 April 2021. The next event was monthly APIN meet-up that has been taking place regularly since May 2021.



Up to now there have been two APIN meet-up held virtually which in total participated by more than 35 people in each event. In each session, APIN members were having opportunity to get brief information from keynote speaker discussing interesting information management aspect that might be replicated by the National Societies. Other important activity during the meet up was data analysis and visualization training using Power BI tools delivered by APRO IM Team.



After years of slow uptake by the Federation, **the GO platform has become a central repository of information** related to the COVID-19 response. APRO has worked hard to consolidate this process and reduce duplicative processes outside of GO. APRO was a key supporter of process changes via the GO platform, resulting in high levels of usage by National Societies. During the reporting period (Jan 2020-May 2021), 257 out of 358 public field reports submitted on GO platform were COVID-19 field reports and 127 activities were reported on GO 3Ws from 35 countries.

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 formalise and strengthen auxiliary role provisions in relevant COVID 19 related laws and policies, for example in Fiji with MOU between Ministry of Health, and Solomon Islands RC role to influence the new public health and emergencies bill.

The Global and sub regional research (Pacific) on Law and public health emergencies has now been finalized and will be launched in July 2021. The guidance includes specific recommendations on strengthening the role of National Societies in their health arrangements, as well as ensuring a more streamlined and coordinated approach between DRM and public health emergency measures. Regional Consultation and advocacy on this ground-breaking research (planned for second half of 2021) will also support Asia Pacific National Societies to have strong national and local laws and systems to respond to and reduce risk of public health emergencies, as well as clearer roles and responsibilities in health emergency responses going forward.

Communications



There has been sustained high-value coverage across international media highlighting the COVID response of National Societies in thousands of outlets globally. Media coverage on the latest waves of COVID-19 has included lead stories on CNN Digital, BBC TV World News, BBC World Service, Washington Post, The Guardian, Al Jazeera and hundreds more. CNN aired a powerful report featuring IFRC. CNN Digital featured IFRC, Red Cross and Red Crescent in Top News on all digital sites globally: Nepal's cases skyrocket, prompting concern the country's outbreak could mimic India's and Beyond India, a growing number of Asian countries are engulfed by fresh coronavirus waves.

Strong global media coverage on the Asia COVID surge included – Al Jazeera Digital on MSN, BBC News Digital, Al Jazeera, DW Digital, A Reuters international news story quoted IFRC South Asia Head of Delegation, Udaya Regmi and was run by dozens of media globally, including: Metro US, Yahoo News Global sites, Channel News Asia, Singapore Straits Times, MSN Global News sites. AFP, published several articles quoting Udaya Regmi including - New Delhi enters weekend lockdown as India's Covid-19 cases surge, Global COVID-19 death toll passes 3 million, that have been run by scores of media outlets globally including: The Guardian UK, Al Jazeera Digital, France 24, UK Daily Mail, Arab News, Pakistan The News, Channel News Asia Digital.

A UK ITV News special feature story profiled the work of **Nepal Red Cross Society**: Nepal: Covid runs rampant through villages with patients fearful to go to hospitals. Nepal COVID crisis and Press Release: South Asia: Urgent action needed to prevent further human catastrophe, Live TV interviews by Nepal Head of Delegation. IFRC Dr Abhishek Rimal was interviewed on Al Jazeera TV Newshour and Channel News Asia - Asia Tonight program. Udaya Regmi and Dr Abhishek have been quoted extensively in digital, print and broadcast media including: Xinhua News, China Daily and CGTN News, Dhaka Tribune, Middle East News - MENAFN, Al Jazeera – 'Frightening': Weekend shutdown in Delhi as COVID grips India.

Strong global media coverage with press release – **Asia: Vaccines run dry as COVID surges in Asia to new record death levels**, via Associated Press - IFRC Director Alexander Matheou published and broadcast by media globally, including US - Fox News – TV and Digital, Washington Post, US ABC News Digital, South China Morning Post + MSN Global News, US Radio Networks, and more than 400 additional digital and broadcast news outlets globally. AFP story - in France 24, RFI – Radio France International, Singapore Straits Times, and many more.

Comprehensive international media coverage with press release: **India: Red Cross helps as cyclone strikes double blow in world COVID hotspot** - Associated Press International News, Los Angeles Times, Washington Post, Canada Globe and Mail, MSN Global News, Sky News, US - ABC News TV and Digital, NBC TV and Digital, The Australian, Reuters, Yahoo News, Swiss Info, US News, Reuters TV, and hundreds more.

There has been extensive coverage on **COVID-19 and the Myanmar crisis** and protection of health care workers. Asia Pacific Director Alexander Matheou interviewed on BBC TV World News, BBC Radio 4 PM, Radio France International (RFI). A Reuters News article has been published by dozens of high-value news media around the world including: US News.com, Gulf Today, Jerusalem Post, Yahoo News Global sites, Thomson Reuters Foundation News, Singapore Straits Times, Canadian National Post, Bangladesh BD News, Channel News Asia Digital, Hong Kong Standard, The Guardian

UK, Al Jazeera Digital, TRT World Digital, AFP also published and broadcasts globally: France 24, International Business Times, Sputnik News TV and a CNN TV story on COVID-19 and crippled health care in Myanmar. Guardian UK - Myanmar reports highest Covid numbers since coup as concerns over health system grow. Jakara Post, Philippines GMA Tv and Digital, US NewsTalk Network, Channel News Asia, Yahoo Global News sites.

Press Releases in the **Pacific** included - Fiji's COVID-19 spike 'wake-up call' for Pacific Islands: Red Cross - and resulted in positive media coverage including Channel News Asia, France 24, RTE - Radio TV Ireland, Yahoo News Australia and Global Sites, Duetsche Welle – DW News, Luxembourg RTL News, and many more.

Philippines COVID press release achieved international media coverage: The Guardian UK, Reuters News, Philippines Rappler, ABS-CBN, The West Australian, Hong Kong Standard, Korea Times, Bangkok Post, France 24, Yahoo News, Gulf News, AP News: Washington Post, Fox News TV Network, San Fransisco Chronicle, Seattle Times, Toronto Star.

Opinion: Devex**:** IFRC Asia Pacific Director, Alexander Matheou - 5 steps to tackle climate disasters during a pandemic. Another opinion article with Malaysian Red Crescent Chair person, Her Highness Tunku Puteri and WHO was published in the Malaysian New Straits Times - newspaper and digital: Listening to public concerns key to successful vaccination rollout, plus Bangkok Post and the Jakarta Post.

An interview with IFRC Secretary General, Jagan Chapagain, featured on Channel NewsAsia after a New report: Migrants hit an "invisible wall" in accessing COVID-19 care and vaccines.

An opinion article by Alexander Matheou, IFRC Asia Pacific director, **Asia needs the world to share its surplus vaccine doses, as quickly as possible** - was published in the South China Morning Post and Malaysian New Straits Times: Global solidarity needs intensive care. Opinion by Dr Susan Mercado published in South China Morning post, newspaper and digital: How coronavirus vaccine hesitancy stands between Asia and herd immunity, Malaysian New Straits Times, Jakarta Post.

Communications content packages focused on preventing COVID-19 across the region in including in the most at-risk communities from Philippines to India, Afghanistan, Bangladesh, 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. Asia Pacific colleagues organized and took part in seven RedTalks streamed live across IFRC's social media platforms resulting in a combined total of more than 100,000 views across Facebook, LinkedIn and Twitter.

International support and resourcing

Partnerships and Resource Development

Obtaining sufficient resources for the COVID-19 response in Asia Pacific remains the top priority of IFRC. PRD continues engaging with traditional partners and donors and exploring new potential partners from different funding streams such as the private sector and multilateral organizations. By enhancing our external communication and donor engagement strategy such as producing country-level factsheets, profiling IFRC work on external partners' platform, and organizing webinar with external partners' engagement, targeting the wider public. Country-level factsheets are available for Afghanistan, Nepal, India, Bangladesh, Nepal, Pakistan, Malaysia and Myanmar.

With the spikes of COVID cases in South Asia, IFRC has been receiving many donor interests. Two Movement Partners Calls were organized on 28 April 2021 and 11 May 2021 with presentations from South Asia Country Delegations on the current COVID-19 situation in the region, with weekly situation report shared among partners. At the time of the reporting, we have received a total of CHF 22.1 million funding commitment towards India, which is more than the initial funding requirement. We thank all the donors and partners for this generous contribution. We would also like to emphasize the importance of flexible funding, which allows the IFRC to respond to emerging and evolving needs in various contexts where it's most needed.

Logistics, Procurement and Supply Chain

The Global Humanitarian Services & Supply Chain Management in Asia Pacific (GHS&SCM-AP) unit in Kuala Lumpur has provided logistics and procurement support to the COVID-19 operation in AP region and globally since the initial outbreak. The global sourcing allowed consolidation of needs and enabled sourcing without having competing supply chains within the organization. The sourcing strategy also reinforced local procurement processes with National Societies while managing the mobilization of the goods to the countries.

GHS&SCM-AP also engaged closely with relevant stakeholders, finding solutions to support the implementation of the operations plans, which included mapping PPE demand across the region to anticipate needs. Following the mapping exercise and recent response to the second wave outbreak especially in South Asia, GHS&SCM-AP coordinated and facilitated international and local procurements totalling CHF 18 million for the AP region and a further CHF 4.08 million for global needs. CHF 11.9 million was for local procurement, which reinforced the overall localization agenda. CCDs/CDs continue to push for local sourcing as and when it meets the quality and standards requirements. A total of 35 procurements worth CHF 4 million were reviewed and approved during the period of February 2020 – June 2021.

During the recent second wave response, PPE and oxygen equipment (such as oxygen concentrators, cylinder and ventilators) worth CHF 2.2 million were procured for India, Nepal, Sri Lanka, Afghanistan and Bangladesh. To date, these essential supplies have arrived in India, Nepal and Sri Lanka, while the items for Afghanistan and Bangladesh are still in transit. Similar items are being procured for Pakistan and Myanmar in anticipation of a possible second wave. GHS&SCM also supported the procurement of oxygen plant for Afghan Red Crescent Society.

In the scaled-up response for the second wave, Mobilization Tables were launched for India, Nepal and Afghanistan, seeking in-kind donation support from the wider donor community of close to CHF 3.8 million. To date, cash earmarked donations for the Mobilization Table have totalled approximately CHF 3.6 million and CHF 350k for India and Nepal respectively. Due to the changing situation in India, the Mobilization Table will be closed once the cash earmarked donations are finalized. There is ongoing donor interest in in-kind donations for Nepal and Afghanistan, particularly for PPE. IFRC Medical Logistics is verifying the product quality of the offers which have been received, and GHS&SCM-AP team is coordinating the potential acceptance of the offers with respective CCDs/CDs.

On fleet especially, technical support and assistance have been provided to facilitate the purchase of negative pressure ambulances, mobile blood unit vehicles and upgrades to ambulances. In close coordination with Global Fleet Unit (GFU), procurement is underway for ambulances for the Indian Red Cross Society (IRCS) and Maldives Red Cross Society (MRCS). The COVID-19 Logistics Dashboard was developed for the COVID-19 operation detailing procurement and mobilization achievements.

In the recent second wave response, commercial logistics partners have been asked to consider providing free air transport for urgently needed oxygen-related medical equipment. To date, UPS has provided services in kind totalling close to CHF 500,000, including three air shipments from China to 20 sites in India, free transport for the same items from China to Sri Lanka and in-kind staff support to CCD Delhi for 18 weeks. Airbus, Airlink, Qatar Airways and Turkish Airlines have also been approached.

Nine personnel were deployed for the COVID-19 operation (7 remotely, 1 on-site, and 1 hybrid) for procurement, logistics and supply chain coordination. The personnel supported China, Mongolia, Fiji, India and regional coordination. In the recent second wave deployment, a Surge Procurement is deployed for India while a Surge Logistics in Mobilization Coordination is providing support to the regional GHS&SCM-AP team. Both are managing their portfolios remotely.

The pandemic has presented widespread challenges to the supply chain management of the organization. It has been necessary to adapt existing systems and ways of working. Some challenges during the response included:

- Limited PPE suppliers in the organization database, and there were not many suppliers outside of China. This added to the time taken for due diligence.
- Lack of clarity regarding quantities of PPE needed by countries presented challenges in developing a procurement strategy and carrying out procurement.
- Long lead times for goods due to excess demand. The situation has been exacerbated by the governments of manufacturing countries prioritizing domestic consumption and reducing manufacturing capacity due to lockdowns. Production lead times during the height of the first wave pandemic spread was 29-67% longer than

usual. A similar pattern can be seen with the second wave demand for oxygen equipment. For example, following a recent Indian Government's directive, oxygen related equipment is banned from export.

- Custom clearance formalities are not easing up for international imports. Exhaustive import documentation is required for some products and higher import taxes have been imposed for some items. This is part of a government's policy to protect local manufacturers and encourage "localization". For sanctioned countries, getting COVID-19 supplies required additional special permits.
- Product authenticity can be an issue. Quality certificates are not readily available for verification and may not be in English, particularly for local procurements.
- For IFRC, PPE and oxygen-related equipment must meet WHO/IFRC standards, except where the local MoH approves and confirms the use of local standards. Lack of such approval from the local MoH delays the verification process.
- Shipping timeframes have increased and freight prices are more than 100% higher than a year ago due to limited freight options (both sea and air) and the critical shortage of containers.
- 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 16 months and the recent second wave response, capturing the challenges posed and lesson learnt from this COVID-19 operation, the GHS&SCM-AP has during this period started to work on some initiatives and projects to promote good practice and ensure better logistics preparedness. This operation has built up the capacity of the support staff and surge HR within the current GHS&SCM-AP team and the Movement in general. The challenges outlined above have provided good practical training. This unprecedented crisis has helped develop the capacity needed by the staff involved in managing the supply chain for this operation. The lessons learnt earlier in the COVID-19 response have been helpful with the second wave response.

On procurement, GHS&SCM-AP with the support of the Medical Logistics has validated more than 20 suppliers including PPE manufacturers and trader/distributors and completed the supplier due diligence process with Finance. The same process will be followed for suppliers of oxygen-related equipment. 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 was established with the support of Medical Logistics. This will ease the lead time required to work through the process in the future. A Framework Agreement (FA) of transport for COVID-19 operation was established and this will be a good practice approach for future operations.

GHS&SCM-AP in collaboration with Medical Logistics, technical Health & Operation team in APRO has developed and shared with AP-CCDs/CDs of the Oxygen-related equipment & PPE items mapping template. This is a continuity of a pro-active approach from last year's PPE demand mapping exercise. This mapping is being carried out on oxygen-related medical equipment. The exercise aims to anticipate and streamlining the procurement needs as they arises while addressing supplies gaps both locally and internationally.

As part of the plan to strengthen the response and preparedness strategy for the COVID-19 operation, GHS&SCM-AP, together with the support from APRO Legal and IDRL, is seeking intervention from Ministry of Foreign Affairs (MOFA) to address the PPE export restriction issue in Malaysia with the Controller of Supplies. This is to affirm the privilege provided to the IFRC in our Legal Status Agreement that, as an international organisation, we are exempted from any and all customs prohibitions in light of our mandate on the delivery of humanitarian aid within the AP region.

Lastly, to align with the organization's overall strategy plan to prepare for the COVID-19 vaccine rollout worldwide, the GHS&SCM-AP has been in discussion with the DCC and Health departments to better understand the National Societies' plans on vaccine rollout and possible supply chain support needs. The team is working on groundwork with countries around the sourcing strategy (local or international procurement) and the feasibility of getting quality assurance for COVAX related items or equipment locally. PPE mapping continues as potential additional needs of PPE are expected during the rollout. It will also be important to look into the medical waste management guideline with both Health and Medical Logistics once the vaccine rollout comes into full effect.

Surge

Since the last 12-month report, many countries in Asia Pacific were affected by the second wave of COVID-19 outbreak and required surge support to the operations in South Asia mostly covering India and Nepal. Technical support was covered for South Asian countries and some support covering other countries across Asia Pacific. A total of 8 rapid response members were deployed to support the second wave of COVID-19 operations. All members provided support remotely. 5 members supported the operations in India, 3 members covering the whole region.

Deployment of 6 members were fully supported by Participating National Societies – Canadian RC (2 - Public Health in Emergencies and Protection Gender and Inclusion), Netherlands RC (1 - Information Management), British RC (1 - Operations Management), Australian RC (1 - Operations Coordination), Swiss RC (1 - General Logistics). The other two members were supported through the operations budget, covering the support for finance and procurement, both coming in from CCD Beijing and CCD Jakarta respectively.

By the competency levels, the support included 3 Tier-1 positions, 4 Tier-2 positions and 1 Tier-3 position. Acting on the recommendations from the review of remote support, profiles that can be supported through remote support were considered and adjustments were made on the ToRs to align with remote support. Managers were oriented on the challenges of remote support and how to manage through various remote working tools.

Financial Analysis

The PEAR budget of 61 million Swiss francs for Asia Pacific currently covers the entire time frame for the operation until 30 June 2022, while the expenditure reported as of 31 May 2021 is about 35 million Swiss francs

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. 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.

In response to the new wave of COVID-19 that started in South Asia and expanded to other countries in Asia Pacific, IFRC has received more funding pledges from donors, which have been much appreciated. India and Nepal receiving high interests due to the new waves of COVID-19 enabled the IFRC and National Societies to respond effectively and timely. The regional response is 64% funded as of 31 May 2021.

National Society response – key highlights

Afghan Red Crescent Society (ARCS)

ARCS has reached 4,432,614 people through risk communication, awareness raising, screening and referral activities, mobilizing 4000 volunteers and 138 health facilities. A total of 3,649 people received COVID-19 vaccine in ARCS COVID-19 hospital. As of 31 May 2021, 711,558 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. **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** (6,250 volunteers).



ARCS Herat branch mobile health team conducting risk communication and hygiene promotion session on COVID-19 to female members of the local community, May 2021. ***Photo: ARCS***

Bangladesh Red Crescent Society (BDRCS)

More than 14,000 BDRCS staff, youth and community volunteers have been deployed in the COVID-19 response operation. The volunteers have played a key role in the vaccine roll out which commenced in February 2021.

Health and Psychosocial Support

Since the start of the COVID-19 pandemic, BDRCS has reached 185,965 people with essential health services at its 56 MCH centres. Between January and May 2021, more than 76,000 people received essential health services through the MCH centres.

23,359 individuals received mental health counselling and/or psychosocial support services (PSS) as part of the COVID-19 response and 2,653 people accessed the PSS call centre in 2020. Following the reactivation of the PSS call centre in April and May 2021, a further 314 individuals accessed PSS and/or mental health support. The PSS team has provided training to midwives and BDRCS youth volunteers on basic psychological first aid (PFA) and stress management. Overall, BDRCS provided PSS assistance to 14,095 people between January and March 2021.

The BDRCS Holy Family Red Crescent Hospital in Dhaka treated 1,348 COVID-19 patients in the period to September 2020. The hospital resumed COVID-19 treatment in April 2021 and subsequently treated 249 COVID-19 patients between April and May 2021. The hospital Intensive Care Unit (ICU)/High Dependency Unit (HDU) has been provided with medical equipment and a Polymerase Chain Reaction (PCR) laboratory. IFRC procured six vehicles (4 ambulances, 1 COVID-19 testing van and 1 blood collection van) to assist with the BDRCS COVID-19 response.

Infection, Prevention and Control (IPC) – BDRCS volunteers worked at the entrance of 60 district central jails. Government hospitals in 60 districts were provided with disinfectant spray machines, chemical solution and training on disinfectant activities. 263 hospitals have been sprayed with disinfectant (2,921 instances). Water purification kits and disinfectant spray have been distributed to 63 Deputy Commissioner offices. 10,240 handwashing stations have been installed countrywide. Community WASH activities have reached 218,378 people.

Vaccination Rollout

More than 2,001 BDRCS youth volunteers supported the government-led mass vaccination drive which commenced on 7 February 2021. BDRCS volunteers assisted more than 5.1 million of the total 9.5 million people who had been vaccinated to 31 May 2021 (57%).

To address vaccine hesitancy and to promote safe hygiene practices, more than 2,400 volunteers in 353 subdistricts participated in a 5-day awareness raising campaign using loudspeakers.



BDRCS, with the support of IFRC, carried out a nationwide awareness raising campaign in 353 sub-districts using loudspeakers. *Photo: BDRCS*

Livelihoods and Basic Needs

BDRCS branches across the country have reached 1,633,278 people with food or other in-kind assistance. Of this, 729,763 people received food assistance. Unconditional cash grants were provided to 176,910 people made vulnerable by COVID-19.

Protection, Gender and Inclusion (PGI)

275 volunteers and staff participated in orientation on Protection, gender and inclusion (PGI), Protection against sexual exploitation and abuse (PSEA) and Child protection. In May 2021, BDRCS conducted menstrual hygiene management awareness sessions in slum areas in Dhaka, which included sections on COVID-19 awareness and the distribution of sanitary pads. Awareness raising sessions were held nationwide with the support of BDRCS branches. During May 2021, an online awareness raising session, aimed at the prevention of violence and negative coping strategies, was held for community organisers, school children, BDRCS field staff and BDRCS youth.

Community Engagement and Accountability (CEA)

BDRCS reached 1,084,774 people directly through risk communication and community engagement and accountability approaches such as community-based activities, face-to-face and interpersonal communication promoting hygiene and other risk reduction interventions. Indirectly 32,956,844 people were reached by BDRCS through community radio shows, awareness raising through loudspeakers and social media. Feedback was received from 7,216 communities/individuals through the hotline, feedback boxes, and email.

COVID-19 response in Cox's Bazar

1,100,722 people (862,277 people in the camps and others in host communities) participated in hygiene promotion and handwashing awareness sessions through the integrated isolation and treatment centre (IITC). This extensive reach was made possible through 3,880 community volunteers.

The IITC treated more than 5,078 patients with COVID-19 symptoms. COVID-19 related messages were provided to 58,714 households during door-to-door and courtyard visits. 2,591 people were supported through PFA integrated with other sectoral activities.

A total of 1,400 WASH facilities, such as tube wells, latrines, bathing cubicles and stands have been disinfected. In addition, 60 women from camp community received training on face mask production.

The COVID-19 perception survey, jointly conducted by the BDRCS, IFRC and Ground Truth Solutions (GTS), has been published and shared with relevant working groups. The survey details the social and financial toll of the pandemic on Cox's Bazar host communities.

Bhutan Red Cross Society (BRCS)

The National Society, as an auxiliary to the government, has played a vital role in complementing the government's effort in combating the COVID-19 pandemic especially during lockdowns, through various national response activities. BRCS was accredited by the government's Health Emergency Management Committee as the **lead agency for dead body management** and cremation related activities during lockdowns. BRCS specialized volunteers have also been responsible for managing any COVID-19 related deaths.



BRCS volunteers in action during management of the first COVID-19 death. *Photo: BRCS*

BRCS volunteers have also supported the Ministry of Health in the collection of swab samples for **COVID-19 testing**, in coordination with the Royal Centre for Disease Control, and have been part of **health screenings** organized at Bhutan's border entries. BRCS volunteers have been a part of various **surveillance and disinfection** activities in their respective Dzongkhags, thereby helping prevent the spread of the infection.

The National Society's extensive specialized volunteer network was used for **transporting essential goods and medicines** to those in need in rural and urban areas during the national lockdowns. Prior to the lockdown, BRCS carried out an extensive **COVID-19 advocacy programme** and set up **WASH facilities** in public areas.

The National Society has been running a **'Red Cross Ride for Health' initiative.** As part of this, BRCS volunteers provide free transportation, within districts as well as across districts, to patients from their homes to hospitals and back. The National Society also provided meal boxes to travellers during lockdowns, especially to patients discharged from hospital and their attendants.

Cambodian Red Cross (CRC)

Cambodia is facing a second wave of infections of COVID-19 which has led to the imposition of several restrictive measures on social gatherings and movement. The country has been divided into different zones (Red/ Orange/Yellow) depending on the number of infections with Red Zones having the largest number of infections. However, vaccinations have started in Cambodia with 3 types of vaccines being available: Sinopharm/AstraZeneca and Sinovac. A Project Agreement of CHF 70,000 for conducting COVID-19 response activities for the year 2021 was finalized in February 2021.

Trainings on MHPSS for senior management and staff of CRC will be held this year. The design and curriculum for the trainings have been finalized and the trainings will be conducted by trainers from WHO and Royal University of Phnom Penh. At least 20 senior management members and staff of CRC received the two-day training on MHPSS on 01-02 April. The second round of training scheduled for

March was postponed due to the second wave of COVID-19 which led to several restrictions being imposed on social gatherings.

The ToT on MHPSS and CEA for volunteers and staff at Red Cross Branches will be held in late May. For CEA programming, the Perception Survey form has been finalized and uploaded to KoBo platform in Khmer and English. Meanwhile, CRC continues to ensure effective coordination with partners at all levels, including the MoH and WHO. The IFRC and CRC teams participate in regular bi-weekly meetings with Operational Partners organised by WHO. CRC is working closely with MoH CDC Team to track updates on the situation of COVID-19 outbreak and prevention measures of MoH and the National Committee to Combat COVID-19.




Across towns and villages, among the young and the old, in the markets and on the roads, Cambodian Red Cross volunteers are reaching out to everyone with messages on preventing the spread of COVID-19 to help curb the pandemic. ***Photos: CRC***

Red Cross Society of China (RCSC)

As the COVID-19 situation remains stable in China, the Red Cross Society of China (RCSC) has resumed its routine work and continues to provide humanitarian support to other countries in need through IFRC. Following the spikes of COVID-19 in India and Nepal in May 2021, RCSC provided USD 1 million in cash assistance to the Indian Red Cross Society through IFRC COVID-19 Global Emergency Appeal. The RCSC also provided in-kind donations, including oxygen concentrators and PPE, to the Indian Red Cross Society and Nepal Red Cross Society through IFRC.



Medical supplies donated by RCSC to Nepal Red Cross Society. ***Photo: RCSC***

Since the re-emergence of cases in Guangdong on 21 May, the RCSC Guangzhou branch and Foshan branch have established anti-epidemic teams, dispatched emergency supplies and mobilized volunteers to conduct front-line COVID-19 prevention and control work.

The IFRC APRO logistic team together with CCD Beijing procured 24 emergency command and control mainframe servers for RCSC provincial branches, to strengthen RCSC's digitization initiatives and capacity to respond to future emergencies.

From January 2020 to 22 June 2021, Hongkong Red Cross, a branch of RCSC, has disseminated health and hygiene knowledge and provided psychological support to more than 3.5 million people, distributed over 4.6 million masks and over 130,000 infection control kits, provided over 300,000 items of relief materials to quarantine centres, provided emergency support to over 119,000 people under quarantine, helped over 400 people under quarantine to collet prescription drugs, set up a 24-hour appointment on psychological support service, and provided community health and education via hotline service.

The HKRC has launched an Integrated Recovery Plan to support the people affected by COVID-19, which strives to enhance community resilience in three aspects, including health, self-sustainability and social inclusion.

To further investigate the causes of pandemic fatigue, the HKRC conducted interviews with research institutions from 22 January to 9 February 2021. The HKRC announced the results of the survey "The Components of Pandemic Fatigue and Its Impact under COVID-19" on 24 March. (Press Release)

HKRC has been closely monitoring the global situation and, on 13 May 2021, called for donations for the COVID-19 pandemic response in South Asia. In 2020, HKRC provided 300,000 surgical masks, more than 600 disposable overalls and 40,000 pairs of surgical gloves to India, Afghanistan, Bangladesh and Nepal.

Cook Islands Red Cross Society (CIRCS)

Currently there are no active cases of COVID-19 in the Cook Islands, but the nation remains on high alert and preparedness continuous to be a priority. In May 2021, the Cook Islands commenced their national COVID19 vaccine programme and CIRCS deployed 45 volunteers to provide support at the mass vaccination site on Rarotonga. The CIRC team has assisted with registration at vaccination sites, crowd management, and monitoring post vaccination.



Volunteer doing a temperature check at a vaccination site. ***Photo: CIRCS***

Risk communication and community engagement on the vaccine are also priorities for CIRCS. At least 7,000 people have been reached through face-to-face and online communications promoting and sharing fact-based information, building trust with communities and helping address vaccine hesitancy.

With the relaxation of travel restrictions with New Zealand, contact tracing is recognized as a critical tool for preventing a COVID19 outbreak in the Cook Islands. CIRCS has supported the development of a contact tracing mobile phone app called CookSafe. Around 8,000 people have signed up to CookSafe and/or have scanned at events or locations. In the event a person encounters a COVID-19 infected person, CookSafe QR card scans enable the Ministry of health to contact that person quickly and arrange testing.

To date, 127 volunteers have been involved in community outreach since the beginning of the COVID-19 appeal. CIRC has also reached 600 individual and a further 300 school children through Infection prevention and control & WASH activities. CIRCS implemented a hand washing programme in the schools to help ensure that the students do their part and always wash their hands to help stop the spread of germs and protect themselves from COVID-19. The COVID-19 pandemic decimated tourism and business travel and this downturn had disproportionately affected the industry's local and international migrant workers. CIRCS so far supported 356 individuals, including the migrants with food and in-kind assistance.

Fiji Red Cross Society (FRCS)

Fiji is currently experiencing a second wave of COVID-19 cases. On 17 April 2021, the highly transmissible Delta variant was detected in Fiji, and as of 1 July 2021 there have been 4,779 cases and 24 deaths. The health and socio-economic impacts of the outbreaks are being felt acutely across the country.



FRCS volunteers supporting the MoH in vaccination roll-out campaign. *Photo: FRCS*

In March 2021, the Fiji Government launched the COVID-19 vaccination programme. As at 1 July, 51% (300,436) of the eligible population had received at least one dose of vaccine and 8.3% (48,503) had been fully vaccinated. Misinformation and disinformation around the COVID-19 vaccine has been spreading on social media, promoting fear and creating vaccine hesitancy. FRCS has trained 232 volunteers and deployed 110 volunteers from 15 branches to support the Ministry of Health in registering individuals at COVID-19 vaccination centres on Viti Levu, and during outreach to communities.

Since March 2021, FRCS volunteers have assisted 79,841 individuals getting COVID-19 vaccinations. FRCS network of volunteers have also been trained on vaccine related key messages and CEA to address vaccine hesitancy in the community.

Risk communication, community engagement, and health and hygiene promotion have been ongoing since the start of the COVID-19 response last year. To date, 109,062 people have been reached through mass media, household outreach and community dialogues.

FRCS is coordinating with MoH to identify needs and gaps in humanitarian assistance to vulnerable people which may be able to be met while ensuring safety.

Indian Red Cross Society (IRCS)

In response to the latest COVID-19 wave in India, which peaked in May 2021, IRCS provided ambulance services, additional first aid support, medical care and oxygen. IRCS handed over 320 ventilators and 20,000 oxygen concentrators to the government. The National Society also supported the Government of India with logistics for government-to-government in-kind donations. These consignments contained ventilators, oxygen concentrators, oxygen cylinders, regulators, oxygen generators, electric syringe pumps, anti-bacterial filters and critical medicines like Remdesivir.



A COVID vaccination centre at a district in the state of Assam, run by IRCS' Assam state branch. *Photo: IRCS*

IRCS branches have supported the local administration with vaccination drives, COVID clinics, testing, screening and surveillance, setting up isolation/quarantine facilities, and distribution of masks, soaps and hygiene parcels. The National Society has also provided ambulance and transport services, psychosocial support and blood services (including transport for blood donors and mobile blood

collection services). The National Society established a 24/7 control room for blood requirements and psychosocial support. Most branches, in collaboration with medical professionals, have established online medical consultations for COVID patients.

Red Cross Volunteers have undertaken awareness raising activities on COVID-19 and immunization at the community level, including handwashing demonstrations and dissemination of IEC materials. IRCS has provided food to people living in hard-to-reach areas and people who are unable to go out due to lockdown restrictions.

The Indonesian Red Cross (PMI)

Health and WASH - As of 31 May 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 113,390 locations**; conducting **health promotion reaching 7,253,563 people**; providing **health services to 1,789,985 people**; and providing **psychosocial support reaching 37,996 people**. To support the operation in all PMI Branches, PMI NHQ has **distributed more than 6 million pieces of various PPEs and equipment** including medical masks, N95 masks, hazmat, boots, and other items. Furthermore, PMI has strengthened its infection and prevention efforts through the installation of **676 handwashing stations** and distribution of **20,000 household disinfectant kit** and **982,420 hygiene kit** for communities across Indonesia.



PMI volunteers distribute and help communities on how to use mask properly. ***Photo: PMI***

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.**

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 **1,031 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.** In addition, **52,000 pieces of printed materials** such as posters and banners have also been distributed.

PMI Blood Transfusion Unit and PMI Hospital Bogor – PMI has committed to providing **convalescent plasma service**. To support COVID-19 treatment through convalescent plasma therapy, 42 PMI Blood Transfusion Units have collected as many as **45,774 convalescent plasmas** from COVID-19 survivors. Meanwhile, PMI Hospital Bogor has examined **3,000 samples for RT-PCR testing** and upgraded some of its isolation rooms and strengthen protection for its workers through

	the procurement of several medical devices and PPEs including 52 units of HEPA filter, Analog Mobile X-Ray, more than 400,000 surgical masks, and other PPEs. **Ambulance Services and Management of Dead Bodies** – PMI's ambulance services have been carried out in 69 PMI offices and more than 30 PMI offices continued the management of dead bodies. To date, the services have been provided to **1,787 suspected patients** and **428 deceased patients**. 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)	**Medical treatment** Starting from the COVID-19 outbreaks in Japan, 88 out of 91 Japanese Red Cross Hospitals have been involved in the COVID-19 operations. A total of 9,813 COVID-19 patients have been admitted to Japanese Red Cross Hospitals. There were 800 inpatients in Red Cross Hospitals as at 9 May and 79 Red Cross Hospitals have treated 63,579 COVID-19 outpatients. As part of the response, Japanese Red Cross Hospitals have deployed 2,785 medical personnel to other sites, including medical facilities, social welfare facilities, prefectures/local governments and PCR testing sites. **COVID-19 Immunizations** The COVID-19 vaccination for healthcare workers in Japan started in March 2021. In JRCS Hospitals, 82.4% of the staff members have received at least one dose of vaccine as of May 2021. Following local government requests, vaccinations for elderly people were provided by 56 Red Cross hospitals. Medical staff members from 17 Red Cross hospitals were deployed to vaccination centres. **Integration of operations with COVID-19** The JRCS operations plan for the fiscal year starting on 1 April 2021 integrates operations activities with COVID-19 response activities. In this fiscal year, Red Cross hospitals will further improve systems for accepting COVID-19 patients, develop the vaccination system, and maintain the role of core hospitals in local communities. JRCS is also involved in developing specialized medical human resources, formulating an infection prevention control manual, and taking basic prevention measures. JRCS is developing a new version of its guidelines for domestic and international disaster responses which incorporates COVID-19. JRCS is also seeking to secure enough PPEs for future operations. Because many people are working from home due to the pandemic, in order to secure enough blood for transfusions, JRCS has modified its blood donation programme by dispatching more blood donation buses to residential areas rather than office areas.
Kiribati Red Cross Society (KRCS)	On 18 May 2021, Kiribati reported 2 cases of COVID-19 aboard a vessel which arrived from Papua New Guinea. The risk of community transmission was low as the cases were quarantined offshore aboard a reefer ship. KRCS coordinates with the Ministry of Health and the Office of the President to implement COVID-19 preparedness activities. Targeted RCCE on COVID-19 is an ongoing priority in Kiribati. Preparedness is critical for preventing rapid transmission in the event of an outbreak. The healthcare system is fragile and would be easily overwhelmed if a COVID-19 outbreak were to occur and the urban areas are at particularly high risk due to high population density. KRCS has mobilized 50 volunteers to promote health and hygiene awareness and distribute IEC materials to 54 communities in South Tarawa, as well as to 2 communities in North Tarawa, 4 communities in Abaiang and 12 in Maiana communities, reaching 23,913 individuals. Risk communication messaging has also been disseminated through local media platforms including radio, TV and newspapers engaging over 33,700 people.

KRCS has also prepositioned PPE for volunteers and staff in the event of an outbreak. Essential hygiene items have been procured for distribution during community and school awareness raising activities. A total of 125 volunteers have been trained on Community Engagement and Accountability (CEA), Psychological First Aid and First Aid training through face to face and using an online platform.

To date, KRCS has also distributed COVID-19 key messages and conducted awareness on good hygiene practices as part of WASH activities in communities and schools, reaching up to 39,841 individuals.

Red Cross Society of Democratic People's Republic of Korea (DPRK RCS)

During the COVID-19 response, the Red Cross Society of the DPRK has been working closely with the relevant authorities as an auxiliary to the government.

Key achievements

More than 500,000 volunteers have worked alongside doctors, nurses and others involved in the COVID-19 response to reach 5.92 million people with RCCE.

Medical equipment and supplies including a RT-PCR machine, 200 viral RNA mini kits, 790 infrared thermometers, 200 personal protective gowns, and 36 PPE kits have been provided to public authorities to support the COVID-19 response.



A volunteer in Kawksan County disinfects a public bus. *Photo: DPRK RCS*

DPRK RCS has continued relief operations and medical services. Essential items have been provided to quarantine facilities to support those staying there. A contingency plan has been developed for COVID-19 escalations. The revision of the Red Cross website homepage, combined with communications using mass media, have enhanced the image of the Red Cross.

Challenges

Cash transfers to the country have not been possible, and this has impacted programme implementation. DPRK RCS and IFRC are working together to find solutions. There continues to be a shortage of medical equipment and supplies, including infrared thermometers and PPE. Additional funds are being sought to enable additional materials to be purchased.

Priorities for the next six months

A key priority is to ensure that volunteers are provided with PPE and essential equipment during community screening, surveillance, and other COVID-19 response activities. Significant quantities of PPE and medical consumables will also be required for the upcoming nationwide vaccination programme. Increase in dissemination of COVID-19 related hygiene promotion messages is planned. The establishment of a Red Cross Emergency Operations Centre would increase the efficiency and effectiveness of emergency relief operations. Information and digitalization is also a priority.

The Republic of Korea National Red Cross (KNRC)

Medical treatment



Korean Red Cross hospitals are triaging and treating infected people. ***Photo: KNRC***

Since the beginning of the pandemic, the Republic of Korea National Red Cross (KNRC) hospitals have been playing crucial roles in triaging and treating patients with COVID-19. Six Red Cross hospitals – Seoul, Incheon, Sangju, Tongyeong, Geochang, Yeongju Hospitals – are authorised by MoH as triage centre for COVID-19 testing. Four Korean Red Cross hospitals in Seoul, Incheon, Sangju, Yeongju have been designated and are operating as COVID-19 Treatment Hospitals in South Korea. These designated hospitals are also responsible for referrals of in-patients to other hospitals and have additional equipment such as negative-pressure rooms to accommodate the infected patients. As of 24 May, 2,404 people had been treated in KNRC hospitals, and temporary screening stations had conducted 31,764 tests.

COVID-19 Immunizations

KNRC has participated in the national COVID-19 immunization project since its commencement on 26 February 2021. KNRC conducted the first round of vaccination for its medical personnel. 1,081 out of 1,130 medical workers (95.7%) were vaccinated in March. As at 11 June, 13,687 people had been vaccinated at KNRC's 6 hospitals (Seoul, Inchoen, Sangju, Tongyeong, Geochang, and Yeongju).

Relief activities

As the COVID-19 trend is still waving in South Korea, KNRC relief activities are carried out in compliance with the government's guidelines relating to quarantine and social distancing. KNRC has provided masks to vulnerable groups, hospitals, and blood centres. KNRC has continued to provide PPE to foreigners (including refugees) to curb the spread of infections. KNRC will continue its efforts to provide support so that no vulnerable populations are left out.

Psychological support

The KNRC is also conducting Pet Plant distributions to prevent depression by the effect of COVID-19 together with the Korea Forest Service, Ministry of Public Administration and Security, and Ministry of Health and Welfare. Through the Pet Plant Distribution Programme, the KNRC provides psychological support to people going through prolonged anxiety and depression due to COVID-19 by giving out 2,000 plant seed packages through 17 Disaster Psychological Resilience Support Centres across the country.

Lao Red Cross (LRC)

Month-on-month, Laos has seen a 22,000 per cent increase in the number of cases recorded by May 2021 while vaccinations have covered about 2 per cent or less of the population. On 10 May, the country recorded its first death due to COVID-19 and the surge is severely straining the country's health system. Medical experts from Viet Nam Laos are assisting with the response and WHO is working closely with Ministry of Health. Laos has received a grant from Australia for around 1 million doses of vaccine and associated technical assistance. The Chinese government has sent 25 medical experts to Laos and provided USD 1.5 million worth of medical supplies.

With this new wave affecting people all over the country, the MoH is conducting Public Awareness and Public Education training (PAPE) training in 11 LRC branches. A two-day training focuses on prevention measures, risk of transmission, and vaccine awareness in 5 branches; Phongsaly, Udomsai, Luangnamtha, Vientiane province and Salavahn. A one-day refresher training focuses on the risk of

transmission and vaccine awareness in 6 branches - Xayabouly, Borkae, Savannakhet, Houspan, Xiengkhoung and Bolikhamxai.




LRC teams in Vientiane and Luang Prabang sanitising houses and isolation centres. ***Photos: LRC***

The Swiss RC has allocated approximately CHF 75,000 to support LRC for PAPE and disinfection activities (only of houses with infected people and isolation centres).

Malaysian Red Crescent Society (MRCS)

MRCS mobilized staff and volunteers with medical background to augment the capacity of Hospital Selayang. As previously reported, MRCS **has distributed PPE to detention centres and hospitals,** including 318,390 surgical masks, 10,000 N95 respirators, 20,948 isolation gowns and other items**. 22 ventilators** and other medical equipment have been distributed nationwide. MRCS volunteers manufactured and donated a total of **99,787 face masks** to Government hospitals and clinics.

MRCS has **supported 12 health facilities to maintain their services and supported health screening of 520 people** in Kuala Lumpur. MRCS WASH activities to date include sanitizing public places and hygiene promotion activities for 2,250 people in Kelantan. MRCS, in partnership with a private clinic administered COVID-19 tests for 696 vulnerable people including 95 migrant workers.

MRCS conducted a two phase COVID-10 perception survey nationwide in June and in December 2020, as part of its community engagement and risk communication activities. The Perception Survey Phase 2 report has been finalized and shared with the MoH. MRCS has used the survey to develop priorities for Community Engagement including addressing the vaccine hesitancy, addressing the stigma on migrant workers, enhancing COVID-19 knowledge through religious leaders, and improving IPC in the health facilities. MRCS is currently preparing for a third survey phase.

The **Mental Health and Psychosocial Support (MHPSS) Committee,** which was established in October 2020, developed a national strategy and launched the 'RedCrescent4u Careline' in December 2020. To date, a total of 2,164 people have accessed the Careline.

MRCS also distributed 33,750 family kits (food packages), 53,950 cooked meals, 271,524 hand sanitizers and 2,642 hygiene kits to vulnerable people and provided a cash assistance to 2,987. MRCS provided tablets to 120 students from vulnerable families in Kedah and Selangor to enable online study.

MRCS has mobilized **more than 2,000 volunteers** to implement those activities mentioned above. MRCS provided training to volunteers and staff related to COVID-19, included on COVID-19 awareness, PPE use, Community Engagement and Accountability (CEA), Psychological First Aid (PFA), and Cash & Vouchers Assistance (CVA).



MRCS volunteers conducted perception survey on COVID-19 in a village. ***Photo: MRCS***

MRCS operates an Emergency Ambulance Service in the Federal District of Kuala Lumpur and 11 states. It also manages the '999' emergency assistance hotline in Malaysia. Under an agreement between MRCS and MOH, **52 people presumed to have COVID-19** accessed the ambulance service to January 2021. To ensure the safety of ambulance crews, **two negative pressure ambulances** have been procured. In addition, **two 4WD ambulances** were procured and delivered to MRCS Sarawak and MRCS Sabah in April 2021. In late 2020, **three medical service vehicles** and **three 4WD vehicles** were procured to facilitate the transport of transporting MRCS personnel and supplies supporting health activities in hard-to-reach areas.

MRCS co-leads **the Malaysia COVID-19 Coordination and Action Hub (MATCH),** a coordination platform which brings together civil society organizations, donors, and relevant government agencies, and the Department of Social Welfare. MRCS also hosts the platform's Secretariat leads two clusters: (i) food security and basic needs, and (ii) community resilience. MRCS has also **established a ResponseMalaysia fundraising platform,** as a new source of funding stream. MRCS **Migration Working Group** has developed an action plan. A current focus is migrant access to vaccination.

MRCS has been **appointed to be a member of the National Task Force on vaccination**, to support the volunteer management system (VMS) for the vaccination centre. The VMS app for MyVac (Malaysia Vaccine Support Volunteers) was operationalised on 11-April, a week before the opening of the vaccination centres on 19-April. To-date, 37,000 volunteers have registered onsite to provide both medical and non-medical support, and about 3,000 volunteers are being deployed to 200 vaccination centres.

Maldivian Red Crescent Society (MRCS)

The Maldivian Red Crescent Society (MRCS) has focused 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 Centre established by the Ministry of Health.

As a part of the response MRCS runs, through the **Migrant Support Centre** established by MRCS Male' Branch**, a helpline to provide service to migrants seeking help.** From April 2020 – 31 December 2020, a total of **3,756 calls** were attended by the Migrant Support Centre. The Migrant Meal Provision Programme from 27 June – 31 December 2020 distributed over **14,773 meals and 643 hygiene kits to migrants.**

From February 2021, the National Society has been supporting the Health Protection Agency in supporting the nationwide **vaccination** efforts in the Maldives. Volunteers have been mobilized to

provide support at vaccination centres in Male', Addu and Haa Dhaal branches, assisting with registration, managing queues, and helping the elderly and those who need assistance at these centres. MRCS is also utilizing its vehicle fleet to carry out mobile vaccinations to administer COVID-19 vaccines to bed-ridden and high-risk elderly patients living in the Greater Male' Region. Since the beginning of the nationwide vaccination campaign**, 427 mobile vaccination trips** have been carried out by MRCS' Male' branch.

MRCS has also partnered with health authorities and taken up the task of COVID-19 **vaccination registration service to undocumented migrants** from 20 February 2021 onwards. A total of **4,168 migrants** have been registered under this service with over 50% of those registered receiving the first dose of the vaccine.

The National Society has **provided PSS helpline services through 1425 toll free number**: From April 2020 to May 2021 a total of **1,741 calls have been received** to the helpline. 45% of those who received the service were male while 55% were female. Further, **7,313 individuals have been trained/oriented in psychosocial support and PFA.**

From March–December 2020, MRCS **supported Rapid Response Teams of the Health Emergency Operations Centre** - providing services such as the transfer of bed-ridden COVID-19 positive patients and their contacts. By 31 May 2021, **3,544 suspected or confirmed COVID-19 patients received help with movement**. This operation also supported the movement of COVID-19 samples collected from across the Maldives to laboratories in the Greater Male' region from March 2020 – January 2021.



A COVID-19 patient being moved by MRCS volunteers using the National Society's vehicle support. ***Photo: MRCS***

Marshall Islands Red Cross Society (MIRCS)

The Marshall Islands National Emergency Operations Centre is operational, and a State of Emergency was declared in January 2020 in response to the COVID-19 outbreak. During 2020, RMI reported 4 confirmed cases of COVID-19. There are currently no active cases.

On 29 December 2020, Marshall Islands became the first country in the Pacific to commence COVID-19 vaccinations. As at June 2021, 64% of the population had been fully vaccinated in Majuro, 75% in Kwajalein and 7% in the outer islands.

Under the National Disaster Risk Management Arrangements, MIRCS's role is to act as a Supporting Agency in the areas of Health, Risk Communication and WASH.

Accordingly, MIRCS volunteers and staff have been deployed with MoH vaccine teams in Majuro and Ebeye, providing administrative support and conducting household awareness on the COVID-19 vaccine. MIRCS has assisted 227 vulnerable individuals to access vaccines in Majuro and Ebye.

To date, MIRCS have reached 11,240 people through risk communication, community engagement, and health and hygiene promotion. A total of 365 hygiene kits have been distributed in communities and schools to promote COVID-19 prevention practices.



RC volunteers registering elderly people for their vaccination. *Photo: MIRCS*

Micronesia Red Cross Society (MRCS)

While Federated States of Micronesia remains COVID19 free, preparations continue for a potential outbreak. Of the eligible population (those 18 years and over), coverage of the first dose of the vaccine across the 4 states was as follows: 51.2% Pohnpei, 42.5% Chuuk, 55.1% Yay and 55% Kosrae. By 31 May, 56% of people over 50 had received at least one dose.



Volunteers assisting with the vaccination programme. *Photo: MRCS*

MRCS are supporting the Pohnpei State Taskforce and Municipal Taskforce in planning and implementing the COVID-19 vaccine programme in Kitti. MRCS conducted household visits to disseminate key information about the vaccine, including referral to the vaccine sites, while public health teams provided the vaccination. As part of this vaccination campaign, MRCS reached 70% of the population in Kitti, which is approximately 1,456 households. 815 people from these households have received at least one dose of the COVID-19 vaccine.

The MRCS Chuuk Chapter has delivered refresher training on COVID-19, including preventative measures, to communities in Eot and Romolum. As part of this outreach, RC teams also engaged with community disaster management teams to draft an action plan for responding in the event of a possible COVID-19 case in the community.

RCCE through community outreach and mass media channels has been ongoing. Approximately 31,000 people have been reached by WASH activities, including awareness raising in schools regarding good hygiene practices (reaching up to 9,000 school students). MRCS has provided training in approximately 75 schools on the 4 main islands about the safe school protocol, including daily temperature checks prior to entry and hand washing. These schools also received COVID-19 preparedness supplies such as infrared thermometers, water buckets for handwashing, and soap.

To date, MRCS has also supported 115 repatriated individuals completing mandatory quarantine on arrival by regularly monitoring their welfare, assisting with basic needs and helping maintain family links.

Mongolian Red Cross Society (MRCS)

Mongolia's first wave of COVID-19 commenced in March 2021, and as at 4 July 2021, there are currently 41,710 active cases. As at 4 July, Mongolia has one of the highest vaccination coverage rates in Asia Pacific, with an estimated 3.8 million doses having been administered, resulting in 53.6 of eligible people being fully vaccinated and a further 9.1% partly vaccinated.

The Mongolian Red Cross Society (MRCS) response has included training volunteers, providing PPE to hospitals, and providing psychological support services to people in quarantine and supporting vaccination efforts. Following the increase in cases at the end of May 2021, the Ministry of Health and local health authorities asked MRCS to mobilize more trained volunteers to support people in isolation. MoH and MRCS also discussed setting up field hospitals at national and local level. Six MRCS staff members have tested positive for COVID-19 and are receiving hospital treatment. CCD Beijing is in close collaboration with MRCS to provide any necessary support.

Vaccine roll-out operation

As a member of State Emergency Commission, MRCS is involved in the vaccine roll-out operation. In March 2021, 180 MRCS volunteers provided crowd control support at 100 vaccination centres. The MoH requested a further 800 volunteers to support the work at vaccination centres.

From 12-16 April 2021, the MRCS, MoH, the National Centre for Gerontology, and the Capital City District Special Commission, jointly organized a vaccination campaign for the elderly. 19 MRCS staff members and 55 volunteers provided bus transportation for elderly people travelling to vaccination sites in the capital city and Bagakhangai district. The large buses were equipped with PPE, wheelchairs, warm blankets and walking sticks. MRCS staff members and volunteers disinfected the buses and vaccination sites every hour. A total of 4,883 elderly people were vaccinated.



MRCS staff members and volunteers are transporting the elderly to vaccination site. *Photo: MRCS*

Support to front-line workers during lockdown

MRCS conducted two activities to support frontline workers during the period of strict lockdown between 5-8 May 2021. First, MRCS workers distributed lunch to vaccination workers at 123 vaccination points in six districts in Ulaanbaatar city, supporting 2,100 shift workers. MRCS also handed over more than 10,000 facial masks to officers from the Traffic Office, National Emergency Management Agency, Border Protection General Agency and Forced Army, who were supervising and monitoring work on roads and streets during the lockdown.

Myanmar Red Cross Society (MRCS)

As at 31 May 2021, there were 143,751 confirmed cases of COVID-19 and 3,216 deaths.

The Myanmar Red Cross Society (MRCS) has mobilized over 6,600 volunteers and staff across the country. Key achievements over the 16 months to 31 May 2021 include:

- 2,469,760 people reached with key RCCE activities and hygiene promotion messaging
- 276,517 people in quarantine/self-isolation provided with material support
- 205,718 people supported with maintaining access to essential health services in communities
- 127,188 people provided with mental health and psychosocial support (MHPSS) services
- 75,339 people supported to get COVID-19 vaccinations
- 43,500 people supported through community WASH activities such as hand-washing basins

- 32,858 contacts of positive COVID-19 cases traced
- 5,302 people made economically vulnerable by COVID-29 supported with cash or voucher-based assistance
- 3,552 people from highly vulnerable groups (displaced, migrant, host families) supported with cash and/or in-kind assistance for basic needs and livelihoods.

Since 1 February 2021, Myanmar has been undergoing a political crisis, resulting in widespread civil unrest and significant humanitarian implications and growing needs across the country. People injured as a result of violence and unrest have required first aid support and ambulance services, while population displacement is increasing. International sanctions, along with internal banking disruptions, have restricted access to cash for populations across the country. Economic consequences include a general increase in poverty and increased risk of food insecurity for already vulnerable populations. Other measures such as internet restrictions and curfews have also impacted humanitarian response operations.

