



COVID-19 OUTBREAK 20-MONTH UPDATE

Photo credit: South African 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 the IFRC Secretariat in a Federation-wide approach.

The [Federation-wide appeal](#) laid out the broad support needs. This update reports on the progress in executing this plan since the last operations update. A revision of the IFRC-wide appeal will be also launched and will be available on [the GO Platform](#).

How to read this report: 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. 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 September 2021 reporting period, disaggregated by country, regional and thematic level.

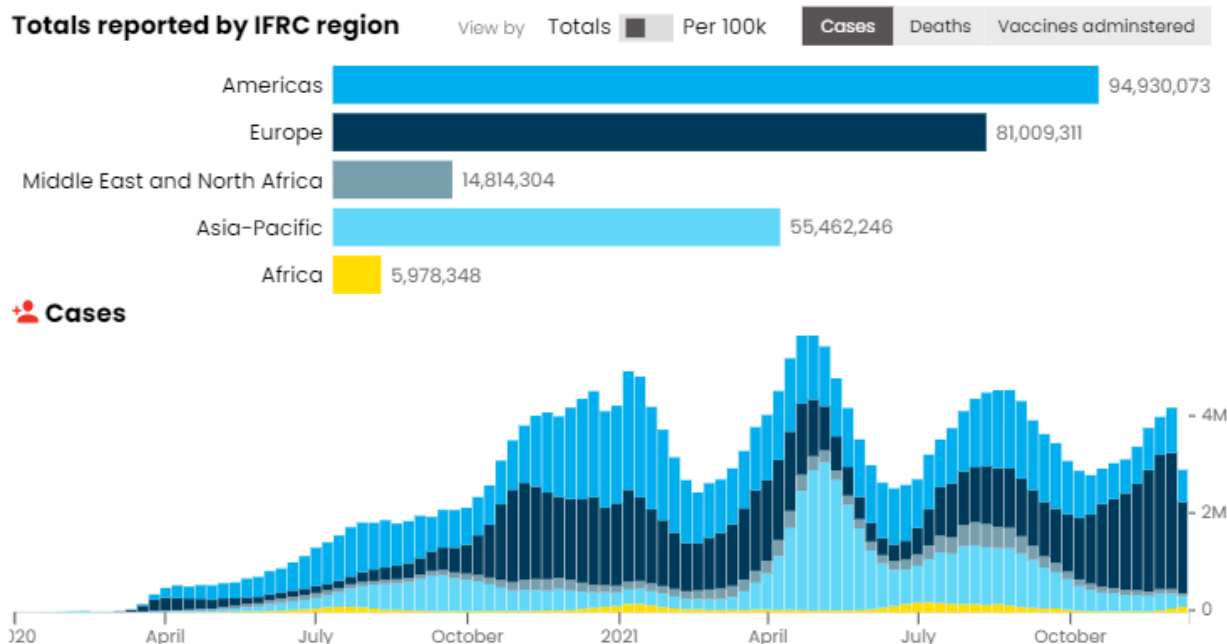
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Situation Update

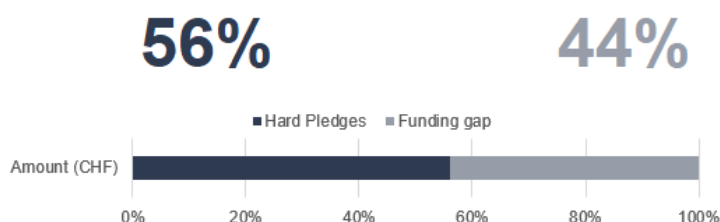
267 million cases reported globally to WHO for additional analysis, visit <https://go.ifrc.org/emergencies/3972#analysis>



Funding Requirements

CHF 550,000,000 required*

The IFRC is working on a Revised Appeal that will be launched before the end of 2021.



Red Cross and Red Crescent Movement Resource Compendium

Find links to the following resources:

- [GO Platform](#)
- [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](#)

ITP office, Islamabad - Pakistan Red Crescent Society volunteer is carrying a handwashing station to be installed there for the public and staff. Photo: PRCS



COVID-19

Federation-wide Overview

20 months have passed since most of us walked onto an unexplored path, experiencing one of the most challenging pandemics in a century. From the onset, our National Societies responded to the pandemic and continue to do so. In January 2020, the IFRC launched its emergency appeal for global work across three operational priorities: sustaining health and WASH, addressing socio-economic impact of the pandemic, and strengthening National Societies. The Federation-wide approach for operational monitoring was introduced in May 2020 to ensure accountability and transparency across the network.

This report is the fifth edition of the COVID-19 Federation-wide overview. Financial and operational data is as of 08 November 2021. Data on each National Society, disaggregated data and more details collected through recent round of data collection can be accessed through COVID-19 Indicator Tracking Tool dashboard.

For this data collection, we reviewed indicators to simplify the reporting while ensuring a comprehensive monitoring of the response, well aligned with the pandemic's development.

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 might not be consistent 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:
 - 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: like RCCE, this indicator includes both direct and indirect reach and risks double counting individuals.
 - Number of people supported by National Society to get tested: this indicator does not count unique individuals, so one individual might be counted more than once.



Response

179 National Societies reporting operational information*

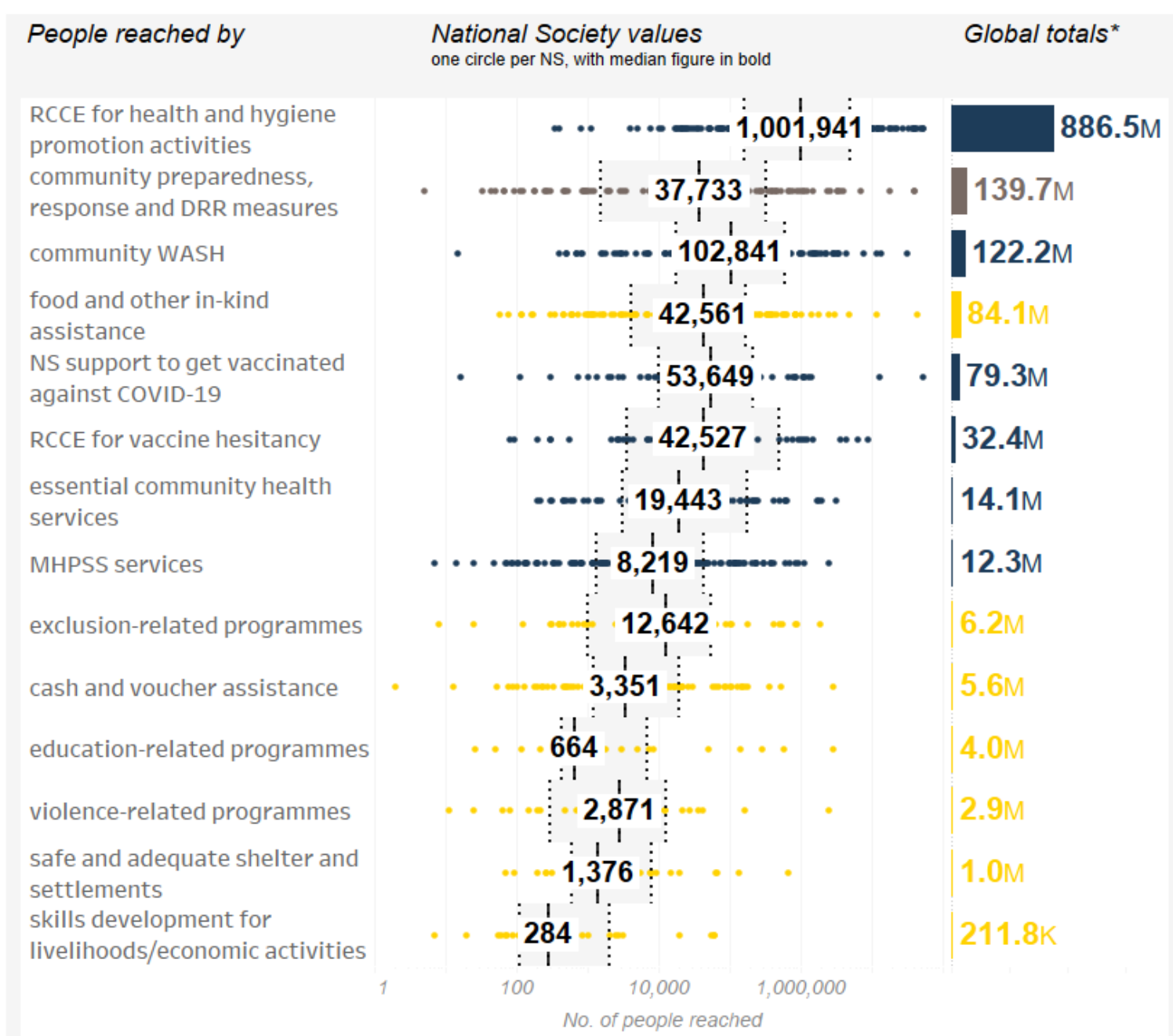
**number differs for each indicator*

The pandemic is not over nor is our response

Since the beginning of the COVID-19 pandemic, our National Societies reached over 886 million people through risk communication and community engagement activities to promote hygiene and other risk reduction interventions. Some 79 million individuals were supported by their National Societies to get vaccinated against COVID-19. Over 122 million people were supported through community WASH activities such as access to safe drinking water source, toilet, and handwashing facilities.

The chart below illustrates distribution of people reached in each area of service.

PEOPLE REACHED BY INDICATOR



*Each service is reported independently, therefore the same people may be reached by multiple activities. Figures should not be summed up across indicators to avoid double counting.

ALL ACTIVITIES BY OPERATIONAL PRIORITY

I: HEALTH

Total amount spent
CHF 1B

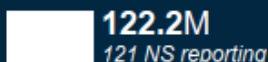
Curb the pandemic – Prevent Transmission and Sustain Health and WASH

People reached by

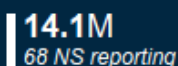
RCCE for health and hygiene promotion activities



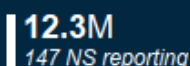
community WASH



essential community health services



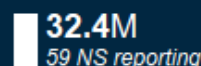
MHPSS services



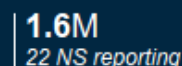
NS support to get vaccinated against COVID-19



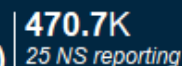
RCCE for vaccine hesitancy



vaccination through SIAs (children under 5 years of age)



routine immunization (children under 24 months of age)



241.1K

staff and volunteers trained on COVID-19 vaccine introduction
80 NS reporting



Health Facilities

12K

supported with IPC, WASH or other interventions to improve COVID prevention, detection or treatment*

95 NS reporting

*new merged indicator



7.5M

COVID-19 cases in isolation receiving material support
96 NS reporting

25M

people tested
66 NS reporting

1.2M

contacts identified and/or followed
64 NS reporting



65 National Societies

providing ambulance services to COVID-19 patients*

*this indicator changed measurement

53 National Societies

conducting community-based surveillance for COVID-19 signs and symptoms*

*this indicator changed measurement and number of reporting National Societies is lower than the previous report due to retrospective correction of a few NSs

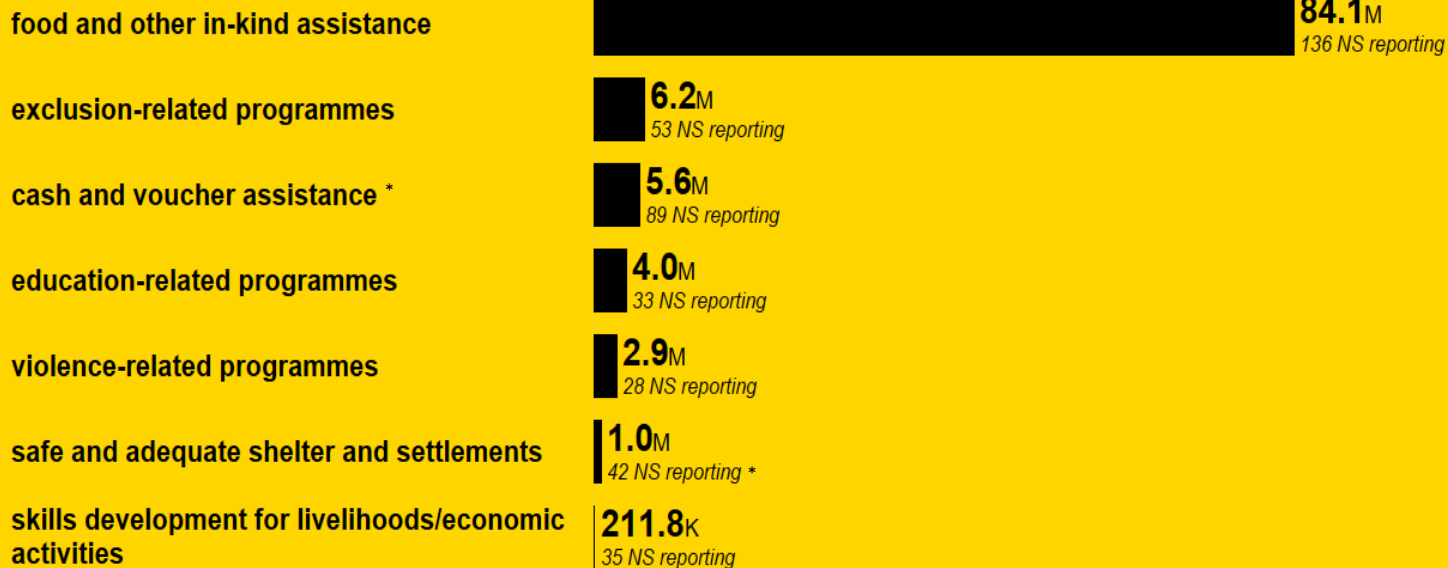


II: SOCIO-ECONOMIC

Total amount spent
CHF 593.82M

Tackle poverty and exclusion – Addressing Socio-economic Impact

People reached by



* this figure is lower than the previous figure as a few NSs advised of retrospective correction

Community Feedback Mechanisms

1.5M

community feedback comments collected
85 National Societies reporting

2,300

community feedback reports produced*
61 National Societies reporting



385.1k

staff and volunteers trained
on CEA
115 National Societies
reporting



1,701

branches with an analysis of the
specific needs of marginalised
groups*
64 National Societies reporting



* this figure is lower than the previous figure because
of a retrospective correction

III: NATIONAL SOCIETY STRENGTHENING

Total amount spent
CHF 125.35M

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



137

National Societies
providing volunteers
with insurance

(fully or partially covered)
170 National Societies reporting



165

National Societies
providing volunteers
with access to PPE

(fully or partially covered)
170 National Societies reporting

National Society Readiness

139.7M people reached by pandemic-proof DRR

175 National Societies reporting

148

National Societies are included in
government plans

177 National Societies reporting

152

National Societies have contingency
plans

175 National Societies reporting

National Society Sustainability

49%

Avg. core organisational budget
funded*

122 National Societies reporting
* point-in-time indicator

134

new streams for unrestricted
income

126 National Societies reporting

140

National Societies have adapted
Business Continuity Plans*

174 National Societies reporting
* point-in-time indicator

58

National Societies have unrestricted
financial reserves for 3 months*

172 National Societies reporting
* point-in-time indicator

Income

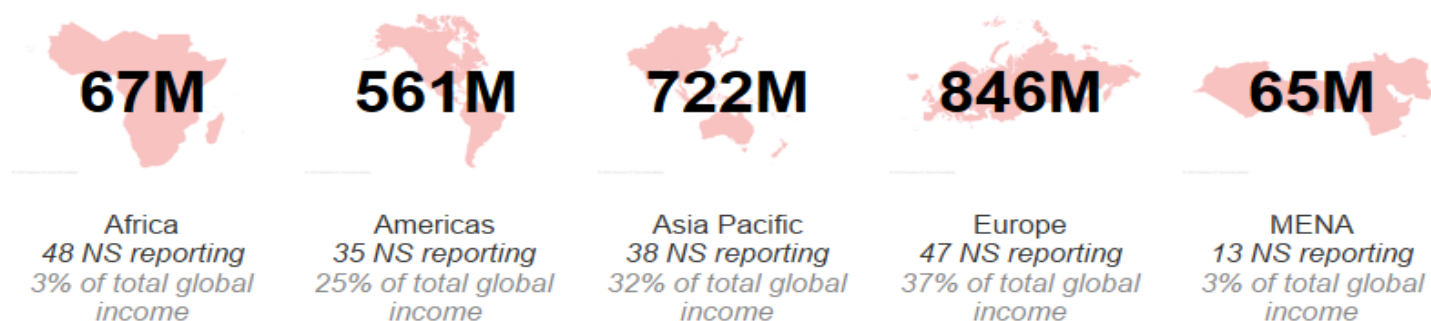
181 National Societies reporting operational information

TOTAL INCOME

CHF 2.3B

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

BY REGION

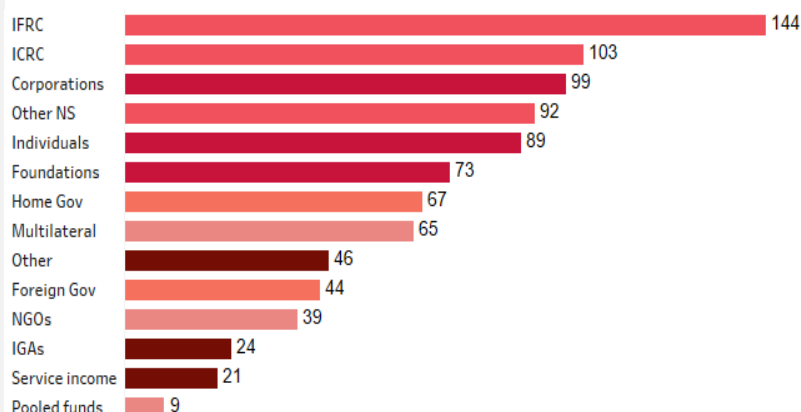


INCOME SOURCE BREAKDOWN

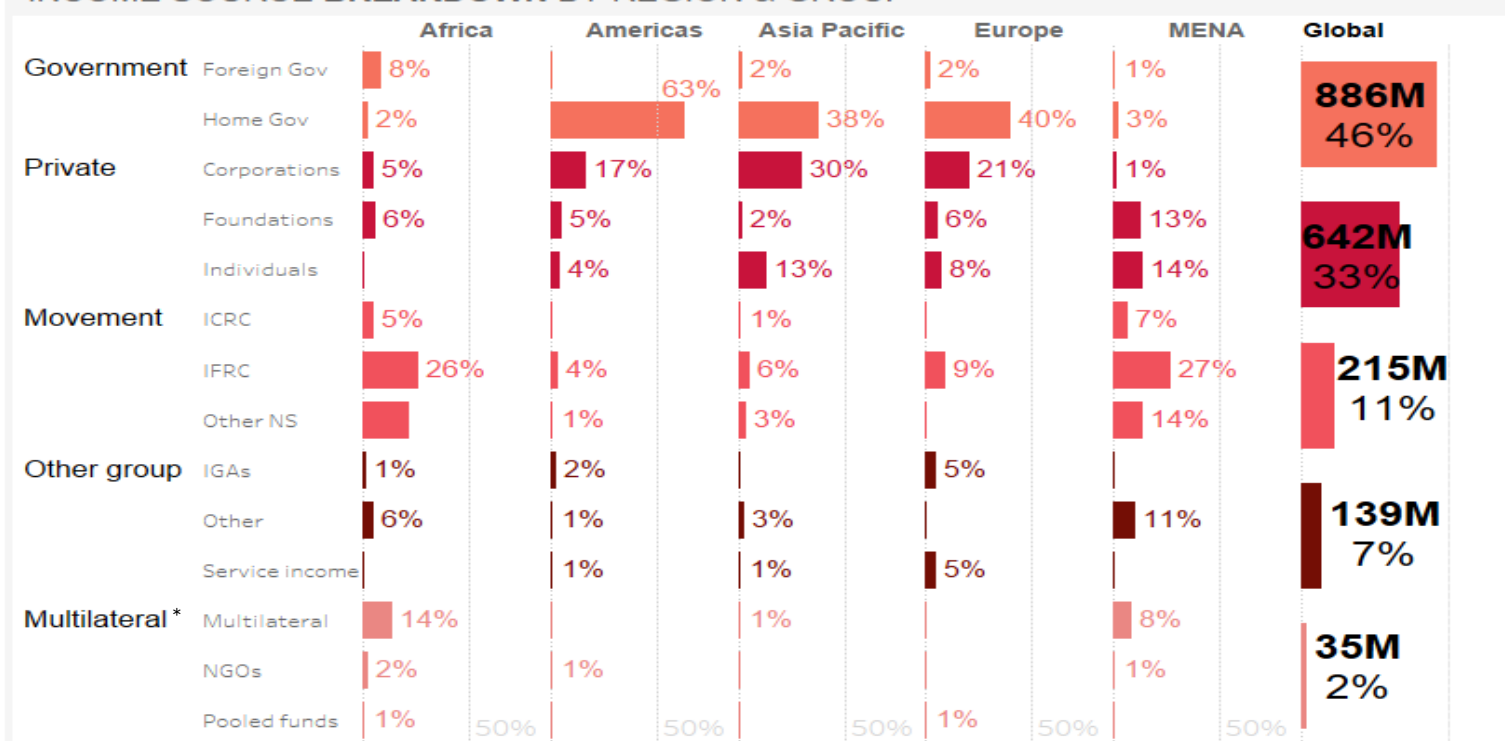
Income sources vary between regions. While for Americas, Asia Pacific and Europe home government is the main source of income, IFRC proved to be the main source of income for Africa and MENA. This needs to be interpreted with caution since the source of income varies within each region as well, in some cases contribution of a single country make up more than half of the regional percentage breakdown.

Within the movement, IFRC remains the first source of income across all regions.

Number of National Societies indicating each source



INCOME SOURCE BREAKDOWN BY REGION & GROUP



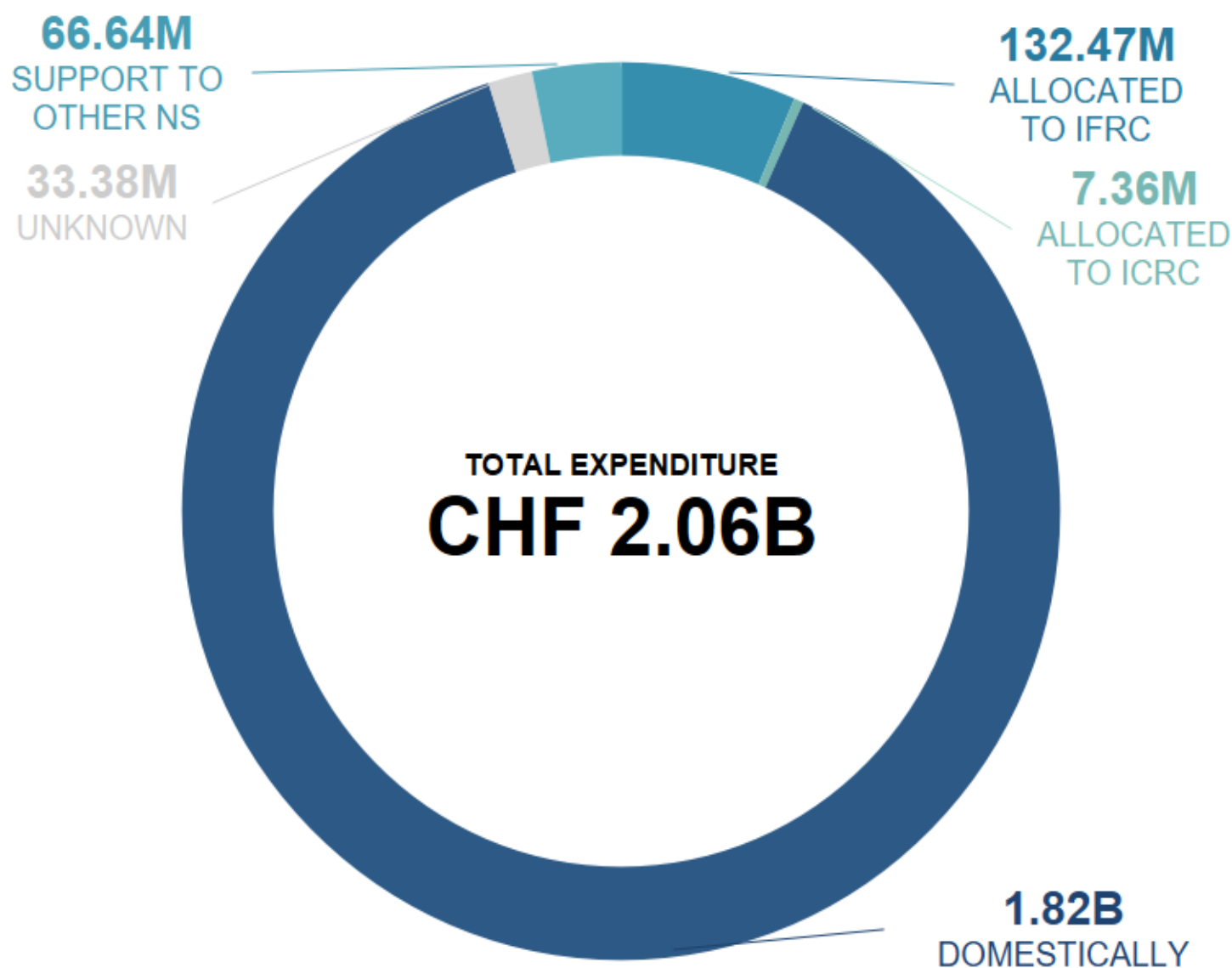
* this figure is lower than the previous figure because of a retrospective correction

Expenditure

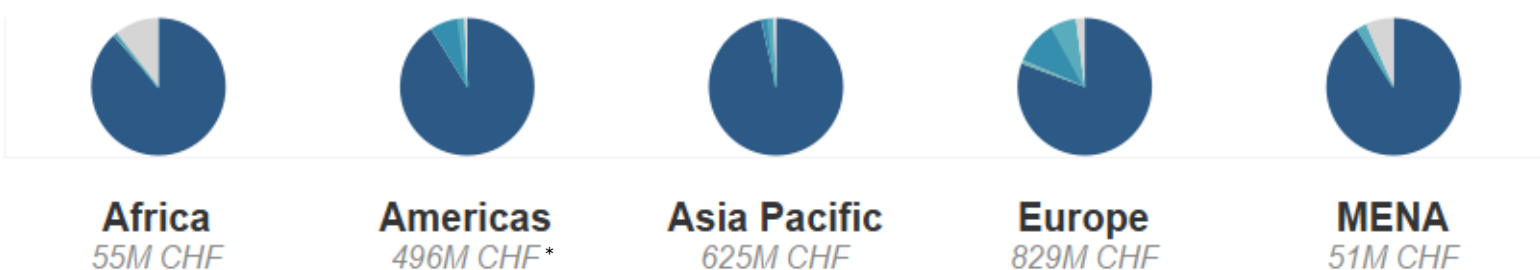
181 National Societies reporting financial information

TOTAL EXPENDITURE BREAKDOWN

Expenditure breakdown trend remains the same across all regions compared to previous reports: domestic response to the pandemic is the primary expense for all the National Societies and makes up 88% of the total expenditure.



SPENDING BY REGION



EXPENDITURE BY OPERATIONAL PRIORITY*

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. Each National Societies' response is planned and implemented according to their mandate and context.

Globally, Health operational priority makes up 58% of the total spending of the response. At regional level, all regions follow the same trend except Europe that over half of the total expenditure has been spent to address socio-economic impacts of the pandemic.

BY REGION



Africa



Americas



Asia Pacific



Europe



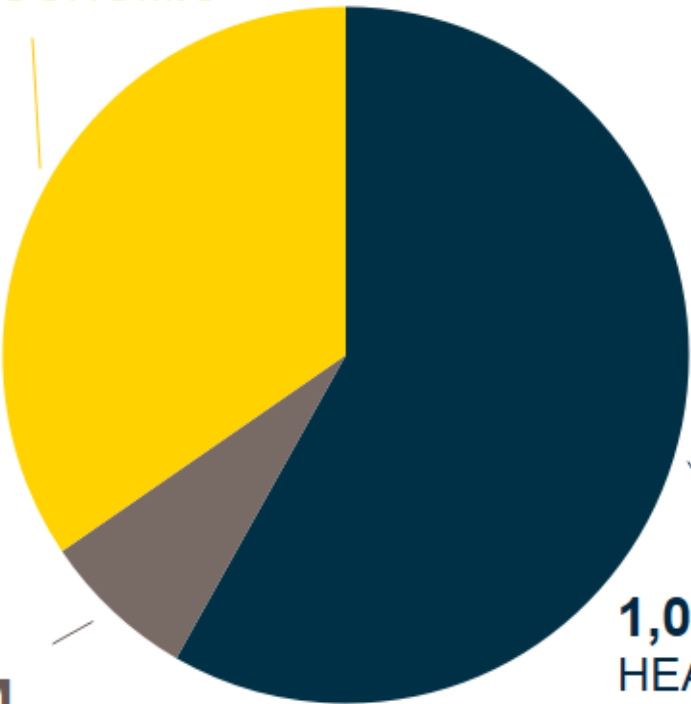
MENA

GLOBALLY

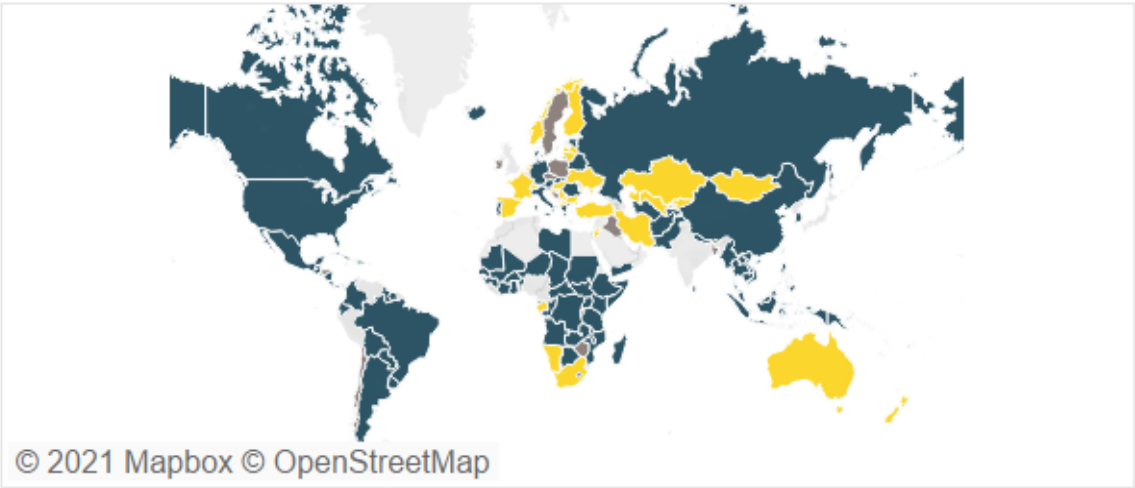
593.82M
SOCIO-ECONOMIC

125.35M
NS STRENGTHENING

1,001.91M
HEALTH



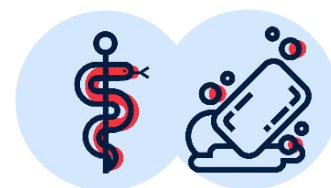
OPERATIONAL PRIORITIES WITH HIGHEST REPORTED EXPENDITURE MAP



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

RED CROSS AND RED CRESCENT ACTIVITIES GLOBALLY

Operational Priority 1: Sustaining Health and WASH



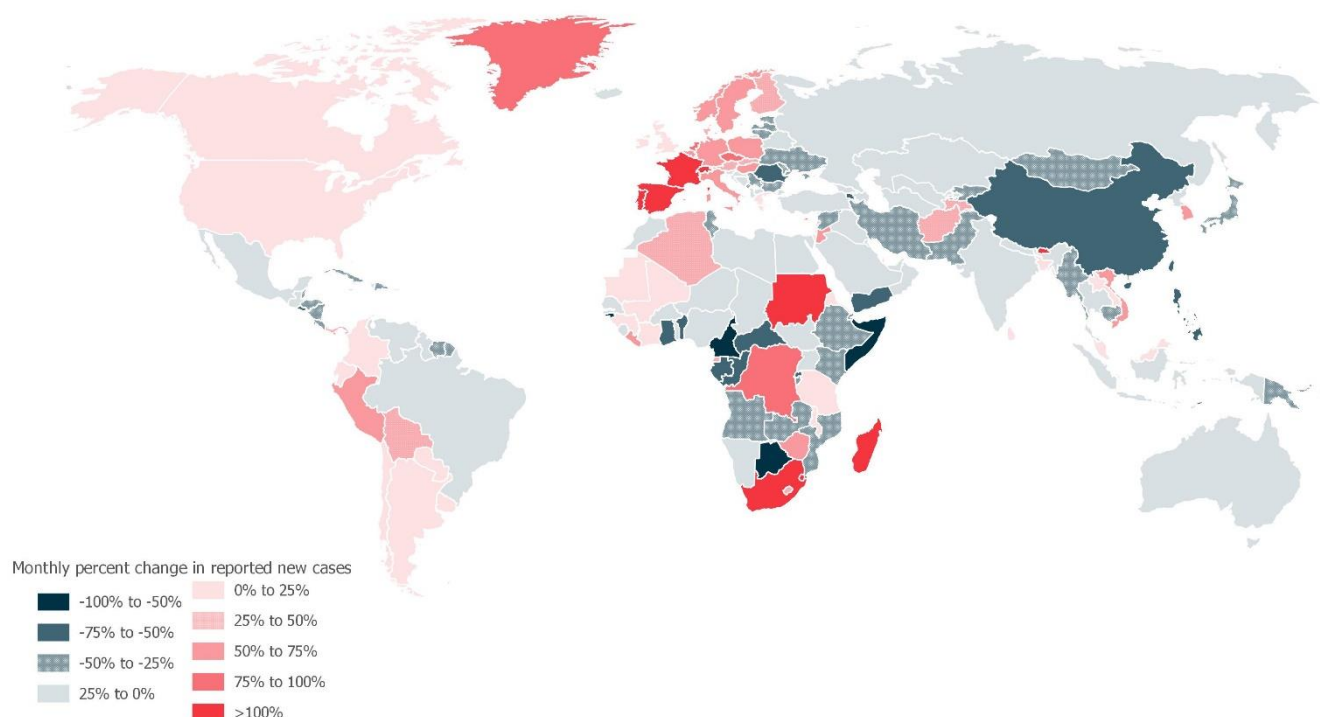
Health and Care

Trends:

- There have been over 263 million cumulative cases and 5.2 million cumulative deaths of COVID-19 reported worldwide.
- For about a month, the **global incidence of COVID-19 cases has continued to increase**. However, there was a plateau in new cases (globally) in the past week (with different trends seen by other regions). In contrast, new deaths decreased by an estimated 10% worldwide. **Europe continues to report most new COVID-19 cases throughout the globe, representing 70% of new cases. In comparison, the Africa Region reported the most significant increase in new reported COVID-19 cases (by 93%)** compared to the previous week. Due to unknown implications of the Omicron variant of concern and general rising total case numbers in many countries in the Northern Hemisphere (also expected due to previously reduced COVID-19 measures, the Delta variant and increased indoor gatherings), states have begun re-implementing stricter COVID-19 measures.
- In the Americas region, vaccination rates have been rapidly increasing over the past several months. However, there are significant disparities in access to vaccination between higher and lower-income countries in the region. In Guatemala, Saint Vincent and the Grenadines, Jamaica, Nicaragua and Haiti, less than 20% of the population has been fully vaccinated. It is unlikely these six countries will reach the WHO target of 40% vaccination coverage by the end of the year.

COVID-19 Global View

Produced 01 Dec 2021



This map does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. The map illustrates the bi-weekly percent change between 3-16 November and 17-30 November 2021

0 1000 2000 km



- The African continent continues to be the least vaccinated continent by a significant margin. The continent missed its key immunisation target to vaccinate 10% of its population by the end of September. Even if COVAX successfully delivers its target of 470 million doses by the end of the year, it would only be enough to vaccinate 17% of the African continent, well below the WHO target of 40% vaccination coverage. Less than 1% of people living in countries like the Democratic Republic of the Congo, Benin, Chad, Tanzania, Madagascar and Burkina Faso have been able to access COVID-19 vaccination.
- In humanitarian contexts in the Middle East and North Africa, for example, Syria and Yemen, COVID-19 vaccination rates are below 5%.
- In the Europe region, while 22 of the 27 member states of the European Union have vaccinated at least half their population, only 12.2% of people in Central Asia, 7.9% of people in the South Caucasus, and 23.5% of people in the Balkans have accessed COVID-19 vaccination. Over the past several months, vaccination rates have started to stagnate in the region, largely driven by a lack of access to COVID-19 vaccines in non-EU/EEA countries and a lack of confidence in COVID-19 vaccination and health authorities in parts of the EU, including Poland, Slovakia, Bulgaria and Romania.
- While the Asia Pacific region initially struggled to get COVID-19 vaccination off the ground, vaccination has been scaling up across the region in recent weeks as India resumed exports of COVID-19 vaccines, prioritising neighbouring countries. In Southeast Asia and the Pacific islands, however, the roll-out has been slow and uneven. Less than 20% of people in many Southeast Asian countries are fully vaccinated. In two humanitarian contexts in the region, Myanmar and Afghanistan, only 10% and 6.4% of the population are fully vaccinated.
- **Secondary health impacts:** Measles surveillance in all regions decreased in 2020 compared to previous years, while WHO and US CDC estimate that 22 million infants missed their first dose of measles vaccine worldwide (the largest reported increase in decades), and 70% of those who were supposed to get their second dose missed it in 2020.
- The 2021 WHO World Malaria Report shows increases in malaria cases and deaths worldwide in 2020 in part due to disruption of services due to COVID-19. There were an estimated 14 million new cases

A Red Cross volunteering doctor is seen performing basic check-up on Mrs. Nguyen Thi Muoi, 63, before vaccinating her at her home in Thao Dien Ward, Thu Duc city, Vietnam on November 17, 2021. Due to her disability, Mrs. Muoi was unable to go to mass vaccination sites so VNRC Ho Chi Minh's mobile vaccination unit visited her home to vaccinate her. Photo: Yen Duong/ IFRC.



compared to 2019 and 69,000 new deaths. Still, the WHO and partners state that the 'worst case scenario' was averted due to urgent actions to maintain services as much as possible.

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**. [Interact with the figures on the Go Platform.](#)

- The IFRC Regional offices have supported National Societies with virtual training on Psychological First Aid (PFA), Psychosocial Support in Emergencies (PSSIIE) or Psychosocial support in the context of vaccine hesitancy. Support has also been provided with translation and adaptation of technical materials. National Societies have reached 12.2 million people with MHPSS services since the start of the Pandemic.
- 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.
- National Societies continue to carry a variety of activities to promote basic preventive measures and hygiene practices, reaching 122.1 million people at community-level.
- Vaccination: 241,062 staff and volunteers have been trained to support the COVID-19 vaccine roll-out, with numbers increasing. 79.2 million people reached through NS support to get vaccinated against COVID-19.
- The IFRC 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 this process's level of engagement and readiness.
- 167 of 192 National Societies, **representing 87% of the IFRC-membership**, have conducted at least one COVID-19 vaccination activity. National Societies have supported the delivery of COVID-19 vaccines globally, including implementing communications campaigns targeting high-risk groups and marginalised groups, conducting perception surveys on vaccination, participating in national coordination mechanisms on the roll-out of COVID-19 vaccination, supporting mass COVID-19 vaccination centres, leading microplanning for immunisation, and directly administering COVID-19 vaccines into the arms of people. National Societies have reached 150 million people with COVID-19 vaccination in recent months.
- The IFRC and National Societies are working to procure and facilitate COVID-19 vaccine donations in countries experiencing deficits in vaccine supply which are looking to supplement COVAX vaccine allotments through other avenues.
- **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:



ADVOCATE for equitable access to COVID-19 vaccines



TRUST: build community trust and acceptance of COVID-19 vaccines and help manage expectations



HEALTH: support the delivery of COVID-19 vaccines in health facilities and during outreach activities



REACH underserved communities



MAINTAIN other immunisation services

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



IFRC network actions to ensure that equitable and effective access to COVID-19 vaccination 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.
- 172 of 192 National Societies, 90 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 150 million of people in recent months. Here is a snapshot of our actions from around the world.



IRANIAN RED CRESCENT SOCIETY



A shipment of COVID-19 vaccines coordinated by the Iranian Red Crescent, Tehran, August 2021.
© Iranian Red Crescent Society

The Iranian Red Crescent Society (IRCS) is the only non-government entity that has been authorized to procure and import COVID-19 vaccines into Iran. Of the total 79 million doses that have been important into Iran, IRCS has procured 58,390,000 COVID-19 vaccines or nearly 75%.

IRCS has deployed 7000 staff and volunteers to support the rollout of COVID-19 vaccination in Iran. The Red Crescent operates 22 mass immunization centres and

has deployed 10 field hospitals to support the Ministry of Health's vaccination efforts. As of October 2021, IRCS has vaccinated nearly 4 million people for COVID-19.

IRCS is additionally coordinating with UNICEF, UNHCR and WHO to ensure that an estimated 3 to 4 million refugees living in Iran can access COVID-19 vaccination. Iran hosts the world's fourth-largest refugee community, predominantly of Afghan and Iraqi origin.

GUATEMALAN RED CROSS SOCIETY



*A Red Cross volunteer registers a vaccine recipient for COVID-19 vaccination, September 2021
© Guatemalan Red Cross Society*

The Guatemalan Red Cross Society has been supporting public health authorities with the rollout of COVID-19 vaccination since May 2021. The Red Cross is supporting COVID-19 vaccination centres in the departments of Guatemala City, Jalapa, Quiché, Quetzaltenango and Retalhuleu. Each vaccination centre aims to vaccinate 1000 people daily. The Red Cross has provided fixed and mobile facilities, human resources, medical supplies, computer systems, and emergency units. Red Cross staff and volunteers ensure the vaccination centres function efficiently by supporting registration, data entry, crowd control and first

aid. Volunteers trained in sign language additionally ensure that people with hearing loss can COVID-19 vaccination.

The Guatemalan Red Cross additionally works to ensure indigenous populations have access to COVID-19 vaccination. The Red Cross has conducted a vaccine perception survey to better understand the barriers to accessing vaccination. Since language was identified by survey respondents as a critical barrier, the Red Cross created a set of videos in local indigenous languages to provide information about COVID-19 vaccination.



*A Uganda Red Cross vaccinator administers a COVID-19 vaccine, September 2021.
© Uganda Red Cross*

UGANDA RED CROSS



In September 2021, the Uganda Red Cross Society partnered with the Ministry of Health to urgently deliver 120,000 COVID-19 vaccine doses that were set to expire at the end of the month. Mass vaccination sites have been established in heavily trafficked areas, for example the largest public markets in Kampala City Centre.

URCS is collaborating closely with Ministry of Health and the Kampala Capital City Authority and the different COVID-19

village and district task forces to encourage people to seek vaccination, as part of its ongoing COVID-19 response. Volunteers go door-to-door and organize focus groups in communities to discuss COVID-19 vaccination. It also is supporting the delivery of vaccination materials such as vaccination cards and registers, among other key tools needed at vaccination sites within Kampala.

GEORGIA RED CROSS



A Georgia Red Cross volunteer discusses COVID-19 vaccination with a vaccine recipient, September 2021
© Georgia Red Cross

In coordination with the IFRC, the Ministry of Health and other partners, Georgia Red Cross Society (GRCS) staff and volunteers are operating mass vaccination centres across Georgia, including in Rustavi, Mukhrani and Mtskheta. GRCS works to make the vaccination process easier and safer for people. For example, volunteers answer questions about vaccination, and manage registration and queues at the mass vaccination sites. GRCS has additionally been collecting feedback on COVID-19 vaccination to better understand the driving factors behind distrust in vaccination.

GRCS has been actively involved in ensuring ethnic minorities are able to access COVID-19 vaccination. GRCS volunteers go door-to-door in cities and villages to provide ethnic minorities with the support needed to register for COVID-19 vaccination. Volunteers additionally disseminate leaflets on vaccination in culturally appropriate languages. During World Immunization Week, GRCS engaged with representatives from ethnic minority communities on the importance of COVID-19 and routine vaccination and how their communities could access vaccination.



A Thai Red Cross volunteer administers a COVID-19 vaccine to a migrant worker, September 2021.
© Thai Red Cross Society

THAI RED CROSS SOCIETY



Thai Red Cross Society (TRCS) vaccination teams have been working with the Ministry of Public Health since May 2021 to vaccinate vulnerable populations against COVID-19 including migrant workers, people without homes, the elderly, pregnant women and persons with disabilities. The TRCS runs several vaccination centres including in Khlong Toey, the largest fresh market in Bangkok, where around 1,000 people are vaccinated daily. The TRCS has additionally established vaccination sites at its office building, department stores, schools and hospitals. Over 4,000 Red Cross volunteers have been mobilized for

COVID-19 vaccination, including more than 200 doctors and 350 nurses.

TRCS's volunteers and staff vaccinate more than 300 migrant workers daily, intending to vaccinate at least 5,000 migrant workers by the end of October 2021. The TRCS has additionally collaborated with the Red Cross of China to share COVID-19 vaccine doses between China and Thailand. Furthermore, the Thai Red Cross is using new mRNA technology to develop the ChulaCov19 vaccine which is expected to get emergency use authorization by April 2022.

For further information, please contact:

Adelaide Davis, COVID-19 Immunization Focal Point, Community Health, Health and Care Department, IFRC: adelaide.davis@ifrc.org

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 routine and preventive care levels, including routine immunisation.
- Globally, COVID-19 vaccines continue to be inequitably distributed. In their role as auxiliaries to governments, National Societies are tackling vaccine supply challenges to ensure vulnerable, at-risk, and marginalised communities can access COVID-19 vaccination.
- National Societies have faced significant challenges supporting governments to roll out soon-to-expire vaccine doses rapidly. For example, WHO analysis has shown that the average shelf life of vaccine shipments arriving in Africa is two to three months, with authorities only receiving a few days' notice before shipments arrive. This leaves a short timeframe for National Societies to support health systems to get vaccines into people's arms.
- 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.
 - National Societies new to the immunisation space face challenges learning from and benefitting from the experiences of other Movement Actors and National Societies who had more comprehensive immunisation capacity prior to the COVID-19 Pandemic.
- **The Movement has gained valuable experience with mass vaccination campaigns and must channel this positive experience towards a renewed commitment to expanding and strengthening routine immunisation coverage.**
- **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:

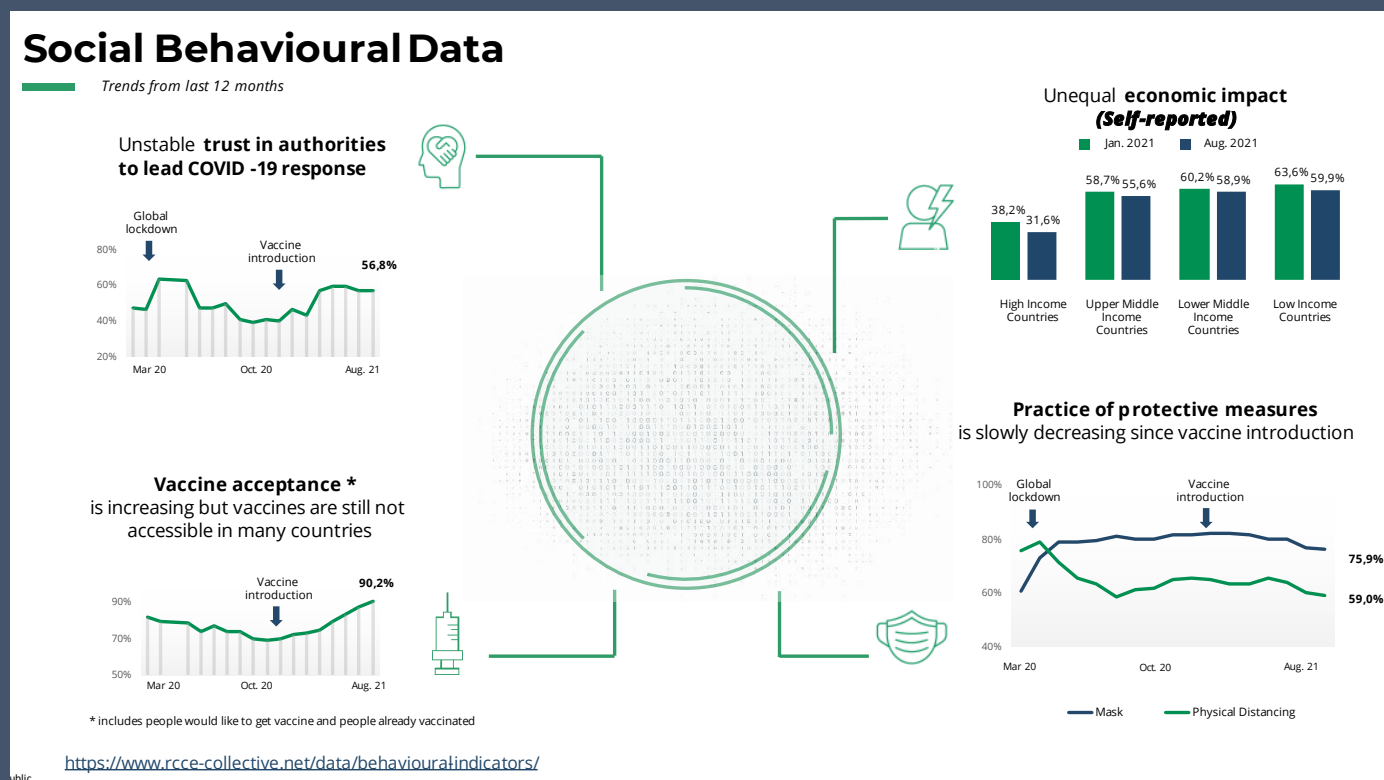
In the current environment of pandemic fatigue, [dramatically unequal distribution of vaccines, testing, and other live-saving interventions](#); [declining adherence](#) to public health and social measures; and [substantial decrease in vaccine acceptance rates](#), especially in Africa, it is clear that 'business-as-usual' health and development practices are insufficient. Engagement lies on a spectrum from more passive to active involvement, from information sharing, to conducting consultations to shape actions to co-designing of interventions and response. Most of the evaluations today highlights that the COVID-19 response had over-centralised command and control measures, sometime militarised, with some level of consultations and mostly passive involvement of communities.

Although we are witnessing an increase in vaccine uptake and acceptance, we cannot consider this a global trend. Vaccine mistrust is still a hurdle and more among migrants. A three rounds of [KAP assessment](#) in Turkey reveal that while a majority reported not having received the vaccine, more than half of these respondents (52.1%) did not receive any information about it. [Another study conducted in Lebanon](#) found that misinformation circulating about the COVID-19 vaccine fuelled concerns about possible side effects; however, awareness about the COVID-19 vaccine had increased to some extent due to contextualised dialogues.