Public health system disruptions have impacted access to health services for the most vulnerable and increased public health risks. Impacts include reduced access to regular testing, tracing and treatment services for all diseases including for COVID-19. The COVID-19 vaccination roll-out which commenced in January 2021 has continued but at a significantly reduced scale due to the unrest and ongoing widespread vaccine hesitancy and non-uptake. Most worryingly, a recent increase in cases since the end of May, particularly along the north-western border with India as well as in Yangon, suggests a new wave of COVID-19 may be beginning.

IFRC have been continuously supporting MRCS with ongoing funding and technical support, adjusting activities according to the changing context. IFRC and MRCS have been working to revise and update the national society's COVID-19 response plans and activities. Whilst many core activities, such as risk communication and community engagement (RCCE), are continuing, some others (such as cash-based support) have been scaled down due to the challenging operational context. IFRC is also supporting MRCS's preparations for a new wave of cases, including procurement of oxygen therapy supplies (cylinders, concentrators, etc) which are greatly needed to enable the already weakened local clinical health services to treat people suffering from acute COVID-19 symptoms.

Nepal Red Cross Society (NRCS)

As of 6 July, **2,345,222 people in Nepal 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 **1,327,421 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 **4,469 members from the community received psychosocial support** from NRCS and **195 staff and volunteers have been trained/oriented** in Psychological First Aid. In addition, IFRC and its membership handed over **225 oxygen concentrators** to the Ministry of Health and Population (MoHP) and Nepal Red Cross for distribution to recipient hospitals through NRCS networks. More than **10 tonnes of PPEs** have been dispatched to protect NRCS essential workers and promote safety among community members. Also, NRCS has handed over **2,447 pulse oximeters** and **1,000 infrared thermometers**.



Youth volunteers supporting an elderly to get COVID-19 vaccination in one of the vaccination centre of Gulmi District. ***Photo: NRCS***

In addition, the Government of Nepal has started rolling out the COVID-19 vaccination from 27 January 2021. As of 6 July 2021, 2.6 million people have been vaccinated with at least first dose and 759,954 people have been fully vaccinated (only **2.6 per cent of the population)**. NRCS is supporting the vaccination campaign through preliminary examination of persons receiving the vaccine and provided necessary counselling regarding the vaccine. At least, **353 vaccination centres** have been supported mobilizing **988 volunteers** in the centres reaching out to **22,716 People**.

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, **126,156 people have been reached with hygiene promotion activities** such as hand washing demonstration and practical sessions being conducted by the WASH-trained volunteers.

NRCS has distributed **826,232 IEC materials** among the communities and **190 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, **1,854 calls related to COVID-19 have been received and resolved in the NRCS hotline-1130.**

In the last 16 months, NRCS has supported **477 tents, 4,197 tarpaulins, 15,634 blankets, 4,158 mosquito nets and 8,472 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 **3,954 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 throughout the country, NRCS has developed various guidelines as part of the institutional capacity building.

New Zealand Red Cross (NZRC)

There is currently no community transmission of COVID-19 in New Zealand, although a small number of cases continue to be identified at the border (mostly among those completing quarantine following entry to New Zealand).

New Zealand Red Cross remains ready to support communities affected by COVID-19. The COVID-19 National Recovery Advisory Group has developed a range of written resources to support people bereaved during COVID-19, with a particular focus on those who are unable to reach loved ones due to travel restrictions. NZRC has received a number of requests for COVID-19 Psychosocial Support workshops – particularly for universities and other institutions working with international students - and will soon be piloting a COVID-19 version of its Recovery Matters workshop. The National Society is also adapting its Psychological First Aid (PFA) training for young people, based on needs reported across the sector.

Pakistan Red Crescent (PRCS)

Over the past 16 months, Pakistan has experienced three waves of the virus, with each wave hitting more severely than the last. During this time, Pakistan Red Crescent Society has reached over 33 million people and made a significant contribution to the government's national response plan.

The government's national COVID-19 vaccination was rolled out in February 2021. PRCS has realigned its response efforts to integrate vaccination administration, awareness and advocacy activities.



PRCS staff administering vaccine at the transformed PRCS Mass Vaccination Centre in Rawalpindi. ***Photo: PRCS***

In March 2021, PRCS converted its Corona Care Hospital (CCH) in Rawalpindi into a designated Mass Vaccination Centre (MVC). By 31 May 2021, 14,587 individuals had been fully vaccinated at the centre, and a further 22,109 partially vaccinated (a total of 50,713 doses). PRCS collaborated with Uber Pakistan to provide 2,000 free rides for elderly people travelling to vaccination centres.

With the transformation of the CCH into an operational vaccination centre on 1 March 2021, all in-patient care services were discontinued with the exception of sample collection for PCR testing. Prior to its transformation, the hospital provided in-patient services to a total of 310 COVID-19 patients (241 recovered at the CCH, while 69 were transferred to an Intensive Care Unit, with 6 of those passing away).

Door-to-door vaccination campaigns started in May 2021 ahead of the scheduled opening of five additional mass vaccination centres in July/August. The first mobile campaign, which was launched in Islamabad, focused on vaccine registration, vaccine advocacy and promoting vaccine acceptance. Future campaigns are expected to include transport to vaccination centres for vulnerable people and/or mobile vaccination administration in ambulances.

PRCS's COVID-19 awareness building activities have reached 33,614,506 individuals using a mix of traditional and electronic media. Aligning with the shift in focus, efforts are now heavily inclusive of addressing vaccine hesitancy and advocacy. As at 31 May 2021, 263,769 people had been reached. Mass media campaigns are planned for the coming months to increase the reach of this programme.

A shift in the type of COVID-19 queries received through the PRCS feedback hotline 1030 was also seen post March 2021. There was a sudden increase in the number of questions/queries about the vaccines available and the rumours and myths surrounding them, the overall vaccination process, along with continued advocacy for the practice of preventive measures.

To build capacity to support the expanding vaccine programme, 79 staff and volunteers have received training/orientation regarding vaccine administration and/or vaccine related information dissemination.

To enable communities to practice the hygiene practices being promoted, 225,682 people have been reached through the provision of household hygiene kits and the establishment of handwashing stations in heavily populated public locations. In addition, 857,752 beneficiaries received food assistance.

Palau Red Cross Society (PRCS)

To date, there have been two confirmed cases of COVID-19 in Palau and there are currently no active cases. Since April 2020, 5,766 Covid tests have been conducted and 1,371 inbound travellers have completed quarantine on arrival. MoH commenced COVID-19 mass vaccination on 3 January 2021 for targeted priority groups and eventually all eligible adults in Palau. On 17 June 2021, Palau reported that 13,290 (100%) of the eligible population had been fully vaccinated.



Red Cross Disaster Action Teams training. ***Photo: PRCS***

The PRCS has attended National Emergency Committee meetings since the start of the outbreak, to ensure a coordinated response. Palau Red Cross Society has mobilized close to 110 staff and volunteers for the response.

On 23-26 March 2021, 65 participants from 13 states attended Red Cross Disaster Action Teams (RDAT) training. The training included sessions on epidemic control, including COVID-19 preventative measures and hygiene promotion.

Around 10,783 individuals have been reached through mass media (including social media) since the outbreak started. More recently, 1,000 IEC materials have been distributed on the importance of the second dose and 'new normal' practices post vaccine.

PRCS staff and volunteers have received refresher training on the use of PPE during disasters and the COVID-19 response. In case of an outbreak, 11 staff and volunteers also participated in Dead Body Management Training.

Since March 2020, PRCS has reached 1,212 people through WASH activities advocating about COVID-19 prevention, handwashing, and infection control. PRCS has supported the Quarantine Core Team by delivering food and personal items to individuals in quarantine facilities. Volunteers have delivered COVID-19 awareness messages, distributed hygiene kits and provided psychosocial support to vulnerable groups across 16 states.

Papua New Guinea Red Cross Society (PNGRCS)

As of 5 July 2021, there were 17,098 cases with 173 deaths in PNG. RCCE by PNGRCS has reached over **75,000** people in 13 provinces, including many living in hard-to-reach areas, e.g. small islands. **Health infrastructure in PNG is highly fragile to a level of non-existent in far flung areas due to accessibility, lack of national/regional resources, and security issues.**

PNGRCS has been able to coordinate and work well with national and provincial health authorities, provincial disaster management authorities, other UN agencies, INGOs and local humanitarian actors. **PNG Red Cross has been clearly visible at both national and provincial level for its active involvement with communities.**

IFRC has continued to be a major source of funding and technical support. IFRC has allocated 357,501 Swiss francs (till PEAR 10) to support PNGRC in its efforts to engage with communities and spread messages about staying safe. PNG country delegation has supported staff, volunteers, senior management, and governance and raised awareness of best practices that could be replicated in PNG context.
Major lessons learnt to date include the need to develop:

1. Outreach by the NS to cover its remaining 9 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)

PRC's response to COVID-19 has been strategic, sustainable, and commensurate with the massive impacts of the pandemic. PRC has maximised its efforts and application of resources by working collaboratively with partners. PRC has continued its ongoing support to healthcare authorities. It has established 80 medical field tents for medical, admission and triage purposes. In addition, isolation wards across the country have served 44,268 people.

PRC is the only organisation with a systematic RT-PCR testing platform which provides results in 24 hours. It has also started administering the saliva RT-PCR test. The PRC Convalescent Plasma Centre in Port Area has served 846 COVID-19 patients during the reporting period.

PRC has supported the Department of Health by providing ambulance transport for 2,854 suspected and confirmed COVID-19 patients. This programme has been supported by IFRC, ICRC, American Red Cross, the Netherlands Red Cross, and the Australian Government.

The PRC Mandaluyong vaccination centre, which opened in March 2021, serves both frontline personnel involved in the COVID-19 response and other prioritized groups, including senior citizens and people with comorbidities. PRC personnel will support the authorities with the administration of COVAX and provide accurate and timely information on the vaccine to the public.

PRC has coordinated with government authorities in the establishment of 13 molecular laboratories across the country, and a further laboratory is being constructed in Cotabato City. To date, PRC has tested 3,357,830 specimens.



Philippine Red Cross (PRC) exceeded 3 million COVID-19 RT-PCR tests nationwide and lead the entire country in testing 13 months after its first Molecular Laboratory was established on 14 April 2020. ***Photo: PRC***

The PRC is reinforcing COVID-19 safe behaviours through:

- RCCE activities with a focus on the correct use of masks, physical distancing, hand hygiene and respiratory etiquette. Hygiene awareness activities have reached 6.1 million people.
- Distribution of 75,998 hygiene kits to communities and patients
- 3,192 hand washing facilities.

The PRC "Helpline (1158)", which was established to take calls related to COVID-19, has received a total of 267,668 calls. It operates 24/7, providing information and advice to callers in their own language. The 6,000 volunteers on the helpline have received appropriate training, including psychological first aid, enabling them to provide psychosocial support (PSS) to callers. This service also helps address COVID-19 misinformation.

Cash assistance interventions to date include multipurpose cash grants (MPCG), conditional cash grants, cash for work, COVID-19 families' food and cash support, and cash for surveillance. The

programme helps address recipients' immediate basic needs, provides incomes while livelihoods are disrupted, enables access to basic services, and covers incidental costs incurred during lockdown. Cash assistance has been provided to 25,541 families with the support of IFRC, American Red Cross, Netherlands Red Cross, and the Chinese Embassy. Food distributions have targeted the most vulnerable and families of people with disabilities. A total of 62,212 families have received food packs.

Measures have been established to ensure the continuity of PRC operations and services, including the 95 blood service facilities, nationwide ambulance operations, a dialysis centre, and the Eastern Samar community clinic. Chapters have been informed of protocols which need to be adhered to prior to implementing any programme activity and this extends to coordination with Local Government Units. PRC continues to safely utilize its volunteer base to conduct a diverse range of COVID-19 risk mitigation and response activities.

Samoa Red Cross Society (SRCS)

On 27 November 2020, Samoa reported its first case of COVID-19. A total of 3 cases have been confirmed to date. There are no active cases at this time. However, pandemic preparations are ongoing.

The COVID-19 vaccination programme started on 24 April 2021. SRCS have deployed 52 volunteers to support the Ministry of Health at 23 vaccination sites. Volunteers assist with crowd management, provide standby first aid, assist with community mobilization, and monitor people post-vaccination. To date, volunteers have assisted 1,663 individuals from 6 villages in Upolu Island, government leaders and members of the National Emergency Operation Centre (NEOC).

Volunteers have also disseminated information on the COVID19 vaccine to 9,128 people from Aua and the Ana districts on Upolu Island and the Alataua and Palauli districts in Savaii Island.

SRCS have conducted WASH awareness including a presentation using drama involving 15 volunteers which has reached 6,094 students in 4 schools. A total of 6,378 hygiene kits have been distributed in communities and schools to promote safe COVID-19 practices.

SRCS has continued to work collaboratively with the Ministry of Health to organize blood drives to maintain the supply of blood throughout the pandemic. To date, SRCS has collected blood from 1,589 donors.



SRCS volunteers ready for deployment to vaccination sites*. Photo: SRCS*

Solomon Islands Red Cross Society (SIRCS)

To date, 20 COVID19 cases have been reported in Solomon Islands, all within border quarantine facilities. There are no active cases in the country. Solomon Islands commenced COVID-19 vaccinations on 24 March 2021. At least, 18,050 individuals have received first dose of vaccine, while 3,692 of the eligible population have been fully vaccinated.

Since the beginning of the COVID-19 outbreak, SIRCS have reached 183,352 people through RCCE on COVID-19. In May 2021, SIRC staff volunteers participated in training on vaccine CEA. The branch in the Western province is collaborating with the MoH RCCE team to conduct awareness on the COVID-19 vaccine and increase uptake. SIRC have also been disseminating information on vaccine safety using social media. In addition, in the Malaita Province, SIRC have also been reaching out to communities to address stigma relating to COVID-19.

In order to promote strong hygiene practices in high risk settings, SIRC have helped religious institutions in Guadacanal province install handwashing stations for their congregations, benefitting up to 1800 people who attend the targeted churches.

SIRCS volunteers and staff have supported 300 repatriated individuals at Institutional Quarantine Facilities by regularly monitoring their welfare, providing support for basic needs and helping maintain family links. SIRCS have also been identifying individuals in the facilities with special needs, helping to link them with service providers and gathering feedback to be relayed to relevant authorities.

With a spike in cases across the border in Papua New Guinea, the Solomon Islands are on high alert for COVID-19 cases crossing the border. SIRC will continue to prepare the community by rolling out the 'WHO Community Pandemic Preparedness tool' and continuing to disseminate key messages on COVID-19 and preventative measures.

Sri Lanka Red Cross Society (SLRCS)

SLRCS has been responding to the pandemic from its onset, including the latest wave that peaked in May 2021, covering all districts, adopting the response in accordance with the dynamics of the pandemic's impact on the country. During the period February 2020–31 May 2021, SLRCS has been implementing different activities while assisting to the government in line with the national response plan. So far, through its network of 25 branches representing all districts of the country, **SLRCS has reached out to a total of 5.2 million people across the country.**

Social Behavioural Change Communication (SBCC) activities are one of the priority operational areas across the nation. A total of **1,903 SBCC focused interactions** have been implemented across all 25 districts of the country. SLRCS closely collaborated with the Health Promotion Bureau of the Health Ministry, contributing towards the National Risk Communication Strategy. As the pandemic situation became more critical in Sri Lanka, SLRCS implemented SBCC strategies such as COVID-19 preventive measures, vaccine promotion, public awareness and public education on home quarantine guidelines in three languages – Sinhala, Tamil and English. These educational activities were conducted for the general public through social media, SLRCS web page, TV advertisements with COVID-19 hygiene protocols as well as by displaying posters at public places.



SLRCS volunteers distributing leaflets in a community to spread awareness on COVID-19 prevention methods. ***Photo: SLRCS***

SLRCS supported the Ministry of Education **Transmission Risk Reduction programme,** providing hand wash basins, isolation rooms with essential medical equipment and disinfection activities to **281** schools. At the same time, SLRCS continued its staff and volunteer care interventions during the pandemic and completed **117 volunteer capacity development** trainings. As direct support to the health sector, SLRCS continued to **support critical health facilities with 334,438 robes and 142,075 face masks** as part of Personal Protective Equipment (PPE) distributed across the island. Meanwhile, the UBER taxi company offered 50,000 **free rides** to transport vulnerable people and health workers to vaccination centres and **158 ambulance services** provided for frontline workers and patients.

As testing of people is a key activity in pandemic prevention and containment, SLRCS supported the Ministry of Health with **29,900 PCR test kits and 32,600 Viral Transport Medium**. Considering the continuous requests received from hospitals, SLRCS volunteers were deployed at hospitals and treatment centres to assist medical staff. **884 volunteer deployment** activities were completed across the country by providing administrative support to medical staff. Further, **40 blood donation** activities were conducted at branch level during the pandemic to support the National Blood Bank.

The Thai Red Cross Society (TRCS)

Thailand is also facing a new wave driven largely by the more infectious variant B117, first seen in the UK, pushing the total number of cases to more than 225,000 cases and recording more than 1600 deaths. Thailand has approved the use of vaccines of Sinovac Biotech (SVA.O), AstraZeneca (AZN.L) and Johnson & Johnson (JNJ.N), of which the first two are being administered in the country.

Thai Red Cross has distributed 225,931 relief kits and drinking water to those undergoing home quarantine in 71 provinces. Another set of 70,925 relief kits and drinking water has been distributed in 49 provinces among those who have been financially affected by COVID-19 and were not assisted by any other organization.

The IFRC has handed over two buses that will function as mobile blood donation units. Thailand faces a shortage of blood during COVID-19 and TRCS has been organising blood donation drives to encourage people to donate.





Kathryn Clarkson, HoD of IFRC CCD Bangkok hands over the ceremonial key of the blood donation buses to Mr Tej Bunnag, Secretary General of Thai Red Cross on 7 May 2021. *Photo: TRCS*

TRCS has produced additional IEC materials: brochures on 'COVID19' in three languages (90,000 pieces in total) and posters on 'Stigma and Discrimination' during COVID-19, in four languages (30,000 pieces in total). TRCS also plans to conduct PAPE in 5 provinces (Chiangmai, Samut Songkram, Samut Sakhon and Pattani). 250 T-shirts with key messages to be distributed to those participating in PAPE (FDG) have been produced as well. TRCS has also produced more cloth masks for distribution: 105,000 masks for adults and 21,000 masks for children.

Timor-Leste Red Cross (CVTL)

Health and WASH – With the increase of imported cases, CVTL ramped up its responses in areas bordering Indonesia. As of 31 May 2021, as many as 1,006 CVTL volunteers have supported COVID-19 screening in several public locations and health/quarantine facilities. A total of 221 tents have been installed at several border checkpoints and government's quarantine sites, that are used as COVID-19 screening tents for people entering Timor-Leste, alongside tents for professional health workers. CVTL also deployed 50 health personnel (**23 medical doctor and 27 nurses**) to provide a range of health services such as health screening and monitoring, regular medical check-up, and mental health and psychosocial support that reached more than 1,000 people in isolation across 14 quarantine facilities

and one isolation facility in capital of Dili. In addition, CVTL has also supported to maintain essential health services in 61 health facilities across the country.

Mental health and psychosocial support services were provided to **593 people** in quarantine facilities. Additionally, CVTL has also managed to maintain 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 525,408 **direct beneficiaries** and **113,778 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 **206,310 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 in providing logistic supports to the governments' quarantine facilities.

Risk Communication and Communication Engagement and Accountability – A rapid assessment of community perception on COVID-19 was conducted with **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 during the Pillar-2 Working Group Meeting that was also attended by several humanitarian agencies in the country in October 2020. Various information, education, and communication (IEC) materials such as brochure and poster for more than **10,000 pieces** to support the RCCE activities were produced. 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 that reached approximately more than **1,000 people.** 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.

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, CVTL also conducted Epidemic Control for Volunteers (ECV) and CBS training that reached **86 volunteers and staff** from 13 branch offices. In volunteer management, CVTL has insured a total of **733 personnel**; developed the Health Voluntary Safety Guideline and Volunteer Protocol for Volunteer Mobilization; and provided **4,440 PPEs** for all personnel deployed.



CVTL health workers and volunteers provide a range of health services at isolation facilities. ***Photo: CVTL***

Tonga Red Cross Society (TRCS)	There have been no confirmed cases of COVID-19 in Tonga since the beginning of the pandemic. Nevertheless, preparedness remains a high priority. Tonga launched its COVID-19 vaccination campaign on 15 April 2021. To date, 1.3% of the eligible population have been fully vaccinated. TRCS volunteers and staff have been trained on vaccine CEA to engage with communities on vaccine key messages and address misinformation. In coordination with the Tongan Ministry of Health, TRCS is supporting repatriated individuals completing mandatory quarantine. Volunteers have supplied essential hygiene items and blankets to quarantined individuals at Makeke and Taliai Camp quarantine facilities. A total of 1,107 hygiene items have been distributed in these facilities. TRCS have monitored the welfare of quarantined individuals, provided support with basic needs and helped individuals maintain family links. TRCS has actively mobilized staff and volunteers in support of MoH COVID-19 preparedness efforts. A total of 35,969 individuals have been reached through risk communication, dissemination of health messages and hygiene promotion, helping prepare households for a potential COVID-19 outbreak. TRCS has provided Psychological First Aid training to more than 100 health care workers and teachers, helping build resilience to enable individuals to support themselves and others in the event of a COVID-19 outbreak.
Tuvalu Red Cross Society (TuRCS)	There have been no confirmed cases of COVID-19 in Tuvalu since the start of the pandemic. Although the borders remain closed, repatriation is ongoing and Tuvalu remains on high alert with a State of Emergency having been in place since 20 March 2020.

TuRCS is actively supporting the MOH with COVID-19 Vaccination programme. Since vaccinations began in April 2021, 33 volunteers have been mobilized to help people access vaccination centres and to provide administrative support at vaccine sites, reaching 4,772 individuals. TuRCS volunteers and staff have also been working closely with MoH vaccination teams to disseminate key information about the vaccine and collect data on any adverse events following immunization. TuRCS have also been deployed with MoH teams in the outer islands, helping remote communities access the vaccine. The TuRCS has reached around 894 individuals helping to reduce vaccine hesitancy.



Volunteers visiting communities and houses to register people to get vaccinated. *Photo: TuRCS*

The NS has been supporting the MoH with a KAP survey aiming to identify gaps in COVID-19 knowledge on both the main and outer islands and hence enable RCCE activities to be targeted. To date 2,543 individuals have been surveyed. 30 TuRCS volunteers have received training on COVID-19 and Epidemic Control for Volunteers to enable them to assist the Ministry of Health Public Health department in the event of an outbreak.

A total of 1,882 pre-school, primary and secondary students on Funafuti have participated in infection prevention and control and WASH programmes. 2,918 people on Funafuti have been reached by COVID-19 awareness programmes and/or COVID-19 prevention activities.

Vanuatu Red Cross Society (VRCS)

Since the beginning of the pandemic, there have been 3 active COVID-19 cases in Vanuatu, all of which have been detected in quarantine. There are currently no active cases.

VRCS is actively supporting the Vanuatu Ministry of Health (MoH) through the National Health Cluster, National Immunization Coordination Committee and the National Health Emergency Operation Centre.



VRCS volunteers supporting COVID-19 pre-registration and communication support in rural communities. *Photo: VRCS*

On 2 June 2021, Vanuatu launched its COVID-19 vaccine roll-out campaign. As at 1 July, 10,480 COVID-19 vaccine doses have been administered. VRCS volunteers have been deployed with MoH teams in Shefa Province to conduct COVID-19 pre-registration and provide communications support in rural communities. Vaccine risk communications and community engagement by VRCS volunteers have reached 6,000 individuals.

A total of 168 participants across 6 branch offices have attended Training of Trainers on COVID-19 and Epidemic Control for Volunteers (ECV). VRCS has established 7 COVID-19 Working Groups in branches for the purpose of conducting contact tracing and COVID-19 surveillance. VRCS has also prepositioned ECV, COVID-19 and hygiene promotion awareness materials in all 6 Branch Offices. VRCS has helped raise awareness on COVID-19 safe practices through simulation trainings and by distributing charts and posters, reaching 4,918 individuals to date. VRCS volunteers continue to

	support the MoH by operating the 119 Hotline and supporting COVID-19 monitoring and surveillance at the national and provincial level.
Viet Nam Red Cross Society (VNRC)	Viet Nam is facing its fourth wave of COVID-19 outbreak with infections spreading more rapidly than in earlier waves. Viet Nam launched its COVID-19 vaccination campaign Phase 1 on 8 Mar 2021 focusing on the first priority groups: healthcare workers at healthcare facilities, front-line workers working on outbreak prevention and response in 19 provinces. Since the start of Phase 2 on 16 April, 63 cities/provinces have vaccinated 878,552 people as of 16 May 2021. IFRC is working with VNRC to update the NSRP and to scale up the operation including supporting the Ministry of Health (MoH) on rolling out COVID-19 vaccination. At least 102 staff and volunteers have been trained on multipurpose cash grant and beneficiary selection over the past three months in two provinces of Hanoi and Quang Ninh. After the training, VNRC staff and volunteers worked closely with the local authorities to conduct village meetings informing people of the selection criteria. The criteria was also published in the public places to ensure transparency and accountability. The process of selecting and validating households for receiving cash support is ongoing. VNRC has signed the MoU with Agricultural and Rural Development Bank in these two provinces to disburse the cash grant to beneficiaries. From 25 April to 29 April, at least 739 households with 2,716 people have been assisted with cash grant (1,325 female, 1,391 male) in the two provinces.

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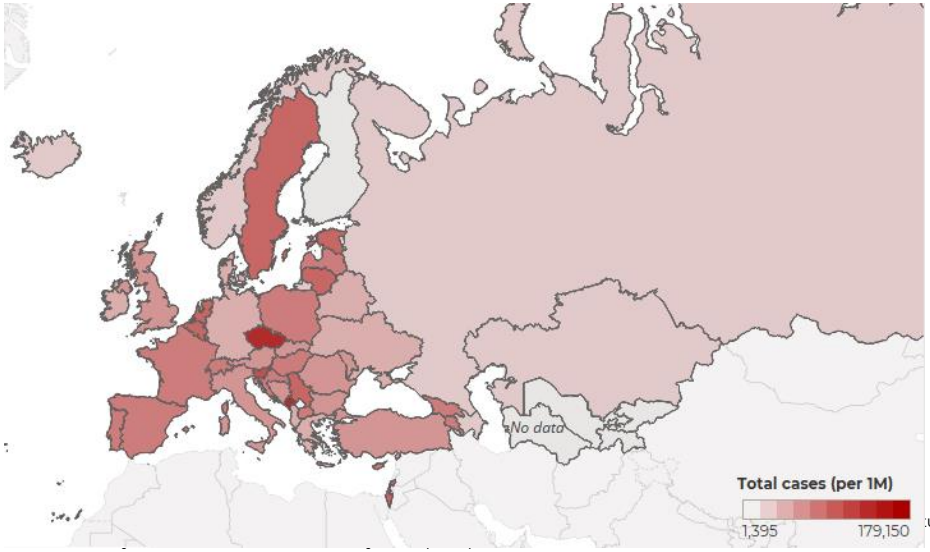
COVID-19 OUTBREAK EUROPE REGION SITUATION UPDATE

REPORTING TIMEFRAME: 1 February 2020 – 31 May 2021

Situation Update

55,323,151 confirmed cases in Europe Region

1,173,433 confirmed deaths in Europe Region reported by WHO as at 5:31 PM CEST, 18 June 2021



National Society Response

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

Health and WASH
46 NS

Socioeconomic Interventions
40 NS

NS Institutional Strengthening
37 NS

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

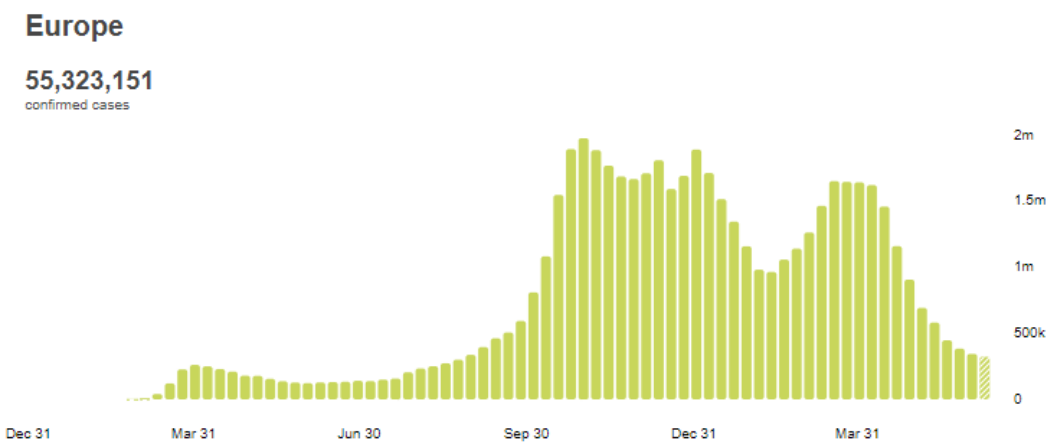
HEALTH AND WASH						SOCIOECONOMIC INTERVENTIONS		NS INSTITUTIONAL STRENGTHENING	
14	Ambulance services for COVID-19 cases	14	IPC and WASH (health facilities)	0	Management of the dead	17	CEA, including community feedback mechanisms	30	National Society readiness
9	Community-based surveillance (CBS)	10	Isolation and clinical case management for COVID-19 cases	38	MHPSS	36	Livelihoods, cash support & food aid	22	National Society sustainability
14	Epidemic control measures	13	Maintain access to essential health services (clinical and paramedical)	44	Risk communication, community engagement, and health and hygiene promotion	11	Shelter and urban settlements	37	Support to volunteers
19	IPC and WASH (community)	18	Maintain access to essential health services (community health)	31	Support for immunization activities	34	Social care and cohesion, and support to vulnerable groups		

Internal

Regional overview

During the past 4 months, the epidemiological situation in the Europe region has continued to improved and showed a decrease in the number of cases and deaths, compared to the previous period, especially after the holiday season in Easter, that brought a peak of new cases and deaths in 2021.

Daily new COVID-19 cases in Europe region.
Source: WHO

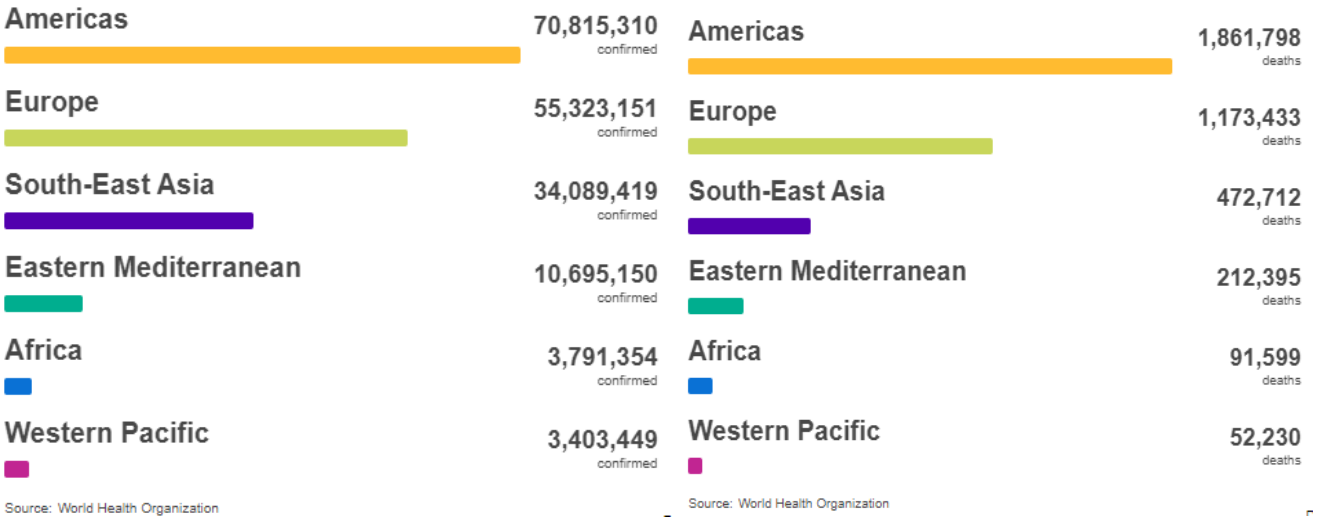


The dynamic of the pandemic showed a downward trend in cases and deaths over the last weeks.

The situation varies from country to country across the region, some are reporting slight increases, although other countries are reporting a decreasing trend for several weeks.

As of 31 May 2021, the Europe region reported 54,180,558 confirmed cases and 1,147,368 deaths starting from the beginning of the pandemic, representing 32% and 32.2% of global cases and deaths respectively.

The top 5 countries with most cases reported are: France, Turkey, the Russian Federation, Spain and Germany.



During the reporting period, 54 countries have started the vaccination process. As of 25 May 2021 371,101,207 total doses of COVID-19 vaccine were administered:

- 224,702,094 individuals (26.2% of the total population) have received at least one dose of COVID-19 vaccine,
- 126,331,177 individuals (13.5% of the total population) have received a complete COVID-19 vaccine series.

The availability of vaccines in the region is unequal: in the EU countries and the UK, **38.3% of the population received the first dose of vaccine and 18.5% completed the dose series**, while in the rest of the region the vaccine coverage varies from **0 to 12.8%.** Several countries in Eastern Europe, South Caucasus and Central Asia are receiving vaccines through the COVAX mechanism and from March 2021 the first bath of vaccines started to arrive to the countries.

In the reporting period, the IFRC ROE COVID-19 Response Team continued to provide technical support to the National Societies (NSs), specifically those requesting multi-lateral support, for implementation of the activities for COVID-19 response. Series of meetings with the NSs were conducted (see below) to provide them with technical assistance on operation issues in their response to COVID-19 to their countries. Wider support has also included supporting National Societies in own income generation activities, including domestic COVID-19 appeals.

The 3-month Operations Update for Europe was published, regional contributions to the revision of the Emergency Appeal were made, preparations for the upcoming European third EPoA revision have started.

The IFRC Regional Office for Europe is in operational cooperation with 33 NSs on COVID-19 response. CHF 35.5 million has already been spent from the funds available in COVID-19 Emergency Appeal, representing 74% of available income.

Priority 1: Sustaining Health and WASH

In the reporting period, the IFRC Europe Regional Health and Care Team continued its technical support to National Societies of the region in different areas of the Health and WASH sector of the Emergency Appeal Plan of Action (PoA): Risk communication and community engagement (RC/CEA), hygiene promotion, case detection and mobile testing, infection prevention and control at community level, Mental Health and Psychosocial Support services, maintaining access to essential clinical and paramedical health services, home care and emergency social services for the most vulnerable groups of population: older people, displaced people, and people living with TB and HIV.

The IFRC Regional Health and RC/CEA Team conducted an online survey to identify the priority topics of webinars to be held. 30 NSs provided responses and knowledge sharing ideas. As a result, the upcoming webinars will be based on the following reflections: More experience sharing between NSs, less "external experts" presentations, and maximum one webinar per month to be held. The most in-demand topics are: COVID-19 vaccination, MHPSS, COVID-19 and most vulnerable groups, transitioning to long-term health and care programming, approaches to working in deeper partnership with communities to develop plans and activities, Risk communication and community engagement. In the period of February-May 2021, IFRC Health and Care Team ensured participation of NSs in 18 webinars: nine webinars and knowledge sharing meetings at the regional level, and 7 at global level on different health topics of the COVID-19 response. *(Please see details in the webinars section of the report.)*

The team, including RC/CEA delegates provided advisory support to develop project proposals on COVID-19 vaccination for the NSs of Montenegro and North Macedonia as well as Ukraine's proposal for the UN Solidarity Fund Mobilizing communities on driving uptake of COVID-19 vaccine, within the **Global IFRC-WHO-UNICEF project on vaccination**.

During the entire reporting period, special focus was given to building technical knowledge and skills of NSs on COVID-19 vaccination. Advisory support and Information-education materials were provided to NSs. The Regional Health and Care Team continues to support NSs in their COVID-19 response, with special focus on vaccination actions. An information package was developed with guidances and materials, including advocacy messages and guidance notes for NSs, and is disseminated to the NSs in different languages.

Risk communication, community engagement, and health and hygiene promotion

NSs have continued with risk communication and community engagement activities through various channels. Several NSs launched the use of chatbots. These include Armenia, Georgia and Kazakhstan as part of activities carried out under the **Do Better, Do More project**. The aim of the development of the chatbots is to help the respective NSs to better engage with people online and help counter COVID-19 misinformation.

Regular webinars continued to be organized to share good practices and lessons learnt in CEA. A CEA Roundtable Call was held in late April to share highlights and challenges and to where possible offer peer support. 12 NSs participated in the call. Based on participant feedback, the aim is to hold these calls roughly every three months. (Please see details in the webinar's section of the report.)

Risk communication and CEA training materials were also translated into different languages, namely Russian, including the two-part CEA/PGI Rapid Training on Vaccination which was developed and held twice for NSs globally in March with support from ROE. Contributions were also made towards other training materials and proposals.

NSs have continued to engage 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.

Case detection, surveillance and contact tracing

As of this current reporting period, more than 12 National Societies in the region have continued to support their respective national health authorities in case detection and COVID-19 testing. This has been achieved mainly through Red Cross Red Crescent staff personnel running stationary test centres as well as through mobile testing actions based on national protocols which include PCR and antigen tests.

Thanks to funding from DG SANTE of the European Commission, within an IFRC-coordinated COVID-19 mobile testing project, a total of seven Red Cross Red Crescent National Societies have been providing mass screening and testing services for COVID-19. Known as the COVID-19 Mobile Testing Initiative, this project aims to contribute to the reduction of morbidity, mortality and social impacts of COVID-19 by preventing, slowing or interrupting transmission in selected EU Member States by scaling up COVID-19 testing capacities in Austria, Germany, Greece, Italy, Malta, Portugal and Spain.

Since the signing of the project in December 2020, there has been considerable progress in its implementation, with all seven project countries already well underway with their activities, including the provision of COVID-19 testing services. Likewise, IFRC has been proactively supporting these National Societies to address implementation-related challenges as well as through the procurement of rapid tests, personal protective equipment and PCR machines. The table below provides a collective summary of the main achievements across the seven National Societies involved in the project as of 30 April 2021.

ID	Indicators	Target	Reached
1	Red Cross staff and volunteers trained for mobile testing	4,631	**4,115**
2	Red Cross mobile testing teams equipped and operating	73	**139**
3	COVID-19 tests conducted	N/A	**361,651**



Supporting the Catalonian Health Authorities with mass screening services, Spanish Red Cross Mobile Testing Teams (MTTs) conduct rapid COVID-19 antigen tests to temporary migrant farmers in Lleida Village in Catalonia, March 2021.

Infection prevention and control and WASH at the community level

During the reporting period, IFRC Europe Health and Care Team continued to support building capacities of Red Cross and Red Crescent National Societies and local communities to prepare for and respond to the emergency. IFRC supports Red Cross Red Crescent Societies to build their capacities, enhance resilience of local communities to deliver effective life-saving support to the most vulnerable with special focus on epidemic and pandemic preparedness and response, infection prevention and control, WASH and hygiene promotion. Three NSs in South Caucasus: Armenia, Azerbaijan and Georgia continued their emergency health preparedness actions at community level. Five NSs in the Balkans region: Albania, Bosnia and Hercegovina, Montenegro, North Macedonia and Serbia will strengthen their staff and volunteer capacities in First Aid, PSS and Mental Health in Emergency and Health Emergency settings, as well as capacities of the most at risk communities. During February and May 2021, NSs with IFRC support conducted Preparedness for Emergency Response assessment with special focus on community-based health emergencies. Several meetings with NSs health focal points were organized to discuss how the IFRC can better support in preparation of the country project proposals based on identified needs and priorities from the PER assessment that was conducted in collaboration with DM teams.

Mental health and psychosocial support services (MHPSS)

Since February 2020, the huge impact of COVID-19 on the mental health of the population has proved to be a major challenge for the pandemic response. In the Europe region, the Red Cross Red Crescent National Societies (NS) committed themselves from the start of the outbreak to meet the challenges encountered. 16 months later, the MHPSS activities initiated are still in practice, despite the decrease in the number of cases in most countries.

During the reporting period, 38 NSs have provided Psychosocial Support (PSS) to the population and communities at risk as well as to affected individuals, reaching more than 1 million people with MHPSS services across the Europe region. NSs keep 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 have established PSS hotlines available for the general population, guaranteeing access to accurate information and 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 provide PSS to all their staff and volunteers involved in the COVID-19 response. Support systems were established, and monitoring is to be done on a long-term basis to ensure first responders' well-being. The provision of relief items to people who lost their jobs as a consequence of COVID-19, is another example of support provided by some NSs, for example by the Montenegro Red Cross.

With the start of the COVID-19 vaccination rollout in the Europe region, many NSs have made themselves immediately available to support with the vaccination campaigns and with raising awareness among the population. NSs are also supporting the vaccination process at the vaccination centers, by, among other tasks, providing PSS to the vaccinated, before and after receiving the vaccine. Montenegro RC established a Call Centre within their Operation Centre, where volunteers are providing information and assisting with the online applications.

Working in close cooperation with and with advisory support of the IFRC Reference Centre for Psychosocial Support, as well as in close cooperation with the European RCRC Network for Psychosocial Support (ENPS) and also with the ICRC, the IFRC Regional Office for Europe's Health and Care Team continues supporting NSs across the region, strengthening their capacity to respond to the COVID-19 needs and facilitating the process of implementation of the 33rd International Resolution on MHPSS, as well as the use of the Road Map created for its implementation at National Society level across Europe. Several online meetings and webinars on different MHPSS topics were organised (*Please see details in the webinars section.)*

Focusing on the six priority actions of the mentioned Road Map, six Working Groups (WG) were established with the aim of supporting the use of the Road Map for the implementation of the Resolution on MHPSS. A number of NS from

the Europe Region responded to the call of interest in joining these WGs and have been involved in the initial activities, namely British RC, Danish RC, French RC, Icelandic RC, the Netherlands RC, North Macedonia RC, Magen David Adom of Israel, Portuguese RC, Swedish RC, Swiss RC and Ukrainian RC Society.

Maintain access to essential health services (clinical and paramedical)

During the reporting period, the IFRC Regional Health and Care Team continued to provide technicial and advisory support to NSs in their actions to maintain essential health services. Special focus was given to address the needs of people with pre-existing chronic conditions: Tuberculosis, HIV, hepatitis; different categories of migrants and displaced people, to ensure their access to basic health services. Special attention was given to the integration of existing NS programs on TB and HIV with COVID-19-related actions. The specific needs of people living with HIV, TB, Hepatitis and of drug users in the COVID-19 context was discussed during a webinar, organized jointly with the European RCRC Network on TB, HIV, and hepatitis (ERNA). *Please see details in the webinars section.*

In March 2021, in the framework of the **World TB Day 2021,** IFRC Health and Care and Communication Teams facilitated the regional information campaign under the theme: "The clock is ticking, it's time to end TB." World Tuberculosis Day 2021 was an opportunity to focus on successes and achievements, while voicing a warning about the threat of drug-resistant TB and the toll taken by the COVID-19 pandemic. Social media and advocacy materials were developed in English and Russian languages, and a press release was published at IFRC web resources. More than 15 NSs of the region organised country-wide social media campaigns.

Integration and further development of First Aid knowledge and skills of the NS was another area of focus in the reporting period. The IFRC Europe regional Health and Care team together with the Global First Aid Reference Centre (GFARC) put special emphasis on the **International First Aid Attestation** (IFAA) and the introduction of the new **International First Aid, resuscitation, and education guidelines 2020**, developed by the IFRC, in cooperation with a large group of National Societies and scientific institutions.

The IFAA process was finalised in the beginning of 2021. This Attestation recognizes that a first aid training provided by a RCRC NS is consistent with the latest IFRC International first aid, resuscitation and education guidelines. Building on the Movement's extensive network of local branches and volunteers as well as its global reach, IFAA is providing an opportunity for the RCRC membership to collectively learn and continuously improve the quality of first aid education. The IFAA's methodology relies on harmonisation rather than standardisation: the intention is not to have the same unique first aid training available around the world, but rather to reach a consensus on minimum agreed principles, relying on evidence-based first recommendations. Therefore, the IFAA is not meant to replace national first aid certificates. Representatives of four NSs of the region: Armenia, Germany, Estonia and Kyrgyzstan C were selected as IFAA Experts. The new First Aid Guidelines were presented by the IFRC Health and Care Team during the regional meeting organised with the Global First Aid Reference Centre (GFARC) to discuss the regional plan of activities on how to support NSs with the implementation of the First aid activities and advocacy and the IFAA process.

Support for Vaccination activities

The IFRC Health and Care Team provided extensive support National Societies in preparing for and planning to support vaccination efforts, highlighting the operational, mobilisation, community engagement and risk communication opportunities. Since the beginning of vaccination processes, several calls were organized with the leadership of the NSs, along with knowledge sharing meetings and webinars covering wide range of actions based on the Five Global RCRC Pillars of COVID-19 vaccination.

Several NSs are well-placed and currently running activities supporting vaccination or administering vaccinations. 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, during the webinar that took place in May, where NSs presented and discussed activities from direct involvement in vaccinations, supporting at vaccine centres, and successful community engagement and risk communication activities to inform people about f government vaccination strategies, addressing fears and concerns, and reducing vaccine hesitancy.

As of May 2021, more than 30 NSs of the region are actively supporting their health authorities in the vaccination roll-out. Since the beginning of the vaccination roll-out in Europe (December 2020), over 3.5 million people were covered by NS vaccination support actions. Red Cross and Red Crescent National Societies in Armenia, Azerbaijan, Austria, Bosnia and Herzegovina, Croatia, the Czech Republic, Estonia, Georgia, Greece, Finland, France, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Israel (Magen David Adom), Malta, Montenegro, the Republic of North Macedonia, Norway, Portugal, Romania, Slovakia, Serbia, Spain, Sweden, Turkey, Turkmenistan, Ukraine and the United Kingdom provide awareness-raising, risk communication and social mobilization services, addressing people's fears and concerns, reducing vaccine hesitancy. NSs also provide transportation to and guidance at vaccination points, monitoring vaccinations, surveillance after administration of vaccines, MHPSS, and logistics support, along with targeted support in migrant communities and for people in detention. Some NSs are participating in the administration of vaccines along with national health authorities. Almost all NSs have mobilized staff and volunteers to engage in and support vaccination processes, ranging from running vaccination teams or hotlines to help vulnerable groups and people living in remote areas to access the vaccination points.

Dialogue with the Government of Russia to cooperate with IFRC to receive Sputnik -V vaccine:
In May 2021, in the framework of the global initiative to develop the dialogue with the Government of Russia on a better access to COVID-19 vaccines, IFRC Regional Health and Care Coordinator collected and consolidated information from different regions: Americas, Africa, Asia-Pacific, Europe and Middle East and North Africa on potential interest of the countries/NSs to receive Sputnik -V vaccine. 40 countries/NSs expressed interest to receive Sputnik V. This overview was submitted to GVA-based team and further communicated with the Russian mission in GVA.

Priority 2: Addressing Socio-economic impact

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

The severe economic and social impacts of the COVID-19 pandemic are being felt by countless communities across Europe. There is a global surge in people in need of basic humanitarian assistance who are increasingly becoming vulnerable due to the secondary impacts of COVID-19, which include the loss of jobs, ability to afford food and basic needs, increase in malnutrition, loss of housing, decline in mental health and emotional well-being, and access to basic health services to name a few. National Societies In Europe have had to consider and developed response plans for almost every demographic, but with acute focus on at-risk populations experiencing the highest degree of socio-economic marginalization and requiring meaningful tailored response.

To help bridge this widening gap, National Red Cross and Red Crescent Societies are supporting communities with the distribution of food (in kind, cash or vouchers, or through soup kitchens), covering basic needs, livelihoods protection and recovery, and psychosocial support. This remains one of our core roles in times of crisis into longer-term recovery - which will be heavily felt for years to come. As of May 2021, 14 National Societies out of 54 report having used cash transfers in their COVID-19 response plans, ranging from high to low-income countries. Those NSs are: The Red Cross Societies of Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Cyprus, North Macedonia and of Serbia, the Hellenic, the Italian and the Ukrainian Red Cross Societies and the Red Crescent Societies of Kyrgyzstan, Tajikistan and Uzbekistan. 9 of them selected mutipurpose cash grants while 5 decided to use vouchers for their response.

Example of vulnerable households, as defined by the NSs in this region include the following groups: groups of vulnerable women, older persons, adolescents, children and youth, persons with disabilities, vulnerable migrant groups, refugees, persons experiencing homelessness, groups that are particularly vulnerable and marginalized due to laws, policies and practices that do not protect them from discrimination and exclusion (e.g. LGBTQI). Humanitarian cash has been used to achieve programme objectives and to address a range of basic needs in response to the pandemic crisis. Where feasible and appropriate, cash distributions in support of basic needs allowed us to reach affected people quickly and provided for speed and scale in response.
Basic needs assistance is meant to cover immediate needs such as food, accommodation, hygiene items, dignity kits, non-food items, transport, school fees, etc. With most of the basic needs interventions underway or already completed, the RoE is moving towards tailor-made technical support to NSs and providing long-term and sustainable support to the affected people. Examples of such include the projects implemented by the RC Societies of Kyrgyzstan and Tajikistan

aiming at women economic empowerment through conducting vocational training sessions and economic support for women-headed households, families with labour migrants and people affected by TB and HIV on strengthening the economic potential of the family during the pandemic.

- The Red Crescent Society of Tajikistan organized a hotline for women and provided psychological and legal assistance. This activity aimed to provide comprehensive support to women and their family members, as well as capacity building to local communities through small business development. As part of this activity, providing working assets such as sewing machines, and training skills such as with professional sewing courses for 400 women from migrant families and people affected by TB and HIV, will strengthen resilience by generating income and improving household economic security.
- The Red Crescent Society of Kyrgyzstan established a mini-factory for the production of protective suits. Fifteen machines have been purchased and installed and internationally certified expendable materials were purchased to launch and support the production. Over 60 people from low-income families (300 members of target households) will receive employment opportunity through the project.
- The Ukrainian Red Cross Society (URCS) has been working on extending support to conflict-affected people in the Eastern part of the country, to groups disproportionally affected by the pandemic. The URCS continued assisting them with microeconomic enterprise development by providing technical assistance and conditional cash to strengthen their income-generating capabilities.

IFRC ROE Cash and Voucher Assistance (CVA) team supported 4 NSs (Armenia, Belarus, North Macedonia, Tajikistan) in the Fast-Track Cash Preparedness process that ended in May. This fast-track approach is an adapted version of the standard RCRCM Cash Preparedness focusing only on ensuring that NSs comply with the minimum requirements to deliver CVA in a timely, accountable and effective manner. Capitalising on the work done by these 4 NSs, the IFRC ROE CVA team will support them in transitioning to the standard cash preparedness program elaborating plans of actions for the coming months based on self-assessment workshops. In parallel of these 4 NSs starting cash preparedness projects, 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 total of 28 requests from European NSs for technical support have been received by the Basic Needs and Livelihoods thematic file holders and were handled accordingly. Those included requests to share tools, policies, lessons learnt and best practices, technical advice, and review of the plans and concepts concerning basic needs and livelihoods programming/activities.

Concept notes and methodological materials have been developed and compiled for Basic Needs and Livelihoods planning workshops. These aim to assess the National Societies' capacity to make livelihoods assessments, evaluate internal and external environments concerning the livelihoods programming, plan, and implement Food Security and Livelihoods-related (FSL) responses to crises. The workshops will discuss and propose the most appropriate methods and approaches and includes sessions on humanitarian diplomacy and advocacy and NSs' livelihoods preparedness aspects. The workshops' focus will be to complete the planning exercise, including developing the real-time FSL operational plan, logical framework, and estimated budget. To date, five national societies expressed the willingness to have such workshops organized soon.

Social care, cohesion and support to vulnerable groups

Migration and Displacement

Since the start of the pandemic, the IFRC has focused its attention to highlighting and responding to the risks and impacts disproportionately faced by migrants and displaced people. Whilst migrants have historically faced significant challenges in accessing essential services – including due to exclusion based on legal status, cultural and linguistic barriers, high costs and fear of arrest, detention and deportation, among other barriers – since the outset of COVID-19, these have multiplied exponentially. National Societies across Europe have witnessed the disproportionate impacts of COVID-19 and its associated control measures on migrants, including people seeking asylum and refugees, which amplify vulnerabilities and exacerbate challenges in accessing essential services. The adverse effects of the COVID-19

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. The experience of RCRC National Societies is also echoed by the UN, which has described COVID-19 as involving three inter-locking crises for people on the move: a health crisis, a socio-economic crisis, and a protection crisis. During the pandemic, the overwhelming guidance has been to stay at home, practice social or physical distancing and ensure good hygiene. However, this is challenging for many migrants in transit, stranded, living in camps or in inadequate quarantine or detention facilities, or working in unsafe and overcrowded environments. In these situations, vulnerabilities are magnified and following public health measures to prevent infection is extremely difficult. Similarly, many migrants have limited access to water, sanitation and hygiene facilities during their journey. According to OECD, migrants not only live more often in poverty but they are also more likely to live in sub-standard accommodations and twice as likely in overcrowded dwellings. This is particularly the case for certain groups who live together in collective housing, such as asylum seekers or people detained. Migrants are also disproportionally employed in sectors that have remained operational during COVID-19: agriculture, construction, logistics and deliveries, healthcare and cleaning services. The inability to work remotely and the close proximity to others leads to increased risks. Not only do migrants have to go to work, in some specific sectors they also have to deal with difficult and unsafe working conditions with respect to the COVID-19 transmission.