A [Hellenic RC perception survey with migrants and refugees](#) showed a high percentages of Covid-19 vaccination hesitancy related to fears of side effects or low effectiveness. Feelings of fear and anxiety, lack of adequate information and exposure to negative and false news were fostering negative attitudes towards vaccination.

Same concerns were echoed in a quantitative survey carried out by the [Georgia Red Cross](#), where 58% of the unvaccinated respondents named the lack of information as the main barrier to vaccination, followed by concerns around effectiveness and possible side effects the most cited gaps to be addressed. Across our social data, including community feedback, there three recurrent reasons why people might refuse the vaccines, namely the fear of side effects and concerns about its safety.

As co-lead of the RCCE Collective Service (with WHO&UNICEF), IFRC has led on creating [socio-behavioural data dashboard](#) which to date has compiled data and evidence from almost 260 data sources across 200 countries. This critical evidence ensures people's voices and needs informs policymakers, funders, implementers response actions. It also helps bring resources and focus to the most pressing needs. The latest [data synthesis: public perceptions of the covid-19 vaccinations](#) was launched in August which brings together data from 66 data sources from quantitative surveys, across 107 countries and six regions (collected between March 2020 and April 2021).



The latest data indicates:

- Authority Crisis: fluctuating levels of trust and limited trust in authorities, especially in some regions and countries. This is a vital determinant of behaviours.
- Economic crisis: are unequally affected by the economic crisis. Absence of social protection system, poverty and high vulnerabilities of specific population groups amplify the impact of COVID-19 on the population which constraints PHSM adhesion, reinforces inequity for health access.
- Vaccine acceptance or motivation is increasing in almost of all countries. However, acceptance is fragile and request a comprehension of social and structural barriers such confidence in vaccine, misinformation on vaccine, inappropriate information on vaccine access, or low vaccine access.
- Slow decline of protective measures since the vaccination introduction in dec. 2020 and specially mask wearing and social distancing.

Response:

National Societies have a unique comparative advantage having volunteers that are part of the communities and able to understand the community needs and building trust in a context of [misinformation and confusion](#) which has been widely recognised by donors and partners alike.

National Societies played a critical role in ensuring participatory and community-based pandemic preparedness and response activities, which are informed and adapted to community feedback. IFRC has excelled in setting up feedback mechanisms that enable dialogue with affected populations in a contextualised and culturally appropriate way. Local actors and communities are key to an effective community-centred approach grounded in plans and measures that are sensitive to context, agile and receptive to change. National Societies and their community volunteers play a unique role in rolling out interventions that are relevant, contextually [appropriate and co-owned by affected populations](#). This ensures that two-way trust between providers and affected populations is established and respected.



KRCs Volunteer conducting a perception survey and mobilisation of communities to vaccination centres as part of Solidarity Fund project Photo: KRCs.

The unique added value that the IFRC has demonstrated engaging and listening to communities over these 20 months of the response has been recognised by several donors. On May 2021, the IFRC, was granted a **multiagency WHO- Solidarity Fund award** focused on community mobilisation for vaccine uptake in 5 countries: Morocco, Pakistan, Ukraine, Kenya and El Salvador. The objectives of this programme are centred on interventions targeted at system and service changes, and those focused on ensuring community confidence through effective communication and community engagement, and through facilitating access to high-

risk population groups.

Over the last 20 months, 886.4 million people in 174 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. Some examples of adapting traditional community engagement approaches into remote and digital feedback systems are the development and use of chatbots in [Kazakhstan](#) to scaling up the collection and analysis of community feedback, but also strengthening rooted approaches such as local radios in Cameroon, or strategies to understanding migrants' perceptions in [Trinidad and Tobago](#).

To date, there has been more than **1.5 million feedback comments collected and 2,300 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.

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 385,121 volunteers have been trained in risk

communication, community engagement and accountability with special focus on how National Societies can better inform their programmes to address vaccine hesitancy and build trust and uptake.

Overall, the IFRC continues to co-lead with WHO and UNICEF the [Risk communication and community engagement Collective Service](#) (the Service), a collaborative partnership to enhance coordination and increase the scale and quality of localised community engagement approaches. Over the past reporting period, the Service has continued to promote standards of practice, ensure regular sharing of knowledge, innovations and learnings and development of targeted guidance, timely technical support (in Africa 29 countries were supported in areas such as coordination, Information Management, Social Science and tailored joint capacity building efforts based on identified gaps and requests). It has also set a clear blueprint for a more collaborative approach toward scaling up data-driven interventions and coordination efforts. Across Regions, the Service brings regularly together more than 60 partners and ensures Red Cross Red Crescent community engagement capacity is leveraged and supported to deliver at scale.

The IFRC is also taking an active role in coordinating the different RCCE interagency subgroups such as the RCCE in Low Resource Settings, where the [Risk communication and community engagement guidance on COVID-19 vaccines for marginalised populations](#) has been launched and joint webinar series are taking place to contextualise best practices and best use of the guidance recommendations.

Gaps to be addressed:

- Position the RCRC as the backbone of effective community systems. Community health systems, are key elements of a strong community-led and community-based responses which, coordinating to the evidence, is key to an effective preparedness and response approach.
- IFRC is setting up **Trust Index** initiative that builds on the Red Cross Red Crescent's track record in innovation for social inclusion by measuring trust in providers of aid in specific contexts across the world. It will lead to improved and real-time information on trust that could be used to collectively respond to feedback and create opportunities to respond to a myriad of social, health and climate threats affecting migrants, refugees, and host communities across the world.
- Ensure what has been built is not wasted: we need to ensure that investments in community engagement and risk communication approaches, especially concerning vaccines and biomedical tools are maximised for the COVID-19 response and the systems and partnerships are maintained and strengthened for the next Pandemic and future health emergencies. We need to seize this opportunity now to transform how the public health and humanitarian sectors coordinate, implement, monitor and resource collaborative approaches to RCCE.
- Maintain, prioritise and fund trained RCRC volunteers and staff on community engagement and accountability to ensure that availability of community data leads on informing decision- making at every step of the response and beyond.
- 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, address social norms and build acceptance and uptake with special focus on **marginalised population, migrants, refugees IDPS and last-mile communities**.
- **Gathering and responding to feedback and perceptions from RCRC staff and volunteers at the frontline** to tackle better vaccine acceptance issues and community concerns.

Operational Priority 2: Addressing Socioeconomic 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 million¹.

In this context, and given the IFRC principle of leaving no one behind, the IFRC wanted to determine how communities were affected by these secondary impacts, who was impacted and why, and how National Red Cross and Red Crescent Societies adapted their response to support communities, including the newly vulnerable and those whose vulnerabilities were exacerbated by the Pandemic. The IFRC commissioned a research piece on [the socioeconomic consequences of the COVID-19 Pandemic](#). The research found that three groups were especially at risk:



Women were disproportionately affected by the implications of the Pandemic on livelihoods compared to men. This may be due to the higher likelihood of women being employed in informal sectors or in the domestic and tourism industries



People living in urban areas were more severely affected by the socioeconomic impacts of the Pandemic. This was partly due to the nature of city-based labour, which often became untenable compared to rural work that was outdoor-based and physically distanced.



The Pandemic was uniquely threatening to migrants, internally displaced people and refugees. Many were already vulnerable, often with precarious livelihoods and little or no state support.

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 socioeconomic 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 socioeconomic 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 RC](#) 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:

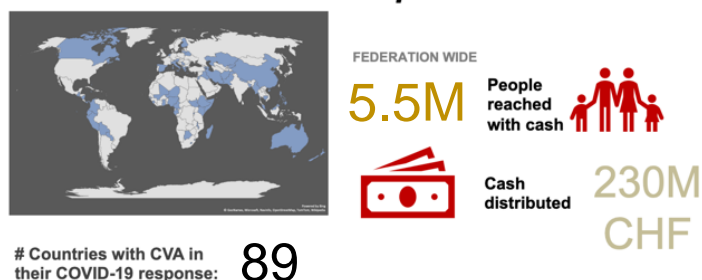
National Societies have responded with food assistance, cash assistance to help meet basic needs, support to protect livelihoods, or support to restart disrupted production, income-generation, and small business activities.

¹ [Joint statement by ILO, FAO, IFAD and WHO.](#)

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. **8 more National Societies** have reported some form of CVA in their interventions under the IFRC EA. Under the overarching Federation-wide response, **5.5 million people have been reached with more than CHF 230 million** in cash and voucher assistance.

COVID-19 Global CVA Response



Compared to the latest period National Societies continue making distributions though at a lower rate. Support to National Societies continues to develop agreements with financial service providers (FSPs). Overall capacity building to support National Societies in their cash implementation has continued: Cash information (I.M.) workshops have been completed while new sessions of the PECT training have been carried out.

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, In the Americas, the regional office continues to support National Societies in promoting the recovery of livelihoods and in capacity building of microenterprises. 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. In the Ukraine, a concept note for a pilot project on women and employability has been developed. Terms of reference have been produced for a training manual targeting livestock herders in Central Asia.

Coordination & technical support: The COVID-19 Livelihoods Helpdesk, hosted by the Livelihoods Resource Centre (LRC), continues providing the technical support required to National Societies. Through the Help Desk, the LRC has supported 39 National Societies (79 requests) from all regions, CADRIM, the IFRC Secretariat, and IFRC regional and cluster teams with trainings, technical assistance, knowledge creation, and the sharing of resources and tools.

The main requests are for advice on assessment tools, and review of response options and plans. So far, LRC has also organised 33 online technical training courses with participants from more than 40 National Societies on livelihoods programming, programming using the cash transfer modality, and emergency and recovery livelihoods assessment. 25 webinars reaching more than 1,157 staff from NS, IFRC Secretariat, and other organisations 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 34,743 people on Facebook and 36,419 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 socioeconomic 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**.



Jamaica Red Cross staff member, Shanrick Thomas issues a cash card to a school gate vendor who lost her income due to COVID-19. Due to schools being closed, school gate vendors were unable to continue their livelihood during the Pandemic. Photo: Jamaica Red Cross.

Protection Gender, Inclusion (PGI) and Education

Trends: The impacts of the Pandemic, while varying country to country, show that people are being pushed into vulnerable situations, exacerbating existing 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, **1,071 branches** include an analysis of the specific needs of marginalised groups in their assessments, **6.2 million people were reached through exclusion related programmes**, and **2.8 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.



Iraq, 2021. Iraqi Red Crescent Society have been distributing thousands of food parcels to the families affected by COVID-19. The food parcels have been handed out to the people in many governorates, for example Maysan, Najaf, Diyala, Wasit and Dhi Qar. Photo: Iraqi Red Crescent Society

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 socioeconomic 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.

Shelter and Urban Settlements

Currently, 42 National Societies self-report that they are active in providing shelter and urban settlements response in COVID-19 context, reaching 1 million people worldwide. The IFRC globally and regionally responds 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 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 a the cash hub website a specific Cash and shelter page has been created.

A self-learning module on the guidance has been finalised and it was launched in October 2021. It is available through the learning platform: **Introduction to Rental Assistance Programming**. The course is available in English and its translation into Spanish and Arabic is planned toward the end of 2021 and the beginning of 2022. Several webinars in English, French and Spanish for the launch of the guideline and as well as a learning session took place in the reporting period.

The self-learning shelter and settlements course of the IFRC, “**More Than Just a Roof**” is also being updated to include urban and pandemic responses and will be available in English and Spanish (initially) in November. Translations into other working languages (French and Arabic) is on the process and it will be finalised during the last quarter of 2021 and the beginning of 2022. Here below you can find the learning outcomes of the pandemic case study as presented in the course.

A guidance was also developed on working in camp and camp-like settings in COVID-19 context, at the initiative of Asia Pacific region. The IFRC reviewed and contributed to the work, under the coordination of the regional shelter coordinator. A joint effort 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 newsletters 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 2020. 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 included in its 8th edition (2019-2020) included 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. The IFRC coordinated through its different technical teams 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

What do we learn from this?



- While the physical structures in which people live may not be affected by a disease, **the physical and social conditions under which people live could influence its spread or containment and how effectively people can protect themselves and their families.**
- **Shelter actions can considerably support the achievement of health outcomes.** You need to work with health specialists to understand the context and forms of risk to the population, to identify shelter assistance that can contribute to the containment of the disease.
- Pandemics can cause considerable economic hardships, especially to marginalised and vulnerable groups. **Shelter interventions can contribute to mitigate the social & economic impact of the pandemic** through rental assistance, advocacy and technical support around housing, land and **27**property rights to prevent evictions, etc.

guidance approved by the IASC². 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 IFRC 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.

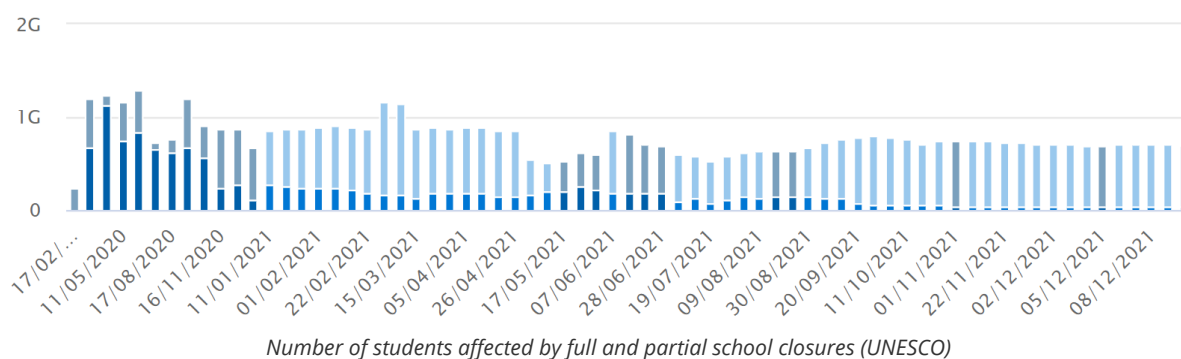
Gaps to be addressed:

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

Education:

Trends:

Between June and October this year, the number of learners affected by nationwide and partial school closures decreased from almost 184 million to 38,5 million (i.e., from almost 12% to about 2.5% of total enrolled learners), and the number of nationwide school closures went from 22 down to 10.³



As protecting teachers is essential to safely reopen schools, 72% of countries worldwide have included teachers in one of several priority groups to be vaccinated in national vaccination roll-out plans (146 compared to 139 countries previously). This being said, only about 10% of all countries allocated teachers to the first priority group with frontline workers, and 29% of all countries did not allocate them to any priority group, meaning they are to be vaccinated according to other national criteria (e.g., age, health status, other).⁴ In partnership with Community Systems Foundation, the UNESCO launched [OpenEMIS Vaccinations](#) a tool to help [track progress of COVID-19 testing and/or vaccination campaigns in schools](#) to promote a safe return to schools.

Response:

The IFRC continued to support the network in strengthening its capacity to address education-related needs, including through the integration of education-related considerations across sectors.

² [Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)

³ UNESCO, Global monitoring of school closures: <https://en.unesco.org/covid19/educationresponse#schoolclosures>

⁴ UNESCO and the International Task Force on teachers for Education 2030. <https://en.unesco.org/covid19/educationresponse/teacher-vaccination>

Between June and October 2021, **23 National Societies** self-reported having reached **4,226,026 people** with their Covid-19 response efforts for educational continuity and safe access/return to schools. National Societies remained actively engaged in risk communication, health education and hygiene promotion in schools, including training of the education community on -and implementation of- Covid-19 prevention and control measures in schools (disinfection, PPE distribution, screening and temperature checks, vaccination campaigns). Other types of interventions they carried out include in-kind or cash assistance for (distance) learning equipment and materials, food distribution in schools, (home-)schooling support to learners, or day care services in kindergartens and schools. The IFRC notably supported the implementation of four projects integrating interventions to enhance children's access to education as a measure to tackle the increased risk of child labour resulting from the socioeconomic impact of the Covid-19 Pandemic in Ecuador, Egypt, Nepal and The Gambia.

The **digitalisation of IFRC and National Societies' educational offer and flagship initiatives in various thematic areas** -such as the IFRC Youth as Agents of Behavioural Change (YABC) initiative, the IFRC Participatory Approach for Safe Shelter and Settlement Awareness for Youth (PASSA-Youth), or the IFRC Healthy Lifestyle for Youth programme- continued. Their educational activities and training processes were adapted to be fully or partially delivered online, which enabled the IFRC to keep on supporting National Societies with the implementation of these programmes – although remotely. For instance, 29 staff and volunteers from the British Red Cross, the Irish Red Cross and the Ukrainian Red Cross Society, were distantly trained or coached as YABC peer educators or trainers, and 121 staff and volunteers from the Argentinian Red Cross, the Uganda Red Cross, the Iraqi Red Crescent and the Myanmar Red Cross were trained as facilitators to pilot the “Uniting through the Power of Football” project in partnership with Generation Amazing (Supreme Committee for Delivery and Legacy of Qatar 2022). With the support of the Centre for the cooperation in the Mediterranean, three YABC toolkit activities were digitally gamified to further support these distant or blended learning and training approaches. Similarly, in partnership with the Special Olympics Indonesia and the Ministry of Youth and Sports of Indonesia, and with the support of the IFRC, the Indonesian Red Cross (PMI) developed several in-person and digital training modules for students with intellectual disabilities on first aid, hygiene promotion, sexual and reproductive health, disaster risk reduction and life skills which were piloted in 12 schools across 2 provinces, reaching 114 students. Furthermore, the script of a 4-hour e-learning course to strengthen the competencies of National Societies' staff and volunteers, teachers and other education personnel to effectively deliver quality humanitarian education to children, adolescents and young adults was developed.

The IFRC also organised, supported or contributed to **an additional seven live learning events** targeting youth, humanitarian actors or policymakers, addressing issues such as protection, gender and inclusion - especially child protection and inclusive education during Covid-19 (as part of our membership in the INEE Inclusive Education Task Team and in the Advisory Group of the INEE-ACPHA initiative to strengthen collaboration between Child Protection and Education in Emergencies). Monthly education newsletters were developed and disseminated, and monthly education network meetings were held, to facilitate the sharing of information, learning and collaboration opportunities.

Gaps to be addressed:

- It would be essential to strengthen both the IFRC and National Societies' capacity to consider, assess and respond to education needs more systematically and at a larger scale. This requires **additional human and financial resources to establish the minimal structure needed to provide technical support at the appropriate institutional level as well as to develop and roll out the tools and trainings still missing.**
- While supporting the continued application of Covid-19 prevention and control measures in educational facilities (including teachers' vaccination campaigns as appropriate), it would be important to further explore how to **ensure education-related considerations are integrated into** all aspects of future responses, especially **preparedness and anticipatory action.**
- As the socioeconomic impacts of the Pandemic will continue to affect households' livelihoods, it would be important to keep investing in **innovative multisectoral approaches to support gender- and diversity-responsive return to school**, especially for children at high risk of child labour, child marriage, early pregnancy or gender-based violence.

- It would be equally important to consider how our **educational interventions are adapted to the new normal** and can support more **resilient and inclusive education communities and systems**, especially for those facing multiple challenges, who were already out-of-school or marginalised such as children and youth living with disabilities, on the move, in poor or rural areas and informal settlements.



Armenian Red Cross volunteers are providing support at the mobile vaccination points set up by Ministry of Health of Armenia. They answer questions about vaccination process, distribute personal protection items and assist people with registration. Photo: ARC.

Operational Priority 3: Strengthening National Societies

National Society Preparedness

Trends:

The COVID-19 crisis has posed significant challenges to National Societies which have to respond to other crises and emergencies in parallel to their response to the Pandemic.

The scope of preparedness and response actions undertaken by National Societies varies from region to region; however, they all face common challenges. While the COVID-19 crisis forced the rapid development of emergency response procedures within multi-hazard environments, in many cases, the diversion of programme resources (human and financial) for COVID-19 response activities resulted in the cancellation or deferral of other response actions. However, during their response to COVID-19, many National Societies have improved and adapted the ways in which they strengthen their capacity to ensure an effective response.

Response:

The operational objective has been to support NS capacity strengthening across the RCRC network through multi-hazard preparedness actions, while also responding to the various challenges posed by the COVID-19 Pandemic. Around the world, National Societies have been receiving increasing requests from governments and local institutions to support COVID-19 immunisation campaigns, while they continue to deal at the same time with the continuous humanitarian consequences of climate-related hazards and other crises. This has impacted their overall response capacities. Hence, there is a continued need to invest in strengthening NS multi-hazard response systems – looking both at volunteer capacities and institutional frameworks. One particular aspect considered is the integration of epidemic and Pandemic preparedness and responses in ongoing National Society preparedness programmes and IFRC guidance.

During this reporting period, several preparedness resources were finalised, tested, disseminated and applied by National Societies and partners supporting them. National Societies continue to implement **preparedness and readiness 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. Additionally, the latest [IFRC National Society Preparedness Newsletter](#) was published in October 2021.

National Societies Contingency and Business Continuity Planning:

The Global Disaster Preparedness Centre's [Business Continuity Planning \(BCP\) Help Desk](#) allows National Societies to access information and technical support for their Business Continuity Planning needs, including for their COVID-19 response. The Help Desk includes a comprehensive toolkit of easily accessible multilingual guidance BCP resources, including NS Preparedness resources and interactive FAQs.

One hundred and forty-nine National Societies reported establishing or updating their Contingency Plans to achieve greater synergies in responding to affected populations' needs in future crises. Over the past months, more National Societies have engaged in Contingency Planning, and requested technical support from the IFRC to revisit their existing Plans and link them with their **Business Continuity Plans beyond COVID-19**. Interest in this topic is increasing, especially as countries continue to prepare for and/or face new COVID-19 surges, as well as other crises. Three new BPC awareness sessions were organised by the Africa regional Office to raise NS awareness on the importance of maintaining updated Business Continuity Plans, as well as on the interconnectedness and complementarity with their Contingency Plans. Technical support was for instance provided to the Nigeria Red Cross Society in this regard.

Emergency Operation Centre

A critical piece of the COVID-19 response has been the digital/data readiness capacity strengthening of National Societies to allow them to respond with up-to-date technologies. In addition, BMZ has also funded the updating of EOC operational guidelines and the facilitation of capacity strengthening of PER Mechanism components regarding EOCs and SOPs across the 5 regions. This is highlighted by a preliminary report with key recommendations and findings related to EOC implementation and management.

Six National Societies in South-Eastern Europe (Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia, and the Republic of Serbia) joined efforts to increase their capacity to prepare for and respond to emergencies through the development and implementation of Emergency Operations Centres. When the COVID-19 Pandemic was severely affecting Europe, the EOCs were already fully operational, providing a more effective response. Hence, this reporting period also saw the development of EOC success stories from the aforementioned National Societies. These stories aim to disseminate successful experiences from these six National Societies in South-Eastern Europe, in order to inspire better responses in the context of the COVID-19 Pandemic and increase interoperability and emergency management capacity.

- **E-Learning Course on Emergency Operation Centres in 4 Languages (SP/EN/FR/POT):**

In 2020, thanks to support of BMZ, it was possible to assist 20 National Societies in establishing and equipping Emergency Operations Centres. In addition to equipment, new coordination mechanisms and operational procedures were reviewed to facilitate greater coordination during the response to COVID-19 and other hazards. Additionally, the CREPD reference centre developed online courses that are available in Spanish, English, French, and soon Portuguese on the [Red Cross campus](https://www.campuscruzroja.org/enrol/index.php?id=72) and can be accessed at: <https://www.campuscruzroja.org/enrol/index.php?id=72>.

Online course on the Basics of Emergency Operations Center Management (F-MACOE)



- **Testing Global Emergency Operation Centre Guidelines in Bahamas:**

A practical IFRC global guide for the establishment of Emergency Operations Centres is being developed. To date, a pilot workshop has been held in the Bahamas with 25 participants, including volunteers and members of the National Society governing board. The workshop provided Important feedback to improve the content of the guide, and to establish of a Red Cross EOC in the Bahamas. This guidance will be further tested in 2022 to obtain more feedback from National Societies and external stakeholders.



Success story from Macedonian EOC: In Macedonia, EOC capacity was developed before the COVID-19 Pandemic struck. When it did, the EOC response efforts coordinated with the Government using a system called NICS, which provides real-time information to the public on the status of cases in their location, as well as information on who to contact for items such as food and medicine aid (RC branches). Additionally, all the work conducted with RC branches and national disaster management authorities in building interoperability through NICS allowed the EOC to start a new project to facilitate cross-border relief stock sharing as part of regional preparedness efforts.



Emergency Needs Assessment

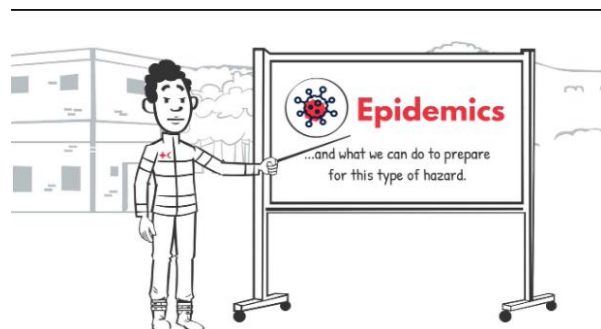
During this period, the IFRC has also developed the first draft of the Emergency Needs Assessment Training Pack, intended to strengthen NS capacities. It is based on the ongoing efforts from the surge optimisation process to better inform response operations and enhance emergency needs assessment capacities.

National Response Teams Common Standards and Harmonized Curricula

Four (4) sessions were organised by IFRC regional delegations to introduce the [National Response Teams Common Standards](#) and [NRT Harmonized Curricula](#) to participants from National Societies and IFRC offices from all regions (around 90 participants).