Although there have been innovative solutions in a number of countries based on solidarity, we have seen many instances where COVID-19-related measures have led to restrictions in accessing asylum and protection, in means of securing family reunion and humanitarian admission programs as well as resettlement programs suspended in a number of contexts for a period of time.

In light of growing unemployment and the role of international travel in the initial spread of the pandemic, there is a risk of a backlash in public opinion against migrants and an increase in xenophobia. A global economic downturn and intensified migration restrictions create tensions between increased interest among potential migrants in labor migration and limited options for regular migration, which may increase the demand for smuggling services and the risks of being trafficked.

COVID-19 and the legal and policy responses developed by states to control its spread may affect the ability to access justice in a timely, fair, and effective manner. Certain groups, including women and children at risk of violence, undocumented migrants, refugees, people seeking asylum, and those in immigration detention centres may be most affected.

The school closures and distance learning measures put in place to slow the spread of COVID-19 put children of migrants at a disadvantage, in several ways. Such children are also less likely than students with native-born parents to have access to a computer and an internet connection at home or to a quiet place for study. The pandemic gave a push for remote language learning for adults as well. However, such online learning has proved difficult for groups with low computer literacy, especially at early stages of language learning, leading to delays in both language learning and broader social integration.

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 the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (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 reporting 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 the 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 is reaching vulnerable migrants/displaced communities and their specific needs are analysed and addressed. *Please see details at the webinars section of the report.*

Throughout the reporting 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 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, 3 countries from the Western Balkans region are be identified for the research where the analysis is focusing on. 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.

Protection, Gender and Inclusion (PGI)

The outbreak exacerbated existing vulnerabilities and protection risk factors, leading to an increase in sexual and gender-based violence (SGBV), abuse and neglect, diverse forms of domestic violence, as well as an increased challenge to access professional services due to the restrictions in place to contain COVID-19 spread. Women and girls are likely to experience distinct challenges and risks associated with the pandemic, exacerbating already existing inequalities. Confinement increased risks of intimate partner violence, while the worsened of the socio-economic situation increased risks of sexual exploitation and abuse. Social protection became crucial as a measure to respond to the needs and mitigate the risks. Physical distancing and quarantine exacerbated barriers to accessing essential services for already excluded groups, exposing them to further harm and risks.

NSs are continuously improving their disaggregation of data by sex, age and disabilities as a minimum, to better analyse the economic and social impact of the pandemic, vital to understanding the pandemic's differential impacts and to better addressing them. Most NSs are using disaggregated data to understand who is most at risk, not only from the health factors, but also regarding protection and livelihoods, moving towards a more cross-cutting approach to synergize across different areas of expertise and promote a holistic approach to addressing needs and preventing/mitigating protection risks. This approach was enhanced to create coherence between different areas of expertise and approaches, in collaboration and coordination with departments and sectors to guarantee that the do no harm principle is fully addressed. NSs were supported through learning opportunities and technical support activities

to contextualize the PGI mainstreaming approach and to better address immediate risks and consequences of the pandemic's secondary impact faced by the affected population.

The participation at the **OSCE Alliance against Trafficking in Persons** (AECT) global annual meeting on trafficking in persons was an opportunity to share IFRC and NS priorities and to renew the commitments to fight trafficking in persons in the region. The aim of the meeting was to continue promoting the coherence and complementarity of anti-trafficking policies and practical interventions through well-established co-operation formats involving governments, civil society, academia, private sector and international community as well as through new engagements with relevant international professional associations, networks and organizations.

NSs were supported in adapting approaches and services to address vulnerabilities during the outbreak to ensure that lifesavings protection support was provided by regularly updating the referral mechanisms and check the quality and eligibility criteria of services in alignment with IFRC standards and principles. Meetings, inductions and dissemination activities were broadly organized to introduce new tools and guidelines, and to strengthen the knowledge on protection issues such as SGBV, trafficking in persons and child protection in COVID-19. Technical advices were needed to National Societies to support staff and volunteers in being aware of procedures to take in case of disclosures to be able to help survivors or possible survivors by offering first-line support and relevant information, especially when pandemic restrictions were limiting access to services,

PGI ROE followed up the work of different NSs that established hotlines for PSS support and info-sharing during the pandemic. Although hotlines were supposed to deliver information on the pandemic or provide tele-company to people living alone, it has been reported that it became a useful and safe service for SGBV survivors or potential survivors. A good example was the **Italian Red Cross hotline** that included pathways and FAQ on SGBV in their scripts to respond to people. Volunteers were trained to be better prepared and to use empathic communication during the call, to reassure survivors and establish a relationship of trust. There is a plan to capitalize on this approach and to share it broadly with other NSs involved in the same type of service. A regional webinar will be organised in September 2021 to disseminate lessons learned and good practices to capitalize on the current experiences and to share tools. A pilot project will also be launched in July in partnership with ItRC to support further the Response Centre and its hotline, by involving inmates of a male prison.

The experience in Greece (Lesvos) offered the opportunity to pilot PGI cross-cutting in the WASH sector during COVID-19. A PGI Induction training was developed and presented to German Red Cross WASH delegates in Lesvos, and an advanced "Making referrals" training was delivered to selected German Red Cross delegates in Lesvos. Ad hoc guidance was provided to community-based volunteers and a pocket guide was distributed to them, translated to 5 different languages. Hellenic Red Cross with the support of IFRC, produced an ad hoc guide on SGBV during COVID-19 as a tool for practitioners and front-liners aiming at strengthening the support to SGBV survivors during the outbreak.

PGI ROE is also supporting a **pilot project**, launched in May 2021, focusing on **home care facilities**, in partnership with Italian Red Cross (ItRC). Older adults have been one of the most impacted groups during the pandemic. From increased mortality and morbidity to the mismanagement and treatment of older adults in care homes in Italy, the pandemic has exposed communities and practitioners to failure to protect this group. As the long-term impact of the pandemic begins to reveal itself across all ages and groups, there is a need to address the social impact of the long-term isolation imposed by the outbreak. As consequence of the protective measures, many people remained at home with minimal outside contact. This project will aim to pilot interventions on protection and assistance to older adults that are living in home care facilities. The pilot would enhance the National Society capacity on self-protection and safeguarding approaches and will be implemented in 10 branches.

Health and Ageing

National Societies since the beginning of the pandemic have been implementing different community-based activities and have a significant role in 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. RCRC NSs are supporting the vaccination process and are providing: transportation for older people to get to vaccination points; social mobilization and risk communication; helping older people with registration to the vaccination; as well as providing them with PPE and PSS support.

NSs which are members in the **Health and Ageing Advisory Group** actively supported the preparation of the IFRC Health and Ageing Strategy, IFRC Non-Communicable Diseases Vision and Framework 2030 with their participation in the focus group discussions with active engagement and involvement of older people, allowing them to share their knowledge and experiences, best practices and participate in the preparation of the case studies that will serve as an example for other NSs in IFRC regions.

Findings and recommendations from **the Impact Study of COVID-19 on Older People and Caregivers in the South Caucasus** was conducted in 2020 by the IFRC in close partnership with Austria Red Cross, Swiss Red Cross and National Societies of Armenia, Azerbaijan, Georgia and with the UNFPA offices in Armenia and Georgia. The results were presented in March 2021 during the UN DESA Expert Group Meeting on Building Forward Better for Older Persons post COVID-19. For this meeting, a joint video presentation was prepared in collaboration with the Austrian RC and with technical support from Communications colleagues.

During the **Global Health & Care Conference** 2021 session on Lessons learned from COVID-19 response - supported by the IFRC Health and Ageing delegate – the Montenegro RC, member of the Health and Ageing Advisory Group, presented its achievements supporting older people, sharing lessons learned and recommendations to other NSs in front of 269 participants.

Priority 3: Strengthening National Societies

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

While responding to COVID-19, NSs in Europe have also initiated changes in the contingency planning and preparedness activities to include health/pandemic-related challenges where NS mandates clearly requires involvement. The ROE conducted two contingency planning webinars earlier this year where these requirements were addressed with suggestions on possible NS actions in both preparedness and response phases from ERO technical focal points. In the framework of the USAID-funded project "Strengthening local capacities for effective preparedness and response including Health Emergencies in Europe Region" 5 NSs will conduct PER self-assessments and will set Plans of Action to address possible shortfalls in NS capacities to respond to future pandemic situations. During the reporting period, NSs prioritised business continuity, hazard context and risk analyses and planning, scenario planning, further development of EOC functionalities and strengthening information management.

It is evident that NSs will have to continuously invest in institutional preparedness in years to come to secure infrastructure resistance to possible future shocks, maintain and increase volunteers base and secure core services to the vulnerable population. Investment must reach RCRC branches as well, as they are in the forefront of the overall response and yet not always able to secure upsurge of funds, relief items or staff when disaster strikes. Likewise, regional preparedness is also important as NSs are stronger when responding together, sharing capacities and expertise and building connections with other regional stakeholders.

Emergency Operational Centres (EOC):

The ROE has supported several NSs to identify priorities regarding better preparedness for effective response through PER approach since 2017. One of the top rated priorities was the establishment of Emergency Operational Centres to better coordinate assessment and response phases. Since last year and the beginning of the COVID-19 operation, in total 10 NSs established EOCs while 4 centres have been financed through the COVID-19 Emergency Appeal (EA). The new network of EOCs has been an important part of the NSs' response efforts during the pandemic operation, particularly in collecting and analysing data, but also taking part in wider information sharing efforts among national

and regional stakeholders. NSs produced Information Management-related inputs, updates and analyses, useful for profiling NS work in the COVID-19 response operation. Some centres integrated NSs call services and social networking, and became essential for communication with affected people. Many NSs, recognising the importance of this infrastructure, advanced further in developing RCRC branch level EOCs, with such initiatives supported through ICRC (in Bosnia and Herzegovina), or through BMZ funding coming through the COVID-19 EA in Serbia. In the future EOC support from ERO, focus will be on the expansion of successful concepts to new NSs but also on developing/implementing specific modules to better assist EOC efforts around needs assessment, feedback mechanisms, monitoring and implementing NFI distributions and similar.

Webinars:

During 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, with special focus on COVID-19 vaccination.

Regional Information Session on COVID-19 Vaccination for NS leadership:
On 14 January 2021, an online information session was organized on the role and actions of regional Red Cross Red Crescent NSs 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 and shared their experiences and best practices. Birgitte Bischoff Ebbesen, IFRC Europe Regional Director and Emanuele Capobianco, Director of Health and Care in IFRC Geneva provided their keynote speeches. The ROE Health and Care team provided a detailed update and recommendations to participants. NSs discussed the possible ways to achieve equitable and equal access to the COVID-19 vaccines for different groups of people.

Regional Webinar: "Addressing specific needs of people living with HIV, Tuberculosis, Hepatitis and drug users in COVID-19 context":
The webinar 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 National Societies - ERNA members, WHO Europe region focal points and the IFRC came together to discuss the most critical needs of the above-mentioned population group and to identify steps to address their needs. Elkhan Rakhimov, Deputy Regional Director, Massimo Bara, ERNA President, WHO Representative, the Croatian RC, Italian RC, the RC Society of Kyrgyzstan, Slovenian RC, Spanish RC, the RCRC Partnership on Substance abuse, as well as the IFRC delegation in Moscow and the ROE Health and Care Team presented their experiences and models of support to those most vulnerable.

Official presentation of the project: COVID-19 mobile testing initiative funded by the European Union's DG SANTE:
The online conference was held with participants from 7 NSs, DG SANTE and ROE. The Austrian RC, German RC, Hellenic RC, Italian RC, Malta RC Society, Portuguese RC and the Spanish RC presented their country projects and the current progress of implementation. Representatives of DG SANTE expressed great appreciation for the cooperation with IFRC, and underlined the importance of the project to support national public health systems in COVID-19 testing.

Regional webinar: "COVID-19 Vaccination roll-out, next steps":
The webinar was held on 23 February 2021 with the main aim of presenting the Vaccination Annex of the COVID-19 Emergency Appeal to the Health and RCCE focal points of the NSs, discussing current readiness of the NSs to vaccination roll-out in their countries, as well as further practical steps and actions. The Austrian Red Cross and Magen David Adom in Israel presented their models of work to support national vaccination plans. The main achievements, challenges and obstacles were also discussed. In total 56 participants, representing more than 35 NSs participated in the webinar.

COVID-19 Vaccination and Immunization webinar for NS Health/RCCE focal points:
On 28 May 2021, the Regional Health and Care Team organized a webinar on COVID-19 Vaccination and Immunization. Following NSs shared their knowledge and experiences on the topics of: "Volunteer engagement to vaccination activities" (RC of the Republic of North Macedonia), "Vaccination and inclusion of migrants" (Swiss RC), "Cooperation

with authorities during vaccination: advocacy to government and resource mobilization" (Danish RC). In total 22 participants were present from the different NSs.

Joint webinar: "Three months of COVID-19 vaccination: lessons learned and questions" IFRC Europe, WHO Europe and INTERNEWS agency for Russian-speaking mass media, together with RCRC National Societies in the Eurasia region: The aim of the webinar was to provide updated information to mass media representatives on the current situation with COVID-19 vaccination, role of WHO, IFRC and RCRC NSs to support national health systems and correct messages to the audience. Discussions were held with more than 25 participants: journalists representing Russian speaking media and RCRC National Societies.

Global RCRC Health & Care Conference:
The conference took place from 22 February to 5 March 2021, and the Regional Health and Care Team facilitated the organization and the participation of the NSs. Different thematic sessions included:

- Lessons learned from COVID-19 response: RC of Montenegro, Kyrgyzstan RC Society;
- MHPSS: Where are we one year after the 2019 Statutory Meetings? – Swedish RC, European NS Network on MHPSS;
- COVID-19 Vaccines: Success to date / Lessons learned / Challenges - Hellenic RC.

In total more than 150 participants from 32 NSs participated in the conference.

Partners call - presentation of the research: "Access of migrants to Health and Care services in Balkan countries":
The Health and Care Team, jointly with the Partnerships and Resource Development (PRD) team and the Senior Migration Officer, organized on 11 March 2021 a Partners Call and presented evidence-based data on the access of migrants to health and care services in Balkan countries (Bosnia and Hercegovina, Serbia, Republic of North Macedonia, and Montenegro). The research was conducted the Healthcare Leadership and Management Development Institute and the WHO Collaborative Centre on Migrants' Health, in cooperation with the NSs of above-mentioned countries. The outcomes of the research underlined that addressing urgent needs of the most vulnerable migrants to basic health services in short-, mid- and long-term perspectives must remain main priorities for Red Cross Red Crescent Societies in the region. The pandemic has had a serious direct and indirect negative impact on the health status of the most vulnerable migrants, and RCRC support to these groups is especially vital. More than 55 participants, representing 26 NSs participated in the session. Results of this research were presented during the annual meeting of the WHO Collaborative Centre.

Webinar on "Psychosocial Support for Staff and volunteers", organized with the European Network for Psychosocial Support:
A joint IFRC and European Network for Psychosocial Support webinar was organized on 19 March 2021, with the support of IFRC ROE's MHPSS Delegate. The meeting counted 41 participants, representing NSs from Armenia, Austria, Belgium, Croatia, France, Georgia, Germany, Greece, Hungary, Island, Italy, Kyrgyzstan, MDA in Israel, the Netherlands, Norway, Portugal, Serbia, Sweden, Turkey, UK; IFRC ROE, and the PSS Reference Center.

Rapid Training: Ensuring inclusive and community-centered COVID-19 vaccine rollout:
More than 90 participants joined the two-part training which was held twice in March. The course was aimed at technical staff, volunteers, and CEA and PGI practitioners and focused on the importance of inclusive community-centered approaches to vaccination, addressing vaccine hesitancy, key steps for community readiness, ensuring dignity and safety, and collecting and using feedback data. The aim with the training was for participants to go on to hold the course for their NS staff and volunteers. The course materials are being adapted for replication in a number of different countries. The course was a collaboration between CEA, PGI and Migration, led by Geneva with support from the regions.

Turkey and Kazakhstan Surveys - Feedback and Chatbot Webinar:
CEA teams from Turkey and Kazakhstan presented their latest activities to an audience of around 60 IFRC and NS attendees on 12 March 2021. For Turkey, this included findings from their latest COVID-19 KAP surveys – while for Kazakhstan the focus was on their recently launched chatbot which provides people with automated information on COVID-19 and National Society activities through social media.

Webinar: "Basic PSS" organized jointly with the European Network for Psychosocial Support:
A joint IFRC Europe - European Network for Psychosocial Support webinar was organized on 16 April 2021 on the topic "Basic PSS", supported by the IFRC Europe Regional MHPSS Delegate, as part of the Steering Committee. The meeting counted 34 participants, representing the IFRC ROE, the IFRC PS Reference Centre, and the following NSs: Armenia, Austria, Belgium, Croatia, France, Georgia, Germany, Greece, Island, Italy, Kyrgyzstan, MDA Israel, The Netherlands, Sweden, Turkey, and UK.

CEA Regional Roundtable:
22 participants from NSs and the IFRC joined the first CEA Regional Roundtable to be held in over a year, on 28 April 2021. The aim was to provide a more informal platform for NSs to connect and share their CEA-related work, challenges and lessons learned. The session started with two key speakers, from the Italian and the Georgian NSs, before opening up for each NS to share their work. 11 NSs shared their work and several requested to connect with each other following the session. Feedback from a poll conducted during the session showed that participants enjoyed it, most would be interested in participating every 3 months. Based on feedback, we will consider themed sessions or smaller group sessions for the future.

Webinars on people who are migrants:
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.
A second online meeting was held with the PERCO Network on 5-7 May 2021, where a session focused on COVID-19, organized by the Italian RC. The session provided an overview of National Societies' COVID-19-related challenges and activities in support of migrants. It included an analysis of the survey previously conducted by the Italian RC, a quick overview from several NSs about their experiences related to COVID-19 emergency, and an analysis of the main socio-economic challenges for migrants and the specific interventions to tackle these challenges.
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.
ICRC and IFRC Regional Offices for Europe and headquarter colleagues arranged a webinar on: COVID-19 and Engaging with Migrant Communities. Presenters included: VOICES Network (an initiative bringing together experts-by-experience to advocate on refugee and asylum issues), Turkish Red Crescent, Hellenic Red Cross, and migration, CEA, and communications experts from ICRC and IFRC. During this interactive webinar, guests, National Society speakers and participants shared their insights and experiences of how to better engage people who are migrants in the COVID-19 response.

Livelihoods Webinars:
The ROE, in conjunction with the Livelihoods Resource Centre in Madrid, Spain, has delivered a series of capacity-strengthening webinars attended by more than 100 participants from 25 National Societies in Europe. Livelihoods and Basic Needs programming webinars included topics such as what Red Cross Red Crescent can do to assist vulnerable groups affected by the pandemic and tailor-made livelihoods support to migrants and displaced persons in the COVID-19 pandemic.

21 NSs from Europe and Central Asia participated in livelihoods webinars with more than 100 participants, where the impacts of COVID-19 on livelihoods has been discussed along with the services of the Livelihoods Reference Centre. The second webinar series focused on Livelihoods and Basic Needs support to migrants and displaced persons in the pandemic. Keynote speakers included NSs championing in these areas and technical specialists from IFRC Secretariat.

Two 8-week on-line CVA trainings have also been organised with the support of the Livelihoods Resource Centre where 44 participants from 12 NSs from Europe and Central Asia could participate. A survey on Livelihoods preparedness of National Societies, targeting all European and Central Asian NSs, was launched in the aftermath of the webinar and is open until 12 June. This will allow to take stock of the current programs/projects/activities in the field of the FSL in Europe and define the approaches to the support European NSs may require.

A first round of online Cash-IM workshops has been organised by IFRC GVA CVA team where 12 people from Balkans NSs and Hellenic RC could participate. A second session will take place in Q2 or Q3 focusing on Central Asia and Russian speaking NS. It consists of 5 sessions of 2 hours, once a week covering the following topics: data literacy, data collection, data management, data visualization and data analysis.
A webinar on responding to COVID-19 with CVA was organised by the Cash Hub on 21 April with presentations and knowledge sharing from the Albanian Red Cross and the Red Cross of Serbia.

A webinar on on data protection & CVA was organised by the Cash Hub on the 24th of February with the presentation of the Hellenic RC.

National Society sustainability

The current NS working modality in Europe is fully inclusive to authorities' recommendation for office work during COVID-19, while majority of NSs provide a workplace that fulfils the duty of care for staff members with mitigation measures in place. Challenges remain with NSs which are having crowded offices space and insufficient rooms for implementing properly recommendations on social distancing. Senior staff members and those under increased health risks are working from home. RCRC volunteers in the field are provided with PPE and guidance on how to mitigate the risk of infection and transmission. With gradual increase of the RC activities in the field through the summer months, protecting volunteers will have to be prioritised. Access to vaccines and vaccination have been in focus of NSs during Q1-Q2. Several NSs through the ongoing PER self-assessments prioritised full cusiness continuity development and work will commence in Q3 2021. Direct technical guidance was provided remotely to NSs during COVID-19 Emergency Appeal implementation by ERO BCP focal point where requested to adjust working modality, encompassing different mitigation efforts in NSs' daily work and provide guidance for staff and volunteers in relation to business continuity.

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 3.5 million in new income has been raised by National Societies directly supported by the programme, of which circa CHF 1 million is unrestricted income. In 2021 over the course of the reporting period, a further CHF 1.5 million have been generated with the monthly amount steadily increasing on the back of the regular giving programmes that are now active again after a period of lock-down related pauses. With the demand for support significantly outstripping current resources, IFRC ROE is seeking additional funding to enhance its resource mobilization support network provided by the programme.

Over the course of 16 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 17 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 and Bosnia and Herzegovina, (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, (5) CRM implementation in Romania and Georgia, (6) Regular giving amplification in Belarus and Russia, etc.

Further budgetary allocations to support National Society domestic income generation towards financial sustainability have been made, including seed funding to launch digital resource mobilization regionally and at country levels. 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, Romania, Russia 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, Public Funding and Digital Fundraising. Webinars are organized in partnership with the National Societies of Finland, Norway, Sweden, United Kingdom, Austria, Switzerland and others.

Towards the last 3 months, Regular Giving amplification has become one of the priority areas due to it's unearmarked income generation potential with preparatory projects currently ongoing in Ukraine, Kazakhstan, Kyrgyzstan, Georgia and Portugal.

Some noteworthy advancements that have been made over the course of the 12-month period, include:

- Database implementation in Russia, Georgia, Romania, Armenia (also part of the NSIA project), and Ukraine enabling National societies to commence methodical mass marketing campaigns,
- Digital fundraising trials in Lithuania, Russia, Georgia and Belarus,
- Telephone fundraising trials in Russia,
- Direct Dialogue Campaign launch in Estonia,
- Market Research finalization in Bosnia and Herzegovina.

Eleven new specialists in fundraising have started during the reporting period in National Societies supported through the ROE programme. 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.

Support to volunteers

Over the course of the 16-month period, RCRC volunteers have been impacted by COVID-19 worldwide. Their worries were 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.

More in detail, during the 4 months reporting period, the National Society Development (NSD) and Youth and Volunteering (Y&V) ROE units continued to focus their efforts mainly supporting NS on safety and security related issues. The developed initiatives and activities concerned the following topics:

- Support to the European Network of Development of Organizations and Volunteers (ENDOV). The meeting, that was held online on March 2021 with the participation of the Volunteering focal points and practitioners from NSs in ECA, has represented a great opportunity to discuss about the emerging new forms of volunteering and how volunteering needs to adapt its shape in this COVID-19 era. Comments and feedbacks have been collected from NSs champions and the IFRC ROE is now drafting a guidelines document for Digital Volunteers management;

- Coordinate the implementation of the Solidarity Fund for COVID-19 insurance in 5 NSs in ECA Region. The Programme was funded by Lacoste and guarantees the insurance coverage for staff and volunteers of the

selected NSs – through the reimbursement of the medical costs. The SF for COVID-19 insurance has been established in these 5 NSs: Albanian RC, Armenian RC, RC of Kyrgyzstan, RC of Tajikistan and Ukrainian RC;

- Facilitate the work of the European Youth Coordination Committee (EYCC), the European Youth Network steering group, in tackling COVID-19's effects on young volunteers and young people. The newly elected EYCC members started their 2 years mandate in April 2021, after their election at the European Youth Coordination Meeting (EYCM). The very first official initiative carried out by the new EYCC governing board was oriented to raise the young volunteers' awareness about the Mental Health issues through the organization of 3 thematic webinars.

Enabling Actions

Coordination for quality programming

IFRC-ICRC Movement coordination

The IFRC ROE **Health and Care** Coordinator continues to conduct 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, coordination of the vaccination-related actions. In addition, regular meetings are also conducted with the ICRC focal point for Eastern Europe, South Caucasus and Central Asia to facilitate the joint Russian-speaking NS First Aid Expert Group.

EURASIA Healthcare in Danger Meeting, 3-4 February 2021:
IFRC representatives participated in the Regional meeting: "The Healthcare in Danger" co-organized by the ICRC and five NSs from the region, the Belgian Red Cross, German Red Cross, the Italian Red Cross, the Red Crescent Society of Kyrgyzstan and the Norwegian Red Cross. As part of the session on Protecting healthcare in the time of COVID-19, IFRC made a presentation together with the Red Crescent Society of Kazakhstan on "Vaccine hesitancy, public trust and community engagement in Central Asia – an experience from Kazakhstan". 45 people participated in the meeting.

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), Georgia (statement), Nagorno-Karabakh and the Tajikistan/Kyrgyzstan border clashes (language, social media content and stories), and the recent escalation of conflict in Israel and Occupied Palestinian Territory (joint key messages).

The IFRC ROE Senior Officer, **Migration** was regularly attending the ICRC-led coordination and regional information sharing calls during the summer of 2020 and has had monthly discussions with the ICRC Migration Advisor in the Brussels delegation. As part of this cooperation, in spring 2020 a joint ICRC-IFRC Guidance Note was prepared to support NS messaging on the inclusion and protection of migrants in face of COVID-19. Similar regular talks have been held during the reporting period with the Migration Unit of the RCEU office.

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

Inter-sectoral coordination with WHO Europe

IFRC ROE continued strengthening its cooperation with the WHO Europe Regional office at both strategic and operational levels:

On 5 February 2021, Birgitte Bischoff EBBESEN, IFRC Regional Director for Europe conducted an online meeting with Dr Hans Kluge, WHO Regional Director for Europe. The main purpose of the meeting was: 1. to review the current status of the cooperation between IFRC and WHO Europe in general and within the COVID-19 response actions, 2. to discuss further ways of development of strategic and operational partnership between IFRC and WHO in the Europe region in

the framework of the MoU signed in 2019. This meeting provided an additional impetus for strategic partnership between IFRC, Red Cross and Red Crescent National Societies of the Europe region and WHO Europe.

Upon results of this meeting, both directors agreed to renew the existing MoU, considering the current health priorities and challenges in Europe with special focus on pandemic preparedness, MHPSS, digital health, to develop a Road Map for implementation of renewed MoU based on existing models and advanced practice of cooperation. WHO Director Invited IFRC to be part of the MHPSS coalition that focuses on anti-stigma and anti-discrimination, increasing the level of funding to support MHPSS activities.

On 22 April 2021, Dr. Hans Kluge, WHO Europe Regional Director visited IFRC ROE in Budapest and met with IFRC Regional Director for Europe. Both directors re-confirmed earlier agreed actions on: Strengthening joint efforts on COVID-19 vaccination; Renewing the existing regional MoU between IFRC and WHO; and IFRC participation in the WHO-led MHPSS coalition. Dr. Kluge was accompanied by the WHO Country Representative in Hungary, the WHO Representative in the EU and WHO Europe Director for Country Support and Health Emergencies. From IFRC ROE, the Deputy Regional Director, the Head of Health and Care unit and the Health and Ageing delegate took part in the meeting.

IFRC participation in the WHO-led European Regional COVID-19 Vaccine Coordination Group

IFRC ROE ensures inter-agency coordination with WHO Europe and other partners within the Regional WHO-UN-Red Cross Red Crescent Coordination Platform on the COVID-19 response and regularly participates in coordination meetings. IFRC ROE is facilitating close engagement of NSs to the country-focused meetings to share positive experiences and advanced working modalities on community -based COVID-19 response actions for the general population and migrants' communities, as well as inter-sectoral cooperation and coordination with public health authorities, other UN agencies, international and local actors.

From December 2020, representatives of IFRC ROE's Health and Care team are part of the WHO-led European Regional COVID-19 Vaccine Coordination Group. In addition to this regional platform, the Health and Care Team conducts regular bilateral meetings with WHO and UNICEF to discuss possible cooperation at regional level and support joint initiatives at country level.

IFRC participation in the **United Nations Europe Regional Forum on Sustainable Development on "The impact of COVID-19 on sustainable development: strengthening health system and social protection"**:
On 10 March 2021, the IFRC regional Health and Care Coordinator participated in the roundtable session and provided keynote interventions on the topic of "Strengthening health and social protection governance capacities for emergency preparedness and resilience building in crisis situations to leave no one behind and achieve the SDGs. Representatives of different UN agencies, WHO representatives of countries, civil society and international stakeholders participated in the session. IFRC participation allowed to illustrate the operational aspects of RCRC crisis response with special focus on strengthening intersectoral collaboration and integrated policy solutions in crisis response.

World Immunization Week, IFRC participation in the joint WHO-IFRC scientific roundtable:
On 26 April 2021, the regional Health and Care Coordinator participated in the Scientific roundtable: COVID-19 pandemic: how to include the most vulnerable groups of people into the immunization programs? Representatives of WHO Europe and partner scientific agencies presented their activities. The IFRC ROE Health and Care Coordinator made a presentation on "Red Cross and Red Crescent role and actions to support COVID-19 vaccination at the national level."

IFRC/NS participation in the **International Conference on Epidemiological well-being**:
Representatives of IFRC Europe region and Moscow office, as well as from the Syrian Arab Red Crescent participated in the International Conference on Epidemiological well-being on 22 April 2021. This conference was organized by UNAIDS and the Russian Federation with WHO participation. The following topics were presented in different sections of the conference:

- "Health and legal barriers on access of different categories of displaced people to health services in Europe region" – dr. Davron Mukhamadiev, IFRC Europe.

• "Public health challenges and population movement" - Khaled Erksoussi, Secretary General of Syrian Arab Red Crescent.
• "International Federation of Red Cross and Red Crescent in ensuring equal access to HIV health services for most vulnerable groups of population"- Alexander Mordovin, IFRC Moscow delegation.
The IFRC Europe Regional Health and Care Coordinator, as a member of the organizing committee facilitated preparation to these sessions. This conference provided an excellent opportunity to present RCRC activities in different health areas, especially in the context of COVID-19.
Strategic cooperation with the European Union's DG SANTE

IFRC participation in the Workshop **EU4Health Programme 2021**: potential solutions for a healthier European Union. On 24 March 2021, the IFRC Regional Health and Care Coordinator participated in the EU4Health Workshop organized by EU DG SANTE and aimed to gather inputs on potential solutions for EU Health programmes 2021 that could fall under the objectives of EU4Health. IFRC Europe regional COVID-19 response actions with special focus on the mobile testing, contact tracing, community-based health promotion as well as proposals for further actions were presented. Representatives of all relevant stakeholders: NGOs, associations, academic institutions, businesses, Member States' policy makers, patients' organizations participated in the meeting.

Evidence-based actions

IFRC participation in the WHO **MHPSS Technical Advisory Group** Meetings:
From March 2021, the regional MHPSS Delegate is taking part in the WHO Europe-led Joint Technical Advisory Group on the mental health impacts of COVID-19 in the region. As part of one of the sub-groups organized (Impact of COVID-19 on Public Mental Health Services), the MHPSS Delegate participated in several meetings with the sub-group.

Dialogue with Parliamentarians and regional advocacy actions on the COVID-19 response and equal access to vaccination

Participation of the IFRC Regional Director for Europe in the plenary session of the **Inter-Parliamentary Assembly of the Member States of the Commonwealth of Independent States** (IPA CIS) :

On 16 April 2021, the IFRC Regional Director for Europe participated in the online plenary session of the IPA CIS and addressed parliamentarians on the negative impacts of COVID-19 on displaced populations. The current needs of migrants and Red Cross Red Crescent actions on COVID-19 was highlighted. IFRC's Regional Director called on governments and parliamentarians to contribute to a predictable and coordinated approach to epidemics and pandemics, equal access to vaccination, including effective international cooperation and coordination, and engagement with and support of affected communities. The WHO Europe Regional Director, UNHCR Regional Director, as well as IOM representatives participated in the meeting and addressed parliamentarians.

Contribution to Universal Health Coverage: Adoption of the Model law on: "Equal access of people living with HIV to health services in CIS countries" by IPA CIS:
On 21 April 2021, the draft Model Law initiated by IFRC Europe on: "Equal access of people living with HIV to health services in CIS countries" was successfully considered in the session of the Permanent Commission on Social issues and human rights of IPA CIS in a second reading. IFRC facilitated drafting of this Model Law within the IFRC Europe regional action: "Strengthening of inter-parliamentary dialogue to advocate effective response to HIV for key population in CIS" with financial support of AIDSFonds (The Netherlands) since March 2019. RCRC societies of CIS countries Azerbaijan, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine and Uzbekistan, more than 20 civil society organizations, representatives of people living with HIV and key population of these countries were engaged and a regional platform was created for professional dialogue with CIS parliamentarians, Secretariat of CIS, Council of the Ministries of Health of CIS state health institutions, academic communities and mass media, aimed to develop and adopt model legislations, creating friendly environment for PLWHIV, reduce stigma and discrimination, ensuring better access to HIV–related services as a part of the implementation of the Universal Health Coverage Concept. National parliaments and the Ministries of Health of 10 CIS countries reviewed the draft law and provided more than 25 comments and recommendations. Most of their recommendations were incorporated to the text of the law. The

Permanent Commission fully endorsed the second draft of the law and recommended for final adoption by the Plenary session of IPA CIS in autumn 2021. Davron Mukhamadiev and Alexander Mordovin participated in the session of the Commission and presented the law to parliamentarians.

Evidence-based insights, communications and advocacy

Planning, monitoring, evaluation, and reporting (PMER)

During the reporting period, the ROE PMER team has continued engaging National Societies to showcase their work via submitting monthly field reports at the GO platform, based on which the COVID-19 Operation Regional Monthly Highlights were published, along with selected National Society human interest stories and major IFRC highlights.

From the beginning of the operation until 31 May 2021, 16 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.

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 past 4 months, 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 revision of active appeals, and closing and evaluation of appeals ending in Q1 and Q2 2021. In addition, PMER support has been ensured to different DREF operations launched in Kyrgyzstan, Tajikistan, and Israel.

The PMER team successfully established the **PMER/PMEAL community of practice (CoP)** in the region, with the aim of sharing knowledge and good practices, building capacities together and opening a channel for closer cooperation with and between NSs in the region. The COP serves as a platform where NS and IFRC offices present their ongoing and planned initiatives/ good practices, share strengths and areas for improvement in the PMER/PMEAL field including synergy with IM in data collection, monitoring and assessments, forming a joint capacity building platform. On 28 April an initial webinar took place to collect interests, needs and future contributions regarding the establishment of the CoP. 67 participants were present from the region, and the first PMER/PMEAL CoP will take place on 30 June 2021 on the topic of Mainstreaming gender perspectives in PMER and Data collection and analysis based on PGI standards - how SADD can inform program design. For the future, a monthly CoP schedule has been established based on the identified topics of interest.

The ROE PMER team was facilitating the global **COVID-19 Evaluation** taking place during the reporting period, providing background materials, taking part in the case study sampling process, and establishing contact with selected NS and IFRC focal points and the global evaluation team.

At the same time, preparations have started for the third COVID-19 **Real Time Learning Exercise on compound disasters and COVID-19**, with country sampling completed and key informant interviewing and data analysis planned for the end of August – beginning of September 2021.

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.

Information Management (IM)

The IFRC Regional Information Management officer provides support for National Societies in sharing information on the GO-platform and maintaining their respective country pages. Increasing attention is placed on supporting National Societies in their information management capacities including data collection, data analysis and related IT-

solutions. Efforts are concentrated on strengthening Health information management, evidence-based decision-making and the cross-cutting work of CEA and PGI. Following the socio-economic impact of COVID-19, emphasis is also placed on strengthening IM-capacities to enable cash transfer programming and other livelihoods interventions.

Communications

The regional communications team attracted regular global positive media stories about the Red Cross and Red Crescent response to the pandemic over the reporting period even if pandemic fatigue is leading to a declining interest in COVID-19-related news.

Press releases focused on grim milestones such as the 1 million deaths and 50 million COVID-19 cases in Europe, warnings of increased vigilance, the alarming inequity in access to vaccines among countries, innovative ways to tackle myths and disinformation, humanitarian funding needs, TB, mental health and the consequences of the pandemic on children and young people. Other types of articles featured human interest stories on the impact of cash support and testimonies by frontline volunteers involved in life-saving activities.

The team produced regularly updated regional Key Messages to guide Red Cross Red Crescent messaging about the main issues of concern and operational response to COVID-19 in Europe, underlining that as of May 2021 the pandemic is far from over, that disparities in immunisation remain alarming, that vaccine hesitancy is increasingly worrying, and that additional funding is urgently required to enable Red Cross and Red Crescent to continue meeting the needs of the most vulnerable.

In order to amplify the visibility of National Societies' work, the Communications team has been sharing photos, videos and stories on IFRC platforms and in the weekly Newswire. So far, the COVID-19 work of 50 National Societies has been featured on IFRC Europe's four social media accounts. Additionally, 15 RED Talk streamings were organised across IFRC global social media platforms with National Societies from the region. Infographics on COVID-19 prevention measures produced by the team are being used by almost every National Society in the region. To foster exchanges among colleagues from across the region, the team held regular group calls with Communication focal points from National Societies and Geneva representatives in English and Russian.

During the past 16 months, the number of followers on IFRC Europe Twitter increased by 120%, to 10,500, while the number of people reached increased by 190%, to 6.5 million. The Communications team has also been actively using Instagram, TikTok and Viber channels in Russian language to reach out to a younger audience; those platforms have been growing exponentially, and now reach a total audience of 178,000 Russian-speaking people. Quizzes on COVID-19 prevention were also organised on Twitter and Instagram.

At the annual European Youth Coordination Meeting in April 2021, the Communications team held a workshop with participants from multiple National Societies to provide guidance on how to become a voice for the Red Cross Red Crescent in COVID-19 times, with do's and don'ts of sharing volunteering work on social media and discussing how young people can support the fight against the pandemic.

On partnerships and resource development, the Communications team has been supporting 14 National Societies in implementing their visibility and communication plans related to the COVID-19 programmatic funding they received from USAID. The team is also assisting seven National Societies with communications and visibility requirements related to the EU Mobile Testing Initiative funded by the European Commission's DG SANTE. It has produced infographics and videos that can be easily translated and adapted to the local contexts, and the majority of National Societies in Europe are using them for distributing information and advice to the public. Furthermore, the team has been facilitating initiatives undertaken by corporate donors such as Procter & Gamble to communicate on COVID-19 and Red Cross Red Crescent activities.

As a result of the communications team's pitching efforts and press releases, there were almost 120 articles in international and regional media about our COVID-19 work. Highlights of the media coverage include:

First wave
BBC: Lockdown's heavy toll on Italy's mental health
ABC News: Why was Italy hit so badly by coronavirus?
TRT World: Interview with Valerio Mogini, national coordinator for Biocontainment for Italian Red Cross
BBC: Return to Lombardy, the 'Wuhan of the West'
El País: El migrante del 'Aquarius' que no le tiene miedo al coronavirus

COVID-19 resurgence
Anadolu: Red Cross raises virus alarm across Europe
ReliefWeb: Red Cross warns: Vigilance needed as Europe's intensive care beds fill up
Urdu Point: IFRC Sounds Alarm Over Resurgence Of COVID-19 In Europe, Warns Of 2nd Wave
Sputnik: La Cruz Roja insta a seguir alerta para evitar una segunda ola de COVID-19 en Europa
Otkrytye NKO: Красный Крест и Красный Полумесяц призывают сохранять бдительность

Pandemic impact on poor 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

Exacerbated vulnerabilities among older people
Xinhua: Pandemic leaves older people poorer, sicker and lonelier: study

Children and young people, disproportionately affected
Reliefweb: Red Cross Red Crescent warns of the devastating impacts of the COVID-19 pandemic on children and young people in Europe
Gulf News: Red Cross sounds alarm on COVID's mental impact on children, young people
Anadolu Agency: Red Cross sounds alarm on COVID's mental impact on children, young people

Vaccine inequity
Reliefweb: COVID-19: IFRC warns Europe's poorest countries are being left behind, as deaths hit grim milestone
TVE: Vacunas, un reto global

Heatwave concerns
Anadolu: Public urged to care for each other as Europe swelters
Monaco Daily News: Red Cross raises alarm over heatwave concerns

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

COVID-19 and TB
Reliefweb: World Tuberculosis Day: IFRC calls for increased TB detection and treatment amid pandemic

Kazakhstan Red Crescent chatbot to tackle vaccine myths
Thomson Reuters: Kazakhstan enlists chatbot to tackle COVID-19 vaccine myths
Devex: IFRC and Kazakhstan Red Crescent launch COVID-19 chatbot
The Star: Kazakhstan enlists chatbot to tackle Covid-19 vaccine myths

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

Opinion pieces by 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?
Reliefweb: Global action needed to prevent the deepening crisis in mental health

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 Humanitarian Services and Supply Chain Management (GHS&SCM) 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.

A global directive on simplified procurement management for the COVID-19 Emergency Appeal was issued on 4 April 2020 and a regional call was organized on 17 April 2020 to discuss the details of the directive, the procurement/logistics procedures under the COVID-19 response. The regional team also shared this 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 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.

The procurement team has been supporting National Societies in their local sourcing processes and has shared guidelines for the request of quotations and tendering, while IFRC Medical Logistics supported the NSs in the quality assurance for any PPE procurements.

For the DG SANTE COVID-19 mobile testing project, briefings were held about IFRC Procurement process for the seven Red Cross Red Crescent National Societies (Austria, Germany, Greece, Italy, Malta, Portugal and Spain) and NSs have been supported in their local sourcing process.
For Hellenic RC and for Italian RC some tenders for rapid tests and for PPEs have been managed by IFRC Medical Procurement officer or by the country office in Greece with the support of Global Operational Procurement team.

Rapid Response Personnel

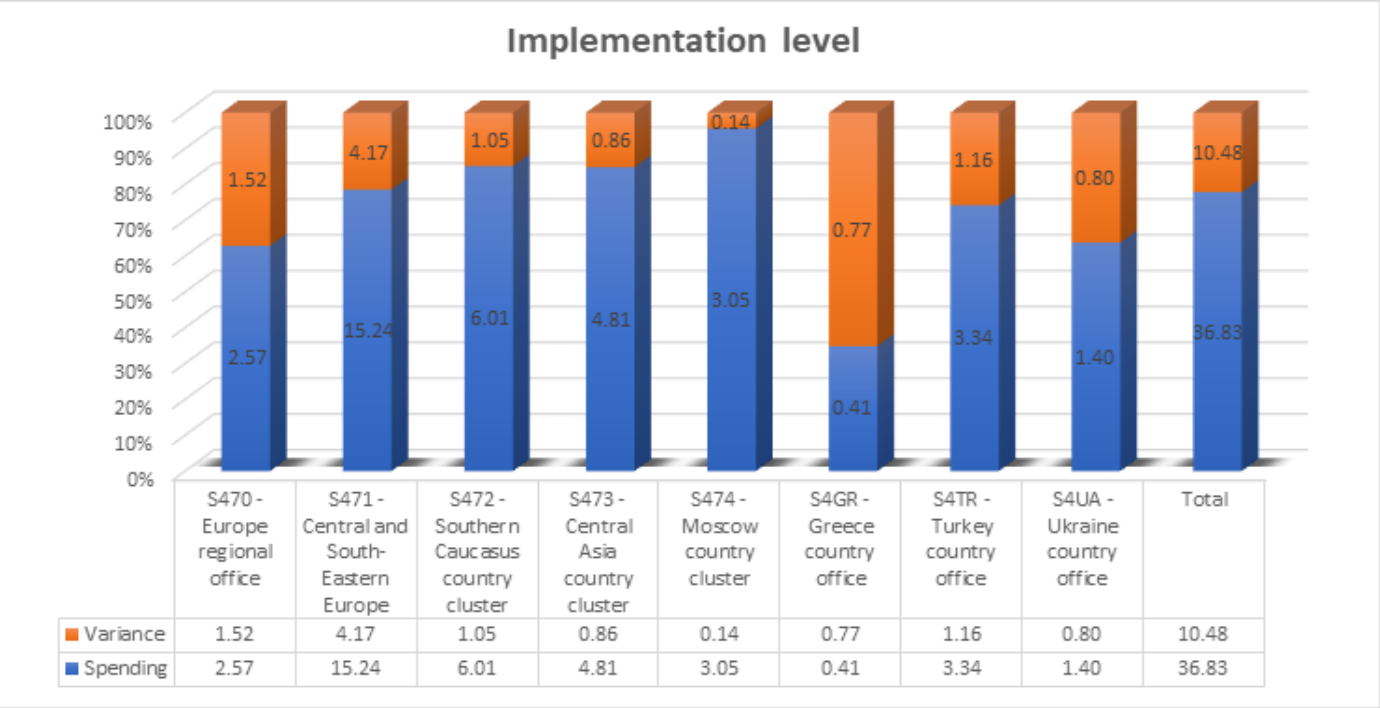
During the 4 months reporting period in 2021, 6 profiles were seconded as Staff on Loan supporting the COVID-19 activities in the Europe region. This included both remote and physical deployments in the following sectors: CEA, Health, IM, CVA (2) and Livelihoods. This sharp decrease in deployments from before also highlights the stability and 'normalisation' of human resources.

Human Resources

The COVID-19 Operation Human Resources plan is constantly being updated and adjusted to accommodate the various identified support needs indicated by NSs. Due to the travel restrictions, a number of the people working on the COVID-19 response were and are working remotely and with easing up of these restrictions the people filling these positions are or will be gradually moving (back) to their base stations. For the foreseeable future the balance between on-site and remote will be maintained and adjusted where possible to accommodate effective collaboration and health and safety measures. Despite earlier challenges, the remote working modality has proven to be widely successful and for that reasons will continue to be an integral part of the HR approach for the Europe region.

Financial Analysis

In the Europe region, the expenditure of the COVID-19 funding is going according to planning. Overall close to 80% of the funding has been depleted, offset against 70% of the implementation timeframe. While at the same time the realized income is still just above the 50% mark of the funding needs of CHF 89 million for the region. The below table shows the financial implementation by operational cluster and does not include the Mobile Testing program (DG SANTE), which is reflected separately.



	S470 - Europe regional office	S471 - Central and South-Eastern Europe	S472 - Southern Caucasus country cluster	S473 - Central Asia country cluster	S474 - Moscow country cluster	S4GR - Greece country office	S4TR - Turkey country office	S4UA - Ukraine country office	Total
Variance	1.52	4.17	1.05	0.86	0.14	0.77	1.16	0.80	10.48
Spending	2.57	15.24	6.01	4.81	3.05	0.41	3.34	1.40	36.83

All in CHF million: Spending = expended, variance = remaining to be spent before 31 Dec 2021; a total of ± CHF 800,000 will be eligible for spending in 2022.

The main variances are:
- Central, South and Eastern Europe: ± 4mio out of the 4.1 mio is related to Italy, where significant tenders will be completed in June-July.
- Greece: the expenditure is according to planning. Several significant expenditures are foreseen for Q3 2021
- Turkey: the planned activities and budget were deliberately extended beyond the original target date to increase the relevance and effectiveness of the activities, specifically in reaching migrant populations and host communities particularly affected by the COVID-19 pandemic.
- Ukraine: is on track with implementation and expenditure considering it received significant additional funding in Q1 of 2021.

The Mobile Testing program (funded by the EU DG SANTE) financial expenditure is also progressing according to planning. The initial fase was predominantly used to formalize all agreements and planning and since the start of Q2 is showing significant expenditure.

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
1.2.	Number of health coordination/ intersectional meetings with international partners	23	24	104%
1.3.	Number of information and education materials developed, adapted and distributed	7	10+9 (health)	271%
1.4	# of vaccination sites supported by NS	54	12	22%

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	12	120%
2.2.	Number of NS supported on cash feasibility, cash readiness or cash implementation	15	18	120%
2.3.	# of National Societies connected in peer-to-peer network to build capacity in CVA/LLH	17	17	100%
2.4.	Number of NS assisted to develop monitoring and reporting tools (e.g. PDM, lessons learnt exercise)	N/A	2	N/A
2.5.	Number of NS technically supported to develop or implement shelter/urban settlements assistance programmes	5	0	0%
2.6.	Number of NS supported in targeting migrant and displaced communities with essential assistance (including Health, WASH, RC/CEA, Shelter, livelihoods, PGI)	15	14	93%
2.7	Number of Ns supported for adoption/implementation of RC/CEA-related activities (e.g. trainings, technical support, funding etc.)	15	46	307%
2.8	# of NSs with disaggregated information and/or include samples of individuals with different age, gender, disability and other diverse characteristics	15	12	80%
2.9	#of NSs supported with scaled-up PGI programmes and interventions to address the longer-term socio-economic impacts, working closely with cash, livelihoods, health, WASH and any relevant sector	5	5	100%
2.10	# of NSs provided with technical support and guidance to for the dissemination and implementation of key messages and possible mitigation actions to address COVID-19- related risks and vulnerabilities	15	15	100%

Priority 3: Strengthening National Societies

ID	Indicators	Target	Reached	% completion
3.1.	Number of NS with EOC established throughout the operation	4	4	100%
3.2.	Number of NS with preparedness activities scaled up, contingency planning and BCPs in place based on PER assessment conducted	8	6	75%
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)	131	116	89%
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

As of 31 May 2021, 33 National Societies requested funding from the Global Emergency Appeal in Europe Region, and the below section contains overview on these countries.[1]

Albanian Red Cross

The Albanian Red Cross (ARC) national operational response framework for COVID-19 has been focused on three priority areas which include: (1) Sustaining Health and WASH; (2) Livelihoods, cash support and food aid; (3) National Society Strengthening. Since the beginning of the COVID-19 outbreak, ARC has supported in total 9,652 families (48,260 people) with food packages, while during March-May 2021, ARC supported in total 1,305 families (6,525 people) to address their immediate needs in more than 40 affected communities. In February 2021, ARC has distributed 1,000 hygiene kits that included 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. The assistance was provided with ARC's own resources and the support of IFRC and several donors, while continuously ensuring the safety and health of all staff and volunteers involved.



Picture taken Picture taken during Cash distribution activities. *Photo: ARC*

During March-April 2021, ARC has completed the distribution of Cash assistance among 2,000 families/households (HHs), (10,000 persons) affected by COVID-19 mostly in the urban areas. Vulnerable groups including older people, families with social assistance, single female-headed households, people with special needs or people who lost their source of income due to the pandemic were prioritized. The selected HHs have been provided with CHF 120 (~ ALL 13,450) per HH member per one month. The transfer value was calculated against the minimum expenditure basket to cover the most urgent needs.

ARC continues to share on its social platforms daily updated information on COVID-19 trends, posts encouraging vaccination, and advises people how they can protect themselves; key messages about stigma around COVID-19, and animation posts with mental health advice reaching more than 70,000 people. Additionally, a hotline is still operating to support the population, to address inquiries and provide essential information and practical advice related to COVID-19 and to provide PSS where required by callers.

<u>Final Outcomes, Impact – reflections at the end of the project</u>

Through its response, ARC aimed to strengthen health status and resilience of assisted people, addressing stigma and discrimination about COVID-19, providing accurate information on preventing the disease by promoting healthy behaviours and lifestyles, and contributing to strengthening the mental health of affected individuals and staff and volunteers through the provision of MHPSS.

The relief and livelihood support included both in-kind distributions and cash assistance combined to address specific needs and contexts and as well to assist different vulnerable groups. The NS has manged to reach the most vulnerable groups including those people who lost their job and source of income due to the pandemic.

The ongoing pandemic has emphasised the need to invest in tailoring more community-based programs with special focus on health promotion, pandemic and outbreak preparedness and response. In addition, the integration of mental health and psychosocial support in all respons plans

[1] The British and Spanish Red Cross finished implementation under the IFRC COVID-19 Emergency Appeal at the end of December 2020, and continue their COVID-19 response activities with the support of domestic fundraising.

across ARC sectors will enable better access of affected population to MHPSS support in the future as a rising needs showed during the pandemic.

Through this operation, ARC has significantly increased its operational capacities, particularly in the areas of: managing of larger emergencies and providing immediate relief support and cash/ voucher assistance to people assisted; as well as providing remote psychological First Aid both for affected individuals and staff and volunteers, establishing need assessment methodologies and feedback mechanisms as well increasing the flexibility to adapt and modify in the new challenged context.