Preparedness Videos

The IFRC continues working on its NS preparedness awareness campaign. A series of preparedness videos (Introduction to NS Preparedness, Contingency Planning and Business Continuity Planning, and Technological Hazards) was launched in all official languages. Most recently, an epidemic preparedness video has been developed and will be published soon. The entire video Series can be [found here](#):



<https://www.youtube.com/watch?v=w6RJt5WYfQw&t=7s>

NS Preparedness Dashboards

The IFRC has further developed the preparedness section on the GO platform as follows:

- [PER Summary](#): to visualise which NS are engaged in structured preparedness processes (70NS)
- [PER Performance](#): to visualise how the response mechanism looks like per region and globally, as well as which are the components that require further attention and the ones that are performing better.
- [PER-DREF Operational Analysis](#): around **4 000** pieces of learning from **200 DREF** operations have been integrated so far and are organised using the PER Mechanism to analyse these results.
- [PER Mechanism Resources Mapping](#): a collection of guidelines, tools, and reference materials, organised according to the PER Mechanism and showing relevant resources available within the RCRC Movement.

[Additionally](#), **four explanatory videos** on how National Societies can use the PER dashboards on the GO platform were produced ([Global Summary](#), [Global Performance](#), [Catalogue of Resources](#), and [Operational Learning](#)).

NS Preparedness series – Planet Red Summit

The IFRC organised five **virtual Preparedness sessions** during the **Planet Red Summit**, with one hundred and fifty participants from 20 National Societies. Three of the five sessions were simultaneously translated into EN/SP/FR/AR. Here, National Societies shared experiences on the importance of being prepared and ready to respond to the COVID-19 crisis and to other hazards, including:

- COVID-19 Response: Did your institutional preparedness pay off?
<https://youtu.be/7OMSxDwGXOY>
- Strengthening Local Capacity. https://youtu.be/cKgv_frPzNs
- Diversifying the PER Approach in Crisis Preparedness & Emergency Response.
<https://youtu.be/hjFXkiBfFXk>
- Why a One Health approach is key to preventing the next Pandemic.
<https://youtu.be/TKMHPdd5Jy0>
- Experience sharing in data collection. https://youtu.be/a886ro3_Rbk

National Society Readiness Awareness sessions

A total of three Readiness Awareness sessions were organised in the Americas region for each country cluster, with participation from all COVID-19 team members, with the purpose of raising awareness on the elements related to the COVID-19 Global appeal Priority 3 (Strengthening National Societies), in close coordination with the NS Readiness, NS Development, and Volunteer units, to identify the main challenges and opportunities regarding NS Capacity Strengthening.

National Society Readiness Coordination sessions

Four monthly coordination sessions were organised between NS Preparedness Teams, COVID-19 Operational Managers, and NS Readiness Focal Points to discuss progress, gaps, and opportunities in NS readiness. Regions have expressed the need to continue supporting NS capacity strengthening, especially under a multi-hazard approach.

Lessons Learned & Success Stories from COVID-19 operations

Different regions have accompanied National Societies in developing and implementing their readiness and response plans for COVID-19 waves and other disasters and crisis. They are also involved in documenting lessons learned and success stories related to NS response capacity and how preparedness actions within National Societies have impacted the effectiveness of COVID-19 responses.

The National Society Preparedness Contribution to the COVID-19 Response desk review has been finalised and will be accompanied with success stories from each region. At the moment, at least 10 of the success stories are already drafted, related to the Preparedness for an Effective Response (PER) approach and to areas that played an important role during the COVID-19 response, including National Societies' Auxiliary Role, National Society Logistic Capacity Enhancement, Emergency Operation Centres, and National Response Teams.

It has been recognised that well-prepared National Societies with **cash capacities** allow for a 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 that participated in the fast-track cash preparedness tests have reported an added value to their investments and are committed to continue investing in their capacities by following the cash preparedness approach.

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

Gaps to be addressed:

- Support for National Societies' **Emergency Operation Centres** as key components for the coordination of local and national responses. Evidence shows that any emergency requires a functional structure for the coordination of the response, including standard procedures and plans to reflect individual organisational contexts. Developing Emergency Preparedness and Response Mechanisms is key for ensuring the quality of emergency coordination processes.
- National Societies have been requesting support to develop and revise their **Business Continuity Plans**, to update risk and hazard analyses based on the evolving epidemiological situation.
- Many NS preparedness mechanisms are being strengthened as part of the COVID-19 response itself. Continuous engagement and learning to **improve BCP and Contingency Planning** as part of the NS Preparedness Mechanism is required to ensure that short-term needs are reflected in longer-term institutional strategies.
- **National Disaster Response teams** have been crucial in the responses to different emergencies and unique complex crises resulting from the imposed lockdowns across the world. It is necessary to continue developing, strengthening, and supporting specialised response teams within this context.
- Regarding the scale-up of CVAs, work must continue to **streamline the procurement process with FSPs**, in order to support National Societies to provide cash assistance faster; National Societies who are new to CVAs 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 28 NS in need of volunteer insurance support (6 in Asia Pacific, 6 in Americas, 5 in Europe, 6 in MENA and 5 in Africa). 28⁷ 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 solidarity mechanism for their volunteers, including financial projections. Five NS have been supported on negotiations with private insurance companies.

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.

Global and regional webinars were organised to connect volunteers supporting COVID-19 related activities, share their experiences and innovations, and learn from each other. In addition, the IFRC provided technical support to National Societies on the **digital transformation of volunteering and facilitated peer to peer support** between National Societies on new forms of volunteering. The IFRC is currently soft launching an app, v-community, which is designed for volunteers to interact, learn and exchange experiences globally on all volunteering related matters.

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

Learning: The IFRC developed a single landing page where National Societies' staff and volunteers can access 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 the 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 roll-out 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

During the reporting period, the IFRC continue to provide essential services for our National Societies and people in different parts of the world. Different rapid response teams (including Emergency Response Units) have been deployed to respond to natural disasters such as the Haiti earthquake. All the deployments have been done respecting the national and organisational Pandemic rules. This is crucial to creating and maintaining a resilient organisation throughout a COVID 19 Pandemic time.

These months have highlighted the importance of high-level collaborations and a non-siloed approach as crucial to creating a culture of resilience and ensuring the proper duty of care for all the staff in the world.

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

Vaccine availability continues to be limited in many countries, particularly in humanitarian settings and low-income contexts. UN System-Wide COVID 19 Vaccination Programme has included INGO and International Organization such as IFRC in their global vaccination rollout in countries where national vaccine plans or availability is absent. Over 50 IFRC staff have been fully or partially vaccinated by Phase 1 of the UN system-wide vaccination programme, namely in Yemen, Central Africa Republic, Colombia, Myanmar Peru.

There continue to be few direct COVID-19-related security impacts on RC/RC personnel and operations. However, civil unrest, socioeconomic protests and violent political demonstrations due to or resulting from the COVID situation continue to be reported globally. In most RCRC operating contexts, COVID-19 remains only one of the multiple factors influencing the security threat environment. The Pandemic has led to increased coordination and cooperation between Regional Business Continuity focal points and Security Coordinators, National Societies and ICRC security focal points. We have managed to update Security Plans, Security Risk Register, and emergency plans with the Pandemic and potential new risks included. During the Pandemic, there have also been increased monitoring of security situations and assessment/analysis.

A close coordination and a good communication among the global Business Continuity Lead and the National Preparedness Senior Officer COVID-19 focal point of BCP for National Society to ensure coordination and linkages to embedding the business continuity culture in the National Societies and IFRC offices through process and integration of business continuity into the planning and operations among the National Societies Business Continuity Plans to continuity of operations in the context of emerging risks and hazards. The Development of a of holistic and tailored business continuity plans that go beyond COVID 19 is part of NS Strengthening Pillar in line with the IFRC Secretariat BCP.

Representation

The Special Representative of the Secretary General (SRSG) for COVID-19 and team continues to use COVID-19 as an accelerator to support the speeding and scaling up of our institutional actions, to improve quality, to explore new opportunities and to enhance collaboration, integration, and optimisation internally in the Secretariat.

Working with the leadership, the SRSG is providing strategic support for the implementation of the COVID-19 Resource Mobilization Strategy, including the development of marketing packages and key proposals for new areas of work and complex contexts in addition to mapping new opportunities with International organisations, pharmaceuticals, and other stakeholders. These proposals have a strong emphasis on immunisation, acting as a neutral and independent channel to get the vaccines into countries, and exploring other activities such as testing,

tracing, treatments and monitoring the vaccination processes. This is being done in an integrated manner, linking with other priorities such as the strengthening of National Societies and improving our livelihoods approach during the COVID-19 Pandemic.

The SRSg oversees systematic implementation of risk management for the response in line with IFRC's overall risk management strategy, including identification of opportunities, to improve both our delivery and our collaboration with partners in ensuring risks to our common objectives are mitigated to within acceptable levels.

There is also a focus on supporting the development of an institutional learning, knowledge management and systems framework, which would feed into an interactive Pandemic and Crises Playbook, which aims to bring together the different learnings identified across our network through COVID-19 to outline how to act in future pandemics and crises.

The SRSg continues to provide strategic guidance to the implementation, monitoring and assessment of the overall Secretariat BCP strategy, including ensuring the duty of care of staff, beneficiaries and volunteers. The SRSg is also supporting National Societies in improving their services, and developing new ones, particularly in health, education, livelihoods, water, and sanitation.

Logistics



The IFRC has been coordinating a *modus operandi* for in-kind donations from the Canadian Government through the Canadian Red Cross, valued in approx. CHF 35 million. The intended donation is to be distributed to five regions in 63 countries as follows:

Region	NIOSH N95	Surgical masks	Gowns	Face shields	Hand sanitiser
Africa	637,500	1,900,000	195,000	205,000	
Asia Pacific	262,500	232,500	140,225	178,225	160,000
Americas	1,884,325	1,342,400	754,900	562,400	7,000
MENA	4,000,000	2,000,000			
Europe	2,540,000	2,240,000	398,000	140,000	
Total Request	9,324,325	7,714,900	1,488,125	523,225	167,000

The IFRC is working with other potential donors' logistics departments on compliance and quality assurance to review technical documentation to be ready for future donations under negotiation.

During reporting period, the IFRC purchased and supplied rapid tests worth approx.: CHF. 7,796,000 under DG Santé project.

UPS pro bono support was extended to the Indian Red Cross and the IFRC with four cargo flights carrying oxygen concentrators and oxygen plants. In value, it represents over CHF 200,000 free flights that enabled crucial supplies to arrive in the country to support the response. Besides free transportation, UPS supported the Indian Red Cross in custom clearance and in-country transport.

In the reporting period (June to Sept 2021), the IFRC in MENA delivered:

	O2 concentr./parts	Masks	Gowns	Body bag
Tunis	451	386,500	1250	100
Algeria	175	14,500	500	
Lebanon		15,000		400
Palestine		15,000		
Libya		15,000		500
Syria		15,000	750	



Bangladesh, Satkhira, 14 Sept 2021 Abul Hakim using the oxygen cylinder provided by Bangladesh Red Crescent at his home. He recovered from COVID19 a few days ago but still needs to take oxygen as advised by his doctor. Credit: Mir Hossen Roney/ IFRC

In response to COVID-19 in Asia Pacific, Mobilization Tables have been launched for India, Nepal, Afghanistan, Indonesia, Myanmar and Timor-Leste. The IFRC in the region continues to receive in-kind donation pledges from donors towards the mobilisation tables. In addition, technical guidance and support are being provided to Bangladesh on product information and cost estimation for COVID-19 testing kits and to the Philippines for oxygen plant. The following countries were supported during the reporting period:

	O2 conc./ parts	Oxygen cylinder	Oximeter	Ventilators	Bpap machine	Masks	Gowns
Myanmar	20						
Indonesia		500		6		50,000	
Sri Lanka				6	30		
Malaysia			10,000				

In addition, procurement of PPE, hand sanitiser, oxygen cylinder and oximeter has been concluded and items are ready and now it is waiting for import approval from Myanmar authorities and procurement of 1 unit Oxygen Plant has been completed. Shipment of various PPE to Papua New Guinea has been delivered. Tender for the procurement of 94 units ambulances and testing van for India has been concluded. Deliveries to be completed by end of March 2022.

In Americas, procurement of PPE was initiated for several country operations, for a value of CHF137,000 and organising distribution of 40,000 fabric masks were donated by Hanes Brands Textiles Inc.

The IFRC in Africa continues to provide COVID-19 related supports to regional operations regarding PPE specification and offering estimates for PPE.

A total of 1,152,000 pcs of Pri-Med level 3 ASTM masks will be prepositioned in the IFRC logistics hub in Dubai and distributed to African National Societies according to requests. Purchased concentrators will be delivered to the Dubai logistics hub for onward processing and transport to the National Societies.

The Sudanese Red Crescent has requested to purchase 2nd batch of 80 additional concentrators (through Islamic Development Bank funding) that can be bought via Singapore Red Cross repeat order.

The Nigeria Red Cross will receive PPEs as per the table. Shipment is being prepared by Dubai hub with ETA week 41.

Item	QTY
Mask Respirator, N95/FFP2	33,000
Caps, Surgical	40,600
Gloves, Surgical	1,500

Major challenges faced during the reporting months:

- **Standard disruptions of supply chain** are massively affecting supply chain management ability to respond. Ports of India were closed during early summer as the result of lockdowns during COVID-19 response. As the country is major hub for suppliers and relief manufacturers it caused various delays in the supply chain.
- **Recurring increase of freight costs** and scarcity or non-availability of containers deadline for delivery while facing the challenges of getting equipment and space from the shipping lines.
- Global interruption in sea shipments due to **increased container deficit in origin countries**.
- Continuous delays in manufacturing of vehicles due to various component shortage and container deficit.
- Low level of IFRC's regulation awareness at National Society level results in complains on complex procedures and delays during file reviews and approvals. This highlights the need to ensure training for NS staff on a regular basis on procedures and guidelines.

Learning

The IFRC is bringing together different technical teams and sectors to collect and analyse COVID-19 challenges, recommendations, and lessons learnt from all geographical levels, technical areas or support services. 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 (PER) 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.

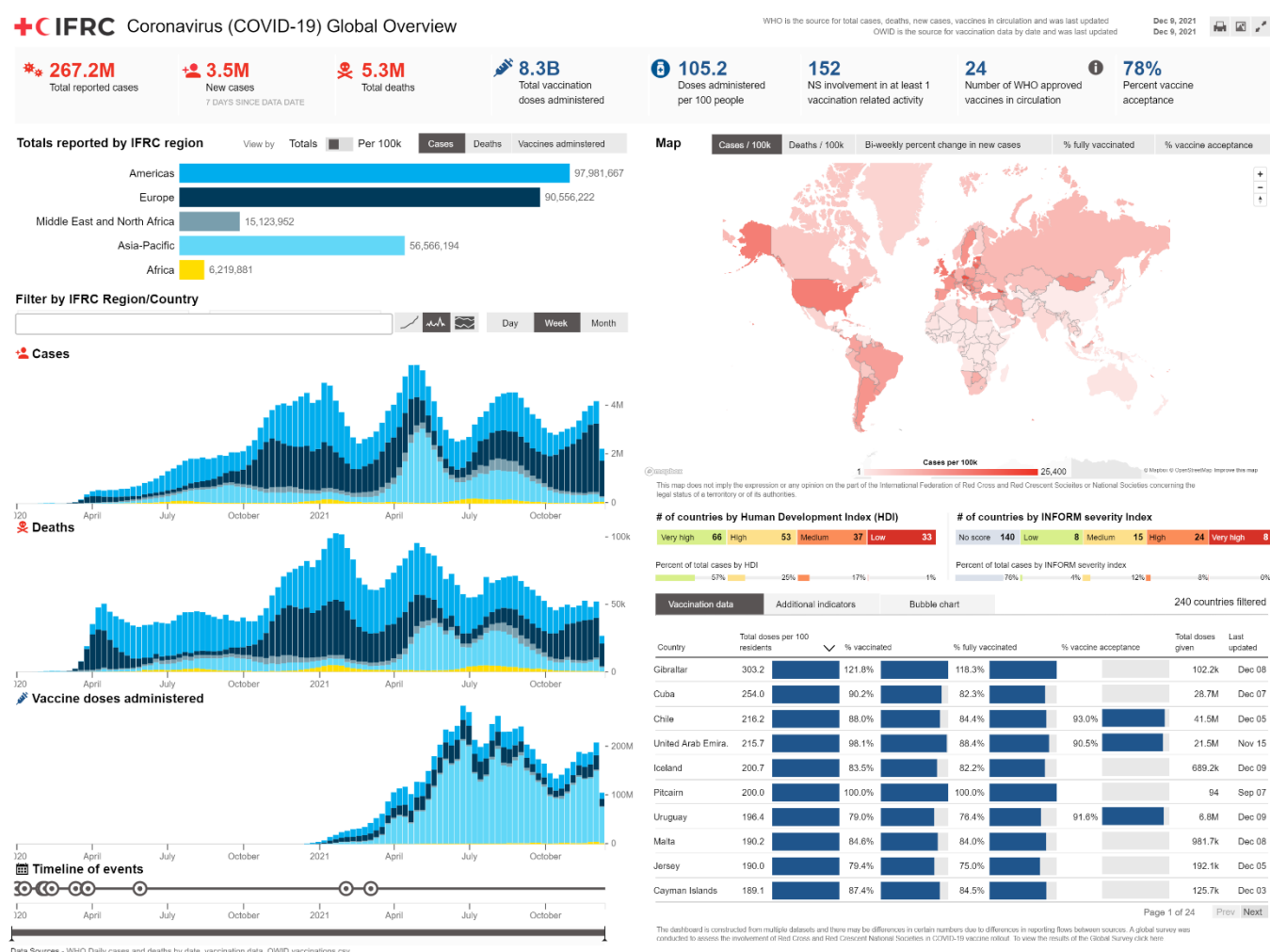
In parallel to further tagging work of the many more challenges, recommendations and lessons learnt, an exploration of the use of Machine Learning to analyse the data more deeply is envisioned. This process proposes to look for patterns, clusters and causalities in the data, to help identify root causes to and links between challenges and recommendations. This process is building on the DREF operational learning.

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.

Information Management

Over the last six months, collection, analysis and use of data and evidence has continued to be at the forefront of the global IFRC response. Information Management (IM) support has been provided to multiple IFRC teams at global and regional levels to help devise an analysis plan to collect the right data, provide technical support to visualise and interrogate the data, and then produce reports and other information products to share the insights. A recent example is the support provided to help IFRC collect and visualise data on the involvement of National Societies in immunisation activities.

The GO platform continues to be the central resource for data on the IFRC-wide response to the Pandemic, providing shared situational awareness and access to key data for operational decision-making. The COVID-19 regional and global emergency pages have been redeveloped to meet user needs, including improving navigation, surfacing key data and information, as well as the introduction of a highly responsive integrated dashboard portraying epidemiological data, vaccination data, involvement of the National Societies in vaccination activities, indicators related to vaccination hesitancy has been developed and is online now. In 2021, the GO COVID-19 Global page has more than 10,000 visits and more than 650 COVID-19 Field Reports have been submitted from more than 156 National Societies, demonstrating its widespread recognition and use across the globe.



Planning, Monitoring, Evaluation & Reporting - PMER

During this period, the Federation-Wide Covid-19 reporting system was updated to refine further the indicators based on National Societies feedback and the evolution of the activities on the ground. The updated guidance is shared with the membership here. In addition, all collected and verified data can be viewed at the **COVID-19 interactive dashboards on the GO Platform**. The team is also working on a special Everyone Counts report focusing on COVID-19, delving further into the data collected during the Pandemic and overall trends.

The 3rd round of **Real Time Learning (RTL)** took place focused on "Question 3: How are National Societies learning from the COVID-19 pandemic to prepare and address the multiple hazards occurring in their local context". This RTL counted with the participation of several National Societies and regional offices.

Communications and advocacy

A key focus from the IFRC has been to support advocacy efforts for the equitable distribution and delivery of vaccines. As well as media efforts, this also includes working in collaboration with Health and CEA technical teams to produce digital assets and refine messaging to keep our audiences, IFRC regions and National Societies informed about the importance of vaccination, alongside other protection measures. The IFRC also collaborates with various technical experts to host live Q&A sessions on our multiple digital channels. These are timed with key developments in the response, for example, when new variants have emerged.



The IFRC also continues to work to give visibility to our COVID-19 response in the media. Some key media moments include a high level statement from the Secretary General in August on vaccine equity in Africa, following the news that vaccine doses were being exported to other regions from South Africa; a press release and media coverage quoting Secretary General and Director of Health and Care on vaccine equity and health protection measures as Delta transmissions soared; a Q&A on our response and on vaccine equity with the Secretary General in Devex; an interview with the Director of Health and Care on TRT's flagship news programme on vaccine equity; an interview by CEA manager on TRT flagship news programme on vaccine hesitancy and supporting the Director of Health and Care ahead of a Ted Talk on building community trust during epidemics.

The IFRC has also continued to collaborate to communicate how COVID-19 intersects with ongoing crises. For example, ahead of the UNGA in September, the IFRC jointly with the RCRC Climate Centre produced a new analysis of the impact of COVID-19 on climate change. This new report, the compound impact of extreme weather events and COVID-19 was launched at the fringes of UNGA, by President Rocca, generating multiple media hits. As well as providing new figures on the impact of COVID-19 and climate, the paper also highlighted the need of addressing both crises simultaneously as the COVID-19 Pandemic has affected livelihoods across the world and has made communities more vulnerable to climate risks.

The priority for the IFRC in this period has been to finalise the research report on the socioeconomic consequences of the COVID-19 Pandemic, to determine how communities worldwide have been affected by the secondary impacts; who was impacted and why; how National Red Cross and Red Crescent Societies adapted their response to support communities, including the newly vulnerable and those whose vulnerabilities were exacerbated by the Pandemic. In this period, the research was finalised, reviewed and launched (click on image). This is in collaboration with the wider IFRC Secretariat, including technical teams, the IFRC regions and National Societies.



[Click here to access the report in different languages.](#)

FEATURED STORIES

AFRICA REGION – Zimbabwe Red Cross Vaccination Drive

Zimbabwe has been among the worst affected countries in Southern Africa by COVID-19; and experienced an exponential increase in cases in June 2021 following the emergence of the Delta variant. More than 130,000 cases have been reported in Zimbabwe, and over 4,600 deaths (WHO, as of 30 September 2021).

The Zimbabwe Red Cross Society (ZRCS) has been supporting the Ministry of Health and Child Care of Zimbabwe (MOHCC) since the onset of the COVID-19 Pandemic; providing PPEs, and medical equipment (ventilators, etc.) while raising awareness at community level through its volunteer base across the country. Through its Red Cross Clinic located in the capital of Harare, ZRCS has also been providing COVID-19 vaccination services, as part of MOCHH efforts to ensure everyone has access to the vaccine. The Harare Clinic has also decentralised its COVID-19 vaccination services by offering doses at the Zimbabwe International Trade Fair, Zimbabwe Agricultural Show, and several other Provincial Agricultural shows. All the vaccines are being offered free of charge in accordance with the Government of Zimbabwe policy.

"There is no time for waiting, we need to vaccinate as many people as we can immediately. The need to vaccinate as many as we can is crucial for us as a country so that we reach the goal of herd immunity," said Mr Elias Hwenga, Zimbabwe Red Cross Society Secretary General.

The Harare Clinic which offers a range of primary health care services targeting the most vulnerable people in the population by ensuring they have free of charge access to the support they need; and including to COVID-19 vaccines. This includes marginalised groups that may have been excluded from other roll-out plans. It has been operating every day except on Sundays; and administered COVID-19 vaccines to more than 7,300 people over the past month. **ZRCS now plans to**

build on the success of the Harare Clinic by duplicating the model in other provinces across the country to expand support the most vulnerable.

ZRCS has also been promoting take-up of the vaccine among its staff and volunteers, issuing snap survey to canvas COVID-19 perceptions, which demonstrated high level of demand. Thus far more than 110 staff and family members have received a vaccine dose courtesy of the ZRCS.

The IFRC through its Global COVID-19 Emergency Appeal has been supporting ZRCS response through the provision of PPE, as well as Oxygen Therapy Devices. These items which have been funded by the German Government and Singapore Red Cross have been critical in ensuring the safety of staff running of the Harare Clinic, and that oxygen treatment can be provided to in-patients suffering from COVID-19.



Photo: Zimbabwe Red Cross



A RCSP volunteer implementing CEA perception survey on COVID-19 vaccine acceptance with Emberá communities. Photo: Red Cross Society of Panama.

AMERICAS REGION – Working with indigenous communities in Panama

As part of Red Cross Society of Panama's support to the vaccination efforts nationwide, the **National Society identified the need to reach indigenous communities such as Emberá and Ngäbe Buglé** since they were not initially considered within the immunisation program. The National Society, through its branch in Colon, reached out to Emberá community leaders "shamans" and implemented information and awareness actions regarding the COVID-19 vaccine and were able to gain acceptance, so the leaders could inform and recommend the vaccine within their communities.

Reaching Emberá communities was of utmost importance, since their main source of income is tourism, and they were required to be fully vaccinated to reopen their businesses. Promoting vaccine acceptance would support the community to tackle the Pandemic but **also restart their disrupted livelihoods.**

The Red Cross Society of Panama implemented a **perception study to evaluate the knowledge and perception of the indigenous and rural population** regarding the vaccine against COVID-19. The perception surveys were carried out in eight Emberá communities, where 248 people were interviewed. Simultaneously, key messages regarding vaccine acceptance were disseminated in the Emberá language and hygiene kits were delivered.

While disseminating the information in their original language, the National Society was able to discuss and address several fears and doubts of the community regarding COVID-19 vaccine since they rely on ancestral medicine and had not been reached by information campaigns. Also, the Red Cross Society of Panama identified people from the same community that had already been vaccinated and shared their experience, generating trust, and promoting vaccine acceptance.

As part of the National Society's priorities is to continue implementing Protection, Gender and Inclusion and Community Engagement & Accountability actions with the most vulnerable such as other indigenous and rural communities (Ngäbe Buglé) and people with disabilities with the COVID-19 information that saves lives.



Photo: Nanai Damkliang/ Thai Red Cross Society

ASIA PACIFIC REGION - Thai Red Cross vaccinating migrants and vulnerable groups

The Thai Red Cross started vaccinations for the public in May 2021. Over **900 volunteer doctors and nurses have been working all hours around the country to get people vaccinated**. Along with non-medical volunteers, they have vaccinated nearly 25,000 people including 11,246 migrant workers by the end of October 2021.

Dr Pichit Siriwan, Deputy Director at the Relief and Community Health Bureau of the Thai Red Cross says: *"Everyone who comes here gets the vaccine, irrespective of whether they are Thai or not. Vaccinations are not just about your own safety. It is also about the safety of your family, your neighbour and your community. It is everybody's responsibility to get vaccinated if it is available".*

Official government data shows more than 2.3 million migrants have permits to work in Thailand, but estimates indicate there are closer to 4-5 million migrant workers in the country. *"The more migrant workers we're able to vaccinate, the better for the Thai*

people, too," Tej Bunnag, Secretary General of the Thai Red Cross Society told Reuters.

Dr Pasawiss Tangwiwat, also known as Beam, has been attending to a steady stream of people coming in for vaccinations at the Thai Red Cross Society's vaccination site in Khlong Toey, the largest fresh market in Bangkok. For Dr Beam, being able to help foreigners and migrant workers is his favourite aspect of volunteering. *"I would be so scared if I were like them, living outside my hometown during this deadly Pandemic. I really empathise with them,"* he says.

The Thai Red Cross has also established vaccination sites at its own office building, its health stations, department stores, schools, hospitals in Bangkok and other provinces, in close coordination with local health authorities. The Red Cross volunteers at these sites are helping to **vaccinate vulnerable groups of people including the homeless, bedridden, the elderly, people with disabilities and pregnant women**.

In late October, the Thai Red Cross helped administer the first dose of COVID-19 vaccines to displaced people from Myanmar living in the temporary settlement at Tham Hin in Ratchaburi province since more than three decades. The second dose is scheduled to be administered in November 2021. Thai Red Cross is planning to expand the service coverage to more people as more vaccines become available.

EUROPE REGION - Improving social cohesion, vulnerable people's employability and wellbeing in Turkey

In Turkey, almost 8 million COVID-19 infections had been reported as of end October – and nearly 70,000 deaths. The country is **home to the largest number of refugees worldwide**, more than four million, and many have been struggling with the consequences of the ongoing emergency alongside host communities.

With support from the International Federation of Red Cross and Red Crescent Societies (IFRC) through the COVID-19 Emergency Appeal, **306,000 people have received support from the 16 community centres managed by Turkish Red Crescent**. Since 2015, these facilities have been playing a key role in bringing Turkish and refugees together while improving their employability and wellbeing: local teams organise activities to increase livelihood opportunities, provide community-based health and first aid and offer psychosocial support to those in need, which has become even more important amid the Pandemic.

The main objective of the Community-Based Migration Programme run at these centres is to contribute to community resilience and social cohesion by empowering vulnerable people. The initiative includes guidance to employment and vocational trainings, entrepreneurship support and agriculture/husbandry capacity building, including job referrals to local farmers and employers. During the COVID-19 Pandemic, centres have become a source of trusted and reliable information about the disease, in addition to providing emergency hygiene items, protective equipment and referrals to health facilities and consultation services.

Furthermore, thanks to a new project, some 200 refugees and host community members trained in sewing and with the help of fully automatic machines have produced nearly 4.5 million masks in the centres (including some with a transparent front for deaf-mute people). Turkish Red Crescent has distributed those items across Turkey and in more than 40 other countries, from Georgia to Uganda and Tajikistan.

Other achievements registered during the Pandemic include home-based agricultural production support, with more than 400 beneficiaries to date; business cash support to over 50 small and medium enterprises; online Turkish language courses for 6,800 people, and work permit fee payments to 4,800 applicants.

In addition, staff and volunteers in the community centres continue to work with people to determine their occupational and social competencies, background and language levels. They provide them with education and competence development services that can improve their employability and direct their profiles to available job opportunities when appropriate. In parallel, they analyse the labour market to detect the main needs and requests of employers as well as hard-to-fill positions, among other activities.

This kind of programmes are crucial to ensure sustainable assistance for the most vulnerable, as they boost people's self-reliance and help them more efficiently in the long-term. With the Pandemic far from over, it is of utmost importance to support those in need in a comprehensive and forward-looking way.

Seren and Melek are only two of Syrian refugees and Turkish people coming together to help tackle the COVID-19 pandemic in Turkey and around the world. Since the pandemic began, over 120 volunteers and community members across Turkey have mobilized to produce more than 1.2 million masks to help people protect themselves from COVID-19. Photo: Elif Irmak Erkek/TRC.



MENA REGION - Ensuring equitable access to immunisation initiatives for Migrants in Iran amidst the complex situation

The volunteers of the Iranian Red Crescent Society (IRCS) are sparing no effort in supporting the people affected by the COVID-19 Pandemic. Key interventions include providing medical care, awareness-raising, vaccinating people as well as importing millions of vaccines into the country.

In parallel, the IRCS is also responding to a severe drought affecting the lives of more than 2 million people in the country as well as supporting people crossing the border from Afghanistan to Iran, making the humanitarian situation even more complex. In addition, the sanctions imposed have had a significant impact on the ongoing emergency operations, for example disturbing supply chains of the items needed on the response.

Adhering to the fundamental principle of human rights, the IRCS is striving to fulfil its humanitarian role by providing lifesaving and life-enhancing services to the most vulnerable, despite all the constraints imposed by the country's complex dynamics. Simultaneously, the IRCS is ensuring the effective continuation of humanitarian activities, particularly those aimed at providing health services to the most vulnerable people.

"If it was not for the voluntary activities of the Iranian Red Crescent and people donating resources for us, the healthcare would already be at risk of collapse."

Fatemeh Yazdanizadeh, IRCS Head of Volunteering Resources and Social Activities at Kerman branch

The IRCS has managed to secure the import of more than **55 million COVID-19 vaccine shots to Iran.**

- The **only humanitarian organisation in the country** granted permission to facilitate the coronavirus vaccine imports.
- Initiated **173 immunisation centres** supporting COVID-19 vaccination efforts in Iran, through conjunction with the Ministry of Health (MoH).
- Mandated to facilitate vaccinations of **3 to 4 million refugees in the country** (subject to vaccine availability).
- Dispatched **10 field hospitals** as well as **7,000 staff and volunteers** to vaccinate the population.
- Mobilised **thousands of volunteers** for the coronavirus response nationally.
- **Deployed 471 IRCS relief workers** to operate on 14 borders (16 provinces) to test (PCRs) travellers.
- Constructed **orthopaedic and rehabilitation centres**, as well as **two medical centres** in two cities for the treatment of COVID patients.



The Iranian Red Crescent has deployed thousands of volunteers to respond to the pandemic. Volunteers with medical training have been deployed in the health and vaccination centres. Photo: IRCS



AFRICA REGION

eThe narrative section of the report focuses on the main outcomes for the period between June and September 2021.

Key data for the region

5.9M

Total reported cases

17.8k

New cases

7 DAYS SINCE DATA DATE

148.3k

Total deaths

94.4M

Total vaccination doses administered

8.0

Doses administered per 100 people

42

NS involvement in at least 1 vaccination related activity

9

Number of WHO approved vaccines in circulation

67%

Percent vaccine acceptance

National Society involvement per COVID-19 Operational Priority



39 NS Sustaining Health and WASH



38 NS Addressing Socio-economic Impact



39 NS Strengthening National Societies



More than **42** NS actively supported their health authorities in the vaccination roll-out

Financial Overview



Funding Requirements:

CHF 122,000,000

Income to date:

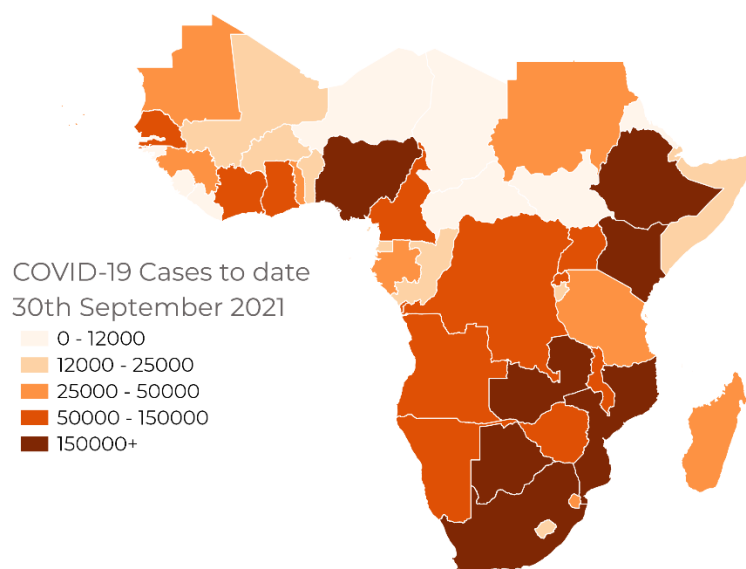
CHF 99,680,755

Regional coverage: **78%**

Expenditure to date:

CHF 45.6 Million

Regional overview



As of 30 October, the Sub-Saharan Africa region had a total of 5,947,152 cases of COVID-19 and 148,749 attributed deaths have been reported across Sub-Saharan Africa since the beginning of the pandemic. In 2021, the emergence of COVID-19 variants has driven new waves of cases and deaths in many countries – with exponential increases reported across Southern Africa, as well as in complex humanitarian settings such as the Democratic Republic of Congo, Ethiopia and Mozambique. This has been exacerbated by a slow start to the COVAX rollout due to the availability and access to the vaccine; but also, the prevalence of COVID-19 vaccine misinformation, which has led to many people forgoing vaccinations altogether. At the time of this report, **less than 3% of the population of Sub-Saharan Africa have been fully vaccinated.**

This has created overwhelming pressure on already stretched health care systems across the African continent, and subsequently more demands on Red Cross and Red Crescent (RCRC) National Societies. Recently, the region has continued to report a large decreasing trend in cases and deaths since mid-July, with a few countries reporting increasing trends. However, it is important to note, [6 in 7 COVID-19 infections in the region likely go undetected](#) due to relying on people with symptoms reporting to health facilities for testing and the likely number of asymptomatic cases.

Despite the undeniable and ongoing related to COVID-19, there has been a downturn in the availability of unearmarked funding to support IFRC and member National Societies to respond - with most of the global attention on the COVAX rollout, and funding increasingly if not all, earmarked for vaccination-related activity at country level. At the time of this report, while IFRC MDRCOVID-19 Emergency Appeal stands at 65% funded; the total utilization rate in Africa is more than 70%, and in the case of some countries between 90% and 100%, meaning that there are considerable limitations on remaining funds and the agility in which it can be used.

Priority 1: Sustaining Health and WASH

Epidemic control measures

Regular monitoring of cases across African countries was presented during COVID-19 management updates presentations and document updates. As testing remains limited in many African countries and data on hospitalization and access to ICU is not available, alternative metrics have been used to monitor the evolution of the pandemic and predict trends and resurgence. In particular, the effectiveness of testing and the likelihood of excess cases have been measured through positive ratio statistics, with alerts, in case the ratio exceeded 10%. The monitoring of the pandemic fluctuation has also been achieved through using the derived active case ratio statistic, which is less sensitive to sharper fluctuations and spikes than the traditional biweekly change statistics, as it is derived taking into account the total number of confirmed cases in a country, and thus is more suitable for contexts with low testing capacity.



Best practice experience:

Following the resurgence of COVID-19 cases in Africa in June-July 2021, a new operational framework to address COVID-19 resurgence was developed, to address 10 key systemic issues and health systems weaknesses that were identified and still remain today. This also led to a revision of the implementation framework for the COVID-19 immunization strategy. With the development of a Concept Note aimed at strengthening community health systems in the context of the COVID-19 pandemic, COVID-19 health program is progressively transitioning into a more integrated recovery and resilience building program.

Risk communication, community engagement, and health and hygiene promotion

Between this reporting period, most African countries experienced a considerable increase in the number of COVID-19 cases, which contributed to further increase the debates related to COVID-19 vaccines, including doubts, concerns and misinformation related to access, safety and efficacy of the vaccines against new variants. There were many comments related to the **evolution of the pandemic**, in particular many concerns over the rising number of cases in the Africa region and questions about **how long the pandemic will last**. In relation to the rise in cases, there has also been an increase in comments related to **consequences of the pandemic** with statements that the third wave of COVID-19 will kill many people. There were also mentions of the outbreak affecting the economy and that the prices of goods had increased.

As with previous months, there were many questions and comments about the **COVID-19 vaccines** across the countries. People asked questions about **why some vaccines require a 2nd dose** and there were concerns about **whether there are enough vaccines available to vaccinate people twice** as demand for the vaccine increases. An emerging trend during this period was also on the **role of the government**, with several requests for a more responsive government to take measures to help stop the transmission of COVID-19.

To respond to these feedbacks, in addition to regular key information products such as the RCCE Newsletter, monthly Regional Community Feedback Reports, Ask Dr Ben/Aissa Factsheets and videos, the use of artificial intelligence to enhance 2-way conversations through the Kati-Kati platform has been implemented in Malawi Red Cross and Ivory Coast.

In addition, the strengthening of National Societies' RCCE capacities has been closely promoted through specific trainings for National Societies such as Ethiopia Red Cross and Kenya Red Cross and the development of a capacity plan to be offered to all African National Societies due to recent RCCE funding projects that have been secured for the region during this period such as ECHO HIP, Africa CDC, Solidarity Fund, Prudence Foundation and USAID BHA.

Mental health and psychosocial support services (MHPSS)

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 an 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.

The community of practice (COP) has been serving as an opportunity for peer-to-peer support where the NS focal persons pose issues and challenges, they are facing and find a solution among themselves either through experience sharing or brainstorming. In specific, Kenya Red Cross has requested IFRC through the MHPSS Technical personnel, to support them technically as they roll out supervision support to their staff across the country. This will be done in the month of November and early December. Zambia Red Cross has requested support in the integration of MPHSS across other departments.



Volunteer Feedback & Support

The Malawi Red Cross are using Katikati to hold 1-1 SMS conversations with 1000+ volunteers around Covid-19 and vaccines, to promote awareness and uptake as well as respond to concerns and fears from volunteers or their communities.



Isolation and clinical case management for COVID-19 cases

As many African Countries faced a shortage of oxygen therapy equipment, and as several PNS offered to provide oxygen therapy devices, guidelines for the utilization of oxygen concentrators and oxygen cylinders were developed for utilization by ANS.

Additionally, ANS requested several pieces of equipment as part of the response towards COVID-19 new waves and resurgence in June and July, for supporting clinical management and community management of COVID-19 cases and contacts. Support in quality control and revision of quantities was provided, providing also indications to appropriately calculate needs based on targeted units (volunteers, PHCs, etc) and population served.

Maintain access to essential health services (community health)

Following the MoU between IFRC and AfCDC, a concept note for a community health system strengthening program was developed to stimulate recovery, transformation and resilience of community health systems, with the following three objectives.

1. Objective 1): Scaling up of CHW capacity to assist people affected by public health emergencies, building a sustainable community-based regional capacity for health security in Africa
2. Objective 2): Enhancing the role of CHW in community-based COVID-19 testing programmes, contact tracing, COVID-19 vaccine availability and distribution, addressing vaccine hesitancy and strengthening RCCE in relation to epidemic and pandemic risks, reducing morbidity and mortality among the most at-risk individuals
3. Objective 3): Integrating the efforts in addressing the COVID-19 pandemic within a long term multisectoral health system strengthening strategy, aimed at reinforcing community-based epidemic and pandemic preparedness, reducing inequalities in accessing essential health services and supporting African countries to achieve the UHC and SDG goals.

Maintain access to essential health services (clinical and paramedical)

Ensuring maintenance of essential services is the focus of the health and care department as we continue to maintain the momentum of public health and social measures to prevent the spread of the pandemic. To ensure this effort, a mainstreamed approach to COVID-19 response is being promoted in the region. Gradual review of guidance to implementation of ongoing community health documents to be COVID-19 responsive and making sure shifting the COVID-19 response to follow the community health approach are some of the directions taken. As an example, the ECV (Epidemic Control for Volunteers) training for Ebola was customized for COVID-19 and training was rolled out jointly with the CEA team to ensure our approaches are COVID-19 responsive and are integrated into our ongoing intervention. This was also rolled out in the East Africa cluster.

Immunization being one of the essential services affected by COVID-19, the region also ensures national societies involved in supplementary immunization activities (SIA) such as measles campaigns are supported in community mobilization during immunization. Monitoring of the evolution of the pandemic and the resurgence guidance with triggers is believed to provide timely surge to ensure ongoing community health programs by NSs and health service delivery is maintained by responding to the resurgence in a more coordinated, timely and informed manner.

Support for immunization

The regional health and care department together with the CEA team organized both regional and cluster webinars on COVID-19 vaccine rollout, Vaccine safety both in French and English. The sessions were designed to ensure our volunteers are well equipped with up to date information and knowledge to effectively support vaccine rollouts. NSs are also supported to develop their COVID-19 vaccine rollout support plans and so far, 40 national societies have submitted their plans. Harmonization of the national society's vaccination plans was ensured through awareness on the IFRC 5-pillar plan. An interim guidance document is also developed to give guidance for NSs to have the tools for effective and harmonized approach in implementing their plans. The health and care team gives technical support in

the resource mobilization effort together with the PRD (Partnership and Resource Development) and operational team.

Six national societies: South Sudan, Tanzania, Uganda, Malawi, Namibia, and Zambia which were having vaccines at risk of expiry and or COVID-19 resurgence have been given additional support for vaccine rollout through an SDC (Swiss Development Cooperation) funding. The regional technical team follows up on the general vaccine rollout status, coverage, and bottlenecks and supports national societies through country and cluster offices to design appropriate and responsive programs and supports speed up of vaccine rollout and ensure support for immunization service continuity.

Uganda Red Cross has supported COVID-19 vaccination campaign in Kampala city around markets and crowded areas. This is to improve access and overcome vaccine hesitancy. Through the additional funding, the six NS scaled up and integrated COVID-19 vaccine community awareness sessions to ensure acceptance and generate demand hence ensuring no vaccine is wasted. The technical team has also supported NS to develop their vaccination plans which are being used as resource mobilization tools. The team supported NSs to apply for the African CDC (Centre for Disease Control) funding opportunity which is currently preliminarily accepted for proposal submission.

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

FSL Study: The Africa region is preparing to conduct a study on the compounded effect of COVID-19 and food insecurity and livelihood among the vulnerable population. The study is funded by IFRC Geneva and might see some contribution from the Africa regional office or other partners. During the reporting period, the terms of reference (ToR) for the study was developed by the PMER and Operation team. The team involved the Livelihood Resource Center (LRC) during the ToR development. Currently, the logistics team is requesting quotes from potential consultants/firms that can undertake the study and it is anticipated the study will start before the end of the year. The findings of the study will support the region to tailor-make their response to the need of the communities in need and also devise methods to reach the most vulnerable and more often unreached or neglected population.

Community Engagement and Accountability, and Community Feedback Mechanisms

Between August and September, the CEA team conducted the second round of the COVID-19 Volunteer Perceptions Survey across the African region. In this edition, **1,626** individual responses from volunteers were collected in order to:

- Assess the relevance and usefulness of training and information provided to volunteers around COVID-19 and the vaccine, including its impact on vaccine perceptions and uptake;
- Generate a better understanding of volunteers' trusted sources and channels for vaccine information;
- Reflect on whether volunteers feel supported by National Societies' during the pandemic – particularly in terms of mental health and wellbeing;
- Understand whether female volunteers feel they have the same opportunities to influence decision making as their male counterparts.

The results will be disseminated at interactive sessions between the ANS, IFRC, PNS and other relevant stakeholders.

During the reported period, specific information products concerning the Delta variant were produced and shared among African National Societies, including new French collaboration videos with Viral Facts Africa across broad social media channels (IFRC & WHO).

Continued support and coordination in the main interagency agencies in the region, including, Eastern and Southern Africa RCCE Community Feedback Group and Africa Indodemic Response Alliance. From June, the production of joint

reports was initiated with the aim to enable evidence-based interagency decision-making at regional and national levels. Monitoring and technical support to PNSs and National Societies in Kenya, Malawi, Madagascar, Somalia, Mozambique and Guinea under the ECHO HIP project to encourage increased vaccination rate against COVID-19.

Social Cohesion and Support to Vulnerable Groups

Migration and Displacement:

South Africa Red Cross Society succeeded in its advocacy efforts for access to COVID-19 vaccinations by undocumented individuals including migrants in irregular situations. Migrants in many countries across the globe continue to face disproportionate barriers to accessing health care services, a situation highlighted and exacerbated by the COVID-19 pandemic.

Protection, Gender and Inclusion (PGI):

The COVID 19 pandemic is creating circumstances that continue to contribute to a surge in reports of sexual and gender-based violence cases such as intimate partner violence, sexual exploitation and abuse, child abuse while creating a real tension on service provision for survivors of SGBV. For women including women and girls with disabilities, intimate partner violence and domestic violence has drastically increased in the region. The socio-economic consequences of the pandemic have resulted in reduced economic growth, widespread loss of income, particularly for women and underpaid workers, and an overall increase in inequality levels and marginalisation of the poor. School closure exacerbated already existing inequalities. Many children in Africa received no instruction or interaction with their teachers with a few in some private schools and able to access internet continued with their education remotely. This resulted in increased cases of child marriages, FGM, increased cases of teenage pregnancies, child labour.

PGI monthly regional network sessions (PGI focal points in NS and IFRC PGI team) were successful with 10 National societies and 2 partner National societies actively participating. The peer to peer sharing sessions focused on integrating PGI in emergencies including in COVID-19 response and recovery phases, policy development and implement especially the PSEA policy. National societies shared on best practices including participating in radio shows to sensitize communities on prevention and response to SGBV including Tanzania RC, the Gambia and Cote d'Ivoire RC shared on partnering with organisations of persons with disabilities to identify needs and including them in NS response, integrating SGBV messages in community awareness sessions. Kenya and Cote d'Ivoire RC shared their experiences in developing and implementing their PSEA policies. The session on PSEA had so much engagement where many NS wanted to know how the two NS were successful.

PGI provided technical support to Gambia Red Cross in developing a concept note and budget for a micro-project on COVID-19 and child labour and access to essential services including education. The project will be funded by IFRC Geneva and will see the NS implement activities in two regions in mitigating risks and addressing child labour during the COVID-19 pandemic. This will ensure targeted support to children who have been disproportionately affected in many ways by the pandemic.

As we plan and move to COVID 19 recovery phase, it is critical to include PGI in this phase and consider the vulnerable and marginalised populations including the elderly, children, persons with disabilities, migrants and others who experienced and continue to experience disproportionate impacts. There is need to assess, understand how they have been impacted and this will inform long term recovery plans.

Priority 3: Strengthening National Societies

National Society sustainability

During the peak of COVID 19, the NSDKPD managed to engage cluster delegations and NS to remind them of the dangers of the pandemic and its impact on NS sustainability and the need to start prioritizing domestic fundraising

that will help them to raise funding domestically because of the possible donor fatigue which would eventually contribute to NS sustainability

Together with the Geneva NSD department developed financial sustainability guidelines and held discussions that centred on:

1. The competence to positioning the National Society within the national humanitarian ecosystem, and designing National Society programmes and structures in the light of the National Society's legal mandate, mission, and strategy, as well as realistically available resources,
2. The competence to attract financial resources into the National Society, in particular building revenue streams that will remain stable into the future,
3. The competence to manage financial resources accountably and transparently, and sharing data to enable effective strategic decision-making and financial risk management, and
4. Management and governance vision and competence to position and lead the National Society so that it can maximize its effectiveness with the available resources.

In addition, the regional office developed guidelines and managed to organize two webinars, one for the francophone and the other anglophone speaking countries, and took them through the National Society Development, Protection Gender, and Inclusion, Information Management, youth, and volunteering guidelines for COVID-19 and beyond and the need to include those elements in operations and Emergency plan of actions.

Support to volunteers

Emphasis has been placed in the capacity building of volunteers in the scaling up of vaccination campaigns within communities. National Societies are equally scaling up their lobbying efforts with their governments to ensure volunteers continue to be prioritised in the vaccination efforts. As vaccination efforts in most countries gather momentum, as IFRC Africa region we have taken an initiative to track the numbers of our volunteers being vaccinated so that our Duty of care to Volunteers can be enhanced. We have just launched the Data Collection Form and NS have just begun completing it and we expect most of the National Societies to submit data by November. The following link below indicates the status of the COVID data collected for Volunteers so far by 3 NS of Namibia, Democratic Republic of Congo and São Tomé and Príncipe. [National Societies COVID-19 Volunteers Data collection Africa Region.](#)

Enabling Actions and Support Services

Logistics and supply chain

COVID-19 MobTable – Regional office Supply Chain unit has been offering cost estimates and specifications support to Operations for COVID-19 MobTable. No finalized requests have been received due to pending funding. The total funding requirement for the Mob Table has been reduced from CHF 15m to CHF 10m as the validation process continues. The LPSCM AFRO unit has also been coordinating PPE stock prepositioning efforts following the Canadian Government donation of masks, gowns and face shields along with more than 1 million units donation of masks from Canadian company Globalmedic and several PPE items from the Canadian Red Cross.