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 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 33,000 vulnerable people across the country with basic food and hygiene supplies, in line with the standards set by the Ministry of Labour and Social Affairs and according to the lists provided by the latter. In total 1,500 Armenian Red Cross volunteers have been mobilized to support the humanitarian operation across the country. To increase the effectiveness of the support provided, ARCS conducted 70 trainings on risk communication, FA, PFA, WASH, CBHFA for 1,775 staff and volunteers. ARCS also worked with people in isolation and people with COVID-19 positive cases with mild symptoms and receiving treatment at home. They also receive social support and PSS consultation. To ensure timeliness and efficiency of its response operations, the NS 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, Gegharkunik region, where ARCS psychologists provide psychosocial support services to 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 to over 40,000 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 staff are packing humanitarian parcels to be distributed to vulnerable older people affected by the COVID-19 pandemic in the Shirak region. *Photo: Armenian Red Cross*

ARCS continued to provide community-based integrated home care, to contain, slow or suppress transmission of the virus by ensuring people at-risk of COVID-19 complications are able to meet their basic needs, essential services and maintain their dignity. Up to 500 older people and people with disabilities received care at their own homes.

The Armenian RC carries out risk communication across the whole country through dissemination of printed information materials, social media and telephone. To date, more than 1 million people have been directly covered by ARCS' risk communication and awareness raising work. All risk communication materials and community engagement strategies have been developed with due consideration of PGI aspects. Myths and misinformation on COVID-19 were also monitored and messages tailored to address them were incorporated in the risk communication materials. Leaflets

with the hotline numbers of Armenian government structures and Armenian Red Cross, information materials on COVID-19 safety, over 1 million face masks 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 the population made vulnerable by COVID-19 pandemic with house rent subsidies and payment of their utility bills. Utility fees, including electricity bills, were covered for 16,852 people and rent for 435 people. Moreover, to ensure vulnerable children's access to education, 500 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.

Within the Do Better Do More Risk Communication initiative, ARCS established a hotline to improve its efficiency and response capacity. To inform the local population, 8,184 leaflets promoting the new hotline number were distributed in public areas. Currently, three hotline operators are able to answer the calls simultaneously. Consequently, the average number of monthly hotline calls increased by 50%. To improve its social media presence, the ARCS integrated the ManyChat chatbot in its Facebook page to ensure timely follow-up on standard incoming queries. With the support of external communications specialists, the ARCS developed its Social Media Advertising plan until the end of 2021. The number of ARCS' followers on Facebook increased by 4,000 allowing ARCS to expand its reach and inform more people about COVID-19 risks, safety measures and rules of hygiene.

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



Staff and volunteers of the Azerbaijan Red Crescent Society provided humanitarian parcels to low-income families and other vulnerable groups of the population. *Photo: AzRC*

All humanitarian activities undertaken by the Azerbaijan Red Crescent Society (AzRC) 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.

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 &Gamble, donations from private companies, financial resources of AzRC amounting to EUR 150,000, support from IFRC and donor organizations, including USAID.

Within its COVID-19 response the AzRC implemented a pilot CVA initiative in cooperation with the Local Executive Offices, to respond to the needs revealed through the continuous assessment carried out by NS and other Movement partners. The needs assessment suggested that cash was one of the most prioritized form of assistance by the communities made vulnerable by COVID-19. The pilot initiative was implemented in four regions of Azerbaijan reaching 959 vulnerable households (older persons and persons with chronic diseases at an increased risk of COVID-19 complications, families with more than 3 children) with a one-off payment of AZN 270 (CHF 146). The post-distribution monitoring (PDM) carried out after the intervention confirmed the relevance of support provided, with 54% of surveyed individuals noting that the assistance significantly reduced the financial burder of their household.

COVID-19 related aspects were mainstreamed in the AzRC's response to Nagorno Karabakh conflict escalation that commenced in September 2020. To decrease the exposure of people affected by conflict to the virus, 4,374 households (21,870 people) were provided with hygiene parcels including soap, hand sanitizers and wet wipes. 1,520 households (7,600 people) were provided information education materials (IEMs) on COVID-19 safety.

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, 1,507 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), and CEA. Brochures, leaflets and posters on COVID-19 prevention, 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, 1,696,491 information-promotional materials were published. 48 risk communication campaigns were carried out in 12 districts of Azerbaijan on the importance of handwashing, mask-wearing and social distancing. The IEC 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, 1,511,758 people were reached directly and 3,224,014 indirectly, through dissemination of IEC materials and other risk communication activities.

To effectively respond to the existing misperceptions on COVID-19 vaccine among the local population and design key messages addressing the fake news and disinformation circulating in the country, the AzRC, in cooperation with UNICEF launched a KAP survey, surveying 340 people, examining the knowledge and attitudes of general public in relation to COVID-19 vaccines. The final report of the survey will be prepared in near future and key messages responding to its findings will be devised. 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 PPE. The NS also purchased 3,020 thermometers, which were donated to 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, more than 6,000 phone calls were registered in Baku and more than 57,000 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. 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 IEMs. Staff and volunteers were provided with PPE, 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 on 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 programme staff regarding the NS' response to COVID-19 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 the beginning of 2021, Belarus Red Cross (BRCS) provided support to the local authorities in combatting COVID-19. 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 1,200,000 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. Danish Red Cross and Czech Red Cross provided in-kind support with PPE. Thanks to the support (in the amount of USD 78,045) of the Global Fund to Fight AIDS, Tuberculosis and Malaria, BRC organized the work of 4 mobile stations to ensure access to the diagnosis and treatment of people living with HIV, living in remote settlements of the Minsk and Gomel regions with a high epidemiological burden on the health system, in the conditions of COVID-19.



People receive vouchers as part of support to those affected by COVID-19. *Photo: Belarus Red Cross*

The Belarus Red Cross Society continues to work in the following areas:

- Ensuring the work of the medical and social service “Dapamoha”;
- Providing social support to lonely older people;
- Providing psychosocial support (including the telephone hotline “201” which received 1,107 calls since 1 January). Using the helpline, volunteers provide assistance to many vulnerable categories: lonely older people, migrants, low-income people, disabled people, former prisoners, homeless people, etc. If the BRCS is unable to provide any support, the volunteers refer people to other institutions, for example territorial social service centers;
- As part of the initiative "support call" at the regional level - providing psychosocial support to single and lonely persons - a total of 11,416 calls were received since 1 January;
- Voucher assistance and distribution of in-kind aid;
- Assistance to the personnel of the temporary detention facilities of the state border committee and the Ministry of Internal Affairs of Belarus;
- Assistance to healthcare facilities in providing medical equipment;
- Informing the community about prevention measures and the risks of COVID-19.

BRC is included in the National Vaccination Action Plan for COVID-19. In accordance with the National Plan, a BRC action plan has been developed with expert partner support, and resources are currently being searched for. Information sessions are held among employees and volunteers.

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:

- 10,707 vouchers for around 21,000 vulnerable people;
- 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 Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) continued to support the local population in close coordination with movement partners, governmental bodies, and external stakeholders fulfilling its role as an auxiliary. The activities have been implemented through the NS structure, involving 97 branches, mobilizing 2,600 staff, volunteers, Mobile and First Aid teams to respond and support the most vulnerable and affected population to prepare for and respond to COVID-19 consequences.



RCSBiH staff and volunteers supporting older people during the vaccination process. *Photo: RCSBiH*

The RCSBiH responded to the needs of more than 47,300 people (27,900 households) throughout the country, including persons above 65, people with chronic disease, people in isolation, beneficiaries of public kitchens and socially disadvantaged families.

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 259,300 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 800 public buildings, providing transportation to potentially infected persons from borders and airports to their places of residence for 292 people to date. The NS distributed more than 16,100 food parcels, more than 9,700 hygiene packages and 23,220 hot meals. RCSBiH volunteers provided groceries shopping and payment of bills on 5,350 occasions for those who were restricted to move. The RCSBiH also provided risk communication through its hotline and social media, with 15,700 calls received and 1,330 PSS services via phone to date. The RCSBiH has also distributed 45,170 awareness-raising leaflets and posted 940 materials via social media. 17,400 migrants outside reception centres on migratory routes received support through Mobile Teams.

Furthermore, more than 250 Red Cross volunteers were engaged in immunization of the most populated areas of the country. The Red Cross of Brcko District continued to be actively involved in the vaccination process by the development of a vaccination plan, establishment of an operational communication centre through the provision of an ambulance service to potentially infected people. In coordination with the BiH Ministry of Human Rights and Refugees and with the support of IFRC, the NS finalized voucher assistance to support 1,000 most vulnerable households in Roma communities.

The RCSBiH provides assistance with support of the International RC/RC Movement in the country (IFRC, ICRC, Austrian RC, Turkish RC, Swiss RC, German RC), in close cooperation with local authorities and external stakeholders.

The National Society is a part of the interagency Coordination Mechanism and Operational Team as a key stakeholder 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 Emergency 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.

British Red Cross[2]	The impact of COVID-19 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 (BRC) 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 BRC response to the COVID-19 crisis in the UK has been focused on the following key interventions; - National Support Line, - Doorstep Support, - The Hardship Fund, - Building Resilient Communities Digitally, - Supporting the National Health Service (NHS). Funding from the IFRC appeal, generously supported by Johnson & Johnson, was targeted towards BRC's work on setting up and operating a National Support Line which offered people a place to turn for advice and support. 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. During 2020, 17,248 calls to the support line were answered 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 this period BRC recruited key staff and trained 80 British Red Cross volunteers to work on the Support Line. As part of the BRC overall response to COVID-19 in the UK we have continued to deliver support to where it is most needed through the five key interventions highlighted above, as well as through the practical support for the roll-out of the vaccination programme in the UK. To highlight the scale of the response over the first year of the pandemic response the BRC has: - Made 101,298 food deliveries and 14,660 medicine deliveries, - Deployed 12,997 volunteers to support communities, - Supported 11,952 people through the Hardship Fund with cash grants, - Supported 73,726 people to get home safely from hospital.

[2] The British Red Cross has finished implementation under the IFRC COVID-19 Emergency Appeal at the end of December 2021 and continues its COVID-19 response activities with the support of domestic fundraising. This text is a correction to the 12-month country narrative.

Bulgarian Red Cross

The Bulgarian Red Cross (BRC), with an extensive network of 28 branches and volunteers and staff across the country, is supporting people and communities to prepare for and to respond to the global emergency.

As part of the emergency response system in the country, BRC provides its services in cooperation with national and local authorities, and receives support from international partners as well such as the ICRC, IFRC, the Turkish Red Crescent and USAID.



Activity kits distribution in Yambol together with the US Embassy representative. *Photo: BRC*

BRC has been supporting health facilities by providing protective and medical equipment and hygiene items in coordination with the government; and expanding its food distribution programmes reaching the most vulnerable people affected by the pandemic, carrying out risk communication and prevention messaging, together with providing psychosocial support nationally and locally.

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 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, while the third priority for the organization emerged at the end of 2020, with the promotion of vaccinations, and strengthening efforts to fight fake news.

In total, the support of the Bulgarian RC to the population reaches over 432,000 people who received material, emotional support or participated in public events, and another 754,000 people who were reached through social and traditional media, campaigns and information materials.

The current phase of response is focused on the promotion of vaccination, and reducing uncertainty and fear via targeting myths and false information.

Over 3,210,000 pieces of specialized medical equipment, sanitizers and other hygiene items have been provided by BRC via its participation in the National Logistics Coordination Centre to medical institutions and to vulnerable groups. As part of the operation supported by USAID and of the global IFRC effort to combat COVID-19, 30,000 personal hygiene kits were distributed to vulnerable people.

In partnership with the "National Network of Health Mediators" 430 hygiene promotion sessions were conducted, among Roma communities.

BRC is operating a national hotline for psychosocial support, with 25 psychologists providing professional consultations and long-term specialized psychological support.

BRC delivered "Activity Kits" to 2,500 children from vulnerable families with socioeconomic difficulties from marginalized groups, in order to support their mental health.

The ongoing communication and cooperation with media partners contributed for the large popularization of the programme and for reaching more than 200,000 people – hate speech and negative comments in social media decreased after the campaign, an indicator that the general population is building better understanding regarding the vaccination process and the restrictive measures.

BRC opened an Emergency Operational Centre (EOC) in March, strengthening the National Disaster Response Team's operational preparedness. Preliminary steps were also undertaken for BRC to become a cash-ready National Society, including meeting with financial institutions as possible providers for future operations and signing framework agreements for voucher assistance and for money transfer.

Croatian Red Cross

The COVID-19 situation continued causing challenges across Croatia throughout 2020 and the first half of 2021 with a total of 292,938 persons infected and 6,333 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. By the end of the implementation period, 365,323 persons were vaccinated with at least the first dose. The socio-economic impact of the pandemic also worsened towards the end of 2020 when the unemployment rate showed an alarming figure of 162,386 persons (February 2021) 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.



Posters of the Croatian Red Cross are raising awareness to proper handwashing techniques on public transports. *Photo: Croatian Red Cross*

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. Since the beginning of the operation, the 150 trained staff and volunteers conducted 874 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 (approx. 7,000 people) in the course of January and February 2021. The quantity of one food parcel (two family members for 15 days) for each of 21 countries was proportionally distributed related to the number of inhabitants and number of people who live in social distress.

The Croatian Red Cross provided PSS to its personnel, who were deployed in the COVID-19 response and organized online group sessions for staff and volunteers active on PSS telephone line. As the restrictions were eased, the number of individual telephone calls was reduced in September 2020, the Croatian Red Cross started to organize online PSS group sessions for personnel working directly with people (delivering food and medicine supplies).

Communication about relevant issues and stress concerns related to the COVID-19 crisis resulted in the development of "Psychosocial support during epidemics: a practical guideline for frontline responders". Systematically collected and analysed community feedback was done on a 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 Croatian Red Cross with its personnel provided quality services in assisting vulnerable people and respecting protective measures to ensure that proposed activities safely continue. The personnel worked regularly in the COVID-19 crises as priority occupation and were leading forces in the COVID-

	19 response. The proposed COVID-19 activities have been well coordinated with local Red Cross branches for best assistance to 191,242 vulnerable people in the country. The IFRC Appeal funding has been utilized and the National Society continues responding through domestic fundraising.
Czech Red Cross	The Czech Red Cross (CRC), its staff, members and almost 3,000 volunteers across the country with 42 Local Branches actively support communities in response to the pandemic. The CRC responded to the needs of the country in a number of different ways during the past 16 months of the operation. The CRC is currently supporting the vaccination process – with mobile vaccination teams; personnel support in vaccination points; mobility for older people to get to the vaccination points; assisting them with the vaccination registration process as well. The CRC is supporting COVID-19 testing, with antigen testing for CRC staff and volunteers, for health and social facilities, for staff of local authorities as well as private companies; while Local Branches are running antigen test points for the general public. The CRC is providing recruitment, coordination and training of non-professional medical staff – hospital attendants – organization of the "Fundamentals of Modern Nursing Care" courses for the general public; dispatching volunteers to hospitals and social facilities ("M-72 project"). The CRC is running prevention programmes in social and medical facilities – trained staff sets prevention measures (zoning procedures, filter procedure, etc.) The CRC is disseminating information about COVID-19, prevention measures and vaccination – via TV spots, web spots and leaflets. The CRC Local Branches support local communities with additional activities, to name a few – crisis telephone lines, psychosocial support, grocery, pharmacy and hygiene products shopping for older people and people at risk.  Participants of the Fundamentals of Modern Nursing Care course. *Photo: CRC* <u>Summary of achievements: In the timeframe from 1. 1. 2021 to 31. 5. 2021</u>: • The Czech Red Cross mobile vaccination teams vaccinated over 3,215 people. More than 993 CRC staff, members and volunteers provided personnel support in vaccination points. Over 981 older people were transported to vaccination points, over 1,846 older people used help with registration process to the vaccination. • The CRC performed more than 72,522 antigen tests. • In "Fundamentals of Modern Nursing Care" courses, 1,704 people were trained. • The M-72 project supported 11 hospitals, 800 volunteers were involved, 23 dispatchers and coordinators helped to organize this service. • Prevention programme was performed in 1 social and medical facilities. • Ongoing activities of CRC Local branches – 3,580 crisis line calls, 3,287 grocery, pharmacy and hygiene products shopping, 9,910 material support (PPE, etc.) The CRC has developed contingency plans for COVID-19 and other emergencies. The role and activities of the CRC are included in the Czech government's plan for COVID-19 response and recovery. The Czech Red Cross is one of bodies of the Integrated Rescue System (IRS) of the Czech Republic and the CRC is fulfilling its mission of auxiliary role of the state – humanitarian services. In the COVID-19 pandemic, the CRC continued to cooperate and coordinate with Central Crisis Team of the Czech Republic, with Fire Brigades of the Czech Republic and with local authorities. The M-72 project is now finished. In case of another wave, the CRC is ready to follow up with this service. The Czech Red Cross is no longer offering the Fundamentals of Modern Nursing Care courses. In case the need for volunteers from general public to support health and social facilities

	arises with another wave of COVID-19, the Czech Red Cross is ready to immediately restart these courses.
Cyprus Red Cross Society	On 10 January 2021, the Government of Cyprus imposed a second lockdown, which was still ongoing (with minor changes) in April 2021. In response to the new measures and equipped with the experiences of March 2020, the Cyprus Red Cross Society (CRCS) immediately entered the emergency mode in order to be able to assist all persons affected by the new lockdown. The "Emergency Service for the Support of the Elderly and Vulnerable Groups" was reactivated, while the personnel of the CRCS entered in a rotation working scheme, so as to be able to accommodate the new rising needs. A major change concerning the Emergency Service was the undertake of this service by the CRCS branches, thus permitting to the Headquarters to be able to better coordinate the efforts on a Pancyprian basis.  CRCS receiving food packages. *Photo: CRCS* The CRCS faced a major drawback to its services for the asylum seekers isolated inside the Pournara Reception Centre. Due to the Government's restriction measures, the CRCS officers were not permitted to enter the site, thus all items of humanitarian aid were delivered up to the gate of the Centre. As a result of the increasing distress of the migrants in the Centre on 10 February 2021, there was a riot in the Centre, which caused significant damage and loss to the CRCS storeroom on site. The officers continue to leave the items at the gate, until new measures are announced and a proper and secure site for a new storeroom is provided by the Asylum Service. 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. Psychological support through the "Let's Talk" Service is available since March 2020. The CRCS has provided PSS to 320 persons and 12 staff members to mitigate stress and burnout. Additionally, the CRCS continues its efforts to reach out to more potential people assisted in need, through various communication and social media channels. For example, the CRCS PSS office printed out and disseminated 1,100 information brochures on COVID-19. 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, 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 people benefited from this activity, out of which 1,284 persons were provided with voucher assistance. 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. In total 6,694 migrants received support in the form of hygiene items and informative leaflets.
French Red Cross	No update received.

Georgia Red Cross Society



Volunteers delivering food and hygiene parcels and providing information on COVID-19 prevention to older people. *Photo: GRCS*

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. 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. 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. In total, 1,800 medical students were trained by the Ministry of Education using materials prepared by GRCS.

All Georgia Red Cross staff and volunteers who are involved in the COVID-19 operation were equipped with personal protective equipment and were trained to ensure their own safety, as well as that of the people assisted. Trainings were provided to 2,616 GRCS volunteers on COVID-19, the ways of transmission and personal safety, including usage of personal safety equipment, social stigma, PSS, contract tracing, operating hotline service, risk communication, WASH and Vaccination. 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, information sessions and public events. More than 10,000 copies of informational and educational materials about COVID-19 safety were produced and disseminated among the entire population, including the national and linguistic minorities. Furthermore, 1,000 face masks were distributed in local markets. Within the European Immunization Week, GRCS, in close cooperation with the (National Center for Disease Control) NCDC, organized awareness raising campaigns on COVID-19 vaccination. Materials presenting information about the vaccines available in the country, vaccine eligibility and registration procedure, as well as the possible side effects were prepared and disseminated. These efforts were accompanied by social and traditional media campaign informing the public of the importance of and availability of COVID-19 vaccines, reaching 212,000 people.

With support of the IFRC, the GRCS will receive 100,000 doses of Sinopharm vaccines donated by the Red Cross Society of China, that will be handed over to the The Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia. The agreement with the Red Cross Society of China is being finalized and the vaccines will be delivered in the upcoming months.

The volunteers of GRCS supported the public authorities in vaccination rollout process. They were present at the vaccination centers to assist the queue management and to ensure that the people followed the COVID-19 safety rules, including social distancing and mask wearing. The volunteers also provided the individuals at the vaccination centers essential information on the vaccination schedule, potential side effects and other relevant information. Moreover, the GRCS was asked by the NCDC to organize mass immunization centers in the country; currently, and the model of immunization centers is being developed currently.

From the early days of the COVID-19 outbreak, the GRCS MHPSS team has been on the frontline serving communities in need. Georgia Red Cross launched a free of charge daily hotline service. To-date 14,495 calls have been processed. The main aim of the hotline is to provide Psychological First

Aid, emotional support to people and helping them deal with their challenges. Moreover, the hotline offered the callers general information on COVID-19, vaccination rollout, 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. Currently, GRCS is working to develop an online interactive chat-bot for its Facebook page to ensure timely and efficient provision of COVID-19 related information to the concerned citizens 24/7. 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. GRCS also launched an MHPSS Coordination Platform, including 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 stakeholders and coordinating activities to reach maximum number of vulnerable people. 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 quarantine facilities.
The NS provides humanitarian relief to socially vulnerable people and older people through provision of food and hygiene items. 91,173 vulnerable households were assisted with basic food and hygiene items. Out of these,11,399 food and hygiene parcels were collected and distributed through two nationwide donation campaigns organized in supermarket chains. 100 food and hygiene parcels were procured with financial support from a local private company ATM; 265 parcels were collected and donated by the students of QSI International School. In addition, to address the issue of social exclusion of older people, GRCS distributed 684 mobile phones with topped up sim cards to the older people living alone.
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. Furthermore, GRCS obtained funding from the *Fair Trees Foundation"* to launch a three-year program targeting 374 individuals, at-risk of COVID-19 complications, in need of home care living in the rural areas of Georgia.
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. 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 findings will inform GRCS' programming to ensure the provision of the adequate support package to the targeted schools. The final report of the KAP survey has been prepared and published.

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 people assisted and employees of various Municipalities throughout the country, for visitors and employees at the



Hellenic Red Cross nurses are assisting the vaccination programme in Athens. *Photo: HRC*

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.

Upon request of the authorities, the Hellenic RC is 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 June 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.

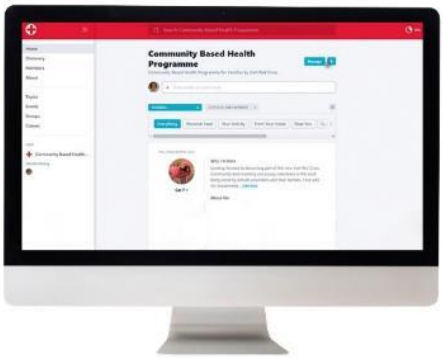
In addition, 30,915 vulnerable people were reached with food and other in-kind assistance, and 19,514 people with mental health and psychosocial support services (MHPSS) through the implementation of individual or group PSS sessions and psychosocial activities. In total, 82,335 people were reached by 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 3,066 calls for providing support, while 3,211 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.

Cash assistance is also one of the interventions under the COVID-19 Response Plan. 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 during the first phase of the pandemic. This small-scale project allowed the HRC to adjust to the COVID-19 requirements and to test a fully digitalised beneficiary registration system. A second cash assistance intervention targeting 300 households in Ioannina city, north-west Greece, started early May as part of the HRC planned activities to assist vulnerable households and reduce the socioeconomic impact of the pandemic in their households.

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. Upon request by the Greek State, the Hellenic Red Cross started on 5 May 5 to provide services to 3 state vaccination centers for COVID-19 in Attica Region, mobilizing its nurses to actively take part in the State vaccination programme by performing vaccinations to the general public in designated centers. As part of this activity, 61,029 people were vaccinated and were under surveillance after the administration of vaccine by the HRC nurses at the vaccination centers. The HRC support to the state vaccination programme is expected to continue until the end of July.

Irish Red Cross Society	In the context of COVID-19, the Irish Red Cross (IRC) is coordinating with relevant government entities to ensure its activities complement and support ongoing government humanitarian activities in response to the outbreak. Summary of overall achievements: - IRC volunteers provide community-based services for vulnerable and high-risk groups with a variety of services including delivery of essential household items, food, medicines and well-being check-ups. Thousands of care packages were provided to key vulnerable households, groups and organisations. - More than 1,000 patient transfers have been conducted nationwide using IRC vehicles and volunteer personnel, supporting the Irish health infrastructure with non-emergency ambulance services.  The Community-Based Health platform is used to connect prisoners undergoing training to be CBHFA volunteers with their families. *Photo: Irish Red Cross* - In partnership with Family Carers Ireland, IRC set up an Emergency Care Scheme, providing family carers with access to a 24/7 emergency helpline in the event of an accident or sudden illness. All Family Carer Emergency Scheme materials have been translated to multiple languages and disseminated. - 5,000 leaflets on volunteers and public guides to stress awareness have been distributed nationwide. - Through the hardship fund, which provides specific support to older populations 453 cash grants were distributed. - PPE has been procured and supplied to several organisations providing essential care to vulnerable people. This includes the provision of key hygiene items to care homes, homeless charities, and night nurses working for the Irish Cancer Society. - Through their role in mass vaccinations centres, IRC volunteers are acting as stewards, providing support for attendees, acting as post vaccination observers, wellness checkers and are providing first aid cover. - The IRC has worked closely with its partners for its prison programme since the beginning of COVID-19. With 200 active IRC in-mate volunteers they provide information and education to other prisoners about infection control and sanitation practices. The need for continuing and intensifying preventative measures is even greater now, in order to prevent a resurgence of COVID-19 infections in the wider community and maintain minimal cases in Irish prisons. As part of the 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, 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 the CBHFA training programme.

Italian Red Cross



Italian Red Cross teams have set up 4 vaccination hubs in Rome. *Photo: 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.

During all these different phases of the emergency, the ItRC offered its support to the affected population. Since the onset of the emergency, the main pillars of the ItRC response have been health support (including mental health) and distribution of livelihoods (including vouchers and food aid), as well as activities aimed at strengthening and improving the National Society's response capacity. Key activities included testing and screening of the population, logistical support to health facilities (including the set-up of camp hospitals), transport and transfer of confirmed or suspected Covid-19 patients and people at risk/in need, and psycho-social services. In the reporting period ItRC was strongly involved in the national vaccination campaign, aimed at the immunization of the vast majority of vulnerable people and the population as a whole.

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.

As per support to the population activities, the 24/7 toll-free number, available for everyone to request support and receive information, also remained active throughout the reporting period, being the main point of access for people in need of assistance. Since February 2021, more than 26,900 requests for support services and information were received. In addition, from the beginning of 2021 the ItRC delivered more than 69,800 services to the population (including groceries and medicines deliveries, vouchers and food parcels) within the "Time for Kindness" program.

Since the onset of the pandemic, ItRC has been supporting state structures and institutions, health facilities in particular, as well as the population in general, with activities such as testing, health surveillance, ambulance services, psychosocial support, and activities to address basic needs.

Epidemic control and infection prevention measures continued to be a crucial part of the ItRC response. Between February 2021 and May 2021, the ItRC managed to perform a total of 83,172 Covid-19 tests (both molecular and antigen ones) among the population. Through a specific project funded by the European Commission and led by the IFRC, ItRC set-up COVID-19 testing facilities in strategic sites, such as 11 train stations, aimed at reaching out a variety of vulnerable people (i.e., homeless and/or undocumented people).

Testing and temperature scanning services in ports and airports were carried out by ItRC Volunteers and staff members in 22 facilities across the country. However, the most important element of the ItRC health response during the reporting period was the effort for the national vaccination campaign. In fact, between February 2021 and May 2021, ItRC Volunteers and operators managed to perform a total of 266,894 vaccines (of which 171,353 in May only).

In line with its commitment to support mental health, and also in consideration of the effects and consequences of the ongoing pandemic on the well-being of the population, ItRC continued its effort in terms of psycho-social services, both directed at the general population as well as at ItRC Volunteers and staff members. To this end, during the reporting period ItRC offered more than 14,600 psychosocial services, including at least 5,440 services of psychological first aid (PFA) to Volunteers, staff members and other people in need.

ItRC also continued to provide medical assistance and psycho-social support to migrants and asylum-seekers that were rescued in the Mediterranean Sea. Between February and May 2021, more than 8,900 people were assisted on quarantine ships, where psychosocial activities were provided for everyone, including minors and MSNA. In addition, more than 3,600 migrants were

hosted and assisted at Settimo Torinese and Lecce quarantine centres. Likewise, ItRC also managed more than 1,000 Covid-19-related tracing requests, as part of its 'Restoring Family Links' (RFL) service.

During the reporting time, ItRC continued to perform risk communication and health, and hygiene promotion activities, mainly through digital channels and traditional media such as radio and TV. ItRC shared 181 communication products addressing COVID-19-related contents), including news, videos and infographics, information on the vaccination campaign and guidelines

ItRC has been carrying out activities aimed at supporting a wide range of people who have been facing the socio-economic consequences of the pandemic. Between February 2021 and May 2021, the National Response Centre managed a total of 69,835 requests for services, including requests for information, such as on COVID-19 testing and vaccination, or how to access aid and support. During the reporting period, the Centre managed to arrange for the distribution of 41,980 food parcels and 1,509 vouchers and the carrying-out of 5,353 “Pronto Spesa” (grocery delivery) services and 11,330 “Pronto Farmaco” (medicines delivery) services across the country.

As shown by monthly trends (according to which a monthly average of 8,063 food parcels and 333 food vouchers distribution services were performed), the number of families and people in need remained sustained, especially for what concerns food assistance. This appears to be in line with the phenomenon of “new poverties” caused by the strong economic effects of the pandemic, which was referred to in a previous report.

In addition, ItRC continued to provide its assistance to homeless people, including by distributing PPEs and rapid antigenic testing. Moreover, ItRC maintained its partnership and collaboration with Caritas and its pre-reception centre for homeless people, opened in Rome in January 2021, the centre aims at safely and temporarily accommodating homeless people to screen and administer COVID-19 testing before accessing the facilities.

Kazakh Red Crescent

The Red Crescent Society of the Republic of Kazakhstan (RCS RK) is mandated as auxiliary to the public authorities in prevention and mitigation of human suffering for the benefit of the community, including in public health emergencies. RCS RK stands in solidarity with communities and is a front-line responder to this pandemic. With a network of 18 branches and trusted volunteers and staff across the country, the Kazakh Red Crescent is well-placed to support people and their communities to respond to this global emergency. Key directions of the response operation this year include dissemination of information on COVID-19 and supporting the most vulnerable groups of the population affected by the impact of the COVID-19 outbreak with humanitarian aid.



The Red Crescent of Kazakhstan continues to provide information on COVID-19 prevention measures. *Photo: RCS RK*

During this reporting period, the RCS RK continued implementing risk communication and community engagement activities all over the country. There were two types of leaflets and posters in Kazakh and Russian languages additionally produced that provide correct information and dispel myths about the virus. Over four months there were 776,011 leaflets disseminated in communities. Information has also been also disseminated through individual and group sessions (in-person or online), via electronic mail, messengers and social media, billboards, mass media, and LED screens. The total number of people reached was 2,476,112 people (with cumulative figure of 10,319,647 people since the start of the operation). An automated ‘chat bot’ is currently in use by the RKS RK on the messaging application Telegram and reaches people with messages about how to reduce the likelihood of contracting COVID-19, provides information about the National Society, gives links for donations and feedback (currently it has 400 subscribers).

Through livelihoods, cash support and food aid, the RCS RK reached 1,330 families (8,538 people incl. 5,792 children). In total, 2,590 families with many children (16,723 people, including 11,089 children aged 0-17) received food, hygiene items and stationary between November 2020 and March 2021 with support from the Canadian Government.

There have been 788 new volunteers mobilized and trained on COVID-19 to support the planned risk communication and community engagement activities all over the country over four months. On average, 1,500 volunteers were actively involved in RCCE activities on monthly basis. Staff and volunteers of the RCS RK at the headquarters and in branches received necessary PPE: masks, sanitizers and gloves.

Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK) is the largest humanitarian organization in the country and has an auxiliary role to the government in the fields of social care, public health, disaster preparedness and emergency response. The National Society provides essential needs-based services to the most-vulnerable population of Kyrgyzstan through its country-wide network of 7 regional branches and over 3,000 active volunteers.



Volunteers and staff of the RCSK deliver humanitarian parcels with food supplies and hygiene products to people in need. *Photo: RCSK*

During the reporting period, RCSK continued risk communication activities on COVID-19 prevention across its branches. As the result, the RCSK staff and volunteers reached over 14,500 people with information about COVID-19 prevention and vaccination. RCSK provided medical and psycho-social support services to people affected by COVID-19-related consequences. As part of the project, 211 staff and volunteers have been trained on first aid and PSS services. Some equipment such as LCD projector has been purchased for the first aid team at the National Headquarters. First aid centers at all branches have been fully equipped and refurbished. A vehicle has been purchased to support the activities of first aid and PSS teams. As the result, FA and PFA services are fully trained and equipped on community level to rapidly get mobilized and support the population in need. Moreover, within the reporting period the RCSK has fulfilled its activities in training and forming the first aid and psychosocial support teams on community level. A total of 560 trained instructors have been reached in each region of Kyrgyzstan through respective RCSK branches and 3 mobile PSS services have been established.

The RCSK rolled out the national COVID-19 vaccination campaign, which required the adaptation of their COVID-19 prevention risk communication messages by the RCSK. Thanks to an extensive experience of the RCSK in conducting social mobilization for immunizations, gained as a part of their ongoing UNICEF-supported routine immunization project, the NS was well positioned to switch to providing same support for the COVID-19 vaccination campaign.

The first aid kits that have been pre-positioned in the branches and efforts to strengthen the capacities of PSS teams under the IFRC COVID-19 emergency appeal during 2020 and early 2021 have been proven to be vital when a brief armed conflict on Tajikistan-Kyrgyzstan border in Batken province occurred in May 2021. The PSS teams from neighboring Batken Red Crescent branches were rapidly deployed to support the victims of the conflict.

The overall objective of the RCSK's response, in line with the global Red Cross Red Crescent Movement's aspirations, has been to contribute to reducing morbidity, mortality and social impacts of the COVID-19 outbreak in Kyrgyzstan, by preventing and slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services.

Magen David Adom in Israel

Thanks to the COVID-19 vaccination operation, which began on 19 December 2020, the number of new and severe cases of COVID-19 have decreased dramatically with 75 new cases registered daily on average in the last days of the reporting period. 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.



MDA undertaking the COVID-19 vaccination of all residents and employees of elderly care facilities and sheltered accommodation across Israel. *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. MDA achieved the following in the implementation period of the IFRC multilateral funds:

- MDA activated sampling complexes and operated sampling campaigns in long-term care facilities and in houses of individuals under home quarantine, to allow the Israeli MoH to identify confirmed cases of COVID-19. MDA's staff and volunteers had taken more than 4,431,183 samples so far.
- The Israeli MoH has defined 7,000 samples a day for long-term care facilities daily. MDA exceeds this number (with an average of 8,800 samples that were taken daily during weekdays, while over the weekends the facilities do not agree to be tested).
  The numbers were being monitored on a daily basis (as the timeline for testing is measured by the MoH as these are considered “quality indicators” in the health care system).
- MDA was in charge of the vaccination project for the long-term care facilities, and vaccinated all residents and staff against COVID-19 with Pfizer vaccines (two phases). More than 140,000 people were vaccinated by MDA in those facilities. MDA also vaccinated the general public in remote locations, large workplaces, prisons, schools, border crossings, drive through complexes, and in locations accessible to the most vulnerable population, administering 412,537 vaccine doses. In total, MDA administered 694,443 vaccine doses.
- MDA's teams are treating and transporting 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. During the implementation period MDA provided transports to 26,761 patients.
- MDA's call centers are prepared for an increase in the calls. Additional call takers (staff and volunteers) are on standby to be called in when needed. In total 17,982 calls were received.
- MDA's blood services collect plasma from patients who recovered from COVID-19 and have antibodies, and provide it to hospitals to treat severe patients. Some 23,625 plasma units have been collected up to date and 3,446 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.

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.



Moldova Red Cross volunteers are unloading food parcels from the Moldova Red Cross truck that delivered additional food for the most vulnerable people in Sarata Nova. *Photo: Moldova Red Cross*

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.

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 older people, 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 and 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 pandemic, the Red Cross of Montenegro reacted in line with its role, mandate and responsibilities in the country. There were over 23 branches, 100 staff, 450 volunteers and 132 professional home helpers involved in the response.

The Red Cross of Montenegro operated a call centre for people in need, both at national and local level, who asked for assistance after which Red Cross volunteers procured what was needed on their behalf. In case of need, and after appropriate assessment, the Red Cross also provided food and hygiene items to those who didn't have sufficient funds. Flyers on appropriate/preventive behavior during the situation were also shared with citizens in these occasions. In addition, there was a hotline for providing psychosocial support, where trained RC psychologists provided assistance. PSS was also provided to volunteers involved in the response, through constant communication and monitoring of their work. 6,802 persons received PSS from the Red Cross.



Red Cross of Montenegro volunteers volunteers are supporting people at vaccination points. *Photo: Red Cross of Montenegro*

The Red Cross of Montenegro also continued with visits to older people (1,500 persons reached). Additionally, there were 36 health-related workshops organized for older people with 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). 1,000 flyers with health recommendation have been distributed.

Between 19 March 2020 until 31 May 2021, the Red Cross distributed 98,466 humanitarian parcels across the country and directly reached 71,622 households. 1,222 ready to go meals were also provided while 6,654 persons who were recommended not to leave the house (isolation, older people) received assistance in buying groceries and running errands. With the support of the IFRC, 20,564 hygiene kits were procured and distributed to socially vulnerable people in addition to 500 baby hygiene kits.

The Red Cross was active in raising awareness about COVID 19 with flyers created by the Institute for Public Health distributed over the country through local Red Cross branches.

Assistance was provided to Roma people (food and hygiene items). The RCM office in the camp near Podgorica with around 2,000 Roma refugees from Kosovo focused on the distribution of food and hygiene items in cooperation with community leaders. They also received information materials on health and hygiene promotion.. Besides, RCM was continuously communicating with Roma NGOs and other organizations throughout Montenegro to provide assistance. In addition, RCM provided trainings for 25 persons for different occupations. 10 persons received free working space and tools for establishing their own business. 30 persons completed the psychosocial support training related to employment.

RCM assisted migrants and asylum seekers accommodated in centers through distribution of awareness-raising materials and with the provision of medicines and disinfectants. In addition, humanitarian assistance (hygiene and clothes) was provided to 30 people in private accommodation and integration with the support of UNHCR, Swiss Red Cross, and ICRC. RCM also provided support for online schooling of migrant children. Since October 2020, in cooperation with one local NGO, the Red Cross has been organizing workshops in small groups of 3-5 migrants on rehabilitation through physical exercises.

Vaccination in Montenegro started on 22 February 2021, and Red Cross volunteers were assisting the vaccination process across the country, providing hand disinfection, masks, information on the process and encouraging people to keep a safe distance. They were also taking temperatures as people arrive at the vaccination points, to help screen for possible infection. Volunteers were also

helping people fill out paperwork before being vaccinated. Besides the assistance at the immunization points, two local Red Cross branches (Budva and Cetinje) put at disposal their premises as immunization points so the vaccination process in these two towns is organized in the Red Cross offices. Additionally, the Red Cross facilitated vaccination of migrants in integration and of Roma community in the Konik refugee camp. Volunteers were transporting medical staff to remote, rural areas in order to administer the vaccine to older people. 30,297 people were reached by public awareness-raising and Risk Communication on vaccine related topics. 60,766 people were guided at vaccination sites, 170 people were vaccinated in rural areas, 100 in Roma communities, and 14,750 call centre support calls were handled regarding the vaccination, with 62 volunteers engaged in the process. 22, 147 persons were reached with risk communication, community engagement and collected feedback (flyers, communication channels, request for support) in total

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: i. Psychological helpline (implementation between 1 April – 31 December 2020); and ii) Psycho-social support for children (implementation between 1 August – 30 November). In addition, the PRC provided personal protection equipment, hygiene items, educational materials and toys in refugee centres, single mothers' home and at schools.



Polish Red Cross youth volunteers mobilized to support older people to ease loneliness and anxiety during COVID-19. *Photo: Polish Red Cross*

In the reporting period PRC achieved the following:

- Special psychoeducation brochure about depression was created, printed and distributed at schools around whole Poland. 16 PRC Regional Branches received 24,000 brochures dedicated to youth. Moreover, PRC translated and printed psychoeducation material which was created by IFRC PSS Reference Center „CFS At Home Activity Cards". PRC Regional Branch received 500 brochures with cards.
- Between 22.02-28.02.2021 three groups of PRC Youth Instructors were posting on their social media different psychoeducation materials: info-graphics, short movies, discussions with the peers in topics connected to dealing with stress, taking care of mental health, depression, places where people in need can find help. One PRC Youth Instructors Group organised 4 workshops for 56 children in kindergarden about emotions and stress.
- During Easter 2021, PRC prepared: 250 hygiene and COVID-19 protection kits for women, 50 hygiene and COVID-19 protection kits for men, 500 school support sets and hygiene kits for children. Hygiene kits included items like shampoos, shower gels, soaps, tooth pastes, tooth brushes, shaving gels, deodorants, sanitary pads, detergents etc. COVID-19 protection kits included face masks and hand sanitizers. School support sets included books and education games.

Thanks to the support provided through the IFRC multilateral funds PRC has achieved a few significant goals:

It responded to the long-term needs of psychological support assessed during the first phase of the operation; it strengthened its capacity in HR (including volunteer management); it developed its

know-how in a new area of psycho-social support, not practiced before; it expanded its aid among migrants and refugees; it expanded the potential of PRC Rescue Teams; it appreciated the work of volunteers in the project; it shared good practices with sister NSs and other stakeholders; it maintained good contacts and cooperation with the IFRC; and it developed its skills in project management and PMER.

- All the above goals contributed to improving a public image of a NS as a reliable and trustworthy partner for other actors involved in COVID-19 operation. Therefore, PRC attracted new individual and corporate donors to support its efforts since the beginning of the crisis.
- Youth from PRC groups and clubs defined their role in the COVID-19 operation and found the way of communicating with each other. They actively contributed to the overall goal of psycho-social support and had a chance to develop their knowledge and skills.
- Taking new actions was also an opportunity to attract new people who had never collaborated with the PRC before. NS could offer new positions of psychologists, psychotherapists and supervisors attractive on the labour market.
- Collaboration with the IFRC gave a chance to contribute to a huge international COVID-19 operation of the whole Movement, feel the spirit of humanity and share the solidarity with international community.

The IFRC Emergency Appeal funding has been utilized and the National Society continues responding through domestic fundraising.

Portuguese Red Cross

Since the beginning of pandemic SARS COV 2, in March 2020, the Portuguese Red Cross (PRC) has been a front-line responder to this crisis. Mobilizing staff and volunteers, but also developing fundraising actions for the purchase of medical material, individual protection equipment and logistics.



The Portuguese Red Cross supporting COVID-19 testing. *Photo: IFRC*

PRC has more than 40 fixed stations distributed across the country and 14 mobile intervention teams with more than 70 professionals. A hot line for testing and an online website where people can book a PCR or rapid test were established. For the Civil Protection Agents, the National Society created a free way of direct access to testing and managed the vaccination for some of the national security forces. PRC has been training professionals for COVID-19 testing and developed online training for this purpose. PRC applied a total of 355,650 tests. In the social sector PRC supported more than 55,000 families with food (10,2767 persons) and 45,215 persons have received non-food items. 2,208 homeless persons have received shelter, and 242,908 people have been reached regarding risk communication. PRC has supported 7,237 people with medicines and 2,576 with shopping services. 714 calls for maintaining family links to COVID-19 patients have been provided. PRC managed 24 structures for COVID-19 for patients unable to maintain prophylactic treatment at home, 16 structures to help Central Hospitals, 597 teams with specialized training on the emergency transport of patients with suspected COVID-19 infection; there is a support line answered by psychologists and social workers for health care professionals of PRC and community in general, answering a total of 7,244 calls. The PRC promoted actions of sensitization to 105,960 people and instructed for the dangers of COVD-19 in the whole country, especially in the groups of risk. Each local branch adapted its responses to the community local needs. PRC has trained 900 staff and volunteers in COVID-19 surveillance, and 1,081 have also received training in community engagement. PRC action has been possible because of the extraordinary daily work of its staff and 11,945 volunteers. As lockdown measures are adapted to the reality of each district, Portugal still has one district in a strict lockdown. PRC has been in the front-line testing and supporting urban settlements for positive cases. Major

concern are migrants working and living in this district, especially vulnerable during this specific outbreak.

Portuguese Red Cross has continued to implement the COVID-19 activities supported through the IFRC multilateral funds, which focus on adaptation of the deliverance of PRC services taking into consideration several constraints imposed by COVID-19 pandemic 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 these activities, a core group was established at HQ level and several meetings have taken place in order to decide priorities and working modalities. 2 working groups were established related to the development of the volunteer and stock management modules to be integrated in PRC's ERP. The Volunteer Module is on its final stage of implementation, already being used for central services, only small configurations are being done at this point so it can be fully operating. The WG Stock Management has defined the technical requirements for the module. It has been a complex process to close on the final requirements to respond to PRC network and national emergency coordination. The final requirements were submitted to the supplier for a quotation.

Since the emergency state was declared in early November and with a very strict confinement since January remote work is mandatory whenever possible. Portuguese RC has continued to acquire remote working licences. At this point, remote work is no longer mandatory in all districts, but remote work and field work are still in place in many local branches.

Regarding IM, Portuguese Red Cross is exploring possible partnerships to support the NS in developing its data management systems. It has participated in 3 workshops on data from the Nova SBE Data Science Knowledge Centre. PRC has nominated a new colleague for emergency data management.

A WG on the intranet has been established, with core departments represented. A working plan is being developed.

Red Cross of The Republic of North Macedonia

The Red Cross of The Republic of North Macedonia (RCNM) has been active since the beginning of the pandemic in the country, implementing activities: raising public awareness on COVID-19 prevention and hygiene promotion; risk communication; helpline for PSS support for vulnerable people and people in isolation (SOS telephone line later opened for all citizens in need of mental health support due to the pandemic); health activities; distribution of medicines, 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, those sheltered in the transit centres, and those in centres for asylum seekers and for migrants.



Volunteers together with the Minister for Health assisting the vaccination process. Photo: RCNM

During the project implementation period, 7,760 calls were registered via the SOS telephone line by 16 Red Cross Branches and the Red Cross of City Skopje. The NS trained 55 volunteers as trainers for PSS and PFA, and produced handbooks/manuals for PFA and PSS adapted for COVID-19. By the end of the year, it is planned to establish a centre for professional provision of PSS and PFA with trained volunteers and staff.

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.

Mental health supervision sessions with HQ staff and volunteers: There were in total 10 supervision sessions conducted with 73 volunteers and 27 staff members from RCNM participating. During the sessions techniques for stress management and raising awareness for personal resilience were presented by external experts.

Since the beginning of the COVID-19 crisis until 31.03.2020, in total 45,484 migrants were assisted by mobile teams. 6,599 food parcels, 11,839 hot meals and 17,314 bottles of water were distributed to them, and in total there were 45 cases processed for restoring family links. During the distribution of food or non-food items or first aid interventions, informative leaflets were distributed with preventive measures.

Campaign for hygiene promotion and protection from COVID-19: 2 educational videos were prepared for hygiene promotion and a total of 1,870 educational posters were 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.

Blood donation campaign: A blood donation campaign was organized for promotion of voluntary blood donation among those recovered from COVID-19. 23 motivators were trained and 5,000 leaflets were printed for promotion of plasma donation.

The response towards the emerging needs of the vulnerable population has been structured and coordinated with the relevant institutions with emphasis on PFA and PSS. Hygiene promotion and correct usage of personal protective equipment among vulnerable population especially in rural areas was one of the biggest achievements.

Services for people in isolation – mobile teams provided assistance for affected people (in isolation and quarantine): 9,033 persons assisted through mobile teams (procurement of food, daily supplies and other services).

Support for homeless people in Skopje – through medical teams, 6,300 medical check-ups have been conducted for 180 homeless persons. The teams for distribution of food and clothes provided 1,830 hot meals and 1,811 pieces of clothes.

National Society Strengthening:

The strengthening of the NS through the activities of improving the position of the EOC for disaster response and the analysis and improving the fundraising for disasters have improved the capacities of the NS to be prepared and respond with coordinated response during a possible scaling up of the response. The improved EOC and the development of Team Macedonia improved the material and human capacities of the NS for timely and coordinated response. With the implemented activities regarding Cash and Voucher assistance the NS has increased its capacities for planning and implementing CVA projects. The workshops have resulted with self-assessment of the NS by trained key personnel and identified were next steps for integrating CVA components in NS's strategies and SOPs.

Summary of achievements until 31.03.2021:

- Assisted vulnerable groups with PSS: 7,760
- Assisted vulnerable groups with delivery service for food, hygiene, medicines: 9,033
- Distributed monthly food parcels: 33,437
- Distributed monthly hygiene parcels: 34,385
- Distributed disinfection kits: 13,157
- Distributed baby parcels: 3,064
- Mobilized staff and volunteers on a daily basis: 500 – 600
- Distributed protective masks: 218,919
- Distributed protective gloves: 234,399
- Medical check-ups: 13,935
- Distributed hot meals for vulnerable groups: 36,961
- Cash vouchers assistance to 750 families
- Distributed chronic therapy: 4,206

Romanian Red Cross

According to the mandate and auxiliary role in humanitarian emergencies, the Romanian Red Cross (RRC) 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 and RRC Branches are working with local authorities. 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, and through online donations available on the RRC website, as well as with corporate partnerships for cash and in-kind donations.



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*

The branches carried out activities in vulnerable and remote areas – rural communities, minorities, especially Roma, and poor neighbourhoods. These areas are either reluctant to protection measures, or they lack means for protection and trustful information.

Romanian Red Cross distributed information materials on prevention, including stress mitigation and the benefits of vaccination.

The IEC campaign funded by IFRC is the first implemented by the Romanian Red Cross at national level in many years. The biggest gains for the NS preparedness and intervention were the volunteers' trainings on health education topics; the reaffirmation of the NS' role and mandate on health education, and the reaffirmation of the NS as an active and reliable actor in education the population and reaching remote areas.

During the COVID-19 intervention, RRC fully used its auxiliary role and the Romanian Government appointed RRC as main recipient for funds from donations. It raised over EUR 7 million that was used for the procurement of medical equipment and PPE that were distributed to 175 COVID-19 hospitals, 500 family doctors' offices, 80 quarantine centres and to all front-line institutions – police, emergency inspectorate, gendarmerie etc. Donations in products amounting to over EUR 2 million were also received and distributed not only to the state protection system, but also to other NGOs in the country (85) in order to cover as many vulnerable citizens as possible.

Summary of achievements in RCCE and health and hygiene promotion:

- 470 volunteers trained to deliver health messages,
- 306,000 leaflets and 30,450 posters were printed and distributed in the project territories. A total of 18 key visuals were developed and used.
- One vaccination brochure was produced and 25,000 copies were printed. Also, a vaccination poster was drafted and sent to print.
- 5 other health education posters – 25,000 total – were printed.
- 972 localities and 1,299 different communities reached by the information campaign implemented with the support of the trained volunteers.
- 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 205,572 directly assisted people.

- IEC sessions were held in schools or online for 50,494 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.
- 487 feedback forms filled in by the volunteers for 487 communities.
- 10,000 hygienic parcels were distributed in 44 counties.
- 15 monitoring visits were held by the project team.
- 4 of the monitoring visits were accompanied by community media events, implemented by the RRC Media Centre or by the national television. Video materials were registered in 4 counties, in poor communities and they showed the work of the volunteers while informing the community members and distributing hygiene parcels. The video materials were broadcasted both on national TV and local channels.
- The social media campaign implemented reached 63,000 persons.
- The webpage www.covid.crucearosie.ro reached 10,000 unique visitors.
- National contingency plan for emergency situations was finalised and sent to the "disaster consultancy commission" within the RRC in order to be revised.
- Health education curricula for schools and RC volunteers, including design for training sessions was finalised with the support of a physician / trainer.
- the 44 branches implemented the response project in partnership with School Inspectorates; City Halls; Social Protection Inspectorate; Local Police Units; other NGOs at local level.

the information activities were organised in parallel with food parcels distributions on the occasion of winter
cing for the food parcels came from the Food Bank Program implemented by the RRC and had a minimum
ssisted.

The 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 in 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.



Volunteers and staff of the RRC's Moscow branch packed and sent humanitarian parcels to the volunteers of Kommunarka hospital. *Photo: RRC*

<u>Sustaining Health and WASH:</u>

- Information campaign on risk communication and COVID-19 prevention has covered about 1,431,000 people (1,327,000 people have been reached through online campaigns, and 104,000 people through offline actions);
- 751,462 people were provided with PPEs within the health promotion activities;
- Information campaign on blood donation covered 68 million people all over the country, including 15,000 people involved in offline 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), and 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 (including 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:

The main activity under this pillar included direct livelihood assistance through food parcels distribution, provided to 392,000 people all over the country, including 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) during 745 trainings conducted.

Around CHF 1,9 million (funding support and in-kind donations) has been attracted from external donors at the national level, including 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 pandemic 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. As the situation escalated, the government of Serbia to introduced strict restrictive measures again, resulting that 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.



A volunteer of the Red Cross of Serbia answering phone calls on COVID-19 . *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, the time when family members can call the 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 total 1,050,473 people (male: 493,722, and female: 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

As auxiliary to the Government, the Slovenian Red Cross (SRC) is responding in line with the National and Regional Community Protection and Rescue Plans in the event of an epidemic or pandemic of infectious diseases in humans, which was confirmed during the summer of 2020.