One of the major tasks for RO logistics unit has been logistics coordination of Singapore RC donated 500 units of oxygen concentrators to 19 countries.

Business Continuity

During the reporting period, there has been ongoing business continuity support to the national society has been ongoing.

- To promote understanding of duty of care and increase understanding of business continuity within the national society's information sessions were facilitated to 6 national societies (Ghana, Benin, Togo, Nigeria,

Namibia, Lesotho). In addition, the development of business continuity resources for Angola Redcross was developed and translated into Portuguese.

- Successfully supported Uganda Red Cross to update their business continuity plan. Further support was provided to Namibia Red Cross to develop their business continuity plan which is currently ongoing.
- To ensure timely surge deployments, support has been provided to the national societies to promote duty of care, this includes establishment and/or updating control measures to reduce COVID 19 infections among staff and volunteers while at work.

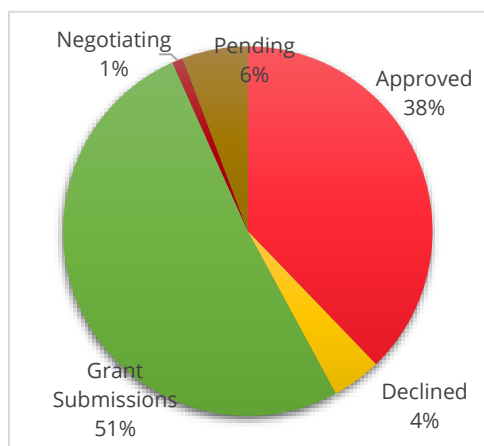
Risk Management:

The region has continued to implement a robust risk management strategy both at the regional office level, the country cluster delegations, and Africa National Societies. This has ensured continued identification of emerging risks, monitoring of existing risks and ensuring continued implementation of additional mitigations to help address areas of improvement identified.

At the regional level, Q2 review of the COVID-19 strategic risks was carried out in July 2021. The top three risks were funding gap, low implementation rates for some of the NS, and exposure of staff and volunteers to COVID-19 infection and security risk. The implementation rate of additional preventive mitigations stood at 70% with efforts ongoing to ensure all mitigations have been put in place and are effectively functioning.

At NS level, efforts are ongoing to scale up risk management support through providing technical support on developing NS level risk management frameworks, conducting strategic risk assessments, and delivering capacity building sessions on risk management. During the period under consideration, seven national societies were supported through one or a combination of the highlighted activities.

Partnerships and Resource Development (PRD):



Africa overall funding coverage is currently valued at CHF 74.5M against a total funding requirement of CHF 101M, equivalent to **74%** coverage, corresponding to a CHF 26.4M (**26%**) funding gap:

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 74,566,098	74%	CHF 26,433,902	26%

The immunization current coverage is at 120% against the CHF 21M funding requirement:

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 25,114,657	120%	CHF -4,114,657	-20%

On compliance management, monitoring and reporting, out of 101 grant submissions valued at CHF 193M, a total of 79 grants valued at CHF 70.8M have so far been approved. 83% of the total funding available has been allocated to National Societies and 17% to IFRC coordination structures at regional and sub-regional levels for technical support in the implementation of country plans. Currently, 83% of total income is earmarked and 17% as unearmarked.

With support from the Swiss Red Cross, PRD has initiated a mapping exercise of African National Societies against key criteria in order to identify which NS and markets may have the greatest potential to benefit from investment in domestic fundraising and resource mobilization development. This will also provide a benchmark against which to measure progress in the future. The mapping was done in two phases, one entirely desk-based, as there is a lot of information already in existence targeting 31 Africa National Societies. The second phase with a deeper dive focusing on 11 selected NS with the greatest potential. PEN Management and Development Consultants (PMDC) has been

contracted for this assignment. Both phases have been concluded pending the final report and presentation of findings and recommendations.

This exercise will guide future decisions on investment in African National Societies, including through opportunities leveraged by the Virtual Fundraising Hub as well as NSIA etc. It also links in with other global initiatives including the revision of the Federation-Wide Resource Mobilization Strategy. Once complete, IFRC Africa will use the analysis to attract donors to invest in domestic resource mobilization capacity development of African National Societies.

Financial Analysis

In the Africa Region, overall, 84% of the confirmed funding (PEAR) has been absorbed. Total available funding represents 54% of the funding requirements. This figure will improve with the awaiting income from ECHO and Centre for Disease Control (CDC).

The table beside shows the overall financial situation for the Africa Region.

Regional Overview	CHF Million
Appeal Funding Requirement	101
Confirmed Income (PEAR)	55
Total Operating Budget 2020-22	54
Expenditure Year-To-Date	46
Budget Implementation	84%
Income vs Funding Requirement	54%

Thirty-four (34) countries have fully absorbed the funding made available to them while three countries still have a very low implementation (below 50%).

COVID-19 Africa Region | National Society Highlights

National Society response – key highlights

The list of National Societies and activities below 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. Some National Societies have completed the activities supported through the IFRC Appeal, they continue providing support in response to COVID-19 through domestic and bilateral funds.

Botswana Red Cross

The Botswana Red Cross Society continues to support the Ministry of Health's COVID-19 response in 5 districts and has covered 45 facilities, including clinics, hospitals DHMT and vaccination sites. 120 community-based are supporting different activities in these districts. The NS in collaboration with the United Nations Development Programme (UNDP) implemented a project on Gender-Based Violence aimed at training and engaging community leaders and influencers on GBV issues and response. The training was also extended to influential members of the communities as they play a critical role in community development and linkages to various community subsets, social services and have been instrumental during the COVID-19 response. This initiative targeted 600 community leaders from 53 communities. About 1200 GBV booklets and linkages flyers were printed and distributed to all participants and other stakeholders. Key messaging was also disseminated through billboards radio and newspaper articles.



Some of the other successes include:

- Incorporating PSS into the COVID-19 Care. This relieves the stress, anxiety and frustrations from both caregivers and dependents.
- Adopting and implementing the Home-based Care model with Covid -19 patient care.

Benin Red Cross

Benin Red Cross volunteers continued to conduct social mobilization and community awareness activities. A dozen volunteers were deployed in each municipality for awareness-raising and RCCE activities. The maintenance of barrier measures is addressed as well as access to vaccination. Protection kits are also distributed to the population in some communes.

To stay the course, awareness-raising sessions continued in existing schools and systems whose focal points had been previously trained. Mothers' clubs have also continued to be used to communicate about COVID-19 during their own activities.

Feedback is always done to improve the direction of communications. Currently, a lot of feedback is related to vaccination and the myths surrounding it. Periodic online education are initiated by the head office at the location of decentralized structures to inquire about how activities are carried out by volunteers and staff, and areas for improvement in COVID-19 responses.



Benin Red Cross Volunteer distributing handwash to communities.

Comoros Red Cross

The Comorian Red Crescent is ensuring support is provided to the most vulnerable groups of the population in addition to other COVID-19 response activities. In particular, a total of 71 former women were provided with cash to support their farming as an income-generating activity this went a long way in supporting them to purchase seeds, inputs and agricultural materials which prices skyrocketed due to the closure of borders as a result of COVID-19 restriction. The elderly have also been supported by NS through home care support for the elderly as well as cash distribution. One of the beneficiaries gave the below story:

"My name is Maoulida Mmadi I am 75 years old from the coastal town of Itsandra and a father of 5 children. With the arrival of COVID in the country, my expenses have increased on a daily basis (purchase of nose covers, bleach, soap permanently) but I suffer from arterial tension and diabetes, I have to take medication every morning and my financial means are lacking. I live alone in a hut, without a job and accompaniment. I was a fisherman but with my state of health, I no longer do this job at the risk of making a discomfort at sea. I thank the Comorian Red Crescent for home care for the elderly. I am a beneficiary of his care with free medicines. I thank you very much for the support of the Comorian Red Crescent."



Comoros RC volunteer providing Home care of the elderly

Cape Verde Red Cross

The Red Cross of Cape Verde (RCCV) has continued to work in close collaboration with the Government in responding to the needs of its population. Together with the Ministry of Health agents, the National Society participated in contact tracing, support to quarantine, control entry and exit points of the country,

The National Society has reported the following achievements:

- 5,810 people have been tested for COVID-19 with the Red Cross of Cape Verde (RCCV) support.
- 1,885 people in isolation/quarantine were provided with material assistance, such as gloves, thermometers, hand sanitiser, water, disinfectants. RCCV also provided additional wrap-around services, such as food and pharmacy delivery, laundry services, and garbage removal.
- 51 health facilities received infection prevention and control (IPC) support. The National Society provided materials such as masks to COVID-19 infected people as well as to the health staff. In all health centres, the triage (directing people after taking their temperature) was done by the Red Cross volunteers. The National Society also donated 5,100 Liters of floor disinfectant, household gloves, disposable boots, and gowns to 51 health centres.
- Training on infection control measures was provided to all staff, including the proper use of Personal Protection Equipment (PPE), a respirator, and the correct technique for putting it on and taking it off (donning/removing) safely.
- 3,758 people in the community were provided with psychosocial support (PSS), including 335 staff and volunteers.
- 1,349 confirmed or suspected COVID-19 cases were transported by RCCV ambulance to health facilities in order to receive the required treatment.
- 1,232 individual feedback was collected through the community feedback mechanisms. The feedbacks were related to COVID-19 concerns, rumours, questions, opinions, suggestions, complaints and compliments.

Republic of Congo Red Cross

During this period, Congo RC reached over 18,000 people through risk communication and community engagement activities focusing on health, hygiene promotion and other risk reduction measures in the health districts of Brazzaville and Pointe-Noire. One of the main successes was the dissemination of key messages through local radios coupled with the collection and analysis of over 65% of community feedback in the intervention areas. Local radio stations and the WhatsApp application were used to ensure that all categories of the population received the same messages about COVID-19. These successes have been enabled through technical, financial and material support provided by NS partners, especially IFRC, the ICRC and the French Red Cross. The MoH has also supported in institutional and community IPC, SDB, and support for vaccination. WHO enabled the monitoring of contacts and Africa CDC supported social mobilisation by community health workers.

DRC Red Cross Society

The DRC COVID-19 response is funded by ECHO and implemented by the DRC Red Cross in a consortium with the Swedish Red Cross, the Spanish Red Cross and the IFRC. **More than 1 million people were sensitised on COVID-19 risks through the RCCE, WASH and IPC activities.** Some of the achievements have been the construction of handwashing systems and donation of hygiene kits to 90 organisations (Schools, Churches, Health Units and Center for the Disabled). This has effectively addressed the needs of the beneficiaries in terms of prevention against COVID-19 according to several statements.



The School group "Kobota Elengi" located in the health zone of Lingwala, was one of the beneficiaries of this project. A handwashing station was installed there to the great satisfaction not only of the school community (management, teachers, assistants, pupils and parents) but also of the volunteers assigned to this school to ensure the follow-up and respect to COVID-19 hygiene practises.

A student Mandibi Mamboyi from the 3rd year of science in this picture said: *"We thank the Red Cross for having thought of us by installing this handwashing device which will allow us to protect ourselves against the Coronavirus. I ask the whole school community to use it to reduce contamination so that we can finish this school year. Many thanks to the Red Cross"*.

Ethiopia Red Cross Society

In July 2021, a team was assigned to conduct post-distribution monitoring and collect most significant change stories in the COVID-19 response from cash and voucher beneficiaries. zones. The zones targeted were Jimma, Oromia, Wolaita and SNNP. The project was financed by the Swiss Red Cross. One of the case change stories is shared below.



"My name is Tabita Bekele, 47 years old widow. I am a resident of Sodo town of SNNP region. I've 7 children that I'm raising alone since the death of my husband in 2000. I have been working on anything I get to support my family. I have been doing any business including buying and selling salvage clothes, pottery products, etc. At some critical times, I was forced to borrow from neighbours and relatives to cover the daily needs of my children.

The assistance from Red Cross (5,000 birr) relieved me from my tensions due to the decreasing income during the COVID-19 period. With the support I got, I paid back all my loans and stopped borrowing since then. The support has strengthened me to do more and sustain the basic needs of my children. At this time, one of my daughters is married, another one in university is about to graduate. The others are in college and high school. I have also one disabled son. I am so much thankful for the generous support that changed my family life and survived my children. Thank you, Red Cross."

Ghana Red Cross Society

The NS trained 35 HQ staff, regional managers and health focal persons on COVID vaccination. This training was to equip them with crowd management, awareness creation and how to tackle myths surrounding the vaccine.

A Post distribution Monitoring was conducted to ascertain the impact of using CVA during the pandemic across 3 regions (Greater Accra, Western and Northern). The purpose of unconditional cash transfer programming was to help alleviate the suffering during the lockdown period, loss of jobs, amongst others. Following the distribution, the NS was appreciated by the Department of Social Welfare

"The Department of Social Welfare in Sekondi Takoradi, Western Region, expressed their profound gratitude to the NS for their support through the transfer of unconditional multi-purpose cash grant to some recipients in their municipality. This unconditional multipurpose cash grant helps the vulnerable to be able to take care of their basic needs during the period. Thank you, Red Cross"

The Gambia Red Cross

The National Society supports the Government in the realization of its COVID-19 National Emergency Plan. The Gambia Red Cross Society's Secretary General is leading the whole national coordination architecture as he was appointed by the Government as the National humanitarian coordinator for the response. The National Society is leading the Safe Management of Dead Bodies component of the COVID-19 National emergency Plan

With support from the Red Cross, Red Crescent Movement partners, the GRCS was able to implement:

- Risk Communication and Community Engagement (radio programs, house to house sensitization and community outreach or Caravan) and managed to reach 1,023,000 people throughout the country.
- distribution of COVID-19 prevention materials (handwashing facilities, detergents and face masks, hand sanitizer, hygiene kits etc). Indeed, 1,621,256 were reached through community WASH activities.
- Community Based Surveillance (including point of entries and borderline).
- Dead body management. 227 community burials of suspected or confirmed COVID-19 cases were facilitated by the Red Cross volunteers.
- Case transfers and livelihood activities: 171 people made vulnerable by COVID-19 have been reached with food and other in-kind assistance and 1,893 reached with conditional and unconditional cash and voucher assistance.



A GRCS volunteers in a COVID-19 focus group meeting © GRCS

Kenya Red Cross Society

The Kenya Red Cross has been working to reach the often neglected communities in hard-to-reach areas to sensitize them on COVID-19 Vaccine. One of the success stories, as narrated by our volunteer, comes from the Maasai village of Enkong'Narok in the Amboseli conservancy in Kajiado County, where the community initially shunned the COVID-19 messages from the Community Health Volunteers. The same treatment was initially given to Kenya Red Cross volunteers who walked around wearing their face masks. "You people talk about a disease that we know is brought by people who come from the towns", said a community member. "Go to that tree over there, our elder will come to you. You can tell him all you have to say, he will communicate back to us", said one elderly man.

"Due to the local culture, combined with the stigma associated with the COVID-19 disease, the villagers stayed ran away from us and not until we convinced the elders of the COVID-19 vaccine information did they agree to sit and listen, with some even asking us to go to their manyattas and tell them more", explained the focal volunteer.

"We thank the Kenya Red Cross and the volunteers for visiting our villages and disseminating information about COVID-19 and the vaccine. Considering the vastness of our land, and the fact that mass media cannot be effective in reaching our people due to challenges of electricity and low radio frequencies, we are happy they have come to help us", explained the Medical Superintendent.

"By the second day, the villagers organized separate male and female groups where the KRCS and community health volunteers would disseminate key messages, with community members expressing their willingness to get the vaccines as soon as they are brought to them" revealed the KRCS Focal volunteer.

"The willingness of this village not only to listen to health messages but also their willingness to take the vaccine is a major milestone. Of course, we need more sensitization to be done in other villages, but this partnership with Red Cross is something we are really appreciative of" said the Community Health Assistant (CHA).

Lesotho Red Cross

At Lesotho Red Cross Society, “we help the nation”. The NS has been helping communities and schools with WASH services, RCCE, mental health and livelihoods support among others. **One key achievement in the past quarter was the contribution of our four Health Centres in vaccine rollout in communities.** One nurse Bokang Kooatsa had to walk 3 hours and walk through the river to reach the people in the remote catchment areas of Kena Health Centre with COVID-19 vaccines. The people in these communities were not going to the vaccine centre due to the long route they had to travel but nurse Kooatsa and his colleagues took the vaccine to them. The National Society is under resource constraints but our nurses worked against all odds to serve the nation, they literally carried cooler boxes on their back to the people. This dedication has inspired and motivated other staff members in using the limited resources they have to fulfil the Lesotho Red Cross Society mission of **helping the nation**.

Liberia Red Cross

During the third wave of the COVID-19 pandemic, the LNRCS successfully integrated its COVID-19 response operations with schools focusing on hygiene promotion and awareness through established school clubs in rural or hard to reach communities. An alignment with the various schools using the community engagement approaches provided the LNRCS opportunity to reach larger communities. **A sustainable result in this partnership is the acceptance of the Red Cross and willingness of various school administrators for a long time partnership** to continue increasing the competencies of the students who reside in various communities that enable them to extend hygienic education to peers and other community members outside of the regular school hours.



Malagasy Red Cross

The Malagasy RC **reached out to more people and hard to reach communities** and community leaders with key messages, development of booklets, brochures, and flyers on PSEA and GBV.

Though doses of COVID-19 vaccines have been delivered to Madagascar, many doubts and rumours have circulated in the country and only a few of the population have been vaccinated. Also, as the arrival of these vaccine doses has not been prepared, the MSANP lacks the infrastructure for the administration of these vaccines. The NS supported the Ministry of Health by:

- Lending them two tents to dress a vaccination center.
- Mobilization of two ambulances with rescue teams to ensure the transport of AEFI cases to treatment hospitals
- Lending them 10 tablets to register beneficiaries of vaccination for the Sanitary District of Health of Antananarivo
- Mobilization of 9 volunteers to register those beneficiaries

Staff were also sensitized on vaccination against COVID-19 and as a result 43 members got the first dose of Covishield on the 4th of June 2021, where the National President, the National Secretary ensured the lead as examples

Malawi Red Cross

Malawi Red Cross Society with support from IFRC and EU Civil Protection and Humanitarian Aid continued to conduct nationwide mass distribution in CHAM hospitals, government hospitals and prisons, as one way of fighting the COVID-19 disease. The Exercise which was launched at Dzenza Mission Hospital in Lilongwe has already benefited institutions in the Central and Northern regions, among them Maula Prison, Kamuzu Central Hospital, Lilongwe DHO, Ntchisi Prison, Mzuzu Central Hospital, Mzuzu Prison, Mzimba DHO and Karonga Transit Shelter. The Institutions were provided with Examination Gloves, Masks, Disposable Aprons, Blankets Buckets, Jerrycans, Sanitizers and Tents. These items will also be distributed to other institutions from the Southern and Eastern Region are yet to benefit

Communities from Rumphi District in the Northern Part of Malawi hailed the Malawi Red Cross Society's implementation of COVID-19 projects which they say brought awareness on the importance of preventing the COVID-19 virus. For the past months, MRCS with support from the Swiss Red Cross targeted schools, hospitals, and one border post in the district, where handwashing was discussed in the COVID-19 prevention.

MRCS worked in 21 schools where water drums of 200 litres each capacity were distributed in two Traditional Authorities Katumbi and Zolokere.

Mauritania Red Crescent

The National Society is playing a key role in the COVID-19 vaccination campaign. MRC has a strong experience in communicating with communities, a good community mobilization strategy and a participatory approach to identifying and achieving targets. Community acceptance of the National Crescent is also a fundamental asset to be highlighted in support of community advocacy.

The National Society's staff and volunteers are conscious that the management of rumours is an important factor to consider in the COVID-19 vaccination campaign. Most communities have a negative appreciation of the vaccine and its related effectiveness, and this has caused a sharp increase in the refusal rate especially in rural communities. The National Society has been committed to tailoring the communication approach according to the targeted communities. Two communication strategies have been adopted so far: social mobilization and awareness caravans.



MRC volunteers are playing a key role in the vaccination campaign© MRC

Mozambique Red Cross

The Mozambique Red Cross (CVM), represented by the Secretary of the Provincial Delegation of the City of Maputo, Hermínia da Silva, delivered prevention material against COVID-19 to the city council of Maputo. The delivery took place during the II Municipal Primary Care Meeting, chaired by the President of the Municipality of Maputo, under the slogan: "Strengthening primary healthcare in time of COVID-19". On the occasion, the municipality president thanked the NS for their noble gesture and applauded the NS for being a strategic partner in combating the coronavirus pandemic and other projects.

In terms of communication and tracing of COVID-19 cases, the National Society created a humanitarian line, which dedicated itself to providing support to employees and their families with COVID-19.

Namibia Red Cross

The Namibia Red Cross took **part in the vaccination campaign, kick COVID-19 out of Namibia Roadshow campaign**. The Namibia Red Cross Society volunteers were part of the event held by the Ministry of Health and Social Services-Namibia in Windhoek, Khomas region. In addition, the volunteers are conducting information dissemination and assisting with registration at various vaccinations points in Kavango East region. The aim is to reduce the transmission rate of COVID19 to zero through vaccinations as well as targeted health education activities and capacitating communities on the importance of handwashing, vaccinations and practising good hygiene.

Vaccine outreach teams together with NRC volunteers are carrying out information dissemination on vaccination is being conducted by volunteers at vaccination points. The NS has also been disseminating COVID-19 vaccination messages and other prevention messages on their social media pages, such as Facebook.



Nigeria Red Cross Society

The Nigeria Red Cross Society has been reaching out to 11,702,863 people with COVID-19 key messages, development of booklets, brochures, and flyers on PSEA and GBV. **Sensitization and mass awareness campaign was also done in hard-to-reach communities** through several media including megaphones, SMS, WhatsApp, FaceBook, Radio and Television which the NS has learned to use extensively to ensure all categories of the population are reached with key messages. NRCS was also able to reach 5,382 most vulnerable households with cash voucher assistance (CVA) across 16 states of Nigeria. The NS adopted innovative means that have been effective to overcome the challenges posed by COVID-19 when delivering programmes. For example, WhatsApp groups were created for proper coordination and information dissemination. The use of virtual trainings was adopted to reduce physical contact of participants during trainings. This led to reducing the cost of running workshops and exposure of participants to the risk of contracting COVID-19.

THE DANCING TEENAGER



“My name is Kabiru, from Subia Local Government Area State. I am 18years old. I have completed my secondary, hoping to get into the University soon. I don’t have any job

(Dancing and smiling). “I am so excited that I am a beneficiary of the cash and it is making me dance. I can tell how I feel, that is why I am dancing. My dream is to become a doctor and stand for people who cannot afford one. I will use the money for medical care for my swollen foot and use the rest for other things.”

“Thank you, Red Cross, God bless you

Rwanda Red Cross Society

The main success in the reporting period has been **successfully responding to a huge COVID-19 wave and bringing it under control**. In the aftermath of the Nyiragongo volcano eruption and a huge influx of Congolese crossing from Goma in DRC to Rubavu district in Rwanda (end May 2021), a new wave of COVID-19 which was confirmed to be the Delta variant (80% of cases), began to spread, starting from the border districts and Kigali City. This unprecedented hike in COVID-19 new cases and the death toll reached daily was alarming especially in July. The total cases in July (31,651 cases) surpasses the total cases registered in the previous six months since January 2021 (30,664 cases); likewise, the death toll (370 deaths) was twice higher than the total deaths registered from January to June 2021 (136 deaths). Rwanda Red Cross volunteers and staff were very active across the country, reaching out to the communities with key prevention measures including distribution of hygiene materials, construction of handwashing systems in schools and public places and continuous livelihoods support. A total of 2,400 families were reached with food distributions and 2,965 with multipurpose cash and 2,565 with income-generating activities. The usual combination of tools in community awareness (mobile radio campaigns, community outreach with volunteers using megaphones, radio shows and RRCS social media) allowed the NS to reach over 3.5 million people with life-saving messages. Additionally, the deployment of two ambulances (staffed with 8 drivers and 8 nurses) in response to needs in transporting COVID-19 cases, as well as efforts by the Rwanda government (through ensuring tight restrictions and increasing the vaccination program) have all helped towards a rapid reduction of the cases. By end of September, 159 cases were registered countrywide, far from nearly 900 cases by the beginning of July 2021.

Somalia Red Crescent Society

Somali Red Crescent Society (SRCS) initiated a **Drama Teams to promote awareness of the community in preventing COVID-19 and improving sanitation through dramas that transformed community perception toward COVID-19 and its vaccine**. Additionally, SRCS has oriented the staff and the volunteer to take vaccine jabs in front of the community during their visit. This reduced the rumours circulating in the community. The SRCS also has started to target the community elites and more role model community members who give COVID-19 awareness (WASH and vaccine introduction). These efforts have changed community perceptions and scaled up the number of people fully vaccinated and vaccine uptake even as SRCS continues with the massive vaccine campaigns with the MOH through all SRCS operational areas.