Slovenian Red Cross volunteers setting up a filed hospital in Ljubljana to serve as a COVID-19 isolation centre. *Photo: SRC*

During the reporting period, SRC First Aid team members supported the medical staff of the 2 main medical centres in Slovenia and 4 "COVID-19 hospitals". SRC local branches also supported local Community Health Centres in organizing vaccination roll outs. In addition to the support provided in the medical institutions, SRC FA and other team members continued assisting residents and staff of residential homes for older adults by providing care and RFL. SRC continued to assist public and private institutions with taking body temperatures and scanning for signs of infection of the visitors.

SRC also provides support in the implementation of the psychological support component of the above-mentioned plan of action. Its primary focus is gathering information and reporting on observations/experience of 21 NGOs and other organizations on mental health of vulnerable groups and proposing solutions/measures to be taken by the decision-makers. Debriefing sessions and psychological aid for FA volunteers and staff supporting medical institutions were provided by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief.

In the reporting period SRC continued to provide support to persons in quarantine (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). In addition to the assistance to people in quarantine, SRC provided clothing and footwear for the Asylum Home Ljubljana and the Government Office for Support and Integration of Migrants due to COVID-19 conditions; food parcels and hot meals at humanitarian centres of SRC local branches; FA to the homeless in Ljubljana; learning aid for students/pupils; childcare for individual families; and protective face masks to people in need.

SRC also informed and built awareness on COVID-19 prevention and response measures through phone lines offering PSS, COVID-19 information and support requests from the public.

Total number of persons receiving food and/or other in-kind assistance in the reporting period

Population Groups	No. of persons receiving food aid
Children 15 years of age or less	11,937
Persons over 65 years of age	10,555
Migrants, Roma, Foreigners	5,127
Persons with disability	2,108
Homeless	212
Women	31,441
Men	27,252

Through the IFRC multilateral funding SRC achieved the following:

<u>Sustaining Health and WASH</u>

- Secured a National ToT roll out on COVID-19 for 16 SRC FA licenced trainers and presented them the newest knowledge on the virus, together with measures and guidelines issued by the National Institute for Public Health. The trainers are disseminating the information further to FA teams of 56 SRC local branches.
- Provided information on COVID-19 protective measures and SRC response/assistance at local and national level. The information was distributed through different social and news media

	outlets. The total number of media coverage mentioning SRC has doubled during the COVID-19 first wave in comparison to the previous year. • Secured communication and Risk Communication materials. • Provided MHPSS activities for socially vulnerable children after COVID-19 lockdown. • Secured a web e-learning platform enabling FA and MHPSS e-learning activities. • Secured IT and other technical support for enabling e-learning web platform. • Secured translation of 2 IFRC PSS Reference Centre Manuals – "Loss and grief during COVID-19" and " Back to School after COVID-19" for teachers. The implemented activities and provided IFRC EA support has significantly contributed to digitalisation development of the SRC. It enabled a strong start for SRC to secure and provide e-learning platform and tools, reaching more staff and volunteers for sharing learnings, trainings, and experiences. It provided trainings to SRC frontline volunteers and staff, making sure that the help will reach those in need. Activities also included providing MHPSS tools/manuals as guidance to the helpers on COVID-19 most dire topics/needs with the latter providing support to more than 191,000 elementary school children in Slovenia. <u>Livelihoods, cash support and food aid:</u> • Food items for children within the food parcels distributed to socially vulnerable families. In total 6,885 food items were secured which in total reached 5,300 children. • Secured an IT/Logistics Officer for facilitating procurement of a software, which after installation will enable SRC to collect disaggregated data from local branches and teams on the field. • Secured the upgrade of the already existing, for SRC needs tailor made, logistics reporting tool "e-sociala" for developing in gaining stronger reporting and overview on support provided by SRC local branches. <u>National Society Strengthening:</u> • Supplied and distributed 282 pairs of protection footwear for SRC FA team members and staff providing assistance in COVID-19 response. In coordination with IFRC, more pairs than initially planned 100 pairs were secured, due to different cost distribution between the budget lines. • Strengthened SRC logistics, whose workload has increased due to COVID-19, by engaging additional support staff for distribution of PPE and other necessary items to SRC local branches and front-line operational teams. • Enabled start of the process of digital transformation in SRC, namely e-learning as a first priority. • Secured a new software programme for better financial management and project support of SRC COVID-19 operations with ensuring sustainability. The implemented activities have significantly contributed to the digitalisation development of the SRC. It enabled a strong start for SRC to secure and provide e-learning platform and tools, reaching more staff and volunteers for sharing learnings, trainings, and experiences. It also enabled a new financial software for easier planning and financial overview of activities and budgets, which will contribute also to stronger management of projects. The IFRC Appeal funding has been utilized and the National Society continues responding through domestic fundraising.
Spanish Red Cross	Spanish Red Cross finished implementation under the COVID-19 Emergency Appeal at the end of December 2021, and continues its activities with support of domestic fundraising.

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.



Tajikistan Red Crescent volunteers distribute essential food items to vulnerable families affected by COVID-19. *Photo: RCST*

During the reporting period the RCST continued its risk communication work, disseminating COVID-19 prevention messages and reaching 630,117 people and 367,904 schoolchildren (cumulative) in 15 target districts as of 31 May 2021. A short video was filmed by local TV channels and published in local media. Visibility banners have been prepared and placed in all distribution points, which were widely used during the distribution process as a donor visibility element. The articles along with pictures have been posted at RCST official website and Facebook page, highlighting the successes of COVID-19 Response activities by the NS.

300 people living with HIV were supported with food aid, through food vouchers. In coordination with the MOH, the RCST organized a retreat for 300 frontline health workers who worked on COVID-19 response for one week period, during which they have received psychosocial support, had a chance to de-stress and get to know more about maintaining their mental wellbeing. A similar event was organized for their staff and volunteers, covering in total 60 volunteers and staff.

Together with the Immunization Center and the Association of Young Doctors under the Ministry of Health of the Republic of Tajikistan, training was carried out for project staff and employees of 13 districts of republican subordination, as well as regional staffs of Sughd, Khatlon and GBAO provinces. The topic of the training is the provision of information on National Immunization Program of Tajikistan, vaccines used at the country level, myths and inaccurate information disseminated in social networks and the Mass Media. The representatives of UNICEF Country Office in Tajikistan and the Healthy Lifestyle Center also attended the training. The trainings for project volunteers in each target districts have been carried out. The RCST also developed a manual for volunteers in Tajik language on working with communities and key messages on COVID-19 vaccination.

Turkish Red Crescent Society

As part of risk communication and community engagement (RCCE) activities, life-saving information was provided to local Turkish and refugee communities about COVID-19, its symptoms, and measures to prevent infection throughout the country and to encourage people to adopt safe health practices and reduce fear, stigma and misinformation. To understand refugee and local communities' knowledge, attitudes, and practices (KAP) along with their information needs on COVID-19 and how the situation changed or improved over time, a third round of the KAP assessment was conducted from 12



Textile training organized for refugee and Turkish communities in Kahramanmaras. *Photo: TRCS*

March to 9 April 2021. This round was a follow up on the first round conducted from 20 July to 12 August 2020 and the second round conducted from 10 to 26 November 2020. Findings show:

- 58.2% reported being worried that they might become infected with COVID-19 or that their family members might become infected (55.9%). Fears of losing employment (13.8%), paying rents/bills (13.8%), having losing employment (10.2%) or being unable to afford food for the household (10.2%) were all higher among refugees than local people.
- 94.9% reported not having received the vaccine and 52.1% did not receive any information about it. 47.9% have received information on various topics including on priority groups, people who could get the vaccine and vaccination plans.

The findings of the assessment are intended to shape risk communication, behaviour change and community engagement activities. At the same time, the results will support TRCS to provide clear and accurate information about vaccination and respond to any misperceptions in the community.

As part of health and hygiene promotion efforts, a full automatic face mask making machine was set up to produce 10,000 masks daily which will be distributed to vulnerable communities, blood bank and health facilities and TRCS use. Symptom screening calls, referrals of suspected cases to relevant health institutions, and psychosocial support services (PSS) continued online except for urgent cases who were invited for face-to-face interventions. To examine the vaccination status of community centre beneficiaries from refugee community over the age of 65, TRCS conducted two rounds of Vaccination Screening Analysis in February and March 2021. According to the most up-to-date findings, out of 597 respondents, only 66 (11%) got vaccinated against COVID-19. Among the group of 531 survey respondents (89%) who have not been vaccinated yet, 281 (53%) stated that they are not willing to be vaccinated or they are hesitant while 119 respondents (22%) indicated that they are willing to get vaccinated and aware of being in the target group but cannot get vaccination appointment.

As part of livelihoods and cash support, voucher assistance was provided in May 2021. Each household received a card with TRY 400 which is valid in supermarkets where they are able to purchase what they need the most. During the reporting period, vocational courses in agriculture, livestock, service and industry sector were carried out and related resources were provided to selected trainees to improve their household income. Work permit support was provided to support people assisted to have dignified working conditions, as well as to support legal working across Turkey.

A total of 263,439 individuals from refugee and host communities benefited from TRCS' COVID-19 response activities to date: 51,555 through RCCE; 208,774 through health, hygiene promotion and PSS activities including distribution of hygiene kits, masks and gloves, PPE kits, health referrals, and community-based health education activities; and 3,110 through livelihoods and cash support including distribution of vouchers, vocational trainings, resources support to improve household income, and work permit support.

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.

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.

During the reporting period, TRCS conducted two rounds of knowledge, attitude, practice/perception (KAP) assessment 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 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 Red Crescent Society of Turkmenistan (RCST) fulfils its mission as auxiliary to the public authorities in the humanitarian field in preventing the spread of COVID-19 in Turkmenistan. The RCST, 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. RCST has mobilized, equipped with PPE and trained 230 volunteers for COVID-19 prevention activities. The National Society has also supported the Ministry of Health with the training of a total of 929 family doctors and nurses throughout Turkmenistan on COVID-19 prevention and response.



National Red Crescent Society of Turkmenistan conducting information activities in a school in Ashgabat City, 2020. *Photo: NRCST*

The NS continues to reach and educate the public about COVID-19 infection prevention through IEC materials and broadcasting of videos in schools and other public places. For this purpose, the NS has been using leaflets, posters and other RCCE and training materials on COVID-19 prevention, which were adapted from IFRC materials and translated into Turkmen language. It also reached large number of audiences through dissemination of videos with COVID-19 prevention messages, that have been developed under this project.

During this reporting period, 500 volunteers and 30 staff were trained on COVID-19 response. More than 1 million people have been covered by the information campaign as of 7 April 2021. Within the USAID-funded project, volunteers conducted door-to-door visits and covered 4,600 people, and the number of distributed posters was 5,000. Moreover, more than 1,000 doctors were trained and 50 schools broadcasted videos daily on the observance of the mask regime, handwashing hygiene and social distancing. The total coverage is 17,500 students. Weekly activities among the population on the observance of mask regime and social distancing are on progress, the risk communication videos are broadcasted on local TV (about 2 million views per month).

Lessons learned workshop for staff and volunteers was conducted as part of the project. During the workshop, staff and volunteers shared their experiences, positive lessons learned, and difficulties during the project. The NS strengthened its technical capacity to support their branches and improve their functioning during the pandemic.

The RCST is a member of the working group on the implementation of the "National Coronavirus Infection Preparedness and Response Plan" and continues to offer its support in the implementation of this plan and coordinate with other partners who are involved in prevention of COVID-19 infection in the country.

Ukrainian Red Cross Society

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 (GoU) with information 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 80,000 calls were received and over 20,000 were referred for further assistance.



Food support is provided to older persons who have to quarantine at home. *Photo: URCS*

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 0.7 million pieces of PPE and over 5,000 litres of disinfectant. More than 120,000 people (mostly older people staying at home) have received food packages and over 50,000 people have received household item support (including such vulnerable groups as Roma and homeless). 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 (MoHU), 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 governmental agencies and regularly coordinated with the IFRC, the ICRC and partner National Societies in-country, including Austrian, Danish, German, Italian, Luxemburg, Swiss and Czech RCs. 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 GoU and external partners on COVID-19 situation and vaccination, including the participation in several high-level meetings with the National Security and Defence Council, the MoHU, WHO and UNICEF. Both the URCS and the IFRC Delegation are a part of the Interagency Vaccination Communication Crises Centre operating under the MoHU. Vaccination rollout in Ukraine started in late February 2021. Since the beginning of 2021, the URCS supported the MoHU and the Public Health Centre, which lead the vaccination process, with planning, information campaign and support to 3 governmental mobile vaccination teams in 3 regions (Chernihiv, Donetsk and Luhansk) with logistics, PPE etc. With the support of external partners, it is planned to extend such assistance to 10 vaccination teams in those regions the most in need and provide a broader assistance on immunisation awareness.

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. Also, the URCS was enabled to set up the Emergency Operations Centre (EOC), 4 mobile kits and the server room at the URCS HQ to increase their IT capacities. Moreover, the URCS Resource Mobilization capacities were significantly strengthened to ensure more sustainable mobilisation of resources from corporate and individual donors.

Coordination with partners

The URCS actively cooperated with 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 a '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.

Since February 2020, altogether it was possible to mobilize CHF 3,788,409 from different donors.

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.



Employees and volunteers carry out health education and personal hygiene discussions, distribute medical masks and information materials in crowded places. *Photo: RCSU*

Over the past 4 months, RCSU has been distributing informational materials on COVID-19 self-protection measures and proper use of PPE, as well as conducted information campaigns on the above topic. The RCSU partnered with the Ministry of Health (MOH) to provide social assistance to vulnerable households throughout the country (including people with disabilities, older people, and families living below the poverty line). This allowed direct access to the people most at risk of COVID-19 mortality. Given RCSU's strengths in working with communities, it will provide key educational messages to communities, especially to people living in remote areas of the country.

To ensure proper communication and collaboration with all key partners involved in the national response to COVID-19, and to ensure a coordinated response, RCSU holds regular technical coordination meetings with MoH, WHO, and Ministry of Emergency Situations representatives at the national level. At the request of the MoH, the National Society, together with other partners, actively participated in National Epidemic Committee meetings. In accordance with the agreement on cooperation between the National Society and the MoH, activities were carried out throughout Uzbekistan. At the same time, branches of the National Society work closely with local health authorities. Employees and volunteers of regional organizations and branches of the National Society take part in similar coordination organized by regional health departments.

During February-June 2021, RCSU and its branches organized 1,527 different events: outreach information sessions, reaching a total of 57,357 people. There were 577 media posts/recalls/information sessions - including video figures, digital and social media, local TV, radio, newspapers, Facebook and Instagram. The promotion of the outreach campaign on the Telegram messenger by regional organizations and branches of the RCSU is proceeding as planned. The targets were "mahallas" - local community groups in every city of Uzbekistan, including Tashkent, the Republic of Karakalpakstan, and the regions, including vulnerable groups (older people, people with disabilities, people with tuberculosis, HIV, etc.)

As part of a joint project between IFRC and the RCU of Uzbekistan, 312,000 copies of printed materials (on preventing the spread of coronavirus infection, the dangers of smoking, combating depression in coronavirus infection, and precautions for treating COVID-19 patients at home) developed jointly with the WHO office in Uzbekistan were delivered to the regions for distribution to the population in local communities, markets, public transportation, etc. So far 49,300 printed materials have been distributed. There are 64 banners installed in Tashkent, the central cities of the regions, and transit cities, and the advertising agency estimates that the average number of banner views per month is 16,959,000.

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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COVID-19 OUTBREAK MENA REGION SITUATION UPDATE

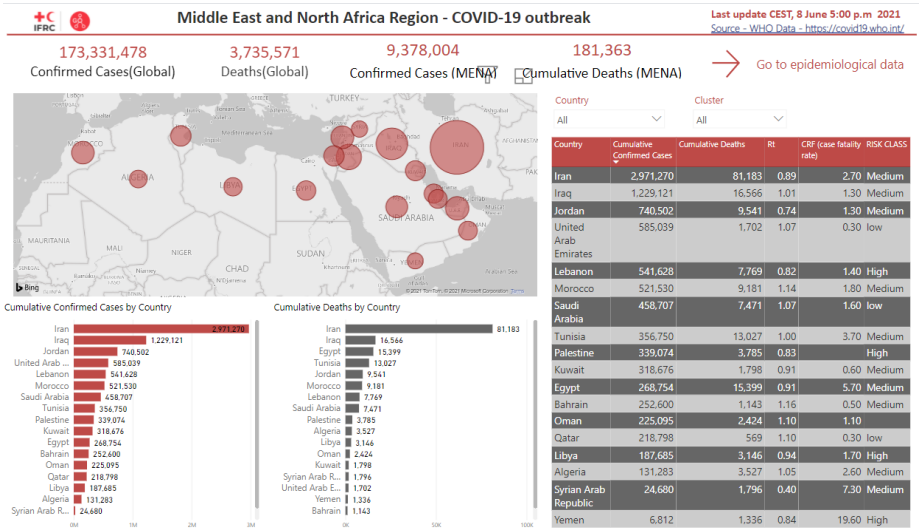
REPORTING TIMEFRAME: 01/02/2020 to 31/05/2021

Situation Update

9,378,004 confirmed cases in MENA Region

181,363 confirmed deaths in MENA Region

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



Country	Cumulative Confirmed Cases	Cumulative Deaths	Rt	CRF (case fatality rate)	RISK CLASS
Iran	2,971,270	81,183	0.89	2.70	Medium
Iraq	1,229,121	16,566	1.01	1.30	Medium
Jordan	740,502	9,541	0.74	1.30	Medium
United Arab Emirates	585,039	1,702	1.07	0.30	low
Lebanon	541,628	7,769	0.82	1.40	High
Morocco	521,530	9,181	1.14	1.80	Medium
Saudi Arabia	458,707	7,471	1.07	1.60	low
Tunisia	356,750	13,027	1.00	3.70	Medium
Palestine	339,074	3,785	0.83		High
Kuwait	318,676	1,798	0.91	0.60	Medium
Egypt	268,754	15,399	0.91	5.70	Medium
Bahrain	252,600	1,143	1.16	0.50	Medium
Oman	225,095	2,424	1.10	1.10	
Qatar	218,798	569	1.10	0.30	low
Libya	187,685	3,146	0.94	1.70	High
Algeria	131,283	3,527	1.05	2.60	Medium
Syrian Arab Republic	24,680	1,796	0.40	7.30	Medium
Yemen	6,812	1,336	0.84	19.60	High

This map does not imply the expression on the part of the IFRC or National Societies concerning the legal status of a territory or its authorities. Produced by SIMS (2020). Map Sources: Bling. For more information, please visit www.go.ifrc.org

National Society Response

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

11 National Societies are engaged in:

Health and WASH **11**

Socioeconomic Interventions **11**

NS Institutional Strengthening **11**

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

Browse MENA- COVID-19 full dashboard here

HEALTH AND WASH

4	Ambulance services for COVID-19 cases
3	Community-based surveillance (CBS)
5	Epidemic control measures
7	IPC and WASH (community)
5	IPC and WASH (health facilities)
3	Isolation and clinical case management for COVID-19 cases
5	Maintain access to essential health services (clinical and paramedical)
7	Maintain access to essential health services (community health)

SOCIOECONOMIC INTERVENTIONS

1	Management of the dead
7	MHPSS
9	Risk communication, community engagement, and health and hygiene promotion
11	Support for immunization activities
6	CEA, including community feedback mechanisms
9	Livelihoods, cash support & food aid
2	Shelter and urban settlements
6	Social care and cohesion, and support to vulnerable groups

NS INSTITUTIONAL STRENGTHENING

7	National Society readiness
5	National Society sustainability
10	Support to volunteers

Internal

Regional overview

MENA countries are diverse in terms of health care setting, socio-economic status, instability, fragility, culture, and religious practices. Many are vulnerable to factors that exacerbate the risks associated with the spread and control of the COVID-19, such as rapid and unplanned urbanization, which results in informal settlements with limited services, including health and water, sanitation, and hygiene (WASH). Multiple protracted complex emergencies and an unexpected escalation in the region's compound vulnerabilities and complicated humanitarian access. Fragile humanitarian contexts such as Yemen, Syria, Libya, and the Occupied Palestine Territories 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. Millions of people have been displaced, whether as migrants, refugees, returnees, or internally displaced persons (IDPs). These groups of people may have limited access to information, prevention, and treatment.

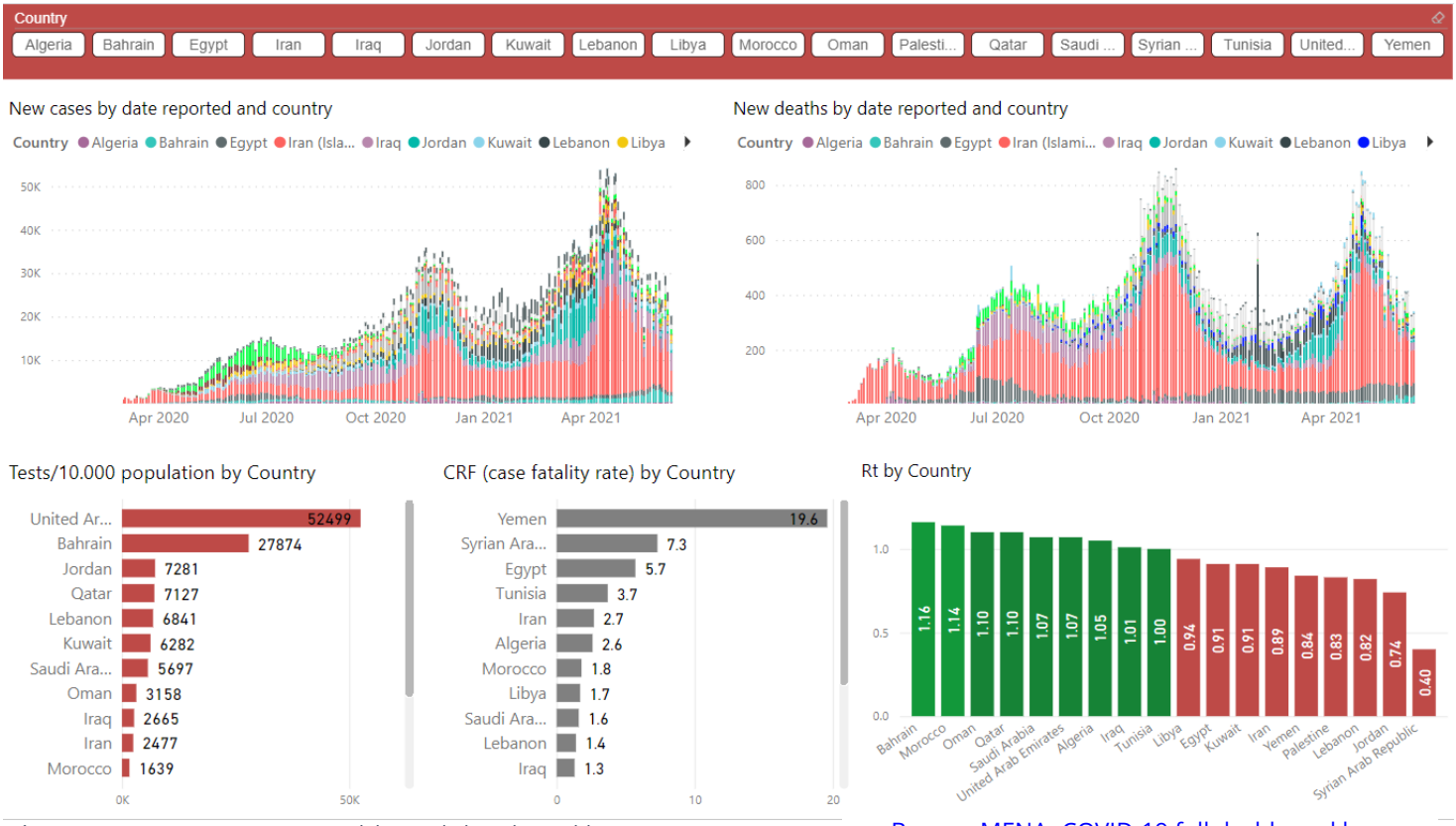


Figure 1: MENA COVID-19 Dashboard developed by IM Team.

Browse MENA- COVID-19 full dashboard here

The National COVID-19 vaccination campaign has been launched in 17 MENA countries with only nine National Societies participating. As of May 2021, the region had administered over 62 million doses of vaccines (roughly 3% of the total number of vaccines administered globally). Ten countries in the MENA region have received vaccines via COVAX, bilateral agreements, and in-kind donations since mid-December 2020. COVID-19 vaccines are Pfizer/BioNTech, Moderna, AstraZeneca, Sinopharm, Sinovac, Sputnik V, Johnson& Jonson, Covishield, and Covaxin.

National Societies have faced several key challenges in terms of vaccination in the region, including a lack of a clear national strategy or a weak implementation strategy for coordination between National Societies and the Ministries of Health (MoH), an insufficient budget, and a lack of resources. There is also a shortage of health workers due to migration. Inequity and scarcity of Emergency Use Listing vaccines on the global market, vaccine hesitancy, rumours, and lack of information on vaccine types (side effect, social Media Pandemic, target population), as well as equitable distribution to the most vulnerable populations, such as irregular migrants, unregistered refugees, people with mental and physical disabilities, last-mile populations and the elderly, among others, all posed challenges.

Following the holiday season in January, and later the holy month of Ramadan, most MENA countries experienced a significant increase in daily COVID-19 cases and associated deaths. As of 7 June 2021, the MENA region reported 10.3

million confirmed cases (5.9 of the global burden of cases) and 206,043 associated COVID-19 death (CFR 2%, 5.5% of the global burden of deaths). Most countries applied strong public health measures to control this situation including nationwide lockdowns, curfews, and travel restrictions, as well as mass vaccination campaigns.

Priority 1: Sustaining Health and WASH

The MENA regional office (RO) focused on supporting the National Societies in providing quality services while also protecting their front-line staff and volunteers. Since the health and WASH activities of MENA National Societies are vast and diverse, ranging from community-based activities to hospital care, the MENA RO has provided technical support through various platforms and mechanisms, including the Health & Care forum, the WASH, and Immunization sub-technical working groups and the MENA Mental health and psychosocial support services (MHPSS) Network. Since the onset of the operation, the IFRC MENA has been providing relevant guidelines and promoting peer-to-peer exchanges between Red Cross Red Crescent National Societies, either through the pre-existing coordination platform: Health and WASH forum or through thematic webinars to share information and increase the National Societies' skills and technical knowledge. Through the Immunization technical working group webinars, the MENA RO has introduced the science behind the available COVID-19 vaccines, presented by the American University of Beirut (AUB), and the social mobilization strategy and training coordinated and developed in collaboration with WHO EMRO and UNICEF MENA as well as a good practice on the vaccine roll-out from the Moroccan Red Crescent. The MENA RO has supported advocacy, funding, and partnership opportunities with the World Bank (Lebanon, Iraq, Jordan) and the GAVI for Yemen in terms of the COVID-19 response and routine immunization.

Epidemic control

The bi-weekly epidemiolocal update which includes science and vaccine updates were prepared and distributed to MENA National Societies and the Movement partners. During the reporting period, 15 Regional health forums, nine WASH sub-working groups, and two immunization sub-technical working group (STWG) meetings were conducted. The purpose of the forum and STWG meetings was to provide updated COVID-19 related information, tools, and materials as well as to provide a platform for National Societies to discuss and share their experiences and faced challenges. Non-Movement Partners such as WHO EMRO, UNICEF, and AUB also participated and presented on the social mobilization strategy, training, and vaccine science. Around 35 regional health & WASH colleagues from MENA National Societies, Partner National Societies, and the IFRC participated and benefited from those sessions.
The MENA RO has presented the Red Cross Red Crescent experiences at the GAVI Immunization seminar for IA2030 on 20 April 2021 and at the Regional COVAX webinar on 6 May 2021. Furthermore, the MENA RO has provided technical input and work for the World Bank Third Party Monitoring Project for COVID-19 vaccination in Lebanon to ensure the quality and technical relevance of all indicators.

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

The IFRC MENA worked on designing COVID-19 related messages for Ramadan and disseminated them over the National Societies, it has also collaborated to translate IFRC messaging, infographics, and other resources into Arabic and to promote them through regional communications and social media platforms. The IFRC MENA is collaborating closely with National Societies to assist them to adapt and use these resources in public communications, risk communication, and community outreach. In response to the COVID-19 situation, the IFRC MENA developed and circulated key message documents with National Societies to emphasize COVID-19 public health measures in specific settings (Ramadan Month, heat waves during COVID-19, back to school, and COVID-19 second wave).
The community-based health and first aid (eCBHFA) COVID-19 volunteer manual and its immunization module have been translated into Arabic and distributed to the National Societies to enhance their COVID-19 prevention and vaccination interventions with a focus on behaviour change, community assessment, and mobilization, as well as the strengthening of other Routine Immunization campaigns and activities.

National Societies Capacity Strengthening:
The IFRC MENA has collaborated with WHO and UNICEF to co-lead the Regional Risk Communication and Community Engagement (RCCE) Inter-Agency Working Group (IAWG). Since the beginning of 2021, the MENA RO has co-facilitated eight bi-weekly interagency meetings and developed standard materials, as well as the social listening and community feedback and vaccination RCCE sub-working groups with WHO and UNICEF as regional interagency partners. The Social Mobilization training package for COVID-19 vaccine roll-out was designed and disseminated to all National Societies, as

part of the regional RCCE Inter-agency Working Group on Reproductive Health in Crises work, and a regional e-training was offered to 28 participants from 12 National Societies over four days in April 2021. In addition, a collaborative RCCE training package on COVID-19 vaccine hesitancy is being developed by the IFRC, WHO, and UNICEF.

The IFRC RO has contributed to and co-chaired a series of the RCCE webinars on the vaccination roll-out with WHO and UNICEF since January 2021. This 9-part RCCE webinar series benefited all the Middle East and North Africa/Eastern Mediterranean (MENA/EM) regional actors. Furthermore, the IFRC MENA has co-facilitated a series of social listening and community feedback workshops for MENA/EM actors including National Societies alongside WHO and UNICEF.
The IFRC MENA also helped develop four proposals: one for the Moroccan Red Crescent under the Solidarity Fund to support RCCE vaccination efforts in Morocco, two for Syrian Arab Red Crescent and Iraqi Red Crescent under USAID's Bureau for Humanitarian Assistance (USAID-BHA) to support RCCE and Community Engagement and Accountability (CEA) work to improve vaccination uptake, and one for UNICEF to support the Libyan Red Crescent RCCE activities including COVID-19 vaccination.

In collaboration with Bahrain Red Crescent, the ICRC, and Lebanese Red Cross, the IFRC MENA conducted an RCCE relevance study in Lebanon. The results of this study, which was carried out by an external consultant, contributed to design an action plan to address RCCE gaps in Lebanon. Similarly, the same study has started in Libya where data has been collected and is currently being analyzed.

Infection Prevention and Control and WASH in health facilities

The primary approach taken by the IFRC MENA to provide technical support and guidance to National Societies was the development and dissemination of tools, methodologies, and guidance throughout the reporting period and in consultation with the National Societies, to keep COVID-19 transmission to a minimum and ensure the safety and protection of MENA National Societies' staff and volunteers. A range of those outputs was developed and made available in English and Arabic, both individually and collectively, on a platform to reach the 17 MENA National Societies and more than 45 WASH Focal points in MENA in National Societies and Participating National Societies (estimate).

- Support was maintained for National Societies in the MENA Region in following up on the dissemination of Infection Prevention and Control (IPC) guidelines that were formulated to be customized to the MENA context and available in English and Arabic. A further review and update of the guidelines are in process. This included not only hand hygiene, disinfection procedures, distancing and use of personal protective equipment, but also safe disposal of medical waste, including sharps, as vaccination programs, began to take hold.
- As part of the COVID-19 preparedness plan initiative, the MENA RO collaborated on mapping and procurement of COVID-19 hygiene kits for the National Societies in the region.
- A WASH sub-Working Group platform was established to ensure appropriate coordination with National Societies, Partner National Societies, and ICRC WASH Focal points in MENA linking with Geneva WASH team concerning WASH guidelines and further linking WASH to CASH, WASH to protection, gender and inclusion (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.
- Two guidance notes were developed, one technical guidance related to handwashing hardware considerations in the context of COVID-19 and the other one related to Water quality testing guidance for MENA National Societies. Through its established appropriate coordination and knowledge sharing & dissemination platform, the MENA RO supported the National Societies and IFRC Country delegations' information needs for COVID-19 response and Infection Prevention and Control (IPC) and WASH-related materials.

Infection Prevention and Control (IPC) and WASH at the community level

The MENA RO, and as part of its objective to ensure that effective IPC is implemented, has collaborated with the National Societies and the Participating National Societies who were active in supporting their national authorities to apply strict infection prevention control measures at the community level, particularly in public spaces and schools.

The regional office continued to support MENA National Societies in rolling out IPC guidance for their staff and volunteers protection and conducting mass spraying/disinfection as part of the COVID-19 rapid training, which also included differing technical designs for handwashing facilities.

The MENA WASH sub-working group and through a total of ten meetings, has disseminated tools and guidance as part of the National Societies technical support, to connect regional WASH technical capacity and support information sharing; During those meetings, the following topics were discussed: Handwashing and disinfection in the context of COVID-19 and other WASH thematic areas such as Menstrual Hygiene Management (MHM), scaling up WASH activities in the MENA region between WASH focal points at the National Societies and partners, household water treatment and storage, Green response in WASH, Urban WASH, and WASH in emergencies kits and Emergency Response Unit (ERU) with experience sharing from the Lebanese Red Cross (LRC) and the Syrian Arab Red Crescent (SARC). An average 22 participants from over seven MENA National Societies attended those group meetings, where media campaigns are discussed to promote good WASH practices at the household and community levels.

E-learning webinars were implemented for four National Societies: Iraqi Red Crescent Society (WASH activities amid COVID-19 including disinfection), Libya Red Crescent Society (Introduction to WASH program, objective, and activities amid COVID-19), 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).

Hygiene kit design was also contextualized for COVID-19 relevance, in addition, to WASH suppliers' mapping list for MENA National Societies, and this was discussed and revised with several National Societies who were fine-tuning hygiene kit contents suitable for their national contexts and target populations.

Mental health and psychosocial support services (MHPSS)

A Regional Psychological First Aid (PFA) training of trainers (ToT) was conducted and hosted by the IFRC MENA and Iraqi Red Crescent. Fifteen staff and volunteers from 12 National Societies were trained on the impact of COVID-19 and stress response.
The IFRC MENA worked to provide Arabic translations of some MHPSS learning materials and guidelines published by the IFRC Psychosocial Centre to facilitate knowledge sharing and contextualization of MHPSS tools to the MENA context, particularly in PFA during COVID-19, back to school, self-care, and Social Stigma associated with COVID-19.

Sharing the experiences and promoting the peer-to-peer exchange across Red Cross Red Crescent National Societies has had a significant impact on the MENA region's technical capacities. The IFRC MENA collaborated with the regional MHPSS network to bring together network members from 14 MENA National Societies, IFRC Reference Centre for Psychosocial Support centre, ICRC, other National Societies from the Asia Pacific, and Europe as well as the MENA Youth Network for the annual meeting. This annual meeting provided a platform for the MENA National Societies to present and discuss their responses to COVID-19.

The MENA region had reached out to the Global Child Protection in Emergency (CPiE) help desk to allow National Societies' MHPSS focal points (5 National Societies) to learn more about the role of MHPSS on CPiE.
Amid the COVID-19 pandemic, the IFRC MENA and MENA MHPSS network had the opportunity to present their contribution on operationalizing the Movement MHPSS policy, resolution, and its roadmap of implementation at the IFRC global health conference, where around 200 participants from National Societies, IFRC, and ICRC attended.
The IFRC MENA had brought 29 participants from the staff and volunteers at the Headquarter and branches of the North Africa National Societies (Algeria, Egypt, Libya, Tunisia, and Morocco) to a two-day training on caring for staff and volunteers to ensure the mental health and psychosocial wellbeing of staff and volunteers.

Isolation and clinical case management for COVID-19 cases

The IFRC MENA worked closely with the National Societies managing health facilities including isolation and quarantine facilities and home care to support their response (i.e., Palestine Red Crescent Society, Palestine Red Crescent Society-Lebanon branch, Iraqi Red Crescent, Lebanese Red Cross, Egypt Red Crescent, Iran Red Crescent, Yemen Red Crescent) including the field hospital for COVID-19 cases. During the third and the fourth waves of COVID-19 outbreaks, many countries were facing a shortage of oxygen machines, personal protective equipment (PPE), and health personnel. The IFRC MENA conducted an urgent needs assessment and provided some technical support and financial support for medical equipment and PPEs distributions.

Maintain access to essential health services (community health)

The community health interventions of the National Societies were well recognized both internally and externally as having the potential to support and fill a gap for the overburdened health care system as a result of the COVID-19 outbreak response. The MENA RO had supported the National Societies in providing the appropriate technical guidance to reinforce their pre-existing community health intervention. Guidance such as care in the community, healthy aging, home-based care was presented and disseminated to MENA National Societies in both Arabic and English to support the scale-up process. Moreover, a focused-group discussion (FGD) with GVA-consultant and MENA National Societies of Bahrain, Egypt, Morocco, and Syria, was held to discuss the Red Cross Red Crescent Network Non-Communicable Diseases vision, Framework, and Care in Communities Package, as well as other FGD on Healthy Aging strategy and operational framework with MENA RO and National Societies of Algeria, Bahrain, Egypt, Iraq, and Syria.
In cooperation with the Global First Aid Reference Centre, a guidance note on first aid practices for the Adverse Events Following Immunization for COVID-19 vaccination has been developed and shared with the National Societies.

Maintain access to essential health services (clinical and paramedical)

The IFRC MENA supported the National Societies' 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 National Societies' 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. Help Desk is available for any technical question from National Societies.
The MENA RO supported the acquisition of medications, medical supplies, and equipment in Iraq, Syria, and Yemen, as well as the establishment of a field hospital setting in Palestine and the provision of PPEs to seven National Societies of Iraq, Syria, Lebanon, Palestine inducing Lebanon branch, Libya, Algeria, and Tunisia.
Because many countries' health systems and medical facilities are overburdened, the demand for home care and oxygen therapy support has increased, and many National Societies have requested assistance. Technical assistance (in the form of guidelines and materials), as well as financial assistance, were provided.

Management of the dead

The IPC Guidelines are being revised further by the IFRC MENA to include expanded guidance on managing the dead in a safe and dignified manner that reflects globally established standards.

Support for Vaccination activities

With the start of COVID-19 vaccination activities in the region, the MENA RO took part in initiating discussions with National Societies to identify challenges that would prevent them from participating in their respective national COVID-19 vaccination campaigns and to explore areas of possible MENA RO support.
Under the Third-Party Monitoring (TPM) project, the IFRC MENA supported the independent monitoring of the national vaccination campaign in Lebanon on behalf of the World Bank. The IFRC MENA supported the updating and technical review of the TPM project quality indicators. In May 2021, the IFRC's HQ, MENA RO, and the Yemen country delegation took part in the first Multi-Stakeholder Dialogues (MSD) about GAVI's possible support to RI activities in Yemen through the Yemen Red Crescent. The MENA RO also provided technical support to a joint proposal submitted to the World Bank by the Lebanese Red Cross (LRC) and the Palestinian Red Crescent- Lebanon (PRCS-L) to cover the most vulnerable populations (Syrian refugees, Palestine refugees, vulnerable Lebanese) through LRC primary and pre-hospital medical services and PRCS/L secondary health services through the hospitals.

Priority 2: Addressing Socio-economic impact

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

As part of the COVID-19 response, MENA National Societies have received support in the areas of livelihoods and household economic security, as well as advancing the introduction of those thematic areas to the National Societies who express a willingness to begin such activities. To support MENA National Societies in their domestic planning, technical assistance, and thematic notes were prepared and disseminated. Cash assistance as livelihoods intervention

has been expanded up both technically and monetarily in numerous countries in the region, based on needs, available resources, and interests from National Societies**.**

Shelter and urban settlements

The IFRC regional office has been supporting shelter and urban settlement activities both technically and financially. MENA National Societies were participating in shelter-related initiatives as part of the COVID-19 response. Support was provided to the public authorities in the areas of quarantine 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. The Palestinian Red Crescent (PRCS) is participating in the Shelter Meetings.

Community engagement and accountability

The IFRC MENA ensures that RCCE approaches are addressed across National Societies and interagency partners simultaneously through the COVID-19 response, and as a result, the following activities have been implemented throughout the reporting period:

- Reviewed and finalized the RCCE MENA strategy along with interagency partners.
- Worked on two RCCE related case studies for Libya and Lebanon around the engagement of community and municipalities crisis cells to mitigate the spread of COVID-19.
- Co-chaired and contributed to the Interagency Working group and sub-groups with WHO, and UNICEF.
- Prepared Ramadan RCCE messages as well and translated the Global COVID-19 vaccine-related FAQs and disseminated them to the National Societies.
- A community mobilization training package was delivered to National Societies around immunization, which included designing Feedback Mechanisms, Rumour Management, FAQs, and Rapid Needs Assessments.
- Implemented an RCCE relevance assessment in collaboration with British Red Cross, ICRC, and Lebanese Red Cross in Lebanon to study the relevance of the RCCE approach to the community passing through a severe economic crisis and following the Beirut Explosion.
- Started the RCCE relevance study in collaboration with British Red Cross, Libyan Red Crescent, and ICRC in Libya where the data is currently being collected.
- Supported Moroccan Red Crescent in developing CEA initiatives as part of the Solidarity Fund Proposal to promote vaccine uptake.
- Supported the National Societies of Syria and Iraq in designing CEA activities under the USAID's Bureau for Humanitarian Assistance fund to address vaccine hesitancy.
- Supported the Jordanian Red Crescent in implementing a multi-sectorial needs assessment to analyze community needs within COVID-19 in collaboration with the World Bank.

Social care, cohesion, and support to vulnerable groups

Migration and Displacement

While the IFRC MENA regional office focused on advocating for the inclusion of people on the move in national vaccination plans during the first year of the COVID-19 pandemic, in 2021 the focus of the IFRC MENA is to ensure the inclusion of migrants, refugees, and Internally Displaced Persons in preparedness and response of the National Societies' activities.

The IFRC MENA represented the Red Cross and Red Crescent Movement in the Middle East and North Africa at the Regional Review of the Global Compact for Safe, Orderly, and Regular Migration in the Arab Region, where advocacy activities were conducted through social media channels and in relevant fora. Furthermore, the topic was discussed with the migration focal points of MENA National Societies during the inaugural General Annual Meeting of the newly established RCRC MENA Migration Network.

The report "Locked down and left out?" on COVID-19 and its influence on Migration and Displacement was also released in the first quarter of 2021. The report was produced by the Red Cross Red Crescent Global Migration Lab with the assistance of the IFRC MENA and the contribution of the Egyptian Red Crescent.

Priority 3: Strengthening National Societies

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

National Society readiness:
COVID-19 response highlighted more than ever that strengthening institutional preparedness and readiness with National Societies is of paramount importance. Many National Societies had to step in much more within their domestic disaster management systems, particularly for an epidemics response. To this end, several National Societies started engaging and continue to implement systematic response readiness and preparedness through Preparedness for Effective Response (PER) process. Yemen Red Crescent Society and Egypt Red Crescent are continuing to implement the PER plan of action. Syrian Arab Red Crescent and Jordan Red Crescent Society are in the assessment phase while Libya Red Crescent Society and Morocco Red Crescent initiated the discussion on response preparedness strategic priorities in line with the COVID-19 response as well as other National Society strengthening initiatives. There is also more targeted technical support provided to strengthening MENA National Societies' readiness for response. Enhancing the Iraq Red Crescent Society's National Response Teams' capacity to conduct effective and timely emergency needs assessments using up-to-date templates and agreed-upon procedures is one such example.

Cross-regional National Society institutional preparedness experience sharing event demonstrated that amidst ongoing emergencies besides COVID-19, particularly complex and protracted crises in MENA, National Societies were able to prioritize their efforts on institutional preparedness. The following are some of the lessons and recommendations made by three National Societies:

The Egyptian Red Crescent (ERC) started the PER process in 2018 and has made significant headway in revising the Emergency Operation Centre's (EOC) Standard Operating Procedures (SOPs), updating the National Response Teams' training curriculum, and expanding their fleet management capabilities, among other actions. Currently, the National Society is undergoing revision of the work plan as well as with the staff turnover at the National Societies looking into conducting a re-orientation. One of the key recommendations from the ERC is to have a selected PER team of the National Society conduct an entire cycle of the PER.

Yemen Red Crescent Society (YRCS) started the process in 2019, using a work plan to mobilize resources with the Partners. With ongoing technical assistance from the IFRC country delegation, YRCS was able to organize a Contingency Planning workshop, conduct an Enhanced Vulnerability and Capacity Assessment (EVCA), train National Response Teams, and improve operational information management capacity with the 510 programs, among other activities. PER encouraged cross-departmental, sectorial work to strengthen YRCS response capacity. One of the main recommendations from the YRCS was for other National Societies to engage in the PER process, as it serves as a cornerstone for other response-strengthening within the National Societies.

Syrian Arab Red Crescent (SARC) conducted a PER orientation in 2019, currently, assessing its branches' response capacities through PER approach in line with the branch development plan and SARC strategic plan. The decision by the National Society was made well-informed after assessing the pros and cons of different assessment tools and processes, SARC determined that for a National Society that is responding to multiple disasters and crises, PER is the approach to utilize. Throughout the SARC experience, PER was deemed to be an encouraging culture of learning and fostering relationships between HQ and branches.

Information Management:
The IFRC MENA provided technical support and led the overall coordination at the regional and country levels for the reporting and analysis of the COVID-19 operations in MENA including dashboards. GIS maps, infographics, and

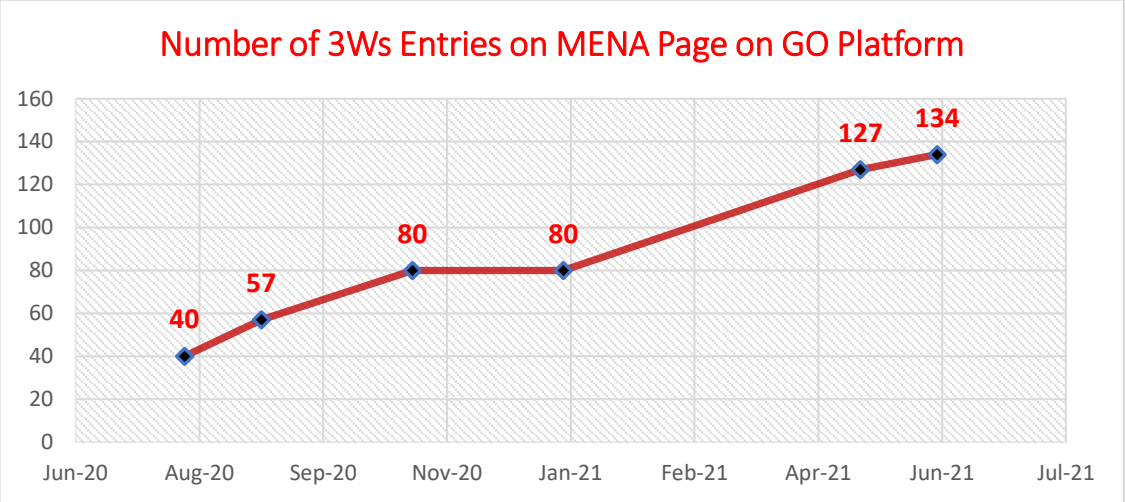
dashboards were developed– MENA Covid-19 Dashboard – Iraq Covid – 19 Emergency Page – Syria Covid – 19 Emergency Page.

The IFRC MENA promoted digital transformation and data digitalization by disseminating information on relevant digital technologies in the region, such as mobile data collection and the most up-to-date business intelligence tools, which allowed the information management process to flow more smoothly. During the reporting period, more than 60 staff and volunteers were trained on how to use Kobo and ODK. It was noticed that MENA National Societies are shifting into the use of Mobile Data Collection tools rather than the traditional tools.

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 the COVID-19 emergency pages map and field report dashboard available here. Remember to log in to the platform as most of the content is visible only for registered users.

More than 150 Staff and volunteers from National Societies, Partner National Societies, and regional office were trained on the use and navigation of the GO Platform. During the reporting period, 11 MENA National Societies submitted a total of **76 public COVID-19 field reports** on GO Platform, and **134 3Ws entries** were reported on the MENA 3Ws page on GO https://go.ifrc.org/regions/4#3w.



Planning, Monitoring, Evaluation, and Reporting (PMER):
The IFRC MENA has been providing ongoing support to the MENA National Societies throughout the reporting period. In particular, efforts were focused on consolidating and revising the National Societies' response plans, developing monitoring tools, and submitting GO field reports, quarterly reports, and operational updates.

The MENA PMER network, which was established at the outset of the COVID-19 response operation in April 2020, holds weekly meetings with a focus on data collection and analysis. The one-hour weekly sessions, which at least seven National Societies attending regularly, provided participants with PMER and IM-related knowledge and skills. Throughout the weekly calls, technical support and guidance have been provided to MENA National Societies through their PMER focal points, to ensure timely submission of GO Field Reports, quarterly reports, and KOBO financial overview and indicators tracking tables. Other regions have expressed interest in replicating this network.

PMER supports various National Societies on the Emergency Plan of Action (EPoA) Monitoring and Evaluation (M&E) framework with the logical framework, M&E plans, and the development of the indicators tracking tables to improve accountability and data quality. In addition, data collection templates and tools are being developed to collect accurate data against the indicators.

Logistics, Procurement, and Supply Chain Management

Continuous efforts are in place to enhance logistics and procurement coordination as well as to provide capacity building across the region. National Societies directly engaged in COVID-19 procurement activities are supported to ensure that procurements of the required products for the operations are continuously being carried out in compliance with the procedures for procurements of IFRC aligned with the National Societies standards, processes, and procedures, consequently enhancing capacity, and ensuring full audit trail requirement. Regular and continuous support was provided to the National Societies conducting procurements in values per country, ensuring appropriate logistics activities coordination and simultaneously further increasing the National Societies logistics response capacity.

National Society sustainability

The response to COVID-19 requires the National Societies to adjust ongoing working modalities to help them scale up for the continuation of services in a systematic way. Business continuity plans (BCPs), though not new to National Societies, require more attention during this crisis to address the movement and resourcing restrictions due to COVID-19. The IFRC MENA continues to offer and provide support to National Societies to set up or revise existing BCPs, to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders, and to secure ongoing essential service delivery. Support is also targeting National Societies that do not have BCPs and will support with resource allocations to implement BCPs once they are developed. In 2020, together with the Global Disaster Preparedness Reference Centre, a sensitization session was organized to raise awareness of the added value of BCPs for National Societies. The IFRC is on standby to support National Societies that are interested and committed to developing the BCPs.

The IFRC MENA has contributed to support National Societies in their efforts to reach financial sustainability. Four National Societies (namely Syrian Arab Red Crescent, Iraqi Red Crescent, Palestine Red Crescent Society, and Egypt Red Crescent) have been the focus of a consultancy-based effort to help develop domestic resource mobilization mechanisms and market studies. These are intended to trigger the National Societies' development to ensure long-term financial stability. These products have been finalized and engagement with the leadership of the four National Societies is envisaged to integrate the outcomes into the planning at the domestic level and with the support provided by the IFRC Secretariat.

Support to volunteers

The IFRC MENA has launched the first phase of the subregional caring for Staff and Volunteers Program. Twenty-nine MHPSS and Volunteering Focal Points from the Headquarters and branches of the Five North African National Societies (Algeria, Egypt, Libya, Tunisia, and Morocco) attended a two-day training on caring for staff and volunteers to ensure the safety and mental health, and psychosocial wellbeing of volunteers, particularly during the emergencies, and develop a system for caring for staff and volunteers at the level of the National Society.

The MENA Youth Network launched a series of monthly virtual youth cafés, with five episodes covering a variety of topics and the participation of hundreds of young volunteers and staff from all MENA National Societies, as part of its commitment to youth engagement during epidemics. Self-resilience, humanitarian education, climate change, intercultural dialogue, and international humanitarian law are some of the topics that have been covered.

Young leaders from MENA National Societies have been given support to attend the Global Youth Forum "Generation Disrupted" organized by the Big Six Youth Organizations as speakers and attendees. Participants from MENA have recounted their pandemic experiences, as well as their National Society experiences.

Enabling Actions

Coordination for quality programming

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 **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

Communications:

The IFRC MENA has continued supporting the National Societies to respond to COVID-19 through producing risk information content and distributing it in the best possible ways as well as communicating about their and whole Red Cross Red Crescent Movement COVID-19 response activities in the region.

The IFRC MENA also continued positioning IFRC as well as the whole Movement as one of the leading agencies responding to COVID-19 in the MENA region through opinion-editorial articles, press releases, social media, and other publications.

To enhance the support as well as to upscale the IFRC MENA regional office capacities, COVID-19 Communications Coordinator was recruited from March 2021 until June 2021. Communications Coordinator supported with updating the regional COVID-19 key messages, media relations, and capacity-building for the National Societies.

Recent training for the National Societies includes creating visual social media content, media monitoring, and managing rumours, crisis communications, and social media management.

COVID-19 and safe behaviour has also been integrated into communicating about the responses to the other crises and events in the region, for example, the hostilities in the Occupied Palestinian Territory in May 2021 and the campaign for 10 years of the conflict in Syria in March 2021. During Ramadan 2021, the IFRC MENA did multiple live broadcasts on social media with the National Societies and shared other content on celebrating the festival safely, used widely by the MENA National Societies.