Minister of education Puntland taking covid19 vaccine at Far health centers to encourage the unreached communities

Senegalese Red Cross

With Support from Nestlé, the Senegalese Red Cross Society conducted a Water and Sanitation project geared towards improving the hygiene and sanitation conditions as well as the access to potable water of communities affected by the COVID -19 pandemic. The following achievements were reached within the framework of the project:

- Mobilisation and training of 300 Red Cross volunteers
- 50 latrines were built and 105 rehabilitated
- 100 handwashing kits were distributed to 100 households.
- 14 washing hands set-up in 14 public places
- Awareness caravan in public places with high human attendance (markets, bus stations)
- Distribution of 2,000 masks
- Distribution of 350 vials of hydroalcoholic gel
- 10 community awareness radio programs in four areas
- 7 sessions on cleaning of gutters for sewage disposal
- Disinfection of 64 public places (health centres, religious schools, mosques, public structures)

South Africa Red Cross

The National Society's (NS) key successes during this period have been reaching out to more people in hard to reach communities especially the elderly with vaccination messaging and registration. This was done through the national vaccination campaign which the NS embarked on after realizing the gap and maximized on utilizing community feedback mechanism, media platforms such as radio stations, television, posters, flyers, Whatsapp and Facebook. Radio jingles which were aired at both national and local radio stations nationally and locally in different languages enabled the NS to reach many people in both urban and rural areas on vaccination awareness. RCCE was strengthened and rolled out across all provinces across the country in all the NS operational areas and this greatly assisted in addressing vaccine hesitancy. More so, psychosocial support (PSS) and WASH initiatives were enhanced to enable people to cope with the stress and risks COVID-19 posed. Successful vaccination advocacy was embarked on by NS to ensure vaccine equity especially to undocumented people whom most of them are migrants and refugees.



The elderly above 60 years excited after their first COVID-19 jab which SARCS staff and volunteers assisted them to register as they had no smart phones to register on EVDS.

South Sudan Red Cross

South Sudan Red Cross distributed reusable masks to schools in Maridi. One such school where masks were distributed was Motherland primary school where SSRC Maridi Branch distributed masks on 19 August 2021. Before the distribution, pupils did not have faces mask to protect themselves. Now they are happy and they can protect themselves from COVID-19.

Engaging mothers on COVID -19 is the best forum to reach everyone in their houses. NS volunteers use community-organized meetings opportunities to talk to mothers about COVID-19. The volunteers first give them face masks and show them how to put on the masks correctly. During one of the discussions, one of the mothers asked our volunteer if children can also die of coronavirus. "Yes, it can kill anyone regardless of age, colour, race, nationality etc.," answered our volunteer. He also told the mothers that vaccines are now available in South Sudan and those willing to vaccinate can now visit the designated centres in the country.



Secretary-General of IFRC, Jagan Chapagain, visiting SSRCS masks production site supported by IFRC at Juba Branch

Tanzania Red Cross

From July to September 2021, TRCS has implemented a cash response program. This program funded by BRC-FL reached 6,300 vulnerable households affected with COVID-19 impacts in three districts, Kyela in Mbeya, Buhigwe and Uvinza in Kigoma. During the beneficiary recruitment and assessment, COVID-19 messages were disseminated to increase the community awareness of the COVID-19 outbreak and take precaution to control the spreading of COVID-19. Handwashing points were set up before the meeting and social distancing was observed during beneficiary's registration and sim card distribution. All staff and volunteers involved in the distribution were equipped with Protective equipment like masks and sanitisers.

"My name is Mwajuma Hanuza from Basanza. I appreciate the Cash support from Red Cross and will use the cash to renovate my business of poultry farming to increase family income, because of the first phase of the COVID-19 outbreak, I lost my job after the company being temporarily closed and after it resumed operation, some of us were terminated. Income that will be generated will support in purchasing household basic needs. I advise Red Cross to keep on supporting and strengthening the poor people economically, in our community"



Uganda Red Cross

During the reporting period, Wakiso and Entebbe URCS Branches supported Wakiso District Local Government to roll out accelerated vaccination campaigns during Phase I (AstraZeneca), 6 to 11 September and Phase II (Pfizer), 27 September to 3 October.

During Phase 1, Wakiso Branch supported in reaching communities in its catchment areas with the vaccination messages & target groups mobilized to get vaccinated in the 14 designated vaccination sites. The catchment area had 7 Town Councils, 6 Sub-counties, and 1 Municipality with 4 divisions and a total of 419 villages. Additionally, Community Health Education sessions with health promotional messages on COVID-19 were conducted reaching 14,625 people (53% females & 47% males) in 4,578 Households in CP3 Districts of Kabale, Kamwenge, Kitagwenda & Bundibugyo. respectively.

In phase II, a total of 95 volunteers were deployed to support the vaccination campaign in Wakiso, 80 volunteers were deployed to COVID -19 vaccination sites and an additional 15 Volunteers were deployed in the community structures strengthening the response. The volunteers also supported the 5 days COVID-19 vaccination campaign in Kampala Metropolitan area dubbed "Fenna Tugemebwe", a brainchild of Uganda Breweries Limited (UBL) under its Raising the Bar program. Vehicles were provided for logistics distribution, social mobilisation by Red Cross volunteers. Tents were set up in high volume sites and for health workers in all the designated COVID-19 vaccination sites. About 3,000 people were vaccinated against COVID -19 at the mass vaccination drive at Kololo Independence Grounds. Out of these, 2,483 received their first jab of the Pfizer vaccine while 517 received their second jab of the AstraZeneca vaccine.

Zambia Red Cross

Zambia Red Cross Society is supporting MOH in improving covid-19 case management at health facilities and at home level, through improved access to health care. ZRCS made a symbolic handover of medical equipment and supplies totalling K1.7M (CHF 85,430). These supplies & equipment, are going to Chirundu, Livingston, Kitwe and Solwezi District, health facilities.

Additionally, the NS distributed Hygiene kits to vulnerable women in George, Mazyopa and Kalikiliki compounds. The hygiene kits which included; 2 disposable sanitary towels, 6 Reusable masks, 2 hygiene bar soaps, 1 bar detergent soap and 1 bucket reached 250 vulnerable families under quarantine/isolation which they need to encourage positive behavior during the pandemic.

NS volunteers also supported COVID-19 testing and vaccination in anti-stigma and discrimination campaigns and advocacy sessions through door-to-door and using megaphones in eight districts.



Zambia RC Volunteer conducting community awareness campaign

Zimbabwe Red Cross

The Zimbabwe Red Cross Society (ZRCS) has been implementing a COVID-19 emergency response project in partnership with UNICEF focusing on WASH, infection prevention and control as well as risk communication and community engagement. The project is specifically targeting 8 districts namely Muzarabani, Binga, Kwekwe Rural, Mangwe, Gwanda Urban, Harare South (Hopley), Marondera Urban and Kariba Rural Districts. One initiative involved developing a piped water scheme for Samende Secondary School. This water scheme has also gone a long way to provide clean water to communities leaving nearby the school.

"Had it not been for their piped water scheme, women and girls would still be walking long distances in search of water. Even the construction of the secondary school (Samende) would have remained a pipe dream. We thank these Red Cross and UNICEF people. May God bless them" said the headteacher of the school.

The overall objective of the project is to contribute to the prevention of COVID-19 morbidity and mortality through improving access to safe, clean water and soap for handwashing facilities as well as key hygiene message dissemination to the COVID-19 prone communities.

Contact information in the IFRC Africa Regional Office

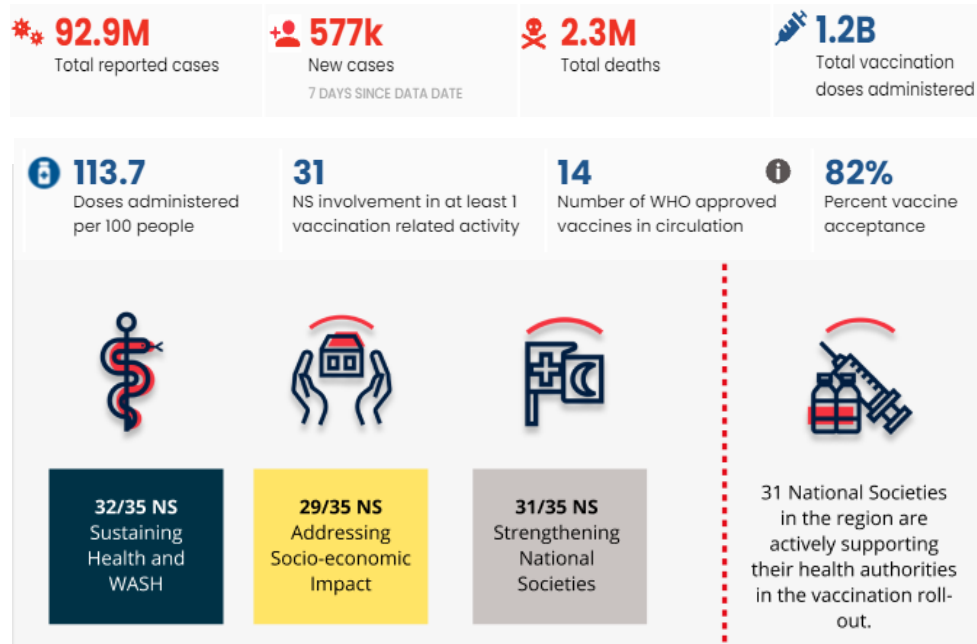
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AMERICAS REGION



The narrative section of the report focuses on the main outcomes for the period between June and September 2021.

Key data for the region



Financial Overview



Funding Requirements:
CHF 95 M

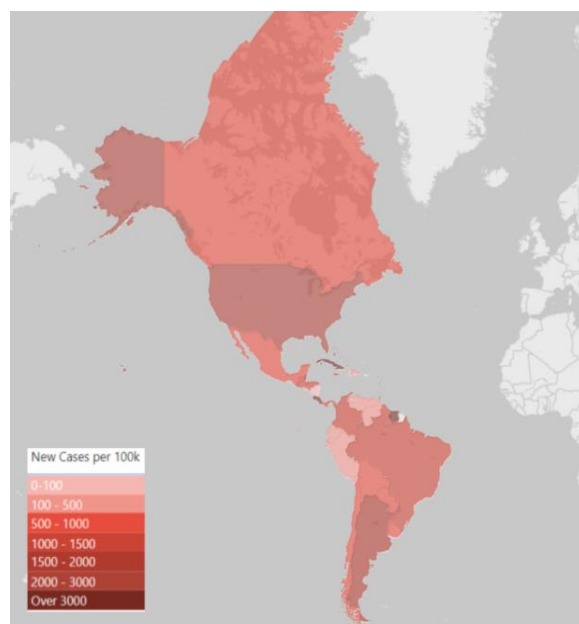
Income to date:
CHF 43 M

Regional coverage:
45%

Expenditure to date:
CHF 33 M

77% of total income

Regional Overview



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).

Between June and September 2021, the region has experienced, like the rest of the world, what has been classified as the fifth wave of transmission of COVID-19; closely linked to the spread of the delta variant and the increase in cases among unvaccinated young people in a context of relaxation of public health measures. In these four months, 22.1 million new cases and 434,000 new deaths have been reported, representing 35% of the total accumulated cases and almost 40% of the deaths worldwide. In accumulated figures until the end of September 2021, America continues as the world region with the highest number of cases and deaths, 90 million cases and 2.2 million deaths, 38.5% of total world cases and 46,3% of the deaths.

Even taking these global figures as the general framework for the analysis of the situation and trend, there have been marked differences in the epidemic evolution of the disease, with greater transmission at the beginning of the fifth wave in Central America and the Southern Cone, while in September, transmission has increased drastically in the Caribbean.

In the context described above, without a doubt, the development of vaccination campaigns against COVID-19 has marked all the work in almost all areas. This covers a very wide range of situations, from countries with a very high percentage of the population with a complete vaccination schedule and focused on recovery, to countries that have only just begun to administer vaccines; with many others vaccinating at an irregular pace and coexisting with high rates of transmission among unvaccinated population.

Despite the above, the marked decrease in hospitalizations and deaths in the region, compared to previous waves of transmission, is noteworthy. However, under the COVID-19 pandemic, the major concerns and challenges reported by the Americas region Health System is still the lack of funding for MHPSS in their COVID-19 operational plans, (a 35% of budgets reduction reported by 15 countries). Mental health prevention promotion services and programs were severely affected and disrupted in 25 countries, being most impacted the services for children and the elderly with a reduction of 76%, as well as 56% of suicide prevention services. Also, 44 % of staff shortage was reported as the principal reason for service disruptions in 11 of these countries¹.

The already pre-exist health, educational, social challenges, and iniquities faced in the Americas for decades, and the profound impact of the COVID-19 pandemic are increasing the risk factors (financial insecurity, unemployment, fear) and reducing the protective factors (social connection, labor, and educational participation, access to physical exercise, daily routine, access to health services), thus threatening the wellbeing of the population, especially vulnerable groups such as migrants, indigenous, children, health workers, and women²

¹https://iris.paho.org/bitstream/handle/10665.2/49578/9789275120286_eng.pdf?sequence=10&isAllowed=y

²<https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/>

Priority 1: Sustaining Health and WASH

Pillar 1: Epidemic control measures

During the reported period, the work to strengthen the training of volunteers in epidemic control with a focus on covid-19 has continued. In these four months, 1 national society more (Peruvian RC) have been reached with training in ECV, with a total of 4 sessions and 32 volunteers trained (21 certified).

At the regional level, and as part of the effort to disseminate accurate and adequate epidemiological information that helps the NS to have the most up-to-date and relevant data for their control activities and dissemination of messages in the context of PHSM interventions, The weekly epidemiological bulletin and the monthly covid-19 situation update continued to be prepared and distributed.

Best practice story:



In Venezuela, 16 branches from the National Society have been providing service in 19 vaccination centers in support of the national vaccination plan, including, 2 vaccination centers in the District of Caracas.

Almost 700,000 people have received support in the vaccination centers where the Venezuelan RC is present.

Pillar 2: Risk communication, community engagement (RCCE) and health and hygiene promotion

The team has continued to develop regionally tailored messages based on the feedback National Societies have received in the field. Special mention should be made of the support that has been provided to the **Chilean Red Cross**, in their campaign to promote vaccination days and the start of the third dose of vaccination.

A presentation was made to the **Trinidad and Tobago Red Cross** on Behavior Change Communication methodologies to support the national vaccine advocacy campaign that they will be developing in conjunction with their government.

Due to the emergency in Haiti, graphics on COVID-19, cholera, proper hand washing and how to engage safely with communities was developed in Creole. The materials were shared with the **Haiti Red Cross** and with the National Societies of **Colombia** and **Panama** in support of their migration programs.

With the help of the Health Team, new Risk Communication materials on COVID-19 and various topics have been created:

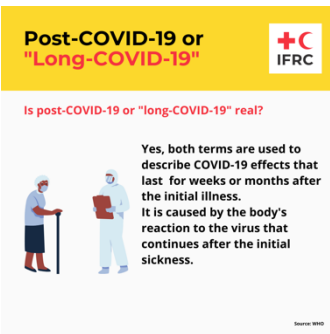
- COVID-19 and HIV.
- Can I get COVID-19 after receiving the vaccine?
- COVID-19 in children.
- What are the mutations and variants of the COVID-19 virus?

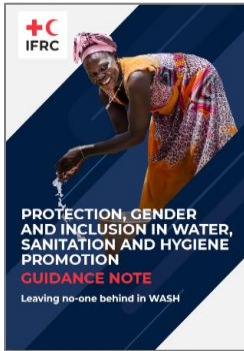
All the materials can be found [here](#)

Pillar 3: Community-based surveillance (CBS)

The joint assessment with the Norwegian RC on the pertinence and relevance of CBS with a focus on COVID-19 in Colombia, El Salvador and Honduras has advanced mainly in the field of evaluating the optimal integration of the CBS approach in the existing epidemiological surveillance systems at the levels local and national. Coordination with the ministries of health and with the epidemiological authorities has been especially intense during this period and has significantly helped to advance in the evaluation of the relevance of the intervention in El Salvador and Honduras. It has also contributed to positioning NS as key agents in strengthening epidemiological surveillance and early response in the context of preparedness and response to COVID-19.

Pillar 5: Infection prevention and control and WASH (community)





The WASH regional Team has been working together with the ARO PGI Senior Officer, in developing a road map to roll out the new materials published for WASH and PGI, including the development of a 4-module course for WASH, Health and PGI focal points at NS, as well as interested IFRC staff, where new materials were introduced on how to adapt WASH interventions to the specific needs of vulnerable populations, aligned with the PGI principles of IFRC. A special highlight is given to the Menstrual Hygiene Management (MHM) Guide and toolkit that has been recently published in Spanish as well. This course will contribute to the internal coordination of NS staff/volunteers from different sectors that

have complementary roles in the NS response operations.

The WASH Regional Focal Point Network has held 4 bi-monthly meetings so far, to share the technical trends of the sector, and to exchange some experiences, opportunities, challenges, and lessons learned between NS. Additionally, the WASH regional team participated, together with colleagues from Geneva and PNSs, in a global training held by CAWST about their "WASH'em" approach, a methodology based on evidence to design and implement Handwashing interventions in emergency settings. This approach is also being promoted by the WASH LAC partners.

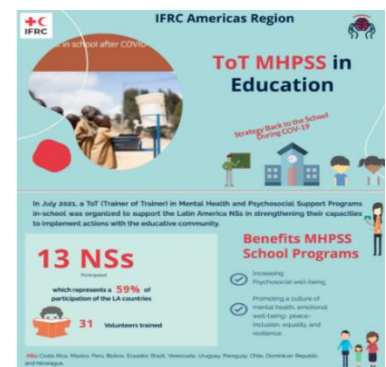
A regional info session was also organized for IFRC colleagues from different sectors at the regional and country delegation offices, to learn more about the 'Blue Schools' approach, a methodology developed by the Swiss Water and Sanitation Consortium, who facilitated a detail presentation. The next step is to pilot this methodology with NS interested in working WASH topics in Schools, combined with other sectors like CEA, DRR, and Climate Change.

Pillar 6: Mental health and psychosocial support services (MHPSS)

From July to September 2021, MHPSS main actions were focused on:

Strategy Back to school during COVID-19:

- **A ToT in MHPSS in Education** was held in July, with the participation of 31 volunteers from 13 National Societies of LA. Additionally, within the framework of the training, the NSs have developed a project proposal that seek areas of collaboration and support, with the Ministries of Health, for the increased resilience and well-being in the school community.
- **Training in St Lucia** - The NS supported the training of 60 teachers from District 7 in the Back-to-School strategy during COVID-19. Until now, 210 SLRC trained 210 teachers.



Psychosocial First Aid COVID-19 PACK training:

- The new Chilean RC MHPSS Focal point was trained to implement the pack.
- PFA Loss and Grief Webinar held in the Caribbean as part of Suicide Prevention Month.
- Training in PFA focused on loss and grief and PFA for children for Venezuelan leaders and doctors in collaboration with HIAS Peru.

Technical advice and support:

- An **MHPSS Country Profile** of 21 NSs was developed. The profile highlights the most prevalent MNSS (mental, neurological, substance use, and suicide disorders) of the country, and the NSs capacities to respond to the growing mental health and psychosocial needs of the population. Available on the IFRC [Go platform](#).

Advocacy:

- Participation in the CEA #RedHearts Podcast on How COVID-19 has changed mourning and funeral rites.
- Under the Suicide prevention day, a regional campaign was organized where more than 10 NSs joined in and 424 people participated in three forums held, and more than 1,200 logged in and viewed the recorded transmissions.
- Messages to cope with stress, promote resilience, cope with grief, and prevent suicide continue to be shared on IFRC social media with the collaboration of Communications and CEA Units. A pilot has been carried out to find out: which have been the thematic preferences of the users of our social media and to know the number of people reached indirectly. The topic of greatest interest in this period was: Stress and anxiety management, followed by loss and grief.



Infographics Suicide Prevention Campaign (L) ,and MHPSS social media impact pilot (R). Source: MHPSS

Pillar 11: Support for immunization

Regional overview:

- Incorporating a new position as Health Delegate to support the Immunization Pillar of ARO.
- Participation in the EPI-WIN webinar on COVID-19 Booster Doses organized by WHO, and dissemination of WHO's position related to booster doses. Available [here](#).
- Monitoring and follow-up of the possibilities for supporting the Venezuelan Red Cross and other NSs in strategies to help the country's Health authorities to improve vaccination coverage.
- Participation in the National Societies Immunization Working Group, and in Regional Group, sharing experiences in the region with other regions in vaccination strategies.
- Meetings for the management and implementation of ERU in vaccination with the coordination and collaboration of Canadian RC.

National Society activities:

- 31 NSs involved in at least 1 vaccination related activity. The vaccination self-assessment tool provided information about the following area of activities developed by NSs: Coordination and Planning, Operational Support, Supervision and Capacity Building and Communications and Social mobilization activities:
 - 44% of NSs in the region have participated in national coordination mechanisms for COVID-19 vaccines.
 - 71% of NSs supported crowd control at vaccination centers.
 - 42% supported the identifying, registration, and mobilization of high-risk population communities.
 - 36% have implemented a communications campaign on risks related to vaccination.
 - 44% have updated key messages and spokesmen related to vaccinations.
- In Central America and Latin Caribbean, the Guatemalan RC provided support to five national vaccination centers in the application of almost 37,000 doses, while the Dominican RC supported 63 vaccination posts delivering different supplies, as well as specific information, education, and communication activities.
- In the Andean countries, the Colombian RC has 63 government-certified health service delivery facilities, including 21 with immunization services and 68 certified vaccination staff. Also, the Peruvian RC has trained last-mile community leaders in 4 regions to increase vaccination coverage of remote indigenous communities.
- In the South Cone, the Brazilian RC have provided vaccination mobile units to reach last-mile communities. Similarly, the Paraguayan RC has provided ambulance services and mobile units to transport materials and vaccination staff and patients far from vaccination centers.

Priority 2: Addressing Socio-economic impact

Latin America and the Caribbean is the region most affected by COVID-19 globally and this health context has led governments to take various actions to contain and control active cases since the beginning of 2020. These measures have involved, among others, mandatory quarantines, school closures, closure or limitation of trade, restriction of mobility, border closures among others. These have had a direct impact on the livelihoods of individuals and their families, especially the most vulnerable groups.

The prolongation of the crisis makes it urgent to know what the effects and impacts have been at the regional, subregional and vulnerability group levels. Although the crisis cuts across all social groups, the most vulnerable groups have fewer resources and tools to cope with it and their recovery will be slower.

Socioeconomic impacts, unlike health impacts, have a slower evolution and, in many cases, are not easy to identify. These impacts have short-, medium- and long-term effects. In addition, it should be borne in mind that the situation of violence and conflict in various areas of the region, the migration processes from Central America to the United States, the Venezuelan migration in recent years, weak or lacking social protection systems in the States, higher levels of inequality at the global level, economic informality, and an increase in social conflicts in recent years, have deepened the negative effects of the health and socioeconomic crisis provoked by COVID-19 in the Americas region.

According to FAO projections, the number of undernourished people in the region will reach 66.9 million in 2030, i.e., an increase of almost 20 million people living in hunger, without considering the impact of COVID-19. FAO and WFP indicate for the period August to November 2021 that 5 countries in the region (Haiti, Honduras, Guatemala, Nicaragua, and Colombia) are at risk of further deterioration of their acute food insecurity situation.

Pillar 1: Livelihoods and Household Economic Security

Activities conducted throughout the last quarter

The main activities conducted during the last 4 months include:

Trainings

This year, special interest has been placed on strengthening the technical capacities of the national societies of Latin America and the Caribbean. Therefore, four trainings have been scheduled for the year 2021. In the first half of the year, two Livelihoods trainings were conducted and facilitated by the Livelihoods Resource Center:

- Livelihoods Programming Course (LPC): This course was in English and took place between April and June 2021. In this course, 29 people participated and 13 people were given a certificate for passing the course.
- Emergency and Recovery Livelihoods Assessment and Response Option Analysis (ERLA): This course was in Spanish and took place between April and May 2021. 33 people participated and 15 people passed the course.

These 2 courses are planned to be held during the second semester of the year between October and December.

Meetings with Livelihood focal points:

The monthly meetings of livelihood technicians continue to be held. These meetings are important as they allow us to maintain direct contact with the technical teams of the national societies in the region, facilitate the exchange of experiences and knowledge, and promote good practices for the implementation of livelihood recovery projects.

Business plan course:

Best practice example:



To strengthen technical support in the region, starting August 2021, a bulletin on socioeconomic impacts will be published every month.

The [first bulletin](#), published in August, provided general information on the socio-economic impacts of COVID, addressing education, food security, employment, and poverty.

The [second bulletin](#) addressed food security and how the deepening of the socio-economic crisis could increase food insecurity in the region.

Since April 2021, in coordination with CREPD, the development of a business plan course and a course for the use of the Atlas APP are being evaluated. The courses will be self-managed online trainings aimed at beneficiaries of microenterprise programs. These training provide basic elements on Business Plans and first steps to start an activity.

In the coming weeks, the courses will be transferred to digital, and they are expected to be ready by December 2021.

Technical Support:

Technical support has been provided to the CCDs and national societies in the region in the review of documents, market assessments, technical consultations, preparation of reports, among others.

To have more technical elements to understand the impact of the COVID crisis on priority 2 and thus provide more efficient, dignified, and timely support to the most vulnerable people, a regional study of the socioeconomic impacts of COVID in Latin America and the Caribbean will be carried out. The objective of the study is to Identify and analyze the socio-economic impacts by COVID-19 in the region and the potential effect on the Sustainable Development Goals (End Poverty, Zero Hunger, quality education, Gender Equality, Decent Work, and reduction of inequalities).

Pillar 2: Shelter and urban settlements

Trainings

Provision of technical Guidance the topics of Camp Management & Camp Coordination for the Uruguayan Red Cross as part of their COVID 19 response



Support to the National Societies

As a cross-regional collaborative initiative the 'Shelter and Settlements during a pandemic response' [Newsletter](#) was developed to support the responses that National Societies are having. The newsletter has access to key resources and guidelines on this topic as well as links to previous webinars and new upcoming events.