Coordination with WHO and UNICEF has been deepened to ensure regular collaboration on Community Engagement and Risk Communications (RCCE) as well as to align health and other COVID-19-related content. Outcomes of the collaboration include a high-level media roundtable with the journalists in the MENA region and the regional directors of IFRC, UNICEF, WHO, and IOM on challenges and lessons learned while communicating about COVID-19.

Social media content:

- Live RedTalk: Ramadan & COVID-19
- Social media: #WorldImmunizationWeek
- Social media: The last mile of COVID-19 vaccine delivery
- Social media: Stay safe during Ramadan

- Red Cross Red Crescent Day: Art is healing during COVID-19
- Social media: Viral COVID-19 video on IFRC Arabic TikTok

Press releases, media, and opinion editorials:

- Op-Ed: Inequality at its worst
- Al Jazeera roundtable: دورة بعنوان "العمل الإنساني في زمن #كورونا... التحديات والمآلات"
- Interview: Protecting Syrian children's mental health after 10 years of war
- Op-Ed: The future of humanitarian response is local
- Press Release: New Red Cross Red Crescent analysis shows deep inequalities in COVID-19 response across Middle East and North Africa
- Op-Ed: Palestine, the second battle is imminent

International support and resourcing

Logistics, Procurement and Supply Chain

The IFRC MENA coordinated several technical approvals for the National Societies while also organizing the delivery of PPE equipment purchased through Global Appeal. The following quantities of PPEs were delivered during the peak of operations:

Description	Quantity
Surgical Cap	66,200
Googles	17,670
Isolation Gown	113,350
Coverall with hood	57,480
IR thermometer	1,716
Face Shield	17,470
Gloves Surgical	17,870
Gloves Examination	2,858,344
Mask Surgical	4,057,248
FFP2 Respirator Mask	698,000

Regional contingency stock items were delivered to Iraqi Red Crescent, Syrian Arab Red Crescent, Lebanese Red Cross, Palestinian Red Crescent-Lebanon branch, Palestinian Red Crescent, Libyan Red Crescent, Algerian Red Crescent, and Tunisian Red Crescent in the second stage of operation. During this phase, storage and transport arrangements were made for the collection of the following goods, which were prepositioned at the IFRC Dubai Hub: Gowns - 3,000; FFP2 masks - 112,500; and Body bags - 1,500

The IFRC MENA is closely coordinating with GVA HQ on the possibility of donating various PPEs to the region and coordinates activities with relevant departments in the MENA region.

IFRC Business Continuity plan

Business continuity planning remains a priority for the IFRC in all MENA countries. The main objective related to business continuity planning is to ensure that IFRC's core functions remain operational and that support to the National Societies is timely and tailored to the preventive measures in place. Identification of the risks to business continuity is done and mitigation measures for the identified risks are continuously reviewed and applied to ensure the continuity of our offices. Staff working modalities have also been established and tailored to the measures required by the governments.

Financial Analysis

The MENA – COVID-19 Emergency Appeal's income totals **CHF 39.4m**. The funding requirements increased from CHF 70m to **CHF 89m with the revised appeal in March 2021.** Therefore, the total funding represents 44% of the new funding requirement. The total expenditure is CHF 30.8M. 78 % of the total funding is implemented.

CHF 8,5M funding is available from June 2021 onwards until the end of extended appeal timeframe June 2022. il Therefore, the National Societies and IFRC will require additional funding to implement further activities during 2022.

National Society response – key highlights

Algerian Red Crescent

Algeria is seeing a spike in new COVID-19 cases and deaths daily, owing to a lack of prevention and barrier gestures. In fact, despite the government's warnings, awareness messages, and restriction measures, the situation was exacerbated throughout Ramadan and Eid-El-Fitr as meetings and gatherings proliferated. Algeria has recorded 133,388 confirmed COVID-19 cases and 3,571 deaths as of June 15, 2021. [1]

The vaccine roll-out effort, on the other hand, has been underway since January 30, 2021, although the public is opposed to vaccination. The Algerian Red Crescent (ARC) will step up its public awareness campaigns about COVID-19 prevention and health protocol in public places and institutions, mosques, and schools from now on. In addition, ARC encourages people to get vaccinated and dispels myths and misconceptions, particularly among the elderly and those with chronic illnesses.

ARC is also stepping up its support for local governments conducting disinfection operations for public institutions and distributing masks and disinfection kits to the public in major cities and remote areas across the country. As part of its response plan, it also provided hospitals with respirators and sterilization materials, as well as assisting in the national vaccine roll-out campaign.

The implementation of the ARC COVID-19 response plan was hampered by the lockdown, an earthquake that struck the country (Mila in the eastern region) in August 2020, and floods in March 2021 (Chlef in the northern region). As a result, the COVID-19 response program has been extended until the end of 2021. Due to local constraints, the Algerian Red Crescent is having trouble transferring funds. As a result of the delays in program implementation, the COVID-19 program had to be extended (e.g., the USAID pledge). Furthermore, the possibility of local authorities implementing new limitations, such as lockdown and inter-regional travel restrictions, might slow down the program's implementation.

RCRC Movement: The International Federation for Red Cross and Red Crescent Societies (IFRC) offered Personal Protection Equipment (14,500 FFP2 masks and 500 protective gowns) to the Algerian Red Crescent in May 2021 as part of its support to National Societies responding to COVID-19.

External Coordination: ARC is assisting the government with the roll-out of the vaccine campaign and is playing a key role in boosting public awareness about the need for vaccination, particularly among the elderly and those with chronic diseases.

Since the launch of the COVID-19 Global Appeal, ARC has reached out to six million people, focusing its COVID-19 response plan on maintaining health and hygiene, providing livelihood assistance to those most affected, and assisting local governments in reducing virus spread and rolling out a national vaccine campaign.

Priority 1: Sustaining Health and WASH

The key objective of this priority is to modify people's habits and get them to make the proper gestures to protect themselves from the pandemic and slow the spread of the virus. As a result, ARC carried out major public awareness efforts, either through social media or in public places, as well as door-to-door operations with flyer distribution, with a focus on remote areas. Organizing attendance flows in public institutions, schools, universities, and mosques, particularly during Ramadan, was also part of these initiatives. In terms of the vaccine campaign, ARC used movies and posters, as well as vaccine centres, to raise vaccine awareness, particularly among the elderly and those with chronic conditions.

[1] WHO Figures



Figure 2: ARC Social Media post on COVID-19 preventive measures. ***Credit: ARC***

In addition, ARC distributed two million 400 masks and disinfection kits to the public as well as to public institutions such as schools, mosques, and markets.
Furthermore, during the month of Ramadan, ARC conducted monthly disinfection operations at mosques, where the number of participants ranged from 100,000 to 500,000 and can surpass one million in some big cities. ARC also provided hygiene and disinfection kits to approximately 2,000 families living in remote areas across the country.

Priority 2: Livelihoods, cash support, and food aid
The fundamental goal of this priority is to increase the community's resilience in the face of the coronavirus pandemic while also preserving the dignity of those who are most impacted, particularly the elderly and those who live in rural areas.
Since the program began, ARC has provided food packages to **67,574 families** and hot meals to another **70,788 households**.
During Ramadan, it also offered **1,650 hot meals** to doctors and patients in hospitals, as well as assisting **40,000 elders** with their pension withdrawals.

Priority 3: National Society Strengthening
ARC trained **288 volunteers** in community health and provided them with the necessary PPEs and assistance to be able to deliver services to the public.

The major challenge encountered during the implementation of the COVID-19 response plan was the time it took for funds to be transferred. Indeed, the country's laws on international money transfers are stringent, resulting in transfer delays and returns to the IFRC.

Next steps and moving forward:
The ARC will continue to carry out the RCCE activities and provide assistance to the government in the current immunization campaign.



Figure 3: ARC volunteers carrying out COVID-19 response activities in public and remote areas. ***Credit: ARC***

Bahrain Red Crescent Society

There were 259,523 confirmed cases of COVID-19 in Bahrain from 3 December 2020 until 16 June 2021 with 1,236 deaths. As of 13 June 2021, a total of 1,891,596 vaccine doses have been administered.

More than 1 million people in Bahrain have received the first dose of the COVID-19 vaccine, accounting for almost 80% of the country's eligible population.

Bahrain has established a dedicated National Taskforce called "Team Bahrain" to deal with the spread of the COVID-19 virus and has taken steps to ensure that testing and isolating facilities are set up as soon as possible. Bahrain has one of the highest per capita testing rates, earning the World Health Organization's (WHO) recognition for its professional response.

External Coordination: The Bahrain Red Crescent Society (BRC) participated in the "Dubai International Conference for Relief and Development - DIHAD 2021" under the theme "Relief and the Coronavirus in Africa as a Focus," where they discussed the consequences of current disasters on the African continent, particularly the Corona pandemic, and worked to find appropriate solutions.

The Bahrain Red Crescent Society took part, through visually serving technology and the regional delegation of the GCC International Committee of the Red Cross. The Bahrain Red Crescent has also participated in a workshop on "Media in Humanitarian Work" in countries of the Gulf Cooperation Council organized by the Kuwait Red Crescent Society.

In collaboration with the Ministry of Health, the Bahrain Red Crescent Society organized a dialog seminar on the importance of vaccination for protection and commitment.

Priority 1: Sustaining Health and WASH

The Bahrain Red Crescent trained the disaster management teams and 500 volunteers from 14 organizations and National Societies. In co-operation with the trainers of the International Red Cross Committee, a training program for its volunteers was provided by Skype. In addition, the Bahrain Red Crescent Society distributed "Ramadan aid" to abstinent families in 73 regions of the Kingdom. 4,500 families have been reached by "Ramadan aid" campaign. It has also developed a webpage devoted

mostly to electronically filing social aid requests through the association's website, following which the Social Services Committee would examine requests and follow up with the necessary procedures to assure social distancing. A Skype-based distance training program was developed for its volunteers to empower them.



Figure 4: BRC volunteers were deployed to the airport to give logistical support, as well as to guide and administer COVID-19 tests. ***Credit: BRC***

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 consequences of COVID-19 seriously affected expatriate workers, and during the closure measures imposed at the countries of the Gulf Cooperation Council (GCC) tens of thousands of them lost their jobs due to the pandemic.

Egyptian Red Crescent

The Egyptian Red Crescent (ERC) is stepping up its efforts to halt the spread of COVID-19. The ERC alleviates the enormous burden of the COVID-19 pandemic through a 24-7 Emergency Operation Centre (EOC) at the Head Quarters and a national network of volunteers. In April and May 2021, the ERC increased its response to COVID-19 in response to three major crises: two train crashes and recent hostilities in Gaza. These measures had an impact on the spread of COVID-19 among the affected population.

The ERC reviewed its COVID-19 response plan and budget considering the roll-out of the COVID-19 vaccine. Through an updated operational framework, the ERC was able to reformulate its community outreach interventions.

RCRC Movement: The ERC will continue to hold regular coordination meetings with the RCRC Movement partners (IFRC RO, ICRC – Egypt, and the German and Swiss Red Cross). In addition to participation in the IFRC platforms of Health and Care, WASH, and Disaster Response.

Under the framework of cooperation with the Libya Red Crescent Society, ERC provided PPEs to the National Society for their volunteers to respond to the COVID-19 pandemic.
During the recent hostilities in the Gaza Strip, the ERC provided the Palestinian Red Crescent Society with more than 20 tons of medical consumables, including PPEs and disposable sheets, to help the PRCs respond to COVID-19.

External Coordination: ERC, in collaboration with IOM and UNICEF, increased their COVID-19 response to support people on the move and school children, respectively, resulting in the provision of support and assistance to over 150,000 beneficiaries.

The partnership framework with SDC, USAID, and other local NGOs aided the ERC in reaching approximately 50,000 beneficiaries.
ERC is continuing its coordination efforts by participating actively in the Health, WASH, education, and protection coordination working group.

ERC, in collaboration with the Ministry of Social and Solidarity and the Japanese Embassy, trained 200 caregivers in five governorates on the Community Based Health approach to dealing with COVID-19 at the nursery centres.

Priority 1: Sustaining Health and WASH
The ERC helpline and virtual clinic are critical in raising awareness, providing health advice, and spreading COVID-19 home isolation protocols.

To alleviate the strain on people on the move during COVID-19, Mobile Medical Units were stationed in regions where people on the move were concentrated, providing them with medical support such as medical examinations, medication, and referrals.

Seven medical triage tents were set up at the entrance to conduct COVID-19 screening before a medical consultation. COVID-19 protocol of home isolation, medication, and hygiene kits is provided to people suspected of having COVID-19 at the triage tents.

In addition, under the framework of the COVID-19 plan, which is supported by the IFRC, ERC is allocating Mobile Medical Units in the most vulnerable communities nationwide for those who are facing COVID-19 and are deprived of medical services. ERC provides both primary and secondary health interventions through more than 102 medical convoys across the country, benefiting **34,870 beneficiaries.**

Since the beginning of the pandemic, ERC's holistic approach to health and WASH has been based on community-based guidelines, which has supported in:
An active 24-hour emergency operation room to respond to various requests as well as receive emergency requests from Egyptians and "migrants and refugees" on the move.
Massive volunteer recruiting initiatives to help increase the volunteer force, particularly among those with a medical background, where more than 50,824 people volunteered in their communities.
Sterilization and disinfection operations for 4,704 vital facilities throughout the country.
Disseminating health-awareness messages through online platforms and during the organization of persons collecting their pension for a total of 2,289,020 people.
Over the phone and online platforms, 64,857 people benefited from Mental Health and Psychosocial Support services.
Vaccinating approximately 9,000 people against H. influenza.



Figure 5: ERC providing healthcare services in response to COVID-19. ***Credit: ERC***

Priority 2: Livelihoods, cash support, and food aid
ERC provided basic services (food, water, medicine, and relief materials) and hygiene kits to **183,630 people** who were impacted by the pandemic or were under lockdown.

Priority 3: National Society Strengthening
ERC is working to create an online learning platform that will allow ERC volunteers and non-ERC volunteers to share information in a variety of areas, including volunteering, community health, MHPSS, first aid, and other topics.

Furthermore, ERC had completed its first media volunteering and donation campaign, which was broadcast on national television and radio.

Emirates Red Crescent

In the United Arab Emirates, 599,823 confirmed cases of COVID-19 with 1,730 deaths were reported from February 2020 to 12 June 2021.

A total of 13,808,426 doses of the vaccine were administered as of 12 June 2021. As a result of continuous efforts to combat COVID-19, the authorities of the Emirates in Abu Dhabi will begin to limit access to malls, fitness centres, beaches and parks, restaurants, cafés, and various other public sites on 15 June.

The government of the United Arab Emirates has taken important steps to tackle the complex impact of the COVID-19 pandemic on public health and economic affairs. UAE government ministries provide all citizens and residents living, working, and learning in the UAE with additional services. Even the most vulnerable in society have been supported. Taking account of the impact of the pandemic on supply chains, logistics, and transport, the Food Security Council of the Emirates has developed measures to ensure the continued and sustainable delivery of food to the UAE.

The UAE has also paid for all treatment costs of all the Emirates residents including critical cases infected with the COVID-19. The Red Crescent of the Emirates took care of all the families of those who died in the country due to COVID-19 of all nationalities.

Over the past year, the Red Crescent Emirates has launched specific social initiatives to tackle the Corona pandemic across the country, which has benefited 2,435,340 people and the volunteers have reached 45,463 with 259,000 hours of voluntary work.

RCRC Movement: In collaboration with the Syrian Red Crescent, the Emirates Red Crescent Authority shipped medical help, including vaccines to support efforts to vaccinate front-line and to combat difficult cases. It also supplied food support to provide the Syrian people with the necessary nutritional needs before Ramadan's Holy Month.

External Coordination: To join forces with the national effort to fight the pandemic, the Emirates Red Crescent launched "Fund of the United Arab Emirates: Homeland of humanity." On the global front, the personnel protective equipment (PPE), of which 10 tons are sent to Italy, 13 tons to Kazakhstan, 11 tons in Ukraine, and 10 tons in Colombia, has been sent to others to help them deal with the pandemic crisis.

The ERC strengthened its development initiatives in March 2021 by providing water resources in Sudan to facilitate the outcome of COVID-19, and the Authority concluded the second phase of water projects involving the creation in several States of 11 artesian wells for 332,326 people.

Priority 1: Sustaining Health and WASH

The Emirates Red Crescent Authority has launched the first phase of a building and rehabilitation project in Hadramout governorate, as well as the maintenance of eight medical institutions, to aid Yemen's health sector for combating COVID-19. Four hospitals with a total capacity of 237 beds were opened in the first phase.

The Emirates Red Crescent Authority and Tamouh Health Care Company launched a joint initiative to provide vaccines to countries facing challenges in limiting the spread of COVID-19, in the support of UAE's efforts to address the repercussions of the pandemic globally.

The Emirates Red Crescent provided doses of the COVID-19 vaccine to 12,000 Syrian refugees in Jordan and 15,000 displaced Iraqis and Syrian refugees in Iraqi Kurdistan in May 2021, as part of the first phase of vaccinating refugees against Corona in Jordan and Iraq.

In the Kurdistan area of Iraq, the Emirates Red Crescent initiated the first phase of a refugee immunization program against the COVID-19, intending to vaccinate 15,000 displaced Iraqis and refugees. Since the onset of the pandemic, the government has distributed over 2,000 tons of medical supplies to over 139 countries.

In collaboration with the World Health Organization (WHO), the UAE sent an aircraft carrying 7.5 metric tons of medical supplies, as well as five WHO experts, to Iran on 3 March to help 15,000 healthcare workers and 100,000 workers.

Medical supplies donated by the ERC to Brazil, Kazakhstan, Ukraine, Sudan, South Africa, Kyrgyzstan, Indonesia, Bangladesh, Zimbabwe, among others have been used by the health workers.

As part of its charity and humanitarian operations in Sudan, the UAE Red Crescent offered humanitarian relief to families, widows, and orphans in the states of Kassala and White Nile. More than 5,000 families benefited from the assistance, which included clothing for children and women, as well as amounts of home necessities.



Figure 6: The Emirates Red Crescent providing support for Syrian refugees in the camp. ***Credit: ERC***

The Red Crescent Authority of the Emirates distributed about 1,100 heaters and 1,300 blankets in the North and South Governorates to chaste families and orphans, including hundreds of refugees in random camps, within the framework of relief and support camp. The campaign has included over 3,100 families in different regions of Jordan.

The United Arab Emirates has sent 960 tons of urgent medical and food products to alleviate the humanitarian impact on some 20,000 families in the Gaza Strip through its humanitarian arm, the Emirates Red Crescent.

Priority 2: Livelihoods, cash support, and food aid

The UAE Red Crescent delivered 906 food baskets (39 tons) to the governorates of Hadramout and Shabwa, benefiting around 4,530 people. Since the beginning of 2021, 10,637 food baskets have been delivered across the two governorates, weighing a total of 455 tons, and 53,185 thousand people have benefited from them.

Within the orphan project sponsoring 'humanitarian responsibility to promote the spirit of solidarity, Emirates Red Crescent, with the collaboration of Jordanian Red Crescent, sponsored 5,000 orphans from all the Kingdom Governorates for 23,000 dirhams, which provided their families with funding to meet a part of their needs.

Iranian Red Crescent Society

The Iranian Red Crescent Society (IRCS) is a member of the Coronavirus Response Headquarters in Iran. Since the outbreak of COVID-19 in Iran in February 2020, IRCS staff and volunteers have been on the frontlines of the response. The following important areas are covered by the response operation. Since the first verified cases of COVID-19, the IRCS relief and rescue organization has been at the forefront. IRCS Relief workers were deployed at city entrances to check people and report those with suspected COVID-19 to medical facilities. The response involved 835 teams and 3,149 people. A total of 764 vehicles, including ambulances, have been mobilized.
IRCS Volunteer Organization responded to public donations in remote and high-risk areas to reach the

most vulnerable people by distributing 860,000 health kits, 295,648 supportive livelihood packages, mobilizing 72,694 volunteers to attract public donations (cash and in-kind) and establishing 1,001 safety manufacturers capable of producing 6,213,000 masks, 238,000 gloves, and other protective equipment. 1,000 oxygen capsules and 400 oxygen concentrators will be distributed as part of the (Breath) Campaign.

In this regard, the IRCS screened 21 million people in over 7.5 million vehicles while implementing the screening plan for travellers, identifying approximately 19,649 people with suspicious symptoms, and referring them to medical centres. 39,404 people were involved in the screening plan. Six healthcare centres with a capacity of 1,673 people have been established, and 5,000 volunteers have been involved in the plan to respond to COVID-19 in collaboration with the Medical University Sciences. Meanwhile, 9,644,883 masks, 210,985 litres of disinfectant, and 9,789 face shields have been distributed to the public.

The Iranian Red Crescent Society (IRCS) representative attended 51 meetings of the country's corona taskforce. The IRCS established the Corona secretariat and, as a result, the corresponding taskforces across all the country's provinces. Executive instructions for COVID-19 were produced, as well as analytical reports. In the early days of the Coronavirus outbreak, a health screening plan is presented to the IRCS.

RCRC Movement: The Movement's partners provide the IRCS with technical and financial support, as well as providing personal protective equipment (PPEs). The national COVID-19 vaccination campaign has been supported by the Iranian Red Crescent Society.

External Coordination: In response to a request from Ilam University of Medical Sciences to assist the IRCS in the establishment of a medical centre for corona patients in the province, the Red Crescent Society of Ilam province established a centre to provide medical care. Due to the significant outbreak of COVID-19 disease in Tehran during three previous peaks and limited capacity of hospital beds and intensive care units (ICU), Noorafshar Specialized and Sub-Specialized Hospital affiliated with the IRCS in Tehran was selected as one of the auxiliary hospitals to the Shahid Beheshti University of Medical Sciences at the request of the Ministry of Health and Shahid Beheshti University of Medical Sciences.

COVID-19 patients were admitted to Noorafshar Hospital's advanced Intensive Care Unit. A total of 10,105 people were sent to the hospital, with 1,604 being admitted to intensive care units, 325 death, and 1,255 being recovered.

The IRCS Youth Organization offers psychological counselling to patients and families who have lost loved ones because of the pandemic. 445 house visits were made by IRCS Youth members, who reached out to 1,889 families and held 465 online funerals. 670 medical personnel who had lost family members were visited.

During the reporting period, the following activities have been completed:

- 455 online and face-to-face training sessions were conducted for a total of 380,377 people, including staff, relief workers, youth members, volunteers, and trainers.
- Distribution of 1,221,255 public training materials, including films, clips, infographics, and banners.
- Training brochures were sent to 43,250 people.
- 53 informative banners were installed at border checkpoints.
- 10,165,000 corona tests online were performed.
- 102 local training webinars were conducted for a total of 7,800 people.

Priority 1: Sustaining Health and WASH

Iran's Helal Textile Company produced pandemic-related protective equipment and hospital apparel,

including 30,254 three-layer masks and 150,345 medical garments.

Services Provided by Health Centers
Establishment of six centers with a total capacity of 1,673 patients per day.

Services provided by hospitals and laboratories
17,581 hospital referrals.

Production of personal protective equipment (PPE) for staff: 1,248,199 masks, 17,220 disinfectants, 591,000 gloves, Vitamin D, 81,150 hospital clothing, and 40 goggles.

Health items include the distribution of 140,539 hygiene kits, the disinfection of 165,032 public places, and the assistance of 140,312 relief workers, youth members, and volunteers in response to the COVID-19 pandemic. 14 different types of medicines are available. Production of 309,310 liters of disinfectants, distribution of 1,955,670 masks, and distribution of 19,933 hospital gowns. 1,100 shields are being manufactured. 4,515 pump units were provided. Production of 3,601,000 Alcohol pads, supply of 143 pulse oximeters, and manufacture of 55 dispensers. 905 thermometers are provided. 1,828,800 disposal gloves were manufactured.

Health screening activities carried out at 3,066 Checkpoints:
302,030 passengers were controlled, 52,356 immediate medical tests were done, 26,450 PCR tests were performed, 1,583,604 masks and 375,565 disinfectants were distributed.



Figure 7: Temperature screening performed by one of the Iranian Red Crescent volunteers. ***Credit: Iranian Red Crescent***

Priority 3: National Society Strengthening

- Launching an educational website with 18,600,000 visitors to enhance public awareness of COVID-19.
- Collaboration with provinces to maximize the capacity of emergency health care facilities.

- Receiving health monitors at 1,051,831 locations as part of humanitarian efforts.
- COVID-19 patients will receive 2,000 oxygen capsules, 400 oxygen concentrators, and 50 ventilators as part of a breath campaign.
- 37,322 blood units were donated by volunteers.
- The establishment of 3,511 health promoter bases, with a total of 4,084,122 persons receiving health information.

The following challenges have been identified:
Importing vaccination into Iran.
There is a lack of vaccine access for the priority target group, which includes frontline volunteers, refugees, and migrants**.**

Next steps and moving forward: Organizing more training courses and supervision on screening stations to monitor and properly utilize personal protective equipment (PPE), as well as cooperating with provincial medical universities, in collaboration with the country provinces.
Advocating for more vaccines to be given to the most vulnerable people and high-risk groups.

Iraqi Red Crescent Society

Iraq's protracted humanitarian crisis, exacerbated by COVID-19, took its toll in 2020. Large-scale population displacement was fuelled by an insecure security situation, a lack of work, and a shortage of essential amenities. These factors, combined with the closure of internally displaced people (IDP) camps, meant that the country's most vulnerable people were in desperate need of food and livelihood support, as well as WASH and health services. In recent decades, Iraq's economic and social development trajectory has been clouded by violence and turbulence, which has been exacerbated by COVID-19's impact on the country.

Health and medical services, WASH, livelihoods and basic needs, and interventions aimed at strengthening national society were all prioritized by the Iraqi Red Crescent Societies (IRCS). The IRCS implemented WASH initiatives such as providing potable water and health care services, as well as addressing the issue of food security by distributing food parcels to vulnerable populations. Training and workshops are organized in accordance with the government's plan while adhering to COVID-19's preventive measures or are performed virtually if necessary.

RCRC Movement: In Iraq, the Movement's partners provide IRCS with technical and financial support, as well as medical equipment, personal protective equipment, and capacity building for staff and volunteers in the areas of information management, reporting, and planning. By involving its eighteen governorate branches, the IRCS conducted a country-wide awareness-raising campaign using various media. The awareness training and hygiene promotion were conducted by IRCS employees and volunteers in households and through community campaigns.

External: The Iraqi Red Crescent Society has formed a partnership with other stakeholders, including the European Union, the World Health Organization, and the United Nations Development Programme, to carry out projects related to WASH, environmental and mine risk awareness, and the Joint Centre for Coordination and Monitoring (JCMC), to identify risks and divide response mechanisms with a common goal. Additionally, IRCS works closely with Iraqi ministries and educational institutions to facilitate learning, build staff capabilities, and coordinate online and in-person training at IRCS headquarters.

Priority 1: Sustaining Health and WASH
During the COVID-19 response, the IRCS health department played an important role in providing safety and prevention messages, in addition to ambulance services and medical online consultation through 'Your Doctor.'

The following are the services provided by the health department:

During the COVID-19 response, the IRCS health department played an important role in providing safety and prevention messages, in addition to ambulance services and medical online consultation through 'Your Doctor.'
The following are the services provided by the health department:

The IRCS was actively involved in psychological support activities to help patients and families who had lost relatives during the pandemic. Teams of IRCS youth and volunteers visit homes to provide assistance to affected families. In addition to PSS activities, the IRCS conducted 193,726 community-based sessions.

- 31 million people have been reached through social media and the local broadcasting system.
- More than 2.6 million people were reached through health awareness.
- 4,564,118 people received printing materials.
- 253,117 were reached with PPE kits.
- 32,785 disinfection services for prisons, public facilities, neighbourhoods, and markets.
- 14,325 people reached with hygiene kits.
- 4,435 medical consultation was provided through "Your Doctor" initiative.
- 790 health department received oxygen tanks to keep the momentum of safety and prevention against COVID-19 and provide medical and ambulance services.



Figure 8: IRCS volunteers disinfecting IDPs camps and schools. ***Credit: IRCS***

WASH: In many locations, potable water and sanitation have been provided, and the goals for 2020-21 have been met, as follows:

- Total beneficiaries target under WASH interventions: 5,636,859.
- Rehabilitation of the water systems for 27 schools and 28 primary health centres.
- Installation of 12 Reverse Osmosis (RO) Units in 10 hospitals and two in primary health centres (PHC).
- Installation of 12 Reverse Osmosis (RO) Units in local communities.
- Distribution of 13,150 hygiene kits, among 3,500 in Syrian refugee's camps.
- Water tracking since February 2020 of 6,500 people/day.



*Figure 5: IRCS volunteers and technical teams installing Reverse Osmosis (RO) Units**. Credit: IRCS***

Risk Communication and Community Engagement (RCCE)

From January to September 2020, the IRCS held awareness sessions for local communities via social, electronic, and print media. A total of 31,123,303 people were reached through eighteen local branches, which delivered risk awareness and hygiene promotion sessions at homes and through community campaigns. Through their Facebook, Twitter, Instagram, and Website, the IRCS created communication materials such as video clips and posters.

Messages of awareness are also broadcasted on television channels and radio stations. 4,564,118 pamphlets and posters were distributed throughout the communities. This is the largest-scale risk awareness and hygiene promotion campaign ever carried out in Iraq's history. The IRCS staff and volunteers hold regular awareness sessions with Iraqi authorities to promote the adoption of preventive measures across the various governorates. The distribution of awareness pamphlets and posters, as well as the use of loudspeakers, TV ads, WhatsApp, and social media to spread information in multiple languages, are all used to deliver key preventative messages. IRCS teams in all 18 governorates delivered 207,201 informational brochures, reached over one million individuals through community awareness programs, and touched over 5.5 million people through social media.

Priority 2: Livelihoods, cash support, and food aid

Food distribution: The IRCS relief operation activities ensured food security for the most vulnerable families with COVID-19 cases. Food baskets were distributed to 101,249 families out of a total of 150,000 families. The IRCS mobilized 900 volunteers across the country through its 18 governorates and carried out the operation activities.

Priority 3: Strengthening National Societies

Through the IFRC Global COVID-19 Appeal, the Iraqi Red Crescent Society established the emergency operation centre at national headquarters and in four governorates. These facilities are now fully operational, and several factors are assisting communities in becoming more resilient in terms of emergency preparedness and management. On the other hand, new technologies and digitalization are looking for a way to assist and improve the IRCS's other branches and networks in highlighting and addressing critical community issues.

The IRCS incorporated digital transformation into their organizational system, allowing for more effective humanitarian action. These digital tools and approaches are also at the forefront of the global COVID-19 response, including in humanitarian contexts. The IRCS IT teams also ensure digital ethics,

data protection, information security, data access, rights, and inherent biases in technological tools, as well as the digital divide's reality.

The IRCS has established an Emergency Operation Centre (EOC) for the COVID-19 response, to coordinate information and resources toward a goal-oriented response in a large-scale public health emergency caused by the COVID-19 pandemic. The IFRC delegation in Iraq has assisted IRCS in acquiring furniture to set up a room for the EOC to be established at the headquarters. The EOC will promote the coordination of knowledge and resources to improve the timeliness of emergency response. It was found that creating an EOC in a timely manner provides an important forum for addressing public health crises and can help avoid frequent flaws such as a lack of clear leadership leading to delayed decision-making, resource mismanagement, and poor coordination.
This shift is necessary for IRCS humanitarian intervention, procedures, competencies, monitoring mechanisms, and workflow, as well as accelerating effect through organizational culture in a proactive and prioritized way, taking current and future developments into account.

Lessons learned: IRCS provided training to staff and volunteers, as well as PPE kits because they are on the front lines. It was critical to involve them in the implementation of COVID-19 activities on the ground early in the pandemic's spread as well as the continuation of IRCS life-saving and humanitarian assistance to millions of vulnerable people in need because of Iraq's ongoing protracted crisis.

More people are being reached through social media and various awareness campaigns, which have proven to be very effective in disseminating information about COVID-19 by the IRCS health teams. Given the ongoing crises and emergencies, there is a need to localize the procurement process. Procurement takes longer to arrive in the country when done internationally. The support is required to strengthen the National Society's procurement systems for local procurement procedures and capacities to meet with Federation requirements.

Jordan Red Crescent Society

The Jordan Red Crescent Society (JRCS) initiated its response to the COVID-19 Outbreak in Jordan on March 25, in accordance with its mandate as an auxiliary to public authorities in the prevention and relief of human suffering, particularly in public health emergencies. The JRCS developed and implemented the response, which includes actions in three primary intervention areas: livelihoods, health/WASH, and institutional strengthening. Food kits and shopping vouchers were distributed to vulnerable people as part of their livelihood activities. Medicine distributions, Risk Communication and Community Engagement (RCCE) training for volunteers, and COVID-19 activities were all carried out across the kingdom. Furthermore, through the Cash for Health/ Kidney Dialysis Project, 50 individuals with kidney failure received regular dialysis sessions. A fully equipped COVID-19 section has also been established at the Jordan Red Crescent hospital to lessen the strain of the government's response and provide free treatment to refugees. In addition, a conversion of an ambulance car to Advanced Life Support is presently underway, as is the refurbishment and outfitting of the Jordan Red Crescent mobile clinic with the requisite equipment. In addition, a small-scale community development project aimed at Jordan's under-resourced schools was undertaken. The JRCS effectively established an Emergency Operation Centre under the third sector of intervention.

Due to a delay in funding from the Qatari Red Crescent, the program was altered. This had an impact on the original schedule, delaying the initiation of MHPSS activities as well as the Mobile Clinic and ambulance conversion project.

RCRC Movement: To ensure coordination, the Leadership task force and the Technical working group were formed. The IFRC provided technical support, two drivers, and two cars, while the ICRC provided financial support for the COVID-19 response activities, as well as the reconstruction and equipping of Jordan Red Crescent Hospital's Emergency and Accidents department, Laboratory, and ICU.

External Coordination: JRCS collaborated 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 as a member of the Social Protection Task Force (JHCO).

The JNRCS was able to reach **207,024 vulnerable people** across the country from 25 March 2020 to 31 May 2021.

Priority 1: Sustaining Health and WASH
The JRCS assisted three health facilities that were unable to operate regularly due to the restrictive measures in providing their services during the lockdown. Important life-saving medical services, such as the provision of diabetes medicine, were among them.

RCCE: 141 volunteers were trained, and RCCE activities reached 34,593 people.

COVID-19 department has been formed and is fully equipped at Jordan Red Crescent Hospital (30 beds, out of which 10 ICU beds)

A total of **1,531 renal dialysis sessions were provided to 50 kidney failure patients**.

The mobile clinic is currently being maintained, and the ALS ambulance is still being converted.

Priority 2: Livelihoods, cash support, and food aid
The livelihoods operation reached a total of **9,866 households (HH)** with food parcel distributions and **20,435 HHs** with shopping vouchers between 25 March and 31 May 2021 ensuring around **151,505 individuals** among the most vulnerable people have access to essential food to cope with the lockdown and its economic consequences.



Figure 9: Jordanian Red Crescent (JRCS) volunteers are conducting a health awareness campaign for elementary school students about the importance of personal hygiene. ***Credit: JRCS***

Priority 3: National Society Strengthening
The JRCS has facilitated the establishment of a centralized and well-equipped Emergency Operation Centre as part of its Institutional Strengthening Plan to improve its Disaster Response Capacity. The JRCS initiated the equipment procurement procedures in late June, and they were completed successfully by September 2020.

Financial procedures and agreement signing were longer than anticipated, resulting in delays in project implementation. In the execution phase of the response, the government's restrictive measures (movement restrictions, bans on meetings) caused a challenge.

Next steps and moving forward: Activities will begin as soon as the mobile clinic maintenance and ambulance conversion are completed.

Kuwait Red Crescent Society

There were 329,526 confirmed cases of COVID-19 in Kuwait from 3 January 2020 to 15 June 2021, with 1,828 deaths. A total of 1,120,000 vaccination doses had been administered as of April 27, 2021.
Kuwait was one of the first countries in the area to report cases of Coronavirus, and the government has taken several bold measures to combat and control the virus's spread. Close borders early to prevent travel, close gathering places (schools, workplaces, mosques, and commercial centres), and then enforce a blanket ban and isolate various locations where the virus is suspected of spreading.

The Ministry of Health provided daily briefings and daily random checks and flies, making it the largest evacuation operation in history in Kuwait, to evacuate around thirty thousand Kuwaitis abroad for free.

A press conference was held in Kuwait and the World Health Organisation, the World Health Organisation (WHO), praised Kuwait for the measures it has taken to fight and contain the spread of coronavirus.

The Association launched an expanded international relief initiative to implement a series of projects aimed at confronting the repercussions of the Coronavirus in many countries of the world, and direct support for National Societies in the targeted countries.

Priority 1: Sustaining Health and WASH
Vaccination centres are seeing a large turnout, and the Kuwait Red Crescent Society and its volunteers help to oversee the organization process, from booking appointments electronically to assisting with vaccinations, all the way to the goal of ensuring public health and community safety to put an end to this global epidemic. In collaboration and coordination with the Jordan Red Crescent Society, the Kuwait Red Crescent Society sent three trucks to Jordan to give humanitarian aid to Syrian refugees and Jordanian orphans. The convoy carried 4,500 various food boxes weighing a total of 60 tons, which were to be distributed throughout Ramadan.

The Kuwait Red Crescent Society donated a fully equipped ambulance equipped with sterilizers and preventive and precautionary materials for the benefit of the Palestine Red Crescent Society, to support Palestinian brothers in Al-Quds Al-Sharif within the framework of the association and all efforts aimed at alleviating their suffering.

The Open-Heart Project for Syrian and Lebanese youngsters at Rachaya Governmental Hospital in Lebanon is supported by the Kuwaiti Red Crescent. 14 open-heart procedures were financed by the Kuwaiti Red Crescent for Lebanese and Syrian refugee children in Lebanon.

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.



Figure 10: The Kuwaiti Red Crescent sponsored 14 open-heart surgeries for Lebanese and Syrian refugee children in Lebanon. ***Credit: KRCS***

The Kuwait Red Crescent Society also provided the Ministry of Health with a mobile medical clinic equipped with all necessary medical equipment and devices, intending to bolster healthcare services in the country.

On 23 May, the Kuwaiti Red Crescent Society announced that the first relief plane had taken off from the Abdullah Al-Mubarak airbase, carrying medicines and medical supplies to Cairo Airport, where they would be delivered to the Palestinians in Gaza, who are facing a difficult life as a result of the attack.

Priority 2: Livelihoods, cash support, and food aid

During the Holy month of Ramadan, in various Lebanese regions, the Kuwait Red Crescent Society distributed food baskets to 75,000 Lebanese, Syrian and Palestinian refugees.

The Kuwaiti Red Crescent donated half a million dollars to the Lebanese people, as well as Syrian and Palestinian refugees in Lebanon, to offer vaccines to combat the COVID-19 virus.

The Kuwaiti Crescent assisted in the preparation of quarries for injured people. 156 apartments in 23 residential buildings were outfitted with all the necessities of life, meeting the needs of nursing staff in providing safe and acceptable housing for health care employees. During the air evacuation plan, the association participated through volunteers by transferring 70 swabs to Ministry of Health laboratories, demonstrating the health authorities' faith in the group's efforts and humanitarian activities.

The Kuwaiti Red Crescent delivered food to Qarqaf residents in the Lebanese governorate of Akkar, benefiting 200 Lebanese families. The association's "Warm Winter" project, which provides food aid to needy families in Lebanon, is still ongoing.

The Kuwaiti Red Crescent delivered an urgent humanitarian aid convoy containing incubators for premature babies, water filters and various crutches, handicapped wheelchairs, as well as dates and various clothing, to assist brothers in Yemen in alleviating their suffering in these difficult circumstances.

In five Yemeni governorates, the Kuwait Red Crescent Society distributed 1,287 integrated food baskets to displaced and affected families.

To ease their suffering considering the tough health and economic situations, the Kuwaiti Red Crescent Society provided 5,000 Ramadan food baskets to Palestinian refugees in Lebanon, benefiting 25,000 people.

The Kuwait Red Crescent Society is preparing some medical and relief shipments to be sent to Gaza in succession, each containing 40 tons of medical equipment, devices, and relief materials, as well as many volunteers. A donation campaign to aid the Palestinian people has also been launched.



Figure 11: The Kuwait Red Crescent Society distributed 200 tons of agricultural products to needy Lebanese families and Syrian refugees in Lebanon. ***Credit: KRCS***

The consequences of COVID-19 seriously affected expatriate workers, and during the closure measures imposed at the GCC tens of thousands of them lost their jobs due to the pandemic.

Lebanese Red Cross

Since the detection of COVID-19 in Lebanon in February 2020, the Lebanese Government has mandated the Lebanese Red Cross (LRC) to be the sole actor in transferring suspected or confirmed patients throughout the country, although the National Society was prepared to respond to the Ebola pandemic in 2014. The response covered all LRC operational sectors, and LRC stepped up its intervention to take the lead in moving PCR tests from one hospital/laboratory to another. As the number of cases rose in the fourth quarter of 2020, LRC began implementing plans at the beginning of 2021 to provide home oxygen machines to COVID-19 patients who have respiratory problems but cannot be admitted to a hospital, transport people who require ambulance assistance to vaccination centres, and conduct medical visits to COVID-19 patients at their homes.

Parallel to the COVID-19 situation, Lebanon has been dealing with a socio-economic crisis since the end of 2019, which has had a significant impact on the procurement of PPEs, ambulance equipment, and drugs due to currency depreciation and bank restrictions. LRC was able to obtain in-kind PPE donations based on its standards or pay suppliers fresh money to obtain the requisite equipment, thanks to the support of IFRC and all its partners.

Due to the deteriorating situation in the country, LRC launched an extended plan of 6 objectives with a budget of 27 million USD covering the entire period of 2020, after establishing a 3-month COVID-19 action plan with four strategic objectives and receiving support from the Movement Partners (RCRC)

and the public. Following the Beirut port explosion on 9 August 2020, IFRC, LRC's main partner, launched and adopted a one-year emergency appeal for CHF 20 million to help LRC's response to the COVID-19 pandemic, protests, and the Beirut blast.

The LRC launched its "COVID-19 Oxygen Machine Assistance" project in January 2021, with over 2,000 machines donated to the NS by individuals, medical companies, and others. In addition, in February 2021, LRC's EMS sector expanded its service coverage to transport people who require ambulance assistance to vaccination centres. By the end of March 2021, the "HomeCare" project was launched in collaboration with the Syndicate of Doctors and Syndicate of Nurses; medical teams consisting of a doctor and two nurses are distributed across 13 LRC centres to provide medical assistance to COVID-19 patients at home. **790 home visits** were made as of the end of May 2021.

Risk Management:

Risk	Mitigation Measures
Economic crisis affecting the procurement due to the lack of availability of materials in the market	• Requesting support from PNSs and quotations from different suppliers • Paying suppliers fresh money
Frontliners' contamination with the COVID-19 virus	• Creating a committee that follows up on all protocols in all LRC centers and branches • Taking all precautions through the service delivery
Contamination of the virus at the field level	• Suspension of the activities and replacing them with online and door-to-door service to avoid the spread of the virus and protect the staff, volunteers, and beneficiaries

RCRC Movement: The LRC has received financial support from the RCRC Movement and has been informing its partners about the situation through daily bulletin reports, Movement meetings, bilateral meetings, quarterly reports, monthly in-kind and financial mobilization tables, and other means.
The 3Ws tool is well coordinated at the 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 National Society in the country mandated for Emergency Medical Services (EMS), Blood Transfusion Services (BTS), and others.

External Coordination: The LRC cooperated with governorates and local municipalities to conduct trainings and awareness workshops, coordinated with the Lebanese Armed Forces (LAF) to assist families during lockdown periods, and collaborated with numerous ministries to help lessen COVID-19's national impact. The National Society also worked with other actors to implement the "HomeCare" project, including the Ministry of Public Health (MoPH), Ministry of Interior and Municipalities (MoIM), the American University of Beirut, and the Order of Nurses. The DRR team at the LRC assumed the lead in community engagement, owing to a well-established solid basis with local authorities and a UNDP agreement to equip isolation centers.

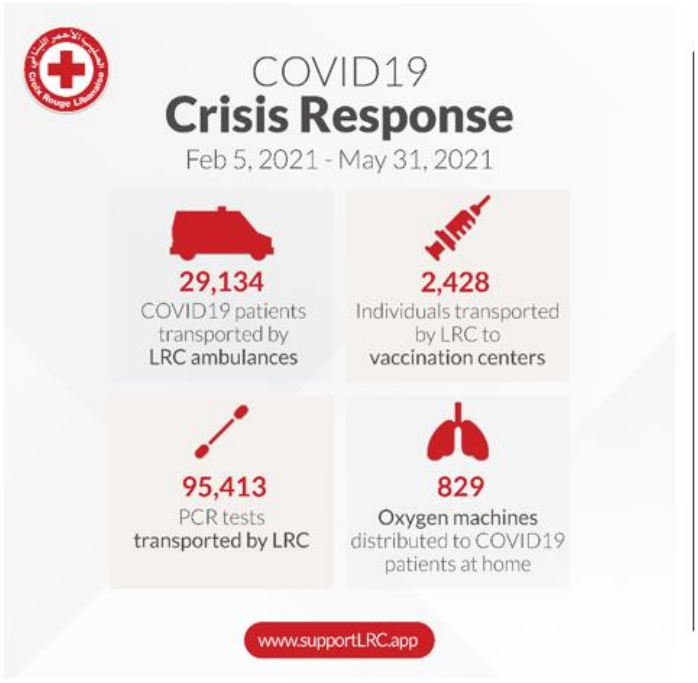
Priority 1: Sustaining Health and WASH
During the reporting period, the LRC transported **29,134** suspected/confirmed COVID-19 patients and **2,428** individuals to vaccination centres, in addition to **95,413** PCR tests from one health facility to another. Also, LRC reached out almost equally to males and females through its services, whereby a total of **403,958** beneficiaries (**239,257 F**; **164,701 M**) received health services and **161,107 (85,127 F; 75,980 M)** received WASH services such as SOFT, HARD, and NFI services. LRC volunteers and staff received trainings during this period to conduct and deliver high-quality services, disseminate awareness sessions, and conduct vaccination campaigns. **429** beneficiaries **(249 F; 180 M)** attended awareness sessions that were conducted in schools and municipalities in Baalbek, Zahle, Jezzine, Saida,

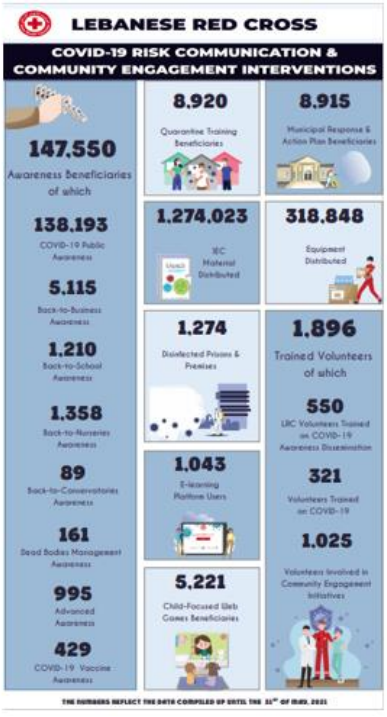
and Tripoli. The National Society has vaccinated over **5,000** volunteers and staff members and has prepared during the past couple of months to take part in the vaccination campaigns that will be taking place in the country.



Figure 12: LRC Volunteers conducting medical home visits to COVID-19 patients. ***Credit: LRC***

The graphs below show the total number of people reached by LRC.





Priority 2: Livelihoods, cash support, and food aid

During the past 16 months, LRC reached out to **71,982** beneficiaries **(37,028 F; 34,954 M)** with food aid and **24,951** beneficiaries **(12,566 F; 12,385 M)** with cash assistance.
After Beirut Blast, **50** affected SMEs (Small Enterprises) received livelihood assistance as cash support to cover physical damage, equipment and inventory replacement, salaries as well as technical assistance based on the beneficiaries' needs that were identified after assessments and according to set eligibility criteria.

Priority 3: National Society Strengthening
The LRC trained its staff and volunteers on COVID-19 policies and procedures, 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. In addition, LRC, through its Learning and Development unit conducted Advance Training Course (ATC) and General Training Course (GTC) training to upscale and build the capacity of its staff.

The economic crisis that has drastically deteriorated the situation over the past months and increased prices of the supplies, in addition to the bank restrictions, shaped a challenge on the procurement of medications, medical and ambulance equipment as well as PPEs with the optimal required quality. However, LRC received support from the RCRC Movement, IFRC, and all its partners; PPEs and medications were made available.

Even though the number of COVID-19 cases decreased dramatically between April and May 2021, the LRC will continue to perform COVID-19-related awareness programs, transport people to vaccination locations, and provide oxygen equipment and medical visits to those in need. The National Society has vaccinated its staff and volunteers as a proactive step forward, and it is willing to target all its human resources, as well as spearhead vaccination programs across the country. Moreover, LRC will be organizing one of the largest vaccination centres in the MENA region.

Libyan Red Crescent Society

The Libyan Red Crescent Society's (LRCS) approach to combatting COVID-19 changed in 2021 following signatures of agreements with the Ministry of Health (MoH) and the National Centre for Disease Control (NCDC). The role of LRCS is clearly defined in the NCDC agreement - and with support from IFRC - priority is given to Organisation and first aid training for volunteers for vaccination sites. Other important activities are Mobile clinics to the South for vulnerable communities and migrants; Community Based Health and First Aid standard training; Procurement of Food and non-Food items; personal protective equipment (PPE) distributions; Psychological Support (PSS) and Training; Establishment of Humanitarian Service Points (HSP) for migrants including Developing Standard Operational Procedures (SOP) for such Points; Protection activities and training focusing on Gender-Based approaches and Inclusion and finally Child Protection.

Important changes since the reunification of the country have opened for LRCS staff and volunteers to spend more time in the field and it also provided for IFRC-LRCS to finalize a very difficult procurement process and now ensure humanitarian support for the vaccination phase. This was reflected in March in an adaptation of budgets and programme components focusing on more field activities. The decision by the Libyan Government of National Unity to stop using detention centres for migrants will also change focus to humanitarian route-based support to migrants.

LRCS is continuously working in a risky environment trying to reduce the personal risk for volunteers and staff as much as possible, while IFRC has accepted the risk of providing support, where the only remote control is possible relying on trustworthy staff and volunteers where documentation is difficultly obtained in the field.

RCRC Movement: Close collaboration with the British and Swedish Red Cross-funded protection programme is an asset to coordinate response and achieve common goals such as the emergency needs assessment in Al Kufra, the assistance to migrants as well as protection training needs.

Coordination with the Italian Red Cross and Danish Red Cross took place in the migration portfolio in relation to the finalization of the migration strategy and Standard Procedures for Humanitarian Service Points.

External Coordination: IFRC is part of the coordination body on migration, health, and protection in Libya lead by UN organizations. LRCS is constantly in direct communication with municipalities, community leaders at the local level, and is engaged with the central government at the national level as a member of the strategic committee for the migration portfolio with the Ministry of Migration.

Priority 1: Sustaining Health and WASH

Support was provided to LRCS in continuing community-based health and first aid (CBHFA) pieces of training that will include a vaccination and immunization module in support of the National Centre for Disease Control (NCDC) vaccination campaign and assist volunteers in improving the awareness activities in the communities. So far, three CBHFA pieces of training took place in the west of Libya (Tripoli, Alzawiya, and Zuwara) from 2 to 15 February 2021. 56 LRCS volunteers from eight branches participated in the pieces of training that included an immunization module and a presentation of the COVID-19 program.



Figure 13: LRCS providing medical check-up to the migrants in the detention centre. ***Credit: LRCS***

In May 2021, an agreement was signed between the NCDC & LRCS. Under the agreement, the LRCS will

support the NCDC in awareness activities, provide first aid training for NCDC staff, and support the organization of the vaccination campaign. NCDC also approved of LRCS carrying out PCR and serological tests at its clinics.

First aid training already took place in the city of Soussa, where four LRCS trainers provided training to 19 volunteers from 4 branches in the East. Another training is currently ongoing in the city of Jalou.

In coordination with the migration department, a medical convoy was deployed to the city of Alkufra in the south for six days (8 to 15 April 2021) to provide medical services for the migrants in Alkufra migration centre and to the vulnerable people from the local communities. Overall, 958 beneficiaries were reached including 141 children and 235 migrants.

Achievements:
- Deployment of Medical convoy to Alkufra.
- Implementation of first aid and emergency training.
- Implementation of CBHFA training.
- Signature of agreements with NCDC and Ministry of Health (MoH) agreements.

Priority 2: Livelihoods, cash support, and food aid

Achievements:
- Procurement of food parcels: currently in Benghazi warehouse and are ready for distribution.
- Procurement of hygiene kits: local procurement caused the number to double. Delivery will take place end of June.

Target population: vulnerable families identified by the Ministry of Social Affairs and by LRCS's volunteers, who have contact with the families who are most touched by COVID-19, migrants in the communities, who have lost their jobs during the pandemic or suffer from other deficiencies is another special target group with a focus on women and children.

Priority 2: Livelihoods, cash support, and food aid	Actual reached
Expected number of Food parcels for vulnerable families and migrants in communities.	1,700
Expected number of Hygiene kits for families and migrants in the vulnerable communities.	2,120
Number of Men migrants to receive hygiene kits.	2,365
Number of women migrants to receive hygiene kits.	1,190
Number of children migrants to receive hygiene kits.	550

Priority 3: National Society Strengthening
As a pilot project, the Humanitarian Service Points (HSP) are implemented in Libya in support of migrants' communities. HSPs training has been delivered to volunteers in the branches of Al Jedabia, Al Kufrah, Zwara, Sebrata, Zawia, and Tripoli reaching a total of 25 volunteers (8 females and 17 males). The training was based on the HSP toolkit of IFRC including the delivery modalities of services, identification of vulnerable cases, and data management.

Based on information on the detention of minors in Al Kufrah detention Center, an emergency needs assessment mission was conducted to evaluate the situation. During the scoping mission, rapid assistance was delivered to 255 migrants: 17 adult females, 60 adult males, 173 males under 18 years old, and five children under five years old. The services provided included Psycho-Social Support, and Hygiene, and Food assistance. The number of minors turned out to be less than initially reported (400)

due to the high turnover rate in detention centres for specific nationalities. LRCS and IFRC are currently planning gender-specific assistance notably Ob-Gyn medical assistance especially for pregnant women and individual age- & gender-specific hygiene kits.

Under the protection programme, gender-based violence (GBV) core concept training was delivered to staff and volunteers in El Jdabia, Zwara, and Ubari. A training on Protection, Gender Inclusion, and GBV mainstreaming is being elaborated under the COVID-19 response.

Achievements:
- Humanitarian Service Point training delivered to Al Kufra, Al Jedabia, and Misrata and follow-up meetings to develop Standard Operational Procedures for HSP support.
- Emergency needs assessment mission to Al Kufrah detention migration centre upon children detention.
- Delivery of Humanitarian Service Points in Al Kufra.
- Gender-specific assistance to migrants in Al Kufra detention centre.
- GBV core concept training to branches.

Challenges were noted in the LRCS' financial reporting level. Pieces of training were conducted by the IFRC country delegation & regional office to the LRCS employees in charge of finance to focus on improving the report quality and to facilitate its documentation process and validation.

Next steps and moving forward: An ambitious plan is being elaborated by the LRCS Health department for the next six upcoming months support to the vaccination scheme including medical convoys implementation in different areas. An elaborate plan for the distribution of Food and Non-Food is underway and so is a plan for PSS and Protection activities for the remaining period of the project including the development of Standard Operational Procedures (SOPs) for Humanitarian Service Points.

Moroccan Red Crescent

Morocco is seeing a steady increase in new COVID-19 cases and daily reported deaths. However, because the government relaxed restrictive measures during Ramadan and Eid-El-Fitr, the number of daily new cases increased slightly.

Morocco had 523,620 confirmed cases of COVID-19 and 9,207 deaths as of 14 June[2].
The vaccine roll-out campaign, on the other hand, began on January 28, 2021. As of 22 May 2021, over seven million doses had been administered, and nearly five million people had been fully vaccinated. As a result, Morocco is the most vaccinated country on the African continent.

Because the Moroccan Red Crescent (MRC) is mandated as an auxiliary to the public authorities, the Ministry of Health required its support during the COVID-19 outbreak and, more importantly, during the national vaccine roll-out campaign.

As a result, the MRC is stepping up its public awareness campaigns about COVID-19 prevention and health protocols, emphasizing the importance of vaccination, and combating rumours and misinformation. Indeed, the MRC is relying on **4,000 volunteers** spread across 40 branches to provide the government with the best possible support during the national vaccine campaign.

The Moroccan Red Crescent mobilized more volunteer workers with the launch of the National Vaccine Campaign to support local authorities and launch intensives awareness campaigns aimed at combating

[2] WHO figures

public misinformation and rumours.
There's a chance that local governments will reimpose limitations like lockdown and travel restrictions between regions, slowing down the program's execution.

RCRC Movement: As part of its COVID-19 response plan, MRC is collaborating with the German Red Cross under the USAID-funded National Society Development program in terms of volunteer capacity building in community health and RCCE, as well as procurement of the necessary equipment to carry out the response plan. In addition, the ICRC is assisting the MRC in establishing a robust communication infrastructure for 50 branches across the country.

External Coordination: The Moroccan Red Crescent will benefit from the COVID-19 Solidarity Response Fund, which was established at the request of the WHO by the United Nations Foundation in collaboration with the Swiss Philanthropy Foundation, as part of a joint proposal by the WHO, UNICEF, and the International Federation of Red Cross and Red Crescent Societies.

These additional funds will enable to mobilize the community and increase the uptake of the COVID-19 vaccine. It will also boost MRC's support for the government's vaccination distribution program.

At the start of the COVID-19 outbreak, the Moroccan Red Crescent distributed **masks to 110,000 families** in remote areas and provided **psychosocial support to another 80,300 people** across the country. Meanwhile, the National Society is working with branch heads to strengthen the data gathering and monitoring process so that the number of persons reached by RCCE programs can be accurately counted.

Priority 1: Sustaining Health and WASH
The major goal of this priority is to modify people's habits and get them to make the proper gestures to protect themselves from the pandemic and slow the spread of the virus.
With the commencement of the national immunization campaign, the MRC is combating disinformation and rumours and encouraging individuals, particularly those with chronic conditions and the elderly, to get the vaccine. The MRC will benefit from the Solidarity Fund, which will boost this component of the response plan.



Figure 14: MRC performing awareness activities. ***Credit: MRC***

In coordination with the Regional Emergency and First Aid Coordinators, MRC is conducting public

awareness campaigns on COVID-19 prevention measures (in public places and means of transport) as part of its RCCE activities.
MRC is conducting school safety trainer training for the Ministry of Education. This collaboration has so far identified 600 primary schools that will benefit from it.

Priority 2: Livelihoods, cash support, and food aid
The fundamental goal of this priority is to enhance the community's resilience in the face of the coronavirus pandemic while maintaining the dignity of those who are most impacted, particularly those who live in rural areas. MRC provided **food supplies to 300,000 vulnerable families** during the lockdown period.

Priority 3: National Society Strengthening
The Moroccan Red Crescent is working to increase the capacity of its volunteers in RCCE and community health. 700 volunteers have been trained so far, and the process is still ongoing. Indeed, the MRC is training more volunteers on the COVID-19 vaccine to raise awareness and combat misinformation and rumours.

MRC is collaborating with GRC under the USAID project to procure the following items to strengthen the National Society's preparedness and improve program implementation:
• 50 infrared thermometers.
• 60 VHF radios (with the support of the ICRC).
• 6 utility vehicles.

MRC provides full support to its volunteers in terms of protective equipment, even while procurement processes are still ongoing. This allows them to offer the greatest response possible.

Some MRC personnel at the headquarters and branches were positive to COVID-19, which impeded the response plan's implementation and hampered the monitoring and reporting process. Furthermore, delays in fund transfers hampered the progress of some plan elements.
Through its MENA-wide PMER network, the IFRC is assisting the National Society in addressing these difficulties and contributing to capacity building in terms of progress monitoring.

Next steps and moving forward: The Moroccan Red Crescent will strengthen its COVID-19 response plan, expanding it to community mobilization within the framework of the vaccine's rollout national campaign, and will continue to support the government.
To that end, MRC will increase volunteer mobilization and readiness to provide high-quality services to the community.

Palestine Red Crescent Society

PRCS began actions in February 2020 in anticipation of a COVID-19 epidemic and then responded to the outbreak in Palestine. Staff and volunteer training, public health message dissemination, and distribution of personal protective equipment (PPE) to its medical staff were among the activities (EMS, hospitals, and clinics). The PRCS Response Plan to COVID-19 was launched in April 2020 by PRCS. After that, in October 2020, the plan was updated**.** The PRCS response has addressed the below 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 15,000 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 someone living with disabilities. 5. Provision of PSS to families and awareness of violence prevention. 6. Provision of non-communicable diseases (NCD) medicines for vulnerable chronic patients, unable to move because of the lockdown/curfew.

The cessation of coordination between Palestine and Israel as a result of the threat of annexation in the West Bank resulted in Palestinian Customs refusing to process shipment authorizations, delays in issuing tax exemptions, and the denial of goods being shipped between Israel and Palestine, as well as

PPEs arriving from Amman, Jordan. As a result, all border crossings, including humanitarian aid, have been disrupted, affecting all humanitarian actors. The IFRC and PRCS supply chain management systems were reviewed and amended as a key recommendation to allow for the rapid procurement of relief products during emergencies.

in May 2021, Israeli airstrikes severely damaged Gaza's health infrastructure, hindered humanitarian access, destroyed the Gaza Strip's only COVID-19 testing facility, and aggravated the pre-existing humanitarian crisis. Shelter demolition displaced an estimated 72,000 civilians, forcing them to seek refuge in UN schools and host communities, avoiding social isolation.

The facilitation of procurement during the response period was addressed as one of the major risks, initial 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.

COVID-19 Activity/ Service	Number of people reached
Support for quarantine and isolation of COVID-19 cases	545,383
Risk Communication, community engagement, and health and hygiene promotion	235,415
Mental Health and psychosocial support services (MHPSS)	36,104
Ambulance Services for COVID-19 cases	15,701
Maintain Access to essential Health Services- community health	102,362
Livelihoods and household economic security. (food and other in-kind assistance)	299,237
Social care, cohesion, and support to vulnerable groups-programmes addressing exclusion	42,150

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. This coordination among the Movement aims to ensure an 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 **15,701 COVID-19 cases**. The EMS service also provides advice through its 101 Information Hotline. The MDRTs provided 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 **42,154 home visits** during the reporting period. PRCS is also part of the RCCE Taskforce in coordination with WHO/UNICEF/MOH.

Priority 2: Livelihoods, cash support, and food aid

As part of its COVID-19 response, PRCS provided over **53,505 food parcels, milk formula cans, and hygiene kits** to those vulnerable community members affected by COVID-19, 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.



Figure 15: PRCS youth volunteer assigned to monitor the safety and precaution measures to be fulfilled by Al-Tawjehe (final school year) students in an exam hall in Jerusalem. ***Credit: PRCS***

Priority 3: National Society Strengthening

The PRCS quickly transitioned from their ongoing humanitarian operations such as Emergency Medical Services, and Disaster Response to respond to the pandemic. This was facilitated by the training of staff and volunteers on COVID-19 and the provision of PPEs. PRCS actively engaged through various regional networks, such as Health to ensure they access the most recent information on the pandemic to guide their operations accordingly.

Procurement was the biggest sticking point in the response's implementation. This is due in part to movement limitations imposed by the occupation, as well as the Palestinian Authority's lockdown/curfew (PA). As part of their COVID-19 control procedures, suppliers faced the same issues, and while some purchase was able to be facilitated, others were delayed. The procurement process is expected to be delayed while each importation is negotiated on a case-by-case basis, with the remainder of the project operations focused mainly on procurement through local Palestinian companies that are dependent on importation via Israeli authorities.

The PRCS continued to respond to the humanitarian imperative because of the pandemic. The PRCS launched its 2021 operational plan, including support for its operations of COVID-19. In conjunction with the MOH, in relation to the COVAX vaccination programme, PRCS will support the mobilization and dissemination of the COVID-19 vaccination plan of the MOH.

Palestine Red Crescent Society – Lebanon Branch	The Palestine Red Crescent Society - Lebanon Branch (PRCS-L) provides secondary healthcare in Lebanon to Palestinian refugees (PRL and PRS), Syrian refugees, and other vulnerable communities. It is the only Palestinian organization that operates hospitals throughout Lebanon's areas with a high concentration of Palestinian refugees. It also uses its community-based health and first aid (CBHFA) program to spread health-awareness messages to communities.

The plan's goal (based on our mandate and strategy) was to address the following identified risks:

- PRCS-L staff and volunteers are at risk of contracting COVID-19.
- Patients who do not have COVID-19 are at risk.
- Hospitals and health care facilities are at risk of COVID-19 infection.
- Palestinian communities must remain vigilant.

PRCS-L intervention and response to COVID-19 are two-layered:

- Hospitals and health centres.
- Community Activities (increasing awareness among communities).

In comparison to the initial plan, no changes have been made to the program (neither in the implementation plan, activities, measures, nor outcomes). Some challenges were connected to currency exchange rate fluctuations and price adjustments in the Lebanese market.

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.

RCRC Movement: Since the beginning of this COVID-19 pandemic, PRCS-L has invited RCRC Movement partners to discuss how to effectively manage this crisis and how to leverage efforts and support to meet the crisis's anticipated impacts and burdens. It has been extremely beneficial in meeting the needs of PRCS-L operations in this regard. Aligned with that, it has been registered for PRCS-L that it was the first organization in the Palestinian community to sound the alarm for all NGOs working in the community and invited UNRWA, along with all other NGOs working in Palestinian camps, to discuss the danger that is coming due to the pandemic and is still in coordination with them.

External coordination: Coordination with UNRWA: It is critical for PRCS-L to closely coordinate and communicate with UNRWA, as UNRWA is the first mandated and responsible for the healthcare of Palestinian refugees in Lebanon, and PRCS-L serves as an auxiliary body. At the start of the COVID-19 crisis, PRCS-L called a meeting of UNRWA and all other stakeholders in the field of health and formed what is known as the COVID-19 Team (Cell), and PRCS-L handed over the leadership of this cell to UNRWA.

Coordination with the Palestine Embassy, the Palestine Liberation Organization (PLO), and popular committees: As the legitimate representatives of Palestinian refugees.

Coordination with other NGOs working in the Palestinian community in Lebanon: Networking with all UN Agencies and NGOs working in the Palestinian community in Lebanon (camps and gatherings) to create synergies and avoid duplication as much as possible, as well as to unite efforts and make better use of available resources, resulting in a reduction in costs.

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.

Priority 1: Sustaining Health and WASH
Even though some activities were delayed due to the lockdown and the fund's duration, activities such as COVID-19 testing whether campaigns in the camps and in the hospital’s laboratory, were carried out as planned, and people were also reached through Risk Communication and Community Engagement

for health and hygiene promotion activities carried out by our community first responders and CBHFA volunteers.

PPEs, supplies, and equipment were purchased and distributed to hospitals and community centres. In the beginning, there was concern that there would be a shortage of supplies, including PPEs, putting our secondary health services delivery at risk by supporting them in the community with safety precautions. Some activities, such as COVID-19 testing and treatment, were requested by the community as a necessity, and our society began to support them.

Various sources of indicator measurement were used without difficulty as planned earlier in the log frame. Volunteers who provide disease awareness have been educated and trained on the diseases.

Awareness efforts were conducted through small-group sessions, which were supported by the distribution of leaflets that contained information on the condition and the best strategies to avoid it. Following that, gatherings were avoided, and other customized activities, such as street and sector awareness, checkpoints in the camp to examine body temperature and raise awareness about COVID, door-to-door awareness communication, distribution of brochures, WhatsApp messages, and spreading awareness on social media (informative videos, flashes, posters), and hygiene kits, were planned and implemented. With the help of the IFRC, 3,955 kits were provided.

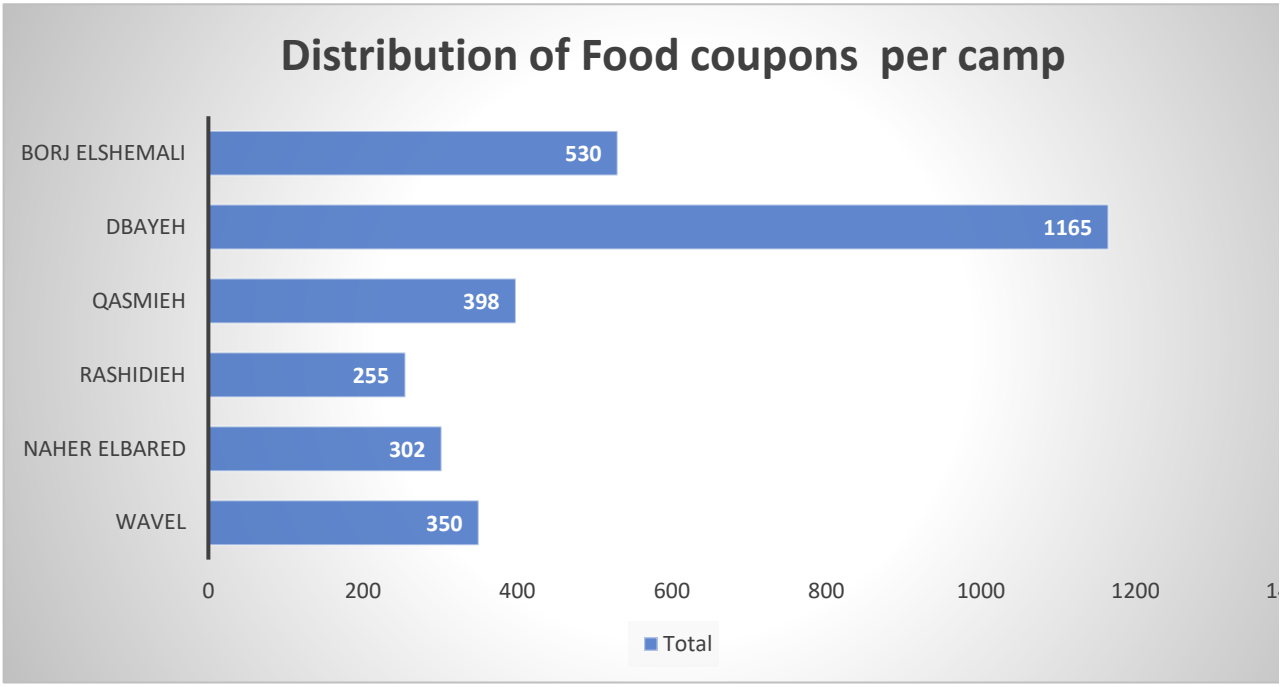


Figure 16: PRCS-L Staff and Volunteers visiting COVID-19 Patients in Dbayeh Camp. ***Credit: PRCS-L***

Priority 2: Livelihoods, cash support, and food aid

In the camps, a precise criterion for distributing food coupons was established. Because the economy is already terrible and has worsened because of the COVID-19 pandemic, PRCS-L performed the distribution. PRCS-L social workers compiled the first list of vulnerable families with the help of popular committees in the camps. This initiative was supported by the IFRC-Government of Japan (GoJ). There were some challenges in implementing this program because some camps were not covered, which could cause some community issues. This support arrived just in time to help families affected by the COVID-19 lockdown and the economic downturn, but it was limited because it didn't cover everyone who needed it. When it came to activity implementation, templates and tools were employed correctly as a way of verification. The fund extension allowed this activity to be extended until April.

Food coupons are distributed in the camps to help 3,000 families affected by the COVID-19 lockdown and the country's economic situation. Coupons were distributed in Tyr area camps and gatherings (South Lebanon), Beqaa (East Lebanon), Tripoli (North Lebanon), and Beirut camps.



Priority 3: National Society Strengthening

The initial plan for PRCS-L was for three months, but it was later extended for a year after the situation was monitored. PRCS-L staff had participated in several trainings on infection control and how to use PPEs, with the assistance of some other partners, including non-Movement. Based on the current situation, procedures in hospitals and centres are being updated regularly with strict enforcement to try to reduce the risk of contamination as much as possible. Proper information dissemination and regulation were used to ensure the safety of staff and volunteers while performing inside facility services and participating in outdoor activities with the assistance of PPEs. These accomplishments have resulted in a reduction in the transmission of COVID-19 from patients to medical personnel. Proper information dissemination and regulation were used to ensure the safety of staff and volunteers while performing inside facility services and participating in outdoor activities with the assistance of PPEs. These accomplishments have resulted in a reduction in the transmission of COVID-19 from patients to medical personnel.

Challenges: Although the COVID-19 awareness activities PRCS-L is conducting in the communities in all possible ways (checkpoints, open campaigns, videos and brochures on social media, small group awareness on personal hygiene, and the importance of using disinfectants, sanitizers, and sterilizers, etc.) are having a positive impact on the communities in terms of being more aware of the nature of the disease and the importance of using disinfectants, sanitizers, and sterilizers.

On the other hand, later challenges were related to the rapid escalation of Lebanon's socio-economic deterioration and the severe depreciation of the Lebanese currency against US Dollars and foreign currencies, which resulted in a high percentage of inflation in the country, leading most of the population in Lebanon to disregard the knowledge they had gained about COVID-19. This highlights the need for community awareness to improve community safety and resilience.

- Due to overcrowding and poor camp infrastructure, there has been widespread community transmission of COVID-19 in the camps.

- One of the most significant challenges is the disparity in the exchange rate between the US dollar and the Lebanese pound. This is resulting in PRCS-L deficiency.
- One of the most significant challenges is the daily fluctuation in costs (particularly for medical goods) as well as the market lack of materials due to excessive demand. In addition, most vendors want payment in cash, which is against PRCS-L policy. As a result, PRCS-L had to limit our offer to only a few companies that accept bank checks or account payments.
- COVID-19 has infected several workers in various departments, posing a threat to the delivery of PRCS-L health services. As a result, PRCS-L continues to take tight measures in the hospitals.
- Despite all the precautions and public awareness campaigns, people continue to disregard safety regulations and precautions.
- On the other hand, despite the circumstances, PRCS-L was able to respond to the Beirut Blast that occurred in Beirut port from the start by coordinating with the Lebanese Red Cross.

Next steps and way forward: Activities will continue to take place at the hospital and community levels (but the level may be affected by the availability of funds and support, but sure it will not stop and will be continued from PRCS-L own resources). Treatment for COVID-19 patients will be provided at Hamshary Hospital in Saida and Safad Hospital in the north. It is planned to have a second PCR testing machine for Safad Hospital in Tripoli soon to be able to cover Palestinians and anyone else in need of that service in the north. In addition, another PCR testing machine was purchased for Haifa Hospital in Beirut.

Qatar Red Crescent Society

From 3 January 2020 to 21 February 2021, there were 219,887 confirmed cases of COVID-19 in Qatar, with 579 deaths. A total of 2,795,091 vaccine doses had been administered as of June 13, 2021.

More than half of Qatar's population aged 16 and up has been completely immunized against COVID-19. Approximately 50.4 percent of the eligible population received two doses, while 67.1 percent received one dose. Qatar has focused on developing infrastructure that will allow people to work and/or study remotely more effectively. They are also concentrating on developing infrastructure to limit the spread of the coronavirus and are prepared to house at least 18,000 people in a quarantine compound if necessary.

According to a study performed by the research firm IPSOS, the Qatar Red Crescent was among the top ten names most helpful to the Qatari community during the COVID-19 situation. As part of assisting the state's efforts to battle the spread of the Coronavirus, the Qatari Scientific Club presented the second batch of medical face shields to the Qatar Red Crescent. These will be used by Red Crescent workers working in the field of combating the risk of the virus spreading.

The Qatar Red Crescent Society (QRCS) assisted vulnerable families affected by the pandemic in 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.

RCRC Movement: In collaboration with the Qatar Red Crescent, the Jordan Red Crescent carried out a maintenance and restoration project for 125 homes. The project targeted the most vulnerable families to provide them with a decent living. After being closed for nearly two years, the Al-Siddiq Mosque was completely restored and reopened.

With a total budget of QR 2,236,827, the QRC supported 22 partner National Societies in 22 countries across six continents until the end of December 2020, intending to safeguard 320,000 people from the virus. In response to the Coronavirus outbreak in Panama in December 2020, QRC assisted 916,650 people.

External Coordination: In collaboration with Al-Ahli Arab Hospital, the Qatar Red Crescent implemented a project to support specialized surgeries in the Gaza Strip, in which 60 male and female doctors participated at a total cost of $60,000 to improve their skills in laparoscopic surgery.

Within the objective of strengthening community partnerships with humanitarian work institutions, the Qatar Red Crescent concluded a cooperation agreement with the Ministry of Awqaf and Islamic Affairs to collaborate in coordinating fundraising and philanthropic work both inside and outside the nation.

The Qatar Red Crescent has launched an international fundraising effort to raise $100 million to help provide COVID-19 vaccines to 3,650,000 refugees, internally displaced people, and migrants in 20 countries around the world.

In collaboration with the Education Above All Foundation, Hamad Medical Corporation, and Sidra Medicine, the Qatar Red Crescent provided a shipment of medical aid totalling 37 tons to Hamad Bin Khalifa Hospital in Mauritania on 31 May.

Priority 1: Sustaining Health and WASH

In response to recent events in Palestine and to meet the most basic needs at this time, the QRC announced the allocation of one million US dollars for the provision of medicines and ambulances, hospital medical equipment, materials to prevent the spread of the Coronavirus (COVID-19), food and non-food items, and partially repairing damaged homes.

Volunteers from the Qatar Red Crescent made significant contributions on numerous levels, providing support to all medical and volunteer cadres. The volunteers also ran consumer complex awareness campaigns for the public. 26 medical convoys in ten nations in need were praised. As part of an assistance initiative for 22 other National Societies, the Qatar Red Crescent helped poor Peruvian families cope with the Coronavirus. 70,000 masks, face shields, medical gloves, and sterilization tools were sent to help Lebanese Red Cross ambulances.

The Qatar Red Crescent handed over 30 water testing devices with their accessories to the Ministry of Health and the Sudanese Red Crescent in Sennar State, to be distributed to the state's localities to conduct water testing tests and verify their safety for use.

The Qatar Red Crescent announced that it has provided dialysis machines to Ministry of Health hospitals in the Gaza Strip to improve the quality of health services for patients suffering from kidney failure

Priority 2: Livelihoods, cash support, and food aid

A fundraising initiative was launched by the Qatar Red Crescent Society by generating new resources to expand access to COVID-19 vaccines.

The “Warm Winter” project was implemented by the Qatar Red Crescent in Kosovo, and 684 winter apparel kits were handed to 684 individuals in 12 towns. The “Your Generosity Preserves Their Dignity” project seeks to provide winter and food relief to 45,270 families in 15 nations, benefiting over 272,880 people.

As part of the "Warm Winter" project, the Qatar Red Crescent distributed 18,000 winter bags to poor and displaced families in five Yemeni governorates.

The Qatar Red Crescent provided ambulances and kidney disease treatment equipment to the Sudanese Red Crescent and more than 62 tons of relief items were sent to the Republic of Sudan.

The Qatar Red Crescent handed delivered 30 water testing devices with their accessories to the Ministry of Health and the Sudanese Red Crescent in Sennar State, to be distributed across the state's localities for water testing and verification.



Figure 17: The Qatar Red Crescent shipped medical aid consisting of 37 tons of medical aid to Hamad Bin Khalifa Hospital in Mauritania. ***Credit: QRCS***

Saudi Red Crescent Authority

There were 466,906 confirmed cases of COVID-19 in Saudi Arabia from 3 January 2020 to 15 June 2021, with 7,590 deaths. A total of 15,400,250 vaccination doses had been given out as of 9 June 2021.

By the end of 2020, the Saudi Red Crescent had 9,218 volunteers participating in all national and global events, including community awareness events. A total of 3,837 female volunteers and 5,381 male volunteers contributed more than 77,244 volunteer hours.

The Red Crescent volunteer team set up visual screening locations and helped with preventative measures. The Saudi Red Crescent conducted a mock fire virtual training, receiving around 66,000 calls each week and transmitting 6,761 accidental emergency instances, as well as hosting 75 awareness lectures with a total of 1295 trainees.

The Saudi Red Crescent Authority's volunteer teams have continued their community participation by securing sorting points in 45 mosques through their tireless efforts.

During February 2021, the Saudi Red Crescent Authority branch's operations room received 6,477 emergency reports, of which 3,131 received emergency medical service and were transported to hospitals, and 2,377 received on-site emergency medical service.

During the first quarter of the year, the Saudi Red Crescent Authority's operations room in Riyadh region received 231,994 calls, and the number of cases initiated reached 48,190, including 35,679 sick cases and 12,556 accidents.

The SRC announced the success of its Ramadan plan, which included its presence inside the Grand Mosque with emergency teams, the participation of 500 volunteers, and more than 49,000 volunteer hours, as well as centres inside Makkah and on the roads leading to it.



Figure 18: SRCS volunteers distributing more than 1,000 food baskets to needy families. ***Credit: SRCS***

Syrian Arab Red Crescent

Syria is entering its eleventh year of conflict, which has devastated the country and resulted in multiple displacements and economic hardship. The public health care system is still frail, with limited or moderate response capacity. The situation has been exacerbated by an unprecedented economic downturn caused by the many years of conflict and the financial crisis in neighbouring Lebanon, as well as the tightening of economic sanctions against Syria, which has reduced resources and support for humanitarian work. Against this backdrop, the COVID-19 pandemic is wreaking havoc on a population that already struggles to meet basic needs such as health care, shelter, food, and education. The outbreak of COVID-19 and the subsequent lockdowns have pushed millions of Syrians into a food crisis, with rising costs, job losses, and difficulty accessing basic services like shelter, education, and health care. Humanitarian aid efforts were hampered, though not completely halted, causing further hardship for those in need.

There are 63,123 laboratory-confirmed cases as of 17 May 2021, with 3,060 deaths, 43,195 recovered, and 16,868 active cases reported. The outbreak of the second wave of COVID-19 has resulted in an increase in the number of new cases with severe symptoms since late February 2021. As the outbreak spreads, the Prime Minister of the Syrian Arabic Republic has temporarily halted work and restricted the number of people working in various ministries and government organizations until 15 April 2021.

The government is continuing to implement a variety of preventive measures, including vaccination of frontline health workers, and is working to secure vaccines through the COVAX program and other sources. The Ministry of Health published guidelines on its official website for those who wish to receive the free vaccine. Priority is given to health workers and citizens over the age of 55.

Since the beginning of the COVID-19 outbreak in Syria, the Syrian Arab Red Crescent (SARC) has been implementing a variety of activities, including awareness messaging, hygiene promotion, distribution of PPE items, food parcels, nutrition, and awareness materials in collaboration with the Ministry of Health and the World Health Organization (WHO). The IFRC and in-country partner National Societies (PNS), as well as non-Movement partners such as UN agencies and INGOs, are supporting SARC's COVID-19 response plan, which complements government actions in the country.

The IFRC was quick to take several steps that enabled the Syrian Arab Red Crescent (SARC) to effectively respond to the emergency caused by the COVID-19 pandemic by adapting to the new threat, activating a business continuity plan, and catching up on some of the delays caused by inflationary pressures. Financial resources were successfully transferred into the country. Personal protective equipment (PPE) was procured locally, reducing international transportation delays. The provision of PPE kits ensured a safer environment for volunteers and affected communities, allowing the Red Cross Red Crescent Movement to continue its humanitarian services.
SARC's first responders were protected from COVID-19 by treating all ambulance emergency calls as potential COVID-19 hazards. Between late March 2020 and May 2021, SARC supported 6,637,748 persons with COVID-19-related support through various awareness and response efforts. SARC's activities contribute to the IFRC's COVID-19 response, which focuses on the most vulnerable communities to stop the virus from spreading.

SARC continued to implement their comprehensive COVID-19 one response plan, which was supported by multilateral and bilateral funding mechanisms from the Red Cross Red Crescent Movement. The operating timeframe of the SARC COVID-19 response plan was until December 2020; however, due to the evolving situation of the pandemic and its long-term effects on vulnerable people, SARC has extended its COVID-19 response plan to 2021. This was done as a result of an internal review exercise among the SARC departments.

The program's goals, implementation, activities, and proposed outcomes remain unchanged. The IFRC is in the process of finalizing the COVID-19 project agreement with SARC for 2021.

Risk Management:

Operational risks identified	Mitigation
COVID-19 spreads across a very broad geographical area and transmitted rapidly to new communities	There was regular community engagement with communities through awareness-raising and risk communication activities throughout the reporting period.
Some of SARC staff or volunteers are infected with COVID-19	Necessary COVID-19 management pieces of training and individual risk awareness sessions were provided to the frontline staff and volunteers. All frontline staff and volunteers from across programmes were provided with PPE kits to ensure their safety while delivering COVID-19 and regular humanitarian works.
The economic sanctions, inflation as well as the ongoing crisis in Lebanon, continues to negatively impact financial transfers as well as triggering unpredictable pricing in local markets	Financial transfers closely coordinated through MENA regional delegation and local procurement of PPE kits and other COVID-19 related items considered. Thus, offsetting some of the challenges imposed by inflation and economic sanctions thereby limiting international transportation delays.
The ongoing conflict especially in the North West limits access of SARC's volunteers to implement activities in some areas to affected communities	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.
Lack of clarity from the MoH as to government preparedness and response plan leads to a greater reliance on SARC than is currently expected	SARC continued to advocate with UN partners and Movement partners to enhance coordination with and between government line ministries.
Heavy rains that result in floods	SARC and IFRC monitored weather forecasting. No severe floods during the reporting period. However, due to low precipitation, this year drought-like situation was reported in some governorates.
Increased focus on COVID-19 detracts and prevent ongoing work that communities rely upon from SARC in response to the conflict	SARC activated a business continuity plan and COVID-19 response activities have been part of the programmes implemented under the Syrian crisis emergency appeal especially under the health and WASH sector.

Coordination with RCRC Movement:
SARC developed one response plan with technical support from IFRC. Different coordination mechanisms have been established especially during the COVID-19 pandemic. Progress is closely monitored by all the partners and areas of improvement are shared. The IFRC is co-chairing the COVID-19 Movement Partners Meeting with SARC.

External Coordination: SARC continues to hold discussions with senior officials about the COVID-19 response, including the Ministries of Health (MoH) and Foreign Affairs (MoFA), as well as WHO and UNICEF, among others. SARC adheres to the Early Warning and Response (EWAR) protocols agreed upon by WHO and the Ministry of Health. SARC is also collaborating with the World Food Programme (WFP) on COVID-19 response modalities adaptation. SARC has also collaborated with International Medical Corps (IMC) to raise COVID-19 awareness through the distribution of IEC materials.

SARC deployed 8,305 staff and volunteers to the front lines, assisting local communities in raising awareness about COVID-19, delivering messages on preparedness, symptoms, referral services, and relief item distribution. The COVID-19 response activities reached a total of 6,637,748 people.

Priority 1: Sustaining Health and WASH
SARC conducted **684,612 awareness activities** and campaigns to promote COVID-19 awareness, as well as personal hygiene and protection. Most of these campaigns took place in the governorates of Homs and Aleppo. Awareness activities, campaigns, and posters reached a total of **4,468,618 people**. Furthermore, SARC created several news articles, videos, and infographics aimed at increasing COVID-19 awareness and prevention, which were shared with over **1,373,800 people via SARC's official social media pages**. During the reporting period, SARC's health program reached **1,725,687 people through awareness-raising activities**. Most of these community engagement and risk communication activities were carried out by the community outreach team of the community-based health and first aid (CBHFA).
SARC locally procured and distributed **693,448** different COVID-19 protective and screening items (**PPE kits**). These PPE items were delivered to the branches and been distributed to the volunteers and staff of the health facilities. SARC health programs transported 20,488 cases through its ambulance services from March 2020 to May 2021. A total of **727,796 hygiene kits were distributed to a total of 1,073,783 people,** including 560,783 children, 223,000 men, and 290,000 women.

To enhance infection control in affected communities, **220,481 sterilization activities** were carried out.

Priority 2: Livelihoods, cash support, and food aid

The Disaster Management Team has continued its work on the COVID-19 response. As food insecurity more people in Syria are than ever, SARC has continued to provide its usual service through food distribution to maintain food protection for vulnerable communities. COVID-19 prevention protocols and safety measures have been adopted by the SARC personnel and volunteers during the distribution process.

SARC distributed **108,782 food items to 789,365 individuals**, 236,810 of whom were children, 228,916 men, and 323,640 women during the reporting period, in addition to the emergency food parcels distribution.

Priority 3: National Society Strengthening

SARC has held **953 training sessions** on COVID-19 prevention, case detection, and personal protection, among other topics. Following the completion of the sessions, a total of **13,171 staff**, volunteers, health educators, and community representatives were trained. The gender distribution of the trained staff and volunteers was 7,639 women and 5,532 men.

Infection control and prevention (IPC) is critical to ensuring the safety of staff and volunteers, and SARC places a high priority on the safety of frontline staff and volunteers. As a result, support is provided to ensure that PPE is available for SARC operational staff and volunteers to carry out their humanitarian duties. SARC's various partners assisted in the distribution of PPE kits to first responders. A total of **693,448 COVID-19 PPE kits** were purchased locally, which included respiratory and surgical masks, single-use gowns, gloves, boots, protection glasses, fumigation devices, sanitizers, soaps, and other items.

SARC also insured its frontline staff and volunteers, and it used its "Memorial Fund Mechanism" to support volunteers affected by COVID-19.



Figure 19: SARC staff and volunteers demonstrating care and love during the COVID-19 pandemic through a human chain. ***Credit: SARC***

Because the market follows the informal exchange rate, the sharp depreciation of the Syrian currency resulted in unprecedented price increases and availability of basic items, including PPE items, in the country. Given the country's current situation, the government faces a difficult challenge in rolling out the vaccine.

Next steps and moving forward: The second wave of cases has proven to be much larger than anticipated, and SARC must remain vigilant for the safety of their staff and volunteers who continue to work on the frontlines. SARC has decided to extend its COVID-19 action plan until 2021. SARC, in collaboration with the IFRC Syria delegation, is coordinating with the MENA regional delegation for additional guidance and support for its participation in the COVID-19 vaccination program.

Because COVID-19 is the new emergency that the humanitarian sector will have to deal with for the foreseeable future, the objective is to scale up programming with the maximum impact, using creative techniques in preparation for the rollout of vaccines in Syria. This entails implementing Risk Communication and Community Engagement initiatives to advise and support the COVID-19 vaccination rollout and uptake in the Syrian community, as well as dispel any misinformation.

Tunisian Red Crescent

Tunisia is seeing an alarming increase in the number of new COVID-19 cases and deaths daily, owing to a lack of preventive measures and barrier gestures observed by the population. The situation worsened during Ramadan and Eid-El-Fitr when meetings and gatherings increased and the government relaxed restrictions against COVID-19 spread.
Tunisia had 374,312 confirmed cases of COVID-19 as of 17 June 2021, with 13,721 deaths.[3]

The Tunisian Red Crescent (TRC) is now stepping up its prevention and health protocol campaigns against COVID-19 through the national program "Azima," in collaboration with local government bodies and civil society organizations. TRC is also bolstering its support for local authorities in major cities and remote areas across the country that are undertaking disinfection operations for public institutions and providing masks and disinfection kits to the public.

The vaccine roll-out campaign, on the other hand, began on 13 March 2021, and as of 17 June 2021, **1,093,663 doses** had been administered, and 382,024 people had been fully vaccinated (Evax.tn). As an auxiliary body to local authorities, TRC is assisting the Ministry of Health in the vaccine rollout campaign by deploying 2,000 volunteers across the county to conduct screening activities and crowd control inside vaccination centres. TRC is also encouraging people to register on the Evax.tn platform, get vaccinated, and dispel rumours and misinformation.

The TRC's COVID-19 Response Plan has been extended until December 31, 2021.TRC has faced difficulties in early 2021 because of the government's frequent lockdowns and travel restrictions.

There is a risk that local authorities will reimpose restrictions such as lockdown and travel restrictions between regions, which could slow the program's implementation.

RCRC Movement: The International Federation for Red Cross and Red Crescent Societies (IFRC) provided Personal Protection Equipment (PPEs) to the Tunisian Red Crescent in May 2021 as part of its support to National Societies. This package included: 1,250 gowns, 20,000 FFP2 masks, and 100 body bags.
This donation will be used to strengthen the National Society's readiness and capacity to provide the best services to the community.

External Coordination: Since the beginning of the pandemic, the Tunisian Red Crescent has supported local authorities' efforts to reduce COVID-19 spread by providing hospitals and health staff with the following PPEs: 6,000 protective gowns; 17,300 plastic gowns; 500,000 gloves; 50,000 FFP2 masks; 178,000 FFP1 masks; and 900 protective glasses.

[3] WHO Figures

TRC is also assisting the government with the roll-out of the vaccine campaign. This assistance includes taking part in simulation exercises before the campaign's launch, deploying volunteers in vaccine centres, and raising public awareness about the importance of getting vaccinated.

TRC has reached 10 million people since the beginning of the COVID-19 outbreak by raising awareness campaigns in public places and institutions, conducting screening and triage, and managing queues in front of public facilities and vaccination centres.

Furthermore, since the start of the vaccine roll-out campaign, **150,000 people have been reached through awareness campaigns** about the importance of getting the vaccine.
TRC distributed 1,043,000 chirurgical masks (FFP1), 54,000 FFP2 masks, 2,487 litres of hydroalcoholic gel to the population, and provided psychosocial support to 4,000 people through a free dedicated hotline in collaboration with the Ministry of Health.

Priority 1: Sustaining Health and WASH
The primary goal of this priority is to change people's habits and get them to do the right things to protect themselves from the pandemic and slow the spread of the virus.
As a result, TRC conducted massive awareness campaigns, either through social media or in public places, as well as door-to-door operations with flyer distribution, focusing on remote areas via its network of 246 local committees.

These campaigns also included organizing the flows and queues of attendees in public institutions, schools, universities, and mosques, especially during Ramadan. It has also distributed over **1,043,000 public masks and 3,600 hygiene kits.**

TRC performed **983,000 disinfection operations** and procured essential items for hospitals in remote areas that are underequipped as support to local authorities (210 mattresses, pillows, sheets, and 560 blankets)

TRC is playing a significant role inside the vaccine centres, where **2,000 volunteers** are deployed to assist those receiving vaccines and to organize the flow. Furthermore, volunteers who have been trained in first aid are ready to intervene in the event of an incident following vaccine administration. At the same time, TRC distributed social media messages encouraging Tunisians to get the vaccine.

The Tunisian Red Crescent, above all, advocate for migrants' right to be vaccinated regardless of their legal status and without discrimination.

Priority 2: Livelihoods, cash support, and food aid
The primary goal of this priority is to strengthen the community's resilience in the face of the coronavirus pandemic while also preserving the dignity of the vulnerable, particularly the elderly, those living in remote areas, and migrants.

The Tunisian Red Crescent procured **9,800 food vouchers** worth 16 CHF (50 TND) each, which were distributed in two instalments to 4,900 families. To date, 3,960 vouchers have been distributed. TRC will also distribute 9,800 hygiene kits, which will include soap and cleaning supplies.

Concerning the migrants, TRC collaborated with local authorities to deliver relief aid and re-establish family ties. TRC provided migrants in shelters across the country with phones so they could communicate with family members, as well as **117,870 food vouchers, 7,314 litres of disinfection products, and 4,199 PSS sessions.**



Figure 20: TRC volunteers performing awareness and supporting in the National vaccine roll-out campaign. ***Credit: TRC***

Priority 3: National Society Strengthening

TRC's COVID-19 response plan relies heavily on volunteers. As a result, the National Society is constantly working to provide them with the resources they need to stay safe while providing services to the public. As of today, **500 volunteers are covered by insurance,** and local committees are regularly supplied with disinfection kits and protective items.

TRC volunteers received 188 protective gowns, 288 liquid soaps, and disinfection products. Masks and hydro alcoholic gel are also provided regularly.

Furthermore, pieces of training on psychosocial support (PSS) and COVID-19 preventive measures were organized to help volunteers build their capacity to respond to people's inquiries and questions, as well as combat misinformation about the virus and the vaccine.

TRC volunteers have also been trained to participate in the vaccine roll-out campaign, as they play an important role inside the centres in guiding people, verifying appointments, and ensuring crowd control.

The main challenge encountered while implementing the COVID-19 response plan was the delay in procurement processes because of the government's restrictive measures, which led to some civil unrest events in the country earlier this year.

Next steps and moving forward: TRC will continue to implement its COVID-19 response plan and will provide additional support to the Ministry of Health during the vaccine roll-out campaign.

Yemen Red Crescent Society

The Yemen Red Crescent Society (YRCS) serves as an auxiliary to the Yemeni authorities in the prevention and mitigation of human suffering, including the COVID-19 pandemic. The six-year-long conflict has escalated, worsening the country's humanitarian situation. The first confirmed case of COVID-19 was reported in Yemen in April 2020.

There had been a total of 6,737 cases and 1,320 deaths reported as of May 31, 2021.

An economic crisis, water shortage aggravated by climate change, and the economic and livelihood repercussions of the COVID-19 pandemic have worsened the living conditions of already vulnerable people and escalated humanitarian needs. The situation is exacerbated by the public's lack of trust in

the health system and/or fears of stigmatization, resulting in patients not seeking proper treatment at health facilities and increased risks of community transmission.
Since YRCS began response preparations in March 2020, the National Society has mobilized and trained 760 volunteers and 340 health care workers, reaching at least 480,000 people directly and indirectly as of 31 May 2021.

By the end of March 2021, 360,000 doses of the COVID-19 vaccine (AstraZeneca Vaccines) arrived in Yemen by late March 2021. The COVAX campaign has been launched on 20 April 2021 for 12 weeks in 10 governates in southern areas. YRCS participated in a panel discussion with the Ministry of Public Health and Population (MoPhP) in the south and north on the possibilities for a balanced contribution within the national vaccination/immunization system in both areas of the country. YRCS intervention has also been discussed with the IFRC country office, MENA/GVA, and GAVI staff regularly to facilitate and simplify it per the national system.

Some lessons learned and structures shared with YRCS, to explore the willingness of intervention, as well as cover related interventions not being covered by other humanitarian actors or relevant authorities.

Following the detection of the first case of COVID-19 in Yemen, the YRCS launched their COVID-19 response plan in April 2020, which was revised in August 2020 due to changing priorities to reflect the country's increasing needs and the role of the Red Cross Red Crescent Movement. The revised plan focused more on reducing morbidities and mortalities associated with the pandemic, o the number of supported quarantine and isolation centres was increased to ensure an adequate response, as well as a stronger emphasis on providing basic health services with complimentary hygiene and food security support to communities impacted by the ongoing conflict. YRCS is also supported through the rehabilitation of core services and vehicles, such as the Sana'a health centre and ambulances in the governorates.

The outbreak made it even more difficult to reach vulnerable communities as a result of the conflict. YRCS volunteers who are already well-known in the communities greatly support this continued interaction and trust to ensure a community-centered approach, with YRCS providing appropriate personal protective equipment (PPE) in activities.
The logistics and supply chain were and continue to be harmed by the country's situation, which was exacerbated by global shortages of PPE in the early months of the pandemic and delays in the delivery of relief items.

RCRC Movement: During the early stages of the YRCS COVID-19 Response, Movement partners met at various levels to coordinate their actions. In Yemen, the IFRC, ICRC, Danish Red Cross, German Red Cross, Norwegian Red Cross, and Qatar Red Cross have physical presences, while other partners such as the British, Canadian, Italian, Japanese, Netherlands, and Swedish Red Cross societies support YRCS multilaterally through the IFRC. The YRCS received support from the DRC, ICRC, and GRC to meet the needs of 65 quarantine and isolation centers. The IFRC, Norwegian, German and Danish Red Cross societies supported YRCS with PPEs and hygiene kits.

External Coordination: To reach the isolation centres and meet some of their needs, YRCS coordinated with MoPHP and has assisted with PPEs. The YRCS continues to provide clean water and access to health services in communities where its health centres are located, as well as COVID-19 preventative measures and messaging.



Figure 21: One of the Yemen Red Crescent teams providing support to a COVID-19 quarantine center in the city of Aden. ***Credit: YRCS***

Through 17 branch health centres triage points and support to quarantine centres, YRCS reached the following numbers of people. The emphasis was on the most essential services and areas where there were gaps.

Service/Intervention	**Number of people reached (as of 31 May 2021)**
Screening	8,748
NFIs, food items, and hygiene kits provided to quarantine isolation centres	5,619
Risk Communication and Community Engagement (RCCE)	2,855,740 14,186,970 (indirectly)
Mental health and psychosocial support (MHPSS)	603
Health Services at YRCS	275,476
Cash transfer program (CTP) food items and Non-food items (NFIs)	11,907
Disaster Risk Reduction (DRR) measures	28,939
Support tirage points at YRCS branch	17 Triage points
Hygiene Kits (HKs) distribution	16,835
PPE to authority, one isolation centre, and YRCS staff	1,402
Personal FA Kits to Mareb Education Office	1,500
Hand sanitizers for quarantine and isolation centres	19,659
Testing	47

CBS at Lahj	1,232
Vaccination at Aden health facility	300
WASH activities for the community	32,000

Priority 1: Sustaining Health and WASH

As of May 31, 2021, YRCS had provided PPE items to an isolation centre at Palestine Public Hospital in Sana'a, including:

Goggles	20 Pcs
Face shield	49 Pcs
Gloves, surgical, 280mm cuff length (50 pairs)	40 Package
Gloves, cleaning, rubber	10 pairs
Apron, heavy-duty, home care 1	10 pairs
Boots or closed shoes	10 pairs
Mask, respirator N95 or FFP2	1,000 Pcs
Mask, surgical (50 pcs)	50 boxes
Mask, Medical, Patient (50 pcs)	50 boxes
Gloves, examination (50 pairs)	80 boxes
Disinfectant, CHLORINE, NaDCC, granules, 65-70%, (45kg)	30 boxes
Hand sanitizer, minimum 70% alcohol content, 5 litres	100 bottles
Gown, surgical, (box of 100 pcs)	500 boxes
Overall, with hoods	50 Pcs
Surgical cap	1,000 Pcs
Soap, liquid soap for handwashing, 5 liters	100 bottles

PPEs support to local authorities was also provided which included:

Hand sanitizer, minimum 70% alcohol content, 500 ml	500 bottles
Mask, respirator N95	2,000 Pcs
Gloves, examination (50 pairs)	20 boxes
Mask, surgical (25 pcs)	200 boxes

YRCS also provides IDPs in the Mareb governorate with 50 personal hygiene kits, one medical tent, and 50 NFIs sets. The Ministry of Education's office received 1,000 hygiene kits and 300 first aid kits. 225 hygiene kits and 75 NFI kits were distributed to Kamaran Island.
The test was taken by 47 HQ employees.
56 community-based services volunteers participated in the process, reaching a total of 1,232 people in Lahj.

WASH activities in the community reached 32,000 people.

In collaboration with the MoPH, the YRCS health facility in Aden has been designated as a vaccination site for health workers, and 300 people have been vaccinated.

Priority 2: Livelihoods, cash support, and food aid

YRCS has provided food and hygiene kits to 5,619 households in quarantine and isolation centres since the beginning of the response, through multilateral support. Cash assistance was also provided to 1,000 households in the most vulnerable communities by other Movement partners as part of a "shielding" approach aimed at mitigating the pandemic's further impact on these families. The procurement of food parcels for up to 8,000 needy households as part of the YRCS "shielding" initiative was completed, with 550 of those parcels distributed during the reporting period and the remainder scheduled for delivery in the following quarter. Ten food parcels were also distributed in Mahweet

governorate targeting families with members lost due to COVID-19 infection. Also, 16 food parcels were provided for disabled people being treated at the Prosthetic Limb Hospital in Mansoura, Aden.

Priority 3: National Society Strengthening
The YRCS had provided PPE items to 123 of its staff as of 31 May 2021 to ensure their protection against COIVD-19, which included:

- 496 surgical mask pockets.
- 2,480 hand sanitizers bottle, 85 ml.
- 122 hand sanitizer bottle, 1 litre.
- 122 pockets N95 masks.
- 122 hygiene kits.
- Provide the 18 branches and 2 sub-branches with PPEs.

Other associated activities included COVID-19 prevention awareness and psychological support, which were broadcast on the radio in 80% of the governorates. From November 2020 to April 2021, more COVID-19 awareness events were held in seven districts in Aden, reaching 17,173 people.
1,173 COVID-19 patients and visitors attended awareness sessions at Al-Gomhoria Public Hospital's treatment centre.

The funds allocated to YRCS were also utilized to rehabilitate four National Society vehicles including two ambulances as a part of their delivery of emergency relief and health services to those in need. In addition, two new ambulances were purchased and delivered to YRCS branches in Abyan and Mareb for emergency health services and COVID-19 response.

YRCS undertook additional relevant activities in relation to NS capacity building in the COVID-19 response, including:
- Conducting Psychological First Aid linked to COVID-19 for 200 male and female volunteers from 10 branches to build their capacity in the pandemic response.
- Furnishing the Shabwa governorate's isolation centre with furniture.
- Constructing four rooms for health professionals at the Palestine Public Hospital in Sanaa's isolation centre.

Access and stigmatization are the two most significant challenges. The initial response was also hampered by a global lack of personal protective equipment (PPE) and delays in international procurement. YRCS and Movement partners are continuing to engage and advocate with local governments to improve access, and they have integrated the COVID-19 response into their primary health care services, which also address other acute respiratory illnesses.

Next steps and moving forward: YRCS will continue to support communities through ambulance and primary health care services, the YRCS isolation centre, RCCE (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, as needed. Wherever possible, procurement is still done from local marketplaces. The supply of food packets to vulnerable households, as well as the rehabilitation of the Sana'a city health facility, are also underway, with implementation expected to last at least until the end of the year.

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 National Society that is missing, please let us know and it will be added with the next update.

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Emergency Appeal

INTERIM (16MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/5	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 14 Jul 2021

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 30 Jun 2022; appeal launch date: 31 Jan 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	9,537,000
AOF2 - Shelter	10,269,000
AOF3 - Livelihoods and basic needs	95,583,000
AOF4 - Health	223,630,000
AOF5 - Water, sanitation and hygiene	33,094,000
AOF6 - Protection, Gender & Inclusion	11,727,000
AOF7 - Migration	7,830,000
SFI1 - Strenghten National Societies	61,223,000
SFI2 - Effective international disaster management	57,325,000
SFI3 - Influence others as leading strategic partners	12,382,000
SFI4 - Ensure a strong IFRC	27,400,000
Total Funding Requirements	**550,000,000**
Donor Response* as per 14 Jul 2021	**308,898,204**
Appeal Coverage	**56.16%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,157,711	955,404	202,308
AOF2 - Shelter	706,751	744,905	-38,154
AOF3 - Livelihoods and basic needs	15,824,586	13,000,960	2,823,626
AOF4 - Health	206,938,960	145,302,669	61,636,291
AOF5 - Water, sanitation and hygiene	6,332,309	4,174,803	2,157,506
AOF6 - Protection, Gender & Inclusion	1,415,825	468,627	947,198
AOF7 - Migration	613,684	470,946	142,739
SFI1 - Strenghten National Societies	18,744,459	12,643,331	6,101,128
SFI2 - Effective international disaster management	24,413,869	16,400,931	8,012,938
SFI3 - Influence others as leading strategic partners	5,128,060	2,505,318	2,622,742
SFI4 - Ensure a strong IFRC	13,008,398	6,314,396	6,694,002
Grand Total	**294,284,612**	**202,982,289**	**91,302,323**

III. Operating Movement & Closing Balance per 2021/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	263,121,940
Expenditure	-202,982,289
Closing Balance	**60,139,651**
Deferred Income	32,740,084
Funds Available	92,879,736

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	**Outstanding :**	**0**

Emergency Appeal

INTERIM (16MONTH) 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		55,800		**9,875,133**	
Andorran Red Cross	16,134				**16,134**	
Asian Football Confederation	192,323				**192,323**	
Australian Government	30,314				**30,314**	
Australian Red Cross	164,914		103,627		**268,541**	
Australian Red Cross (from Australian Government*)	3,216,948				**3,216,948**	
Australian Red Cross (from Australia - Private Donors*)	148,164				**148,164**	
Australian Red Cross (from Coca Cola Foundation*)	89,576				**89,576**	
Austrian Red Cross			64,931		**64,931**	
Austrian Red Cross (from Austrian Government*)	1,365,386				**1,365,386**	
Bahrain Red Crescent Society	92,033				**92,033**	
BeiGene	10,100				**10,100**	
Belgian Federal Government	5,035,251				**5,035,251**	*325,874*
Boston Scientfic	209,773				**209,773**	
Bristol-Myers Squibb Company	442,835				**442,835**	
British Government	374,153				**374,153**	
British Red Cross	392,658		92,035		**484,693**	
British Red Cross (from Aviva Plc.*)	169,463				**169,463**	
British Red Cross (from British Government*)	42,960,974				**42,960,974**	
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	79,270				**79,270**	*58,375*
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	44,199		156,413		**200,612**	
Danish Red Cross (from Danish Government*)	1,518,691				**1,518,691**	
Danish Red Cross (from Denmark - Private Donors*)	53,774				**53,774**	
Danish Red Cross (from Rudolph Care A/S*)	16,146				**16,146**	
Electrolux Food Foundation	530				**530**	
Ericsson	178,706				**178,706**	
Estonia Government	108,829				**108,829**	
EU-DG SANTE	24,038,312				**24,038,312**	*14,812,202*
European Commission - DG ECHO	5,179,210				**5,179,210**	
European Investment Bank Institute	218,179				**218,179**	
Federation International de l'Automobile FIA	877,871				**877,871**	
FIA Foundation	1,063,078				**1,063,078**	
Finnish Red Cross	388,828	390,782	187,023		**966,633**	
Finnish Red Cross (from Finland - Private Donors*)	99,945				**99,945**	
Finnish Red Cross (from Finnish Government*)	1,492,111				**1,492,111**	
Finnish Red Cross (from Huhtamaki*)	494,125				**494,125**	
French Red Cross (from L'Oreal*)	1,058,843				**1,058,843**	
German Government	18,302,417				**18,302,417**	
German Red Cross	4,842				**4,842**	

Emergency Appeal

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 30 Jun 2022; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
Goldman Sachs	663,839				**663,839**	
Great Britain - Private Donors	20				**20**	
IBM	456				**456**	
Icelandic Red Cross	54,000		86,387		**140,387**	
Icelandic Red Cross (from Icelandic Government*)	146,000				**146,000**	
ICRC	114,902				**114,902**	*98*
ICRC (from DirecTV*)	27,538				**27,538**	
Intercontinental Hotels Groups(IHG)	9,004				**9,004**	
IQVIA Inc	29,058				**29,058**	
Irish Government	1,485,680				**1,485,680**	
Islamic Committee of the International Crescent	9,649				**9,649**	
Islamic Development Bank IsDB	1,305,843				**1,305,843**	
Italian Government Bilateral Emergency Fund	639,986				**639,986**	
Italian Red Cross			83,600		**83,600**	
Italy - Private Donors	12				**12**	
Japanese Government	24,264,505				**24,264,505**	*1,228,572*
Japanese Red Cross Society	1,241,410				**1,241,410**	
Japan - Private Donors	42,011				**42,011**	
Johnson & Johnson foundation	4,272,288				**4,272,288**	*905,633*
Kaspersky Lab	15,000				**15,000**	
Kenya - Private Donors	2,038				**2,038**	
Kenya Red Cross Society			15,445		**15,445**	
KPMG International Cooperative(KPMG-I)	168,233				**168,233**	
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**	
Marsh & McLennan Companies, Inc.	1,010				**1,010**	
Medtronic Foundation	6,398				**6,398**	
Mondelez International Foundation	22,578				**22,578**	
Morgan Stanley	26,597				**26,597**	
Nestle	3,130,353				**3,130,353**	*3,969,902*
Netherlands - Private Donors	3,401				**3,401**	
New Balance	22,883				**22,883**	
New Zealand Government	957,650				**957,650**	
New Zealand Red Cross			101,374		**101,374**	
Norwegian Red Cross	112,387				**112,387**	
Norwegian Red Cross (from Norwegian Government*)	1,516,654				**1,516,654**	
Novartis	127,101				**127,101**	
Olympus Corporation	177,183				**177,183**	
On Line donations	29,502				**29,502**	
Other	5,855		0		**5,855**	
PPG Coatings (HongKong) Co.Ltd	97,416				**97,416**	
PPG Industries Europe Sarl	288,856				**288,856**	
PricewaterhouseCoopers	42				**42**	
Procter & Gamble	1,034,432				**1,034,432**	
Qatar Red Crescent Society	9,004				**9,004**	
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	1,939,230				**1,939,230**	
Republic of Korea - Private Donors	11,486				**11,486**	

Emergency Appeal

INTERIM (16MONTH) FINANCIAL REPORT

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 30 Jun 2022; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
RM Sotheby's	151,260				**151,260**	
Sandoz International GmbH	1,083				**1,083**	
Saudi Arabia Government	-3,487				**-3,487**	*1,003,487*
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.	1,059,671				**1,059,671**	
Société Générale Foundation	1,083,015				**1,083,015**	
Spanish Government	2,136,320				**2,136,320**	*1,849,644*
Supreme Master Ching Hai	1,008,956				**1,008,956**	
Swedish Red Cross	1,121,988		7,600		**1,129,588**	
Swiss Government	5,300,000				**5,300,000**	
Swiss Red Cross	1,098,481	1,051,994	26,413		**2,176,888**	
Swiss Red Cross (from Philip Morris Int.*)	334,961				**334,961**	
Switzerland - Private Donors	2,600				**2,600**	
T1 Entertainment & Sports	10,805				**10,805**	
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 Governr	22,285,012				**22,285,012**	
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	9,483,324				**9,483,324**	
The Netherlands Red Cross (from Netherlands - Private Do	109,277				**109,277**	
The Republic of Cyprus	29,251				**29,251**	
The Republic of Korea National Red Cross	550,000				**550,000**	
The Republic of Korea National Red Cross (from Republic (	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		28,947		**49,102**	
Twitter	22				**22**	
UNICEF - United Nations Children's Fund	138,601				**138,601**	*337,364*
Unidentified donor			68,400		**68,400**	
United States Government - PRM	834,921				**834,921**	*717,386*
United States Government - USAID	18,632,524				**18,632,524**	*7,531,544*
United States - Private Donors	11,717				**11,717**	
Université de Management de Suisse	53,942				**53,942**	
UPS foundation	49,406				**49,406**	
Vanguard	405				**405**	
Western Union Foundation	43,404				**43,404**	
WHO - World Health Organization	97,057				**97,057**	
World Bank	2,199,656				**2,199,656**	*3*
YourCause LLC	275				**275**	
Zalando	54,076				**54,076**	
Total Contributions and Other Income	**260,566,740**	**1,477,206**	**1,077,994**	**0**	**263,121,940**	***32,740,084***
Total Income and Deferred Income					**263,121,940**	*32,740,084*

Emergency Appeal

INTERIM (16MONTH) FINANCIAL REPORT

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Budget Timeframe	2020-2022	Budget	APPROVED

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COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 30 Jun 2022; 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	40,887	257,101	3,802,856	26,219,264	1,345,433	193,139	19,598	6,539,377	8,544,059	138,074	889,966	**47,989,753**
	Expenditure	-95,121	224,683	3,061,017	23,592,969	903,518	87,411	25,704	5,461,205	6,017,120	13,234	738,451	**40,030,190**
	Variance	136,009	32,417	741,839	2,626,295	441,916	105,729	-6,107	1,078,172	2,526,939	124,840	151,515	**7,959,563**
Americas	Budget	9,176	61,023	1,813,914	26,739,594	1,626,570	93,118	95,590	4,366,638	4,026,028	243,034	41,175	**39,115,862**
	Expenditure	5,444	128,705	1,546,405	19,958,056	1,062,456	15,099	37,484	2,540,560	1,956,843	153,836	31,425	**27,436,313**
	Variance	3,733	-67,682	267,509	6,781,538	564,114	78,020	58,106	1,826,078	2,069,185	89,198	9,750	**11,679,549**
Asia Pacific	Budget	81,216	207,091	4,077,644	43,776,997	1,645,268	146,545	292,298	2,967,292	6,397,083	1,382,660	4,296,727	**65,270,820**
	Expenditure	150,788	266,091	3,106,625	21,315,471	1,218,553	117,609	304,365	1,373,824	4,107,183	796,119	2,493,117	**35,249,745**
	Variance	-69,572	-59,000	971,019	22,461,526	426,715	28,935	-12,067	1,593,467	2,289,900	586,540	1,803,610	**30,021,075**
Europe	Budget	988,094		2,035,286	81,129,718	0	235,840	80	425,278	-2,068	556,873	623,138	**85,992,239**
	Expenditure	866,379		1,606,736	57,150,309		44,138	80	259,803	143,621	230,514	408,721	**60,710,301**
	Variance	121,714	0	428,551	23,979,408	0	191,702	0	165,475	-145,689	326,359	214,417	**25,281,938**
Headquarters	Budget	38,338	181,536	742,783	3,805,086		653,697	77,745	549,094	1,557,614	2,371,660	6,577,934	**16,555,487**
	Expenditure	27,915	125,425	683,245	2,573,804		167,076	65,999	313,931	1,333,888	1,199,429	2,247,258	**8,737,969**
	Variance	10,423	56,110	59,538	1,231,282	0	486,621	11,746	235,163	223,727	1,172,231	4,330,676	**7,817,518**
Middle East and North Africa	Budget			3,352,102	25,268,301	1,715,038	93,485	128,373	3,896,780	3,891,153	435,760	579,458	**39,360,452**
	Expenditure			2,996,932	20,712,059	990,277	37,294	37,313	2,694,008	2,842,277	112,187	395,426	**30,817,771**
	Variance	0	0	355,170	4,556,243	724,761	56,191	91,060	1,202,773	1,048,876	323,574	184,032	**8,542,680**

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COVID-19 Outbreak Global Appeal

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Africa													
Angola	Budget				0				3,893	3,675			**7,568**
	Expenditure				34,434				15,503	611			**50,548**
	Variance	0	0	0	-34,434	0	0	0	-11,610	3,064	0	0	**-42,981**
Benin	Budget	-105,000			147,711				60,134	224,123			**326,969**
	Expenditure	-105,000			192,465				30,181	209,731			**327,377**
	Variance	0	0	0	-44,754	0	0	0	29,954	14,392	0	0	**-408**
Botswana	Budget		29,712	427,086	84,565		6,263		358,936	752,942	3,834	2,103	**1,665,442**
	Expenditure		29,712	427,086	85,765		6,263		358,936	51,706	3,834	2,103	**965,406**
	Variance	0	0	0	-1,200	0	0	0	0	701,236	0	0	**700,036**
Burkina Faso	Budget		45,562	94,326	268,343			4,018	90,081	71,899		7,143	**581,372**
	Expenditure		20,367	61,993	287,027			2,340	56,271	97,987	137	4,161	**530,283**
	Variance	0	25,195	32,332	-18,684	0	0	1,677	33,811	-26,088	-137	2,982	**51,088**
Burundi	Budget	39,558			440,489	112			45,875	344			**526,379**
	Expenditure				346,646					344			**346,990**
	Variance	39,558	0	0	93,844	112	0	0	45,875	0	0	0	**179,389**
	Budget			40,113	515,743	5,487		123	280,066	494,787		135,393	**1,471,712**

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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			37,280	521,989			11,405	245,718	615,269		18,892	**1,450,554**
	Variance	0	0	2,833	-6,247	5,487	0	-11,282	34,348	-120,482	0	116,501	**21,158**
Cape Verde	Budget			24,663	198,469	5,091		379	77,538	29,989			**336,129**
	Expenditure			8,827	123,739	3,132		126	75,154	25,828			**236,806**
	Variance	0	0	15,836	74,730	1,959	0	253	2,383	4,161	0	0	**99,323**
Central African Republic	Budget		10,288	68,637	1,361,631	60,570			7,010	104,215			**1,612,352**
	Expenditure	67	19,579		1,035,132	53,985			3,474	105,447	487	21,174	**1,239,345**
	Variance	-67	-9,291	68,637	326,500	6,585	0	0	3,536	-1,232	-487	-21,174	**373,007**
Chad	Budget		22,191	26,747	84,536				31,102	60,663			**225,240**
	Expenditure		22,191	50,946	54,055				21,521	92,298			**241,011**
	Variance	0	0	-24,198	30,482	0	0	0	9,581	-31,636	0	0	**-15,772**
Comoro Islands	Budget				329,552		1,438		107,635	102,142			**540,766**
	Expenditure				282,051		1,672		61,603	51,726		15,480	**412,532**
	Variance	0	0	0	47,501	0	-234	0	46,032	50,416	0	-15,480	**128,234**
Cote d'Ivoire	Budget	24,256		337,464	600,189	0			375,275	190,267		115,868	**1,643,319**
	Expenditure	24,256		397,053	398,103	6,376			340,083	202,771			**1,368,643**
	Variance	0	0	-59,589	202,086	-6,376	0	0	35,192	-12,504	0	115,868	**274,677**

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		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	
Region		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strenghten National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Democratic Republic of Congo	Budget	0		193	1,855,488		808		512,494	1,254,651	20,837	228,535	**3,873,006**
	Expenditure	798		193	1,368,540		791		656,932	1,032,199	1,170	20,445	**3,081,068**
	Variance	-798	0	0	486,948	0	17	0	-144,438	222,452	19,667	208,090	**791,939**
Djibouti	Budget				443,612					1,623			**445,235**
	Expenditure				406,384					1,623		8,077	**416,084**
	Variance	0	0	0	37,228	0	0	0	0	0	0	-8,077	**29,151**
Equatorial Guinea	Budget	10,601			5,885	33,654			59,715			6,390	**116,245**
	Expenditure				51,737				4,481	8,034			**64,251**
	Variance	10,601	0	0	-45,852	33,654	0	0	55,234	-8,034	0	6,390	**51,993**
Ethiopia	Budget				443,165					6,291			**449,456**
	Expenditure				421,527					11,318			**432,845**
	Variance	0	0	0	21,638	0	0	0	0	-5,027	0	0	**16,611**
France	Budget				160,175								**160,175**
	Expenditure				160,125								**160,125**
	Variance	0	0	0	50	0	0	0	0	0	0	0	**50**
	Budget				465,531				107,705	265,057			**838,294**

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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
	Expenditure				343,229				107,112	259,365			**709,706**
	Variance	0	0	0	122,302	0	0	0	594	5,692	0	0	**128,588**
Gambia	Budget			121,685	410,734				549,203	121,472			**1,203,094**
	Expenditure			104,888	360,640				559,824	178,072			**1,203,424**
	Variance	0	0	16,797	50,094	0	0	0	-10,621	-56,600	0	0	**-330**
Ghana	Budget			151,143	126,568	500,199			320,815	250,845		45,150	**1,394,720**
	Expenditure	9,807		203,438	200,477	746,967			79,725	101,473			**1,341,887**
	Variance	-9,807	0	-52,295	-73,909	-246,768	0	0	241,089	149,372	0	45,150	**52,833**
Guinea	Budget			105,417	181,975		8,236		93,765	154,073			**543,465**
	Expenditure			106,544	272,656		8,314		94,645	62,619			**544,778**
	Variance	0	0	-1,128	-90,681	0	-77	0	-880	91,453	0	0	**-1,312**
Guinea Bisau	Budget		31,786	42,857	55,860				26,839	27,030			**184,371**
	Expenditure		16,730	42,857	31,825				15,169	77,172			**183,752**
	Variance	0	15,056	0	24,035	0	0	0	11,670	-50,142	0	0	**619**
Kenya	Budget	2,805	5,325	263,278	8,163,036		84,242	5,325	236,575	324,838	83,782		**9,169,207**
	Expenditure	23,754		10,209	7,386,749		13,183		339,318	305,188		58,544	**8,136,946**
	Variance	-20,949	5,325	253,069	776,287	0	71,059	5,325	-102,744	19,650	83,782	-58,544	**1,032,261**

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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
Kingdom of Eswatini	Budget		5,902	158,810	51,033	2	3,593		115,278	40,249			374,867
	Expenditure		5,902	158,780	52,893	2	3,593		96,205	57,165			374,540
	Variance	0	0	30	-1,860	0	0	0	19,072	-16,916	0	0	327
Lesotho	Budget			77,420	99,998		1,093		62,743	48,282			289,536
	Expenditure			77,420	99,998		1,093		62,743	28,599			269,853
	Variance	0	0	0	0	0	0	0	0	19,683	0	0	19,683
Liberia	Budget	31,286			271,343	74,827	5,551		267,218	24,948			675,173
	Expenditure				207,978	87,671	5,528		106,123	125,379		1,063	533,743
	Variance	31,286	0	0	63,365	-12,844	23	0	161,095	-100,432	0	-1,063	141,429
Madagascar	Budget				583,059				131,720		12,500		727,279
	Expenditure				433,208			2,080	65,526	130,672	102	1,306	632,894
	Variance	0	0	0	149,850	0	0	-2,080	66,194	-130,672	12,398	-1,306	94,384
Malawi	Budget		4,579	119,207	91,009		9,494		234,510	47,925			506,724
	Expenditure		4,579	119,206	91,056		9,494		102,007	32,684			359,026
	Variance	0	0	1	-47	0	0	0	132,503	15,241	0	0	147,698
	Budget		3,571	110,462	164,402				48,649	351,732			678,816

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		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		3,573	80,899	242,582	0			41,631	28,378		8,077	**405,139**
	Variance	0	-1	29,563	-78,180	0	0	0	7,018	323,354	0	-8,077	**273,677**
	Budget			43,300	76,717			9,753	40,937	40,048			**210,755**
Mauritania	Expenditure			33,428	66,903			9,753	27,430	40,057			**177,570**
	Variance	0	0	9,873	9,814	0	0	0	13,507	-9	0	0	**33,185**
	Budget			11,076	359,055					230,590	2,260		**602,981**
Mauritius	Expenditure			5	234,739					178,433	1,048		**414,225**
	Variance	0	0	11,071	124,316	0	0	0	0	52,157	1,211	0	**188,756**
	Budget	9,179			567,989		7,534		30,482	160,991	28	1,608	**777,811**
Mozambique	Expenditure	9,179			358,352		1,084		30,482	25,858	28	1,608	**426,590**
	Variance	0	0	0	209,638	0	6,450	0	0	135,134	0	0	**351,221**
	Budget			137,692	74,415		4,378		87,346	117,248		1,726	**422,805**
Namibia	Expenditure			137,692	88,698		3,842		90,320	97,432		1,726	**419,711**
	Variance	0	0	0	-14,283	0	536	0	-2,975	19,816	0	0	**3,094**
	Budget			168,024	65,135	627,036	11,657		114,098	373,203	3,225		**1,362,378**
Niger	Expenditure				135,168				45,003		328	389,570	**570,070**
	Variance	0	0	168,024	-70,032	627,036	11,657	0	69,094	373,203	2,897	-389,570	**792,308**

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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
Nigeria	Budget	23,986		537,647	1,524,720				440,556	75,929	2,446	0	**2,605,284**
	Expenditure	23,838		537,647	1,661,885				236,087	75,929	6,968	0	**2,542,355**
	Variance	148	0	0	-137,165	0	0	0	204,469	0	-4,522	0	**62,929**
Republic of Congo	Budget				220,356				139,439	48,919		108	**408,822**
	Expenditure				234,328				104,675	49,148		108	**388,260**
	Variance	0	0	0	-13,972	0	0	0	34,764	-229	0	0	**20,562**
Rwanda	Budget				643,519				14,224	12,470			**670,213**
	Expenditure				650,615				14,224	3,514			**668,352**
	Variance	0	0	0	-7,095	0	0	0	0	8,956	0	0	**1,861**
Sao Tome and Principe	Budget		26,580		44,080				11,446	91,716		18,390	**192,211**
	Expenditure		26,580		44,080				12,967	91,717			**175,343**
	Variance	0	0	0	0	0	0	0	-1,521	-1	0	18,390	**16,868**
Senegal	Budget		76,930	196,264	402,307	58			107,568	448,843		38,237	**1,270,208**
	Expenditure		76,930	196,264	437,381	58			107,568	463,993		38,237	**1,320,432**
	Variance	0	0	0	-35,074	0	0	0	0	-15,150	0	0	**-50,224**
	Budget				37,099				9,146	17,002	3,752		**67,000**

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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
	Expenditure				28,578				9,821	30,259			**68,658**
	Variance	0	0	0	8,521	0	0	0	-675	-13,257	3,752	0	**-1,658**
Sierra Leone	Budget				353,025				269,702	4,341			**627,068**
	Expenditure				219,453				367,181	30			**586,664**
	Variance	0	0	0	133,573	0	0	0	-97,480	4,311	0	0	**40,404**
Somalia	Budget				582,401		4,394		15,445	128,839		1,185	**732,263**
	Expenditure				573,872		11,471		25,359	111,213		1,185	**723,100**
	Variance	0	0	0	8,529	0	-7,077	0	-9,914	17,626	0	0	**9,164**
South Africa	Budget			127,243	656,673	22,023	12,523		247,794	378,519		147,369	**1,592,144**
	Expenditure			127,243	579,861		12,523		148,023	171,438		21,931	**1,061,019**
	Variance	0	0	0	76,812	22,023	0	0	99,771	207,081	0	125,438	**531,125**
South Sudan	Budget				368,659				191,857	1,051,981		102,626	**1,715,123**
	Expenditure	18,091			101,403				356,598	668,693		113,117	**1,257,902**
	Variance	-18,091	0	0	267,256	0	0	0	-164,741	383,289	0	-10,492	**457,221**
Sudan	Budget	4,215	-5,326		776,363	16,374	8,444		163,269	1,583	-869	0	**964,054**
	Expenditure		-5,326		740,168	5,326			64,787	1,583	-869	8,077	**813,746**
	Variance	4,215	0	0	36,195	11,048	8,444	0	98,483	0	0	-8,077	**150,308**

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Tanzania	Budget				441,594				68,388	11,313		3,567	**524,863**
	Expenditure				440,001				68,388	11,350		3,567	**523,306**
	Variance	0	0	0	1,593	0	0	0	0	-37	0	0	**1,557**
Togo	Budget				170,699				34,936	66,134			**271,769**
	Expenditure	-100,000			244,094				36,493	48,271			**228,858**
	Variance	100,000	0	0	-73,396	0	0	0	-1,557	17,863	0	0	**42,911**
Uganda	Budget				866,471				71,193				**937,664**
	Expenditure				711,548				71,193				**782,741**
	Variance	0	0	0	154,923	0	0	0	0	0	0	0	**154,923**
Zambia	Budget			161,443	153,540		22,940		137,526	95,294			**570,743**
	Expenditure			141,118	138,668		8,008		103,382	52,807			**443,983**
	Variance	0	0	20,325	14,872	0	14,931	0	34,144	42,487	0	0	**126,759**
Zimbabwe	Budget			250,657	230,345		551		139,255	235,032	6,279	34,566	**896,686**
	Expenditure	89	3,866		410,166		551		1,340	1,737			**417,749**
	Variance	-89	-3,866	250,657	-179,821	0	0	0	137,916	233,295	6,279	34,566	**478,937**

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Americas													
Antigua and Barbuda	Budget	899		20	257,546	27,264	632		127,556	4,053	2,686		**420,655**
	Expenditure	899		1,452	237,162	26,344			88,867		30,417		**385,142**
	Variance	0	0	-1,432	20,383	919	632	0	38,688	4,053	-27,731	0	**35,513**
Argentina	Budget				274,563	121,413			91,324	345,579	136,886		**969,765**
	Expenditure			137,600	52,920	121,402			35,830	138,801	55,331		**541,884**
	Variance	0	0	-137,600	221,643	11	0	0	55,494	206,778	81,555	0	**427,881**
Bahamas	Budget			109,967	450,945	122,499			107,785	71,279			**862,475**
	Expenditure			109,937	422,817	54,584			89,469	57,985			**734,794**
	Variance	0	0	30	28,128	67,914	0	0	18,316	13,293	0	0	**127,682**
Barbados	Budget			36,796	67,724	265			49,779				**154,565**
	Expenditure			34,528	46,311	265			47,092				**128,196**
	Variance	0	0	2,268	21,413	0	0	0	2,687	0	0	0	**26,369**
Belize	Budget			124,929	170,271	48,175			22,719	-176			**365,918**
	Expenditure			125,583	162,283	48,999			25,419	-176			**362,109**
	Variance	0	0	-654	7,988	-824	0	0	-2,700	0	0	0	**3,809**
	Budget		38,558	158,833	676,598	112,230	17,200	4,300	39		99,627	25,546	**1,132,932**

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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		20,250	78,498	544,974	48,986	4,264		39		64,328	11,205	**772,543**
	Variance	0	18,308	80,336	131,625	63,244	12,936	4,300	0	0	35,299	14,341	**360,389**
Brazil	Budget				492,746				11,168	68,160			**572,074**
	Expenditure			1,741	127,379	12,514			22,055	2,063			**165,751**
	Variance	0	0	-1,741	365,367	-12,514	0	0	-10,886	66,097	0	0	**406,323**
Chile	Budget				469,834				3,763				**473,596**
	Expenditure		62,632	77,843	146,689	34,085			24,714				**345,963**
	Variance	0	-62,632	-77,843	323,144	-34,085	0	0	-20,951	0	0	0	**127,633**
Colombia	Budget				1,213,522					424,608			**1,638,131**
	Expenditure			185,959	666,037	18,041			149,210	240,174			**1,259,420**
	Variance	0	0	-185,959	547,486	-18,041	0	0	-149,210	184,435	0	0	**378,711**
Costa Rica	Budget			21,574	537,363	52,705	7,372	11,325	72,092	19,625			**722,057**
	Expenditure				540,697								**540,697**
	Variance	0	0	21,574	-3,334	52,705	7,372	11,325	72,092	19,625	0	0	**181,360**
Cuba	Budget				329,913								**329,913**
	Expenditure				299,096					600			**299,696**
	Variance	0	0	0	30,817	0	0	0	0	-600	0	0	**30,217**

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		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		4,973	153,925	36,971			126,904	-286			**325,712**
	Expenditure	2,770		31,985	136,627	30,783			124,866	-286			**326,745**
	Variance	455	0	-27,011	17,298	6,188	0	0	2,038	0	0	0	**-1,033**
Dominican Republic	Budget			3,630	825,548	234,077			707,652	956,338			**2,727,245**
	Expenditure	539		36,799	912,701	189,541			358,895	675,615		1,425	**2,175,516**
	Variance	-539	0	-33,169	-87,153	44,536	0	0	348,757	280,723	0	-1,425	**551,730**
Ecuador	Budget				2,379,563				629,466				**3,009,029**
	Expenditure			328,932	1,172,509	52,143			92,196	-277			**1,645,502**
	Variance	0	0	-328,932	1,207,053	-52,143	0	0	537,270	277	0	0	**1,363,526**
El Salvador	Budget			439,068	1,052,557	25,628	4,876		191,638			2,977	**1,716,744**
	Expenditure				1,572,210								**1,572,210**
	Variance	0	0	439,068	-519,653	25,628	4,876	0	191,638	0	0	2,977	**144,535**
Grenada	Budget	2,150		17,709	206,104	4,013			219,708	1,290	3,836		**454,811**
	Expenditure			17,709	228,765	2,846			136,810		936		**387,066**
	Variance	2,150	0	0	-22,660	1,168	0	0	82,898	1,290	2,900	0	**67,745**
	Budget			151,866	1,229,135	15,974	3,753	72,360	271,408	18,257			**1,762,753**

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		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			1,470,902			37,484	66,820	10,812			**1,586,210**
	Variance	-192	0	151,866	-241,767	15,974	3,753	34,876	204,588	7,444	0	0	**176,543**
Guyana	Budget			33,619	251,087	44,760			139,187				**468,653**
	Expenditure			2,383	263,647	38,558			94,953				**399,540**
	Variance	0	0	31,235	-12,560	6,203	0	0	44,234	0	0	0	**69,113**
Haiti	Budget				802,601	232,229			236,217				**1,271,047**
	Expenditure				640,326	118,511			176,843				**935,680**
	Variance	0	0	0	162,275	113,718	0	0	59,374	0	0	0	**335,367**
Honduras	Budget			152,105	1,057,654	16,979	57,954	7,605	238,752				**1,531,048**
	Expenditure				999,380		10,835		184,165				**1,194,380**
	Variance	0	0	152,105	58,274	16,979	47,119	7,605	54,587	0	0	0	**336,669**
Jamaica	Budget			128,277	899,295	12,681			236,812				**1,277,065**
	Expenditure			129,659	629,657	2,722			156,285				**918,322**
	Variance	0	0	-1,382	269,639	9,959	0	0	80,527	0	0	0	**358,743**
Mexico	Budget				869,584				18,232	1,301		12,653	**901,770**
	Expenditure				851,339				20,351	1,301		15,669	**888,660**
	Variance	0	0	0	18,246	0	0	0	-2,119	0	0	-3,016	**13,110**

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		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
Nicaragua	Budget			102,125	823,424	125,863			156,403				1,207,815
	Expenditure				868,721	87,216			99,471				1,055,408
	Variance	0	0	102,125	-45,296	38,647	0	0	56,931	0	0	0	152,407
Panama	Budget			13,320	5,894,571				136,003	737,754			6,781,648
	Expenditure	591		3,787	3,285,529				91,231	265,803		899	3,647,839
	Variance	-591	0	9,533	2,609,042	0	0	0	44,772	471,952	0	-899	3,133,809
Paraguay	Budget				432,387				1,613	31			434,031
	Expenditure				211,019	56,056			95,831	31			362,938
	Variance	0	0	0	221,368	-56,056	0	0	-94,219	0	0	0	71,093
Peru	Budget		22,465	192,275	629,087	28,977			83,085	1,109,767			2,065,656
	Expenditure		22,465	150,859	492,914	24,381			63,426	394,456			1,148,501
	Variance	0	0	41,416	136,173	4,596	0	0	19,659	715,312	0	0	917,155
Saint Kitts and Nevis	Budget			31,424	242,847	13,803	1,330		33,595				323,000
	Expenditure		10,459	19,873	170,713				22,119		2,824		225,989
	Variance	0	-10,459	11,551	72,134	13,803	1,330	0	11,476	0	-2,824	0	97,011
	Budget			160	111,130	2,343			4,617				118,250

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		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			161	108,016	2,626			5,304				**116,106**
	Variance	0	0	-1	3,115	-283	0	0	-688	0	0	0	**2,144**
St Vincent and Grenadines	Budget			20,258	128,829	12,694			29,841				**191,622**
	Expenditure			9,211	74,655	16,336			34,188				**134,390**
	Variance	0	0	11,047	54,174	-3,642	0	0	-4,347	0	0	0	**57,232**
Suriname	Budget				137,417	6,847			60,762				**205,026**
	Expenditure				99,437	1,331			35,972				**136,740**
	Variance	0	0	0	37,980	5,516	0	0	24,789	0	0	0	**68,286**
Trinidad and Tobago	Budget	2,903		70,985	1,874,042	21,483			76,872	19,380			**2,065,664**
	Expenditure			37,835	768,284	8,948			22,086	3,128			**840,281**
	Variance	2,903	0	33,149	1,105,758	12,534	0	0	54,786	16,252	0	0	**1,225,383**
Uruguay	Budget				645,560				5,198				**650,758**
	Expenditure		12,900	24,070	320,142	29,521			58,831				**445,464**
	Variance	0	-12,900	-24,070	325,418	-29,521	0	0	-53,633	0	0	0	**205,294**
Venezuela	Budget				1,152,220	306,698			276,450	249,067			**1,984,434**
	Expenditure	453			1,434,200	35,717			117,221	166,814		2,228	**1,756,632**
	Variance	-453	0	0	-281,980	270,981	0	0	159,229	82,252	0	-2,228	**227,802**

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	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

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		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
Asia Pacific													
Afghanistan	Budget			724,080	2,268,460				25,347	219,338	24,656	197,705	**3,459,586**
	Expenditure	12,685		800,330	1,936,592	36			5,084	89,606	44,530	226,323	**3,115,185**
	Variance	-12,685	0	-76,250	331,868	-36	0	0	20,263	129,731	-19,873	-28,618	**344,401**
Bangladesh	Budget	1,509			9,283,047	353,681	7,333	19,124	24,767				**9,689,460**
	Expenditure	1,509			4,669,476	318,577	7,401	26,194					**5,023,157**
	Variance	0	0	0	4,613,570	35,104	-69	-7,070	24,767	0	0	0	**4,666,303**
Bhutan	Budget	14,057			159,469				18,631			817	**192,974**
	Expenditure				144,235								**144,235**
	Variance	14,057	0	0	15,234	0	0	0	18,631	0	0	817	**48,739**
Brunei	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				119,149					203,285			**322,434**
	Expenditure				115,058				639	146,601			**262,298**
	Variance	0	0	0	4,090	0	0	0	-639	56,684	0	0	**60,136**
	Budget				2,180,477	0	0	0	502,638	567,245	91,786	198,420	**3,540,567**

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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
	Expenditure				2,123,163					455,646	95,802	186,513	**2,861,124**
	Variance	0	0	0	57,314	0	0	0	502,638	111,599	-4,016	11,907	**679,443**
Cook Islands	Budget			5,591	48,056	347			26,916	1,430			**82,339**
	Expenditure				36,085	1,799			11,116	1,719			**50,719**
	Variance	0	0	5,591	11,970	-1,451	0	0	15,800	-289	0	0	**31,621**
Democratic People Republic of Korea	Budget	35,508	67,381		260,869	215,941			45,437	52,185	225,619	3,195	**906,135**
	Expenditure	41,417	68,014		294,769	61,524			22,780	3,470	149,212		**641,186**
	Variance	-5,909	-633	0	-33,900	154,417	0	0	22,656	48,715	76,408	3,195	**264,949**
Fed. States of Micronesia	Budget				81,515	839			73,472	6,439		10,750	**173,014**
	Expenditure				78,378	11,371	90		7,943	2,603		8,482	**108,867**
	Variance	0	0	0	3,137	-10,532	-90	0	65,529	3,836	0	2,268	**64,147**
Fiji	Budget				245,258	27,820	2,325		112,404	25,567	395,834	132,524	**941,731**
	Expenditure	61,600		274	183,090	7,080	2,719		75,101	39,615	204,243	79,645	**653,367**
	Variance	-61,600	0	-274	62,167	20,740	-394	0	37,303	-14,048	191,591	52,878	**288,364**
India	Budget				12,392,214			27,657	105,819	263,801	0	976,007	**13,765,498**
	Expenditure				1,523,855			27,657	54,033	564		165,012	**1,771,122**
	Variance	0	0	0	10,868,358	0	0	0	51,785	263,237	0	810,996	**11,994,376**

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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
Indonesia	Budget			398,055	2,066,798				118,725	417,754	150,277	256,008	**3,407,616**
	Expenditure			323,219	1,415,097				9,948	238,741	59,274	147,809	**2,194,087**
	Variance	0	0	74,836	651,701	0	0	0	108,777	179,013	91,003	108,199	**1,213,529**
Kiribati	Budget				65,417	11,878			67,775	24,352			**169,423**
	Expenditure				43,159	4,823			40,595	19,375			**107,952**
	Variance	0	0	0	22,258	7,055	0	0	27,180	4,977	0	0	**61,471**
Laos	Budget				113,326				1,369	47,578	688		**162,961**
	Expenditure				113,326				1,369	46,851	688		**162,234**
	Variance	0	0	0	0	0	0	0	0	727	0	0	**727**
Malaysia	Budget			367,937	1,011,941	92,581	118,872		390,910	1,756,814	390,444	757,185	**4,886,685**
	Expenditure			322,324	1,187,883	89,020	473		357,681	1,172,259	185,530	532,563	**3,847,734**
	Variance	0	0	45,613	-175,942	3,561	118,399	0	33,230	584,555	204,914	224,621	**1,038,951**
Maldives	Budget	25,048			375,439		3,225	41,388	27,549	2,150		28,298	**503,097**
	Expenditure	25,048			86,889		3,225	41,388	27,549	2,150			**186,249**
	Variance	0	0	0	288,550	0	0	0	0	0	0	28,298	**316,848**
	Budget				91,952	11,320			52,976	5,375		41,388	**203,010**

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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
	Expenditure				89,959	10,132			10,174	2,228		45,761	**158,253**
	Variance	0	0	0	1,994	1,188	0	0	42,803	3,147	0	-4,374	**44,758**
	Budget				309,110	1,549						89,347	**400,006**
Mongolia	Expenditure			93,648	31,386	105,636			56,359	23,135	-3,369	32,985	**339,780**
	Variance	0	0	-93,648	277,724	-104,087	0	0	-56,359	-23,135	3,369	56,362	**60,226**
	Budget			249,386	1,248,312	91,429		301	445,083	1,101,307	23,044	251,976	**3,410,838**
Myanmar	Expenditure			99,922	62,735	313,370			44,541	1,054,089	-225	182,827	**1,757,260**
	Variance	0	0	149,464	1,185,577	-221,941	0	301	400,542	47,218	23,270	69,148	**1,653,579**
	Budget		139,710		3,399,245	40,614	271		62,144	49,414	24,369	259,671	**3,975,437**
Nepal	Expenditure	1,317	198,077		188,913	111,969	102,105		60,721	17,188	511	157,755	**838,556**
	Variance	-1,317	-58,367	0	3,210,331	-71,354	-101,835	0	1,422	32,226	23,858	101,916	**3,136,881**
	Budget			104,131	2,860,386	472,628	12,845	12,853		244,569	0	759,248	**4,466,659**
Pakistan	Expenditure			8,454	2,016,782	73,372	1,595	7,769	101,994			462,907	**2,672,873**
	Variance	0	0	95,677	843,604	399,256	11,249	5,084	-101,994	244,569	0	296,341	**1,793,786**
	Budget			2,580	117,337	17,681			78,617			25,800	**242,015**
Palau	Expenditure				63,940	23,094			28,265	4,403		25,660	**145,363**
	Variance	0	0	2,580	53,397	-5,413	0	0	50,352	-4,403	0	140	**96,652**

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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
Papua New Guinea	Budget				243,059				0	0		0	243,059
	Expenditure				208,401				17,276			17,500	243,177
	Variance	0	0	0	34,658	0	0	0	-17,276	0	0	-17,500	-118
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	2,781,721	35,244		301	770	255,805	24,335	44,496	4,195,752
	Variance	0	0	817,375	-504,480	158,473	0	0	0	222,730	11,117	19,349	724,564
Samoa	Budget				88,705	21,223			65,006	4,580			179,514
	Expenditure				76,458	2,511			34,658	6,434			120,061
	Variance	0	0	0	12,248	18,713	0	0	30,348	-1,855	0	0	59,453
Singapore	Budget			15,975				127,800	11,502	44,730			200,007
	Expenditure							197,100					197,100
	Variance	0	0	15,975	0	0	0	-69,300	11,502	44,730	0	0	2,907
Solomon Island	Budget				167,963	18,799	1,032		77,328	18,131			283,253
	Expenditure				95,639	8,164			28,780	23,503	19,086	25	175,198
	Variance	0	0	0	72,323	10,635	1,032	0	48,548	-5,372	-19,086	-25	108,055
	Budget				719,879			6	471,467	44,430	2,095	146,470	1,384,347

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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
	Expenditure				310,248			6	295,021	28,937	2,095	89,830	**726,137**
	Variance	0	0	0	409,631	0	0	0	176,446	15,493	0	56,640	**658,210**
Thailand	Budget				709,932			62,868	0	505,209	19	60,665	**1,338,693**
	Expenditure	7,163			710,566		0	3,951	3,682	175,881	19	61,862	**963,125**
	Variance	-7,163	0	0	-634	0	0	58,917	-3,682	329,328	0	-1,198	**375,568**
Timor-Leste	Budget				191,284				10,962	21,933	18,247	28,418	**270,844**
	Expenditure				170,988				10,723	19,831	14,261	16,170	**231,973**
	Variance	0	0	0	20,296	0	0	0	239	2,102	3,986	12,248	**38,871**
Tonga	Budget				44,930	43,380			32,200				**120,510**
	Expenditure				28,298	31,634			9,778	1,851			**71,562**
	Variance	0	0	0	16,632	11,746	0	0	22,421	-1,851	0	0	**48,948**
Tuvalu	Budget				42,922	12,172	642		43,467	1,713			**100,916**
	Expenditure				35,147	6,488			11,103				**52,738**
	Variance	0	0	0	7,776	5,684	642	0	32,364	1,713	0	0	**48,178**
Vanuatu	Budget	5,096			116,244	17,668			73,290	21,583			**233,881**
	Expenditure				98,649	2,709			45,418	14,633			**161,408**
	Variance	5,096	0	0	17,595	14,960	0	0	27,872	6,950	0	0	**72,473**

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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
Viet Nam	Budget			339,454	427,062				723	267,634	129	8,990	**1,043,993**
	Expenditure	50		405,374	362,597				723	260,064	129	8,990	**1,037,928**
	Variance	-50	0	-65,920	64,465	0	0	0	0	7,570	0	0	**6,065**

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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
Europe													
Albania	Budget				495,859								495,859
	Expenditure	86			491,454								**491,540**
	Variance	-86	0	0	4,405	0	0	0	0	0	0	0	4,319
Armenia	Budget				2,872,358	0							2,872,358
	Expenditure				2,296,721								**2,296,721**
	Variance	0	0	0	575,637	0	0	0	0	0	0	0	575,637
Azerbaijan	Budget				2,225,382								2,225,382
	Expenditure				1,783,335								**1,783,335**
	Variance	0	0	0	442,047	0	0	0	0	0	0	0	442,047
Belarus	Budget				1,586,327								1,586,327
	Expenditure				1,571,253								**1,571,253**
	Variance	0	0	0	15,073	0	0	0	0	0	0	0	15,073
Bosnia and Herzegovina	Budget				1,049,081							3,242	1,052,323
	Expenditure				926,373							3,242	**929,615**
	Variance	0	0	0	122,708	0	0	0	0	0	0	0	122,708
	Budget				422,822							20,735	443,557

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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
	Expenditure				416,312								**416,312**
	Variance	0	0	0	6,510	0	0	0	0	0	0	20,735	**27,245**
Croatia	Budget				146,065								**146,065**
	Expenditure				143,309								**143,309**
	Variance	0	0	0	2,756	0	0	0	0	0	0	0	**2,756**
Cyprus	Budget				254,106								**254,106**
	Expenditure				247,281								**247,281**
	Variance	0	0	0	6,825	0	0	0	0	0	0	0	**6,825**
Czech Republic	Budget				116,238							323	**116,560**
	Expenditure				117,952								**117,952**
	Variance	0	0	0	-1,714	0	0	0	0	0	0	323	**-1,392**
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**
Georgia	Budget				1,923,652							37,223	**1,960,876**
	Expenditure				1,893,291							37,223	**1,930,514**
	Variance	0	0	0	30,362	0	0	0	0	0	0	0	**30,362**

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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
Greece	Budget			202,604	6,348,530	0	235,740	80	86,823		46,460	30,216	**6,950,454**
	Expenditure				1,909,259		32	80				30,216	**1,939,587**
	Variance	0	0	202,604	4,439,271	0	235,709	0	86,823	0	46,460	0	**5,010,867**
Hungary	Budget	892		52,648	35,425,176		100		47,573	-2,068	510,413	360,565	**36,395,299**
	Expenditure	3,671		137,724	23,820,484		44,106		68,366	143,621	215,546	187,068	**24,620,587**
	Variance	-2,779	0	-85,076	11,604,691	0	-44,006	0	-20,793	-145,689	294,866	173,497	**11,774,712**
Ireland	Budget				223,462				0			1,125	**224,587**
	Expenditure				220,237								**220,237**
	Variance	0	0	0	3,225	0	0	0	0	0	0	1,125	**4,350**
Israel	Budget				270,708								**270,708**
	Expenditure				242,735								**242,735**
	Variance	0	0	0	27,972	0	0	0	0	0	0	0	**27,972**
Italy	Budget				11,359,415								**11,359,415**
	Expenditure				7,449,784								**7,449,784**
	Variance	0	0	0	3,909,631	0	0	0	0	0	0	0	**3,909,631**
	Budget	199		163,430	661,185							74,103	**898,916**

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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
	Expenditure	199		163,430	479,491							74,103	**717,222**
	Variance	0	0	0	181,694	0	0	0	0	0	0	0	**181,694**
	Budget	124		281,691	1,004,994				18,770				**1,305,578**
Kyrgyzstan	Expenditure	124		281,691	824,043				18,770				**1,124,627**
	Variance	0	0	0	180,951	0	0	0	0	0	0	0	**180,951**
	Budget				439,988								**439,988**
Moldova	Expenditure				429,343								**429,343**
	Variance	0	0	0	10,645	0	0	0	0	0	0	0	**10,645**
	Budget				972,351								**972,351**
Montenegro	Expenditure				903,369								**903,369**
	Variance	0	0	0	68,982	0	0	0	0	0	0	0	**68,982**
	Budget				138,254								**138,254**
Poland	Expenditure				138,243								**138,243**
	Variance	0	0	0	11	0	0	0	0	0	0	0	**11**
	Budget				97,464							0	**97,464**
Portugal	Expenditure				82,266								**82,266**
	Variance	0	0	0	15,198	0	0	0	0	0	0	0	**15,198**

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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
Republic of North Macedonia	Budget				781,137	0			0			0	781,137
	Expenditure				712,171								**712,171**
	Variance	0	0	0	68,966	0	0	0	0	0	0	0	**68,966**
Romania	Budget				710,995								**710,995**
	Expenditure	9,117			662,196						14,967		**686,280**
	Variance	-9,117	0	0	48,800	0	0	0	0	0	-14,967	0	**24,715**
Russia	Budget				1,112,385							46,575	**1,158,961**
	Expenditure				999,365							46,575	**1,045,940**
	Variance	0	0	0	113,021	0	0	0	0	0	0	0	**113,021**
Serbia	Budget				858,077							0	**858,077**
	Expenditure				851,881								**851,881**
	Variance	0	0	0	6,197	0	0	0	0	0	0	0	**6,197**
Slovenia	Budget				178,233							533	**178,765**
	Expenditure				177,441								**177,441**
	Variance	0	0	0	792	0	0	0	0	0	0	533	**1,324**
	Budget				730,125								**730,125**

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	Expenditure				724,200								**724,200**
	Variance	0	0	0	5,925	0	0	0	0	0	0	0	**5,925**
Tajikistan	Budget	5,449		593,388	1,932,298								**2,531,135**
	Expenditure	5,449		593,388	1,252,846								**1,851,684**
	Variance	0	0	0	679,451	0	0	0	0	0	0	0	**679,451**
Turkey	Budget				4,504,658								**4,504,658**
	Expenditure				3,339,485								**3,339,485**
	Variance	0	0	0	1,165,173	0	0	0	0	0	0	0	**1,165,173**
Turkmenistan	Budget				316,177								**316,177**
	Expenditure				316,194								**316,194**
	Variance	0	0	0	-17	0	0	0	0	0	0	0	**-17**
Ukraine	Budget	981,430		311,022	587,137				270,482			48,498	**2,198,569**
	Expenditure	847,733			352,322				171,038			30,294	**1,401,387**
	Variance	133,696	0	311,022	234,815	0	0	0	99,444	0	0	18,204	**797,182**
United Kingdom	Budget				243,375								**243,375**
	Expenditure				239,326								**239,326**
	Variance	0	0	0	4,049	0	0	0	0	0	0	0	**4,049**

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Uzbekistan	Budget			430,503	365,358				1,630				797,491
	Expenditure			430,503	365,410				1,630				**797,543**
	Variance	0	0	0	-52	0	0	0	0	0	0	0	**-52**

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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
Headquarters													
Switzerland	Budget	38,338	181,536	742,783	3,805,086		653,697	77,745	549,094	1,557,614	2,371,660	6,577,934	**16,555,487**
	Expenditure	27,915	125,425	683,245	2,573,804		167,076	65,999	313,931	1,333,888	1,199,429	2,247,258	**8,737,969**
	Variance	10,423	56,110	59,538	1,231,282	0	486,621	11,746	235,163	223,727	1,172,231	4,330,676	**7,817,518**

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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
Middle East a													
Algeria	Budget				757,323				194,830	371,419	4,378	8,101	**1,336,050**
	Expenditure				749,227				51,764	135,623		64,841	**1,001,455**
	Variance	0	0	0	8,097	0	0	0	143,065	235,796	4,378	-56,741	**334,595**
Egypt	Budget			10,034	1,119,660	292,400		17,648	166,951	19,067	23,908	13,541	**1,663,208**
	Expenditure			10,034	1,077,100	238,650		2,709	154,251	13,254		27,994	**1,523,992**
	Variance	0	0	0	42,560	53,750	0	14,940	12,699	5,813	23,908	-14,453	**139,216**
Iran	Budget			989,677	2,081,415						4,260	-284	**3,075,068**
	Expenditure			1,203,528	1,492,538								**2,696,066**
	Variance	0	0	-213,851	588,877	0	0	0	0	0	4,260	-284	**379,002**
Iraq	Budget			298,025	2,014,817	135,874			530,129	868,862		27,553	**3,875,260**
	Expenditure			319,570	1,274,542	-25,058			313,673	840,150		27,553	**2,750,430**
	Variance	0	0	-21,545	740,275	160,932	0	0	216,456	28,712	0	0	**1,124,830**
Jordan	Budget			194,839	617,781	231,158			273,043	628,801	11,354	15,317	**1,972,292**
	Expenditure			183	678,556	228,513			196,092	591,769	1,437	14,687	**1,711,237**
	Variance	0	0	194,656	-60,775	2,644	0	0	76,951	37,033	9,917	630	**261,056**
	Budget			312,951	5,994,301	304,977	93,485		1,251,301	959,251	385,411	186,638	**9,488,314**

Emergency Appeal

INTERIM (16MONTH) FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/5	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 14 Jul 2021

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 30 Jun 2022; 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			190,605	5,698,562	272,353	37,294		720,670	706,477	105,912	84,747	**7,816,620**
	Variance	0	0	122,346	295,739	32,624	56,191	0	530,631	252,774	279,498	101,891	**1,671,694**
	Budget			141,497	488,570	171,167		110,725	328,406	95,672	6,450	205,031	**1,547,518**
Libya	Expenditure			51,606	234,759	32,814		34,604	99,772	74,201	4,838	52,608	**585,202**
	Variance	0	0	89,891	253,811	138,352	0	76,121	228,634	21,471	1,613	152,423	**962,316**
	Budget				530,210				279,035	494,784		51,880	**1,355,909**
Morocco	Expenditure				454,416				245,156	1,996		10,625	**712,193**
	Variance	0	0	0	75,795	0	0	0	33,879	492,787	0	41,254	**643,715**
	Budget			821,837	3,590,164	174,092			89,109			37,430	**4,712,632**
Palestine	Expenditure			787,399	2,505,625	37,410			226,613	40,013		64,373	**3,661,433**
	Variance	0	0	34,438	1,084,539	136,682	0	0	-137,504	-40,013	0	-26,943	**1,051,199**
	Budget			9,905	5,003,163				177,706	100,270		-10	**5,291,034**
Syria	Expenditure			9,905	4,483,286				169,004	100,270		-10	**4,762,454**
	Variance	0	0	0	519,877	0	0	0	8,702	0	0	0	**528,579**
	Budget			184,187	877,136	53,509			299,295	3,653		34,262	**1,452,042**
Tunisia	Expenditure			93,202	834,304	27,076			461,618	4,605		48,007	**1,468,811**
	Variance	0	0	90,985	42,833	26,432	0	0	-162,323	-951	0	-13,745	**-16,769**

Emergency Appeal

INTERIM (16MONTH) FINANCIAL REPORT

Selected Parameters			
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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
Yemen	Budget			389,150	2,193,761	351,862			306,976	349,375			**3,591,124**
	Expenditure			330,899	1,229,146	178,518			55,394	333,921			**2,127,878**
	Variance	0	0	58,251	964,615	173,344	0	0	251,582	15,454	0	0	**1,463,246**