Pillar 3: Community engagement and accountability, and community feedback mechanisms

Trainings

- In February, a series of trainings were organized for the NS of Brazil, British Red Cross overseas branches, St Lucia, and Honduras.
- A basic CEA workshop was organized with staff and volunteers from the NSs. Through theory and practical exercises, participants learned about feedback mechanisms, communication channels and more topics.
- Participated as facilitators in the second cycle of the workshop *"Ensuring an inclusive and community-centered COVID-19 vaccines roll out"*. The idea is to replicate it at regional level.
- PGI and CEA in Panama: Participated as facilitators in the Policy drafting workshop for the prevention of sexual exploitation and abuse (PEAS), with decision makers of the Panamanian Red Cross.

Perception Surveys

Regional Perception survey: The implementation of a COVID-19 vaccine perception survey in 10 countries in the region is being coordinated, (4 as part of a global initiative and the rest using regional funds) to produce a report to support IFRC's advocacy and resource mobilization efforts. Almost all the NSs have finished the data collection, and the next step involves compiling the reports and producing the regional dashboard.

WHO Solidarity Fund: This project was officially launched with the Salvadoran RC. The first activity to be carried out on the ground will be a perception survey for which the regional team is providing support in the methodology and the tool. The National society has been working on the Terms of reference for a consultancy to roll out the survey and to produce a communication campaign.

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, variantes y vacunas. Preguntas y respuestas](#)
- [COVID-19, variants and vaccines. Questions and answers](#)
- [Violencia basada en género y su relación con la salud mental](#)



In June with the support of the IFRC Health Unit, an episode was recorded and aired commenting on the care of people with COVID-19 at home, recommendations, measures to take at home and tips. The episode can be heard here: [How to care for a person with COVID-19 at home?](#)

Support to the National Societies

- A workshop on Feedback Collection Tools was developed to train volunteers and staff of the Venezuelan RC.
- A presentation on behaviour change communication methodologies was given to the NS of Nicaragua, Trinidad and Tobago and El Salvador. They are developing communication campaigns to promote vaccination.
- The Costa Rican RC consulted about a bottleneck they have with the ambulance service because of the increase in COVID-19 cases. It was recommended to reinforce messages that support the continued use of protective measures and to promote vaccination. A working session was held with them.

WhatsApp Lines:

- Peru: The WhatsApp line continues to operate and is evolving to address a greater number of issues. It is important to note that consultations on PSS have risen as Peru adopted isolation measures in February.
- Bolivia: The WhatsApp Line has been implemented in Bolivia since 25 June. Most of the feedback is around COVID-19 vaccines. These reports will help the Bolivian Red Cross to adjust their messages and actions around COVID-19 and vaccines.
- Ecuador: On 30 March, the launch of the Henry Chatbot was organized on the Ecuadorian Red Cross social networks ([see promotional video](#)). The first two days after the launch (March 30 and 31), 474 messages were received, and 681 response messages were sent.

Perception video testimonies: Video testimonials were collected on the perception of the pandemic and vaccines in the community of La Peñita in Panama. These testimonials will feed into a report that is being compiled globally. The videos can be seen [here](#).

PHC CEA-Comms webinar: The CEA and Comms Regional teams joined forces and [presented the session](#) "*Challenges, opportunities and lessons learned in communication and community engagement and accountability in disasters*" during the Pre-Hurricane Conference held on 23 June. More than 200 people connected to the session and participated and learned from the themes and examples of National Societies shared by IFRC.

Pillar 4: Social care, cohesion, and support to vulnerable groups

- A proposal for addressing the needs of child labour with Ecuador Red Cross has been developed. This microproject will aim at strengthening the capacities of the National Society in child protection and provide protection and MHPSS actions to highly vulnerable children who are not faced protection needs due to the pandemic.
- An operational guidance, together with the livelihoods team, of *PGI in Livelihoods actions during COVID-19* is in process of development. This is expected to be launched by the Q4 of 2021 and has been developed with the support of the Livelihoods Reference Centre.

Priority 3: Strengthening National Societies

Pillar 1: National Society Readiness

- The first data visualization and dashboard creation virtual course were successfully provided for 31 participants and 19 NSs in the region.
- Implementing a safe response to meet the humanitarian needs of trafficked people: Orientation Guide to National Societies: The guide and toolkit successfully produced through a collaboration between the British Red Cross and the IFRC Americas Regional Office, through its PGI area, was carried out in the framework of the Capacity Building Project. Given that many NSs currently feel unequipped to handle and serve as an important role in preventing and protecting trafficking victims, as well as serving as an important support partner to local governments in this matter, this tool aimed at trying to fill important technical gaps to strengthen response capacity of the NSs.

Pillar 2: National Society Sustainability

- **Regional: Financial Sustainability Dashboard**: This major project has been deployed during the past four months. The goal of this monitoring dashboard is to provide a tool that allows evidence-based evaluation of the state of financial sustainability for decision making. The IFRC NSD team has contacted the NSs of Dominica, El Salvador, Ecuador, and Argentina for a pilot phase.
- **Andean Cluster: Trainer of Trainers program**: This program aims to create an internal network of coaches that seek to fill potential gaps in institutional development and build strategic growth in key areas of focus within the organizational structure of the NSs. Some of these areas include finance, project management, digital transformation, and interpersonal skills development.
- **Central America Cluster: “Exchange of good financial sustainability practices: Policies on Indirect Cost Recovery” webinar**: The objective of the webinar was to spread great common practices implemented by the various NSs of the cluster and foster the swap of knowledge between the neighbouring NSs. The participating NSs were the El Salvador RC and the Colombia RC.
- **Southern Cone: “A Commercial First Aid expansion story about strategies that worked”**. Round table discussion focused on expansion strategies that have worked for the Argentina RC in terms of their FA services. It was intended for NS Presidents, Director Generals, Resource Mobilization staff and First Aid staff.

Pillar 3: Support to volunteers

- **Insurance meeting with Panama Red Cross**. The NS received support in relation to the use of the IFRC Insurance. Also, it helped members of the governing board to get first-hand information about the importance of investing in systems to protect the volunteers in COVID times.
- **Protection mechanisms for volunteers**. As part of ongoing efforts to support NSs in creating mechanisms to protect volunteers and as part of the Lacoste funding, Solidarity Funds were created in Dominica, Honduras, Venezuela, Nicaragua, Panama, and Peru.
- **Youth Mental Health Survey**. This is part of the working plan 2020-2021 of IFRC Global Youth Commission, one of the goals is to advocate and generate awareness for the Mental Health and Psychosocial Well-being of young people inside the Movement during COVID times, seeing the Mental Health as a daily vulnerability and not just in disasters or conflicts contexts.
- **Quick Guide on volunteering in emergencies**. This new guidance on volunteering in emergency management aims to support all International Federation of the Red Cross and Red Crescent staff deployed during an emergency, especially those who must support NSs' volunteer leaders and/or those who have a leading role coordinating volunteers directly due to the needs of the mission.

Best practice example:



Activities registered in VODPLA –

In the "Volunteers in Action" section of the Volunteering Development Platform, volunteers share information about the activities they carry out on the field.

This tool allows users to filter the data registered by categories. In the COVID-19 category, there are a total of 310 projects registered in the region, in which 7,427 volunteers have participated, for a total of 228,628 hours of volunteer work. With all this work, 399,399 beneficiaries have been reached.

Enabling Actions and Support Services

Logistics, Procurement and Supply Chain

- The procurement team have been actively supporting the National Societies in their respective local sourcing processes 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.

Business Continuity Planning and Security within IFRC Secretariat

- Bi-Weekly revision and updates of the COVID situation in the Americas.
- Follow up on BC Plan in each country where IFRC is present as to monitor the Working Modalities.
- Monitor travel essentiality for Duty of Care.

Partnerships and Resource Mobilization

During the past 20 months of operation, the Partnership and Resource Mobilization unit has been constantly searching for new funds for the response to COVID-19 in the Americas through the emergency appeal and bilateral support to National Societies.

Several proposals have been submitted in the last four months with different partners, including governments, NSs, multilateral organizations, and the private sector - seeking to meet the needs in the Americas and at country level.

Planning, Monitoring, Evaluation and Reporting (PMER):

During the reporting period, the PMER Team provided support in the revision of the Emergency Appeal as the operation timeframe was extended until December 2022.

Information Management (IM):

- IM Plan: A revised plan for the information management for the support of the COVID-19 operation has been drafted and published in GO. It describes three main lines of action: (i) On update and maintenance; (ii) On support to technical areas; (iii) On National Societies actions and achievements. More information [here](#).
- CEA: IM continue providing support with perception surveys conducted in the region, supporting NSs in the implementation of the survey and coordinating their analysis and visualization with the Netherlands RC.
- Health: IM collaborated with the health unit in the development of an epidemiological index to compare conditions faced by countries in the region based on cumulative incidence, deaths, and percentage of population vaccinated. See more [here](#).

Communications

- National Societies received weekly updates on key messages and Social Media assets responding to general COVID-19 information and common questions related to vaccination, protection measures, and response.
- Close interaction with Sub regional Clusters and National Societies have allowed the recollection of response stories and activities published on the social media channels of the IFRC Americas.
- From March to September, more than 100 [articles](#) have been published in international media with information on NS activities, IFRC support and relevant COVID-19 situations in the region of the Americas.
- In the Americas, IFRC has published 393 COVID-19's posts on Twitter, becoming IFRC's main content in 2021. 96 out of the 393 posts have addressed exclusively vaccines-related issues. COVID-19 was also a leading content along the first half of the year: 67 posts in March, 40 in April, 39 in May, and 37 in June.
- Over 30 social media assets have been produced for National Societies to adapt them, and has issued 19 press releases, including global and regional ones.

Financial Analysis

The COVID-19 Emergency Appeal revision to be issued soon is extending the operative program until December 2022 with the aim to receive contributions that allow our National Societies to support the vaccination efforts across the region.

During the last months, the region has received some focused contributions but, by December 2021, most of the National Societies in the Americas Region will have finished their activities, unless additional funding is obtained.

Regional Overview	CHF Million
Funding Requirement	95
Confirmed Income (PEAR)	43
Total Operating Budget 2020-2022	42
Expenditure Year-To-Date	33
Budget Implementation	77%
Income vs Funding Requirement	45%

During the execution of the activities against the spread of the COVID-19 infections, National Societies have responded to compounded disasters such as Hurricane ETA and IOTA, the eruption of St Vincent Volcano and more recently the Haiti Earthquake. Even with all this happening, National Societies have been able to continue with their operative and programmatic plans of action and have increased their capacities to support the vulnerable people.

With the actual funds and waiting to receive more contributions, the Americas Regional Office will continue to maintain programming and operational footprints in the region.

National Society response – key highlights

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for the Americas on various channels and will be kept up to date. In case of required revisions/amendments or information about your NS which is missing, please let us know and it will be added with the next update. Some National Societies have completed the activities supported through the IFRC Appeal, they continue providing support in response to COVID-19 through domestic and bilateral funds.

Antigua and Barbuda Red Cross

The Antigua and Barbuda Red Cross continues to partner with the Ministry of Health in promoting health education to the public. With the increase in new cases and the attendant movement restrictions, the ability of the NS to reach targeted communities was curtailed. National vaccination efforts are ongoing, though there is some vaccination hesitancy.

During the period, 235 COVID-19 prevention kits were distributed to residents in a flood-prone community with a migrant population from Dominican Republic. The National Society also provided 50 care packages to the Women Empower Women's Group. Hygiene products were given to persons in quarantine facilities, to health care workers assigned to these facilities, as well as to the homeless, school populations and other vulnerable groups.

In its efforts to address food security concerns, the Antigua and Barbuda Red Cross partnered with the Ministry of Agriculture for its *Farm Ah Yuh Yard* activity in which 2,500 seedlings were distributed. Discussions are ongoing with the Ministry to secure a plot of land for a community agriculture enterprise. With the growing number of unemployed persons, food packages were also distributed on an ad-hoc basis.

In continuing to ensure the safety of volunteers, the Antigua and Barbuda Red Cross distributed face masks, while newly recruited volunteers were provided with COVID-19 prevention kits. Food packages were also distributed to volunteers who lost employment during the period.



Youth volunteers distributing care packages to representative of Women Empower Women's Group. Source: ABRC, September 2021.

Argentine Red Cross

The National Society supports the implementation of the State's National Vaccination Plan with different activities and conducts testing throughout the country.



Argentine Red Cross volunteers provide assistance in vaccination centers, August 2021. Source: ARC.

The Argentina Red Cross (ARC) COVID-19 response has complemented its ongoing humanitarian operation in northern Argentina. The National Society has a base camp in Santa Victoria Este, Salta that implements actions in WASH and health, which are supported by the COVID-19 response, as well as in livelihoods, community first aid and sexual and reproductive health care.

The NS carried out two deployments with its Mobile Health Unit, providing health assistance, COVID-19 testing, promotion of COVID-19 vaccinations and primary health care to vulnerable people with limited access to basic health services.

The Humanitarian Observatory of the Argentine Red Cross published several research reports on the health status of adolescents and older adults in the context of the pandemic in the country. Additional studies were published on the socio-emotional status of children, as well as their educational conditions in the pandemic and the related isolation measures, and one on the migrant population during the pandemic.

Combined with actions to respond to the migratory situation in the country, the ARC and IOM are implementing a comprehensive response to respond to humanitarian needs of migrants along the migration route. Along with protection and livelihoods actions, the COVID-19 response operation has incorporated actions to mitigate the spread of the virus.

Barbados Red Cross



Volunteers distributing home garden kits. Barbados Red Cross. July 2021.

The Barbados Red Cross is focusing its activities on risk communication, PSS training, livelihoods, and planning for vaccination support.

With the passage of Hurricane Elsa in July 2021, the NS distributed PPEs, hygiene kits and cleaning supplies to 100 affected families, and conducted a 2-month radio campaign on COVID-19 protocols as part of hurricane preparedness messages.

20 staff and volunteers completed training in mental health first aid that focused on self-care, and shared practical tips for engaging with communities. The NS provided PSS support to vulnerable persons from surrounding communities.

The distribution of supermarket vouchers to 90 households, and home garden kits to 125 households were part of the National Society's response to relieve the negative socio-economic impact of the pandemic.

As part of vaccination support activities, volunteers participated in nasopharyngeal swab training coordinated by the Ministry of Health (MoH). They are also working with state agencies to provide transportation of critically ill patients to isolation

centers, and to coordinate vaccination activities at polyclinics.

Belize Red Cross Society

The Belize Red Cross is scaling up its vaccination activities as part of its ongoing support to the Ministry of Health, and to reinforce the latter's response to the spike in cases during this reporting period. 13 volunteers, 2 home-care givers and CDRTs supported testing at vaccination sites. Additional support was provided at satellite testing sites that were established as new protocols were put into effect for persons entering public buildings.

The National Society, in collaboration with the Ministry of Education, is planning to conduct WASH sessions for rural and indigenous schools in preparation for their re-opening. PPEs and hygiene kits, along with 20,000 masks that were donated by PAHO were distributed to sanitation workers, front line health workers, tour guides and volunteers.

To improve the dynamism of its ongoing risk communication campaign, the Belize Red Cross participated in videos to reduce vaccine hesitancy, and these are aired daily on traditional media.



Staff and volunteers conduct screening and monitoring at vaccination sites. Belize Red Cross. August 2021.

Bolivian Red Cross

The Bolivian Red Cross (BRC) is working closely with the Ministry of Health (MoH) to support vaccination campaigns and to raise vaccine awareness through social media. The National Society continues its countrywide tele-assistance Psychosocial Support (PSS) to frontline workers and the general population. Workshops on emotion management during COVID-19 reached 604 people in Beni and Tarija departments.

Health and WASH activities continued to be implemented during the reporting period with awareness campaigns about the vaccine, preventive measures (physical distancing and correct use of masks). Additionally, hand washing points have been set up in different communities (Sucre, Potosí, Riberalta, Guayaramerín, La Paz, El Alto).

Bolivian Red Cross staff and volunteers, with Community, Engagement and Accountability (CEA) regional and cluster support, conducted a perception survey on COVID-19 with 1,704 persons interviewed.



Bolivian Red Cross volunteers support the State's vaccination efforts. La Paz, Bolivia. Source: BRC

Brazilian Red Cross

The Brazilian Red Cross (CRV, for its acronym in Portuguese) uses buses adapted to become vaccination sites to reach groups in vulnerable situations and in communities with scarce access to health care. The CRV vaccination buses have provided services in Minas Gerais, Alagoas, Rio de Janeiro, Rio Grande do Norte and Ceará states.

The branches in Amazonas, Ceará, Rio de Janeiro and the Federal District continue to offer PFA for the emotional consequences of the pandemic.

The National Society CEA and PGI departments work in a cross-cutting manner with all the departments involved in the COVID-19 response. Educational videos using clay figurines are being created that will address PGI, PHC and health topics. These videos, which will be disseminated on social networks, aim to highlight the issues of mental health, protection, and diversity during the pandemic.



The Brazilian RC supports the State's COVID-19 vaccination campaign. Rio de Janeiro, March 2021. CRV.

Chilean Red Cross

Following the June 2021 update of its response plan, the Chilean Red Cross (ChRC), has further defined its activities. As part of this operation, approximately 1,000 volunteers continue implementing activities such as work in polyclinics, support for vaccination campaigns, delivery of hygiene kits to migrants and host communities, delivery of PPE and facilitating training on its correct use and home visits to people with reduced mobility or elderly people.

With recent tensions due to migration flows in the Northern region of the country, the ChRC has complemented its migration response with aspects of COVID-19 prevention. Using a dynamic strategy suitable for migrants and host communities, the communication area has reinforced informative messages.

The National Society continues to develop proposals and work on the creation of new strategic partnerships with public and private actors to respond to the pandemic in Chile.



Community health rounds, Valparaíso Branch, August 2021. Source. Chilean RC.

Colombian Red Cross

The Colombian Red Cross Society (CRCS), as one of the most trusted humanitarian organizations in Colombia, continues its COVID-19 response operation through a three-phased strategy that entails: 1) prevention/containment 2) mitigation and 3) recovery. By the end of September 2021, the CRCS has reached 2,134,804 people in 175 municipalities through 30 branches.



Identification of the families to reach with cash transfer support in Nariño Colombia. Source: CRCS, 2021.

With the evolution of the pandemic and peaks in cases and deaths in August 2020, January 2021, and May-June 2021, the National Society has continued to seek new partners to be able to expand its response and contain the spread and mitigate the consequences of the COVID-19 in 30 departments in the country.

As next steps, the National Society Response Plan will be revised to plan for the extension of the recovery phase through December 2022, to continue to strengthen prevention, mitigation, and response capacity building actions, with an emphasis on support for COVID-19 immunization. Activities planned to be integrated in the new response phase include advocacy for the implementation of livelihoods programs focused on providing economic and fiscal incentives for businesses, and promote benefits for entrepreneurs, whom under a social responsibility approach, promote job creation and economic activation. Similarly, the CRCS vaccination program will be strengthened, especially oriented to COVID-19, together with the improvement and implementation of other health services and its national vaccination network.

Costa Rican Red Cross

The Costa Rican Red Cross (CRRC) continues with risk communication and community engagement activities and through community-based activities, mass media (local radio, television, press), social media outreach or face-to-face and interpersonal communication (door-to-door, community dialogues, community meetings) to promote hygiene and other risk reduction interventions.

During vaccination campaigns, volunteer and staff are supporting the control of admission and screening, distributing alcohol gel, and encouraging the population to wash their hands frequently with soap and water.

Psychological care continues by teleconsultation or face-to-face for CRRC's staff. A national virtual workshop on "Psychological First Aid" was held for the staff of the National Directorate of Risk Management and Community Services and two virtual group emotional ventilations were held for RC personnel in region 8.

The CRRC pre-hospital care service continues to attend incidents related to COVID-19 through the 9-1-1 Emergency System. Through the 124 Auxiliary Committees and dispatch posts and 438 ambulances of the CRRC, the pre-hospital service is maintained throughout the national territory.

Talks have been given to staff and volunteers to inform them about the vaccination campaigns being carried out by the Costa Rican Social Security Fund and the Ministry of Health. They have also clarified doubts about the "myths and truths" of the application of the vaccine. The Cartago and Limón regions are supporting vaccination with control and registration activities in vaccination campaigns and ambulance to transport health personnel or patients with limited mobility at their homes.

Throughout the appeal, purchases of PPE have been made; however, the daily use of these has risen due to the increase in suspected and positive cases, and it is insufficient to cover all the needs.



Pre-hospital service personnel receiving Covid-19 vaccine - Costa Rican Red Cross.

Cuban Red Cross

Cuban National authorities recognized the dedication and efficiency of the Red Cross. Likewise, 704 volunteers, at the request of the Cuban Fire Brigade, provided support to the Fire Command of each province (and special municipality of Isla de la Juventud) dealing with emergencies and other events during the pandemic.

So far, 28,362 volunteers have been trained in community-based surveillance and mobilized to take part in the COVID-19 response with appropriate PPE through the Cuban Red Cross. Screening has been supported by 3,200 volunteers through the control of travelers/identification of symptoms in 925 border points and isolated areas under quarantine or special restrictions. At the same time, volunteers deliver key messages through educational and individual talks and printed materials. The Cuban Red Cross reached with risk communication and hygiene promotion activities 254,083 people directly (1,016,332 indirectly) in 2,926 communities, 4,559 workplaces and 306 education centers.

Additionally, 10,636 volunteers carried out symptom detection surveys in communities and installed 1,150 mobile hand-washing stations at border crossings, work centers, hospitals, isolation centers and polyclinics across the country. In coordination with the Cuban Society of Psychology and other health authorities, the National Society provided PSS through social networks, radio and television media, and a psychosocial helpline for counselling and to offer alternatives, providing guidance to families in confinement, giving talks to vulnerable people (elderly people living alone and people with disabilities).



Volunteer in Sancti Spiritus supports border crossings. Source: CRC

Dominica Red Cross

The Dominica Red Cross is placing more spotlight on its aging population and provided health and safety starter kits to the Council of Aging to distribute to centenarians. To further stem the economic effects of the pandemic on this segment of the population, hygiene kits were distributed to 208 residents from 9 aged-care homes.



Donation of health & safety starter kits to the Dominica Council of Aging for Centenarians Day. DRC, September 2021.

Having obtained approval from the Ministry of Health in August 2021 to operate as an antigen testing site, the NS carries out weekly testing and has done 27,007 PCR and 55,684 antigen tests. Continued support is also provided by volunteers in areas including screening, monitoring and assistance to the elderly, as part of health authority's vaccination campaign.

With its ongoing risk communication campaign, Dominica Red Cross produced a video to promote vaccination awareness, and public service announcements (PSAs) were aired on all media networks and social media platforms.

Preparations for the 2021 Atlantic Hurricane Season included the distribution of COVID-19 kits to over 100 shelters.

In partnership with the National HIV Aids Response Program, the National Society distributed food vouchers to 120 persons whose livelihoods were affected, while care packages were provided to 23 persons at a homeless facility.

Dominican Red Cross

This National Society's response to COVID-19 continues through the support to actions of health authorities to contain the spread virus and continue the implementation of the National Vaccination Plan "Vacúnate RD". The number of volunteers trained to strengthen vaccination response increased to 200 resulting in 148,691 people assisted (2,266 with disabilities) in 63 vaccination sites (Dajabón, Distrito Nacional, Duarte, Puerto Plata, San Cristóbal, San Juan, Sánchez Ramírez and Santo Domingo) in support of the MoH Provincial and Area Health Directorates.

The Dominican Red Cross continues providing prehospital care to 72,037 people (including COVID-19 and suspected cases). The Dominican Water and Sanitation Team (EDAS) continues strengthening the access to handwashing facilities in different communities and 20 health centers in priority areas at the national level benefiting 3,531,877 people with hand-washing facilities (also used as a barrier to entry in key areas). The PSS team provided first aid (stress management and self-care) to 8,207 people while attending individuals, families, and the general population as part of the national vaccination campaigns.



Volunteers in Boca Chica support vaccination activities. Source: DRC

Ecuadorian Red Cross

The Ecuadorian Red Cross (ERC) continues to provide health, MHPSS, prehospital care, safe blood, WASH, livelihoods support, and Restoring Family Links services as part of its COVID-19 response operation.



Vaccination Support, Machala, May 2021. Source: ERC

The NS provided medical attention to 86,952 people in its triage points, as well as giving COVID-19 tests to 9,388 people. As part of the NS current support to the State's vaccination campaign, 430 people were inoculated with COVID-19 vaccines in August 2021. This support will continue over the coming months.

Through its tele-assistance and face-to-face MHPSS, the NS has reached 23,650 people. In-person MHPSS is increasingly possible through the 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 discharge sessions and psychoeducation workshops and training. Community members have demonstrated a high level of interest in psychoeducation workshops on various topics such as: grief management, work stress, mental health self-care, prevention of substance abuse, among others.

Through this operation, a total of 91,264 vulnerable people received assistance in the form of food, cash transfers and other in-kind assistance, while 668 entrepreneurs received technical advice and other 144 received seed capital to start their business.

Grenada Red Cross Society

The Grenada Red Cross (GRC) experienced an increase in COVID-19 cases at the end of July 2021 which drove it to double its risk communication efforts and recirculate its vaccination promotional jingle on various social media platforms. The jingle focuses on advocacy messages to address hesitancy and to promote vaccination intake. Risk communication information was also disseminated to local agencies.

In responding to an urgent request from the Ministry of Health to assist with increasing cases, the National Society mobilized teams of volunteers who did data entry at various vaccination and testing sites around the country.

A satisfaction survey was conducted to capture feedback from recipients of a food distribution program, to improve its efficiency in the next round of distributions. Virtual PSS support was also provided to persons whose livelihoods were negatively impacted.



Teams of volunteers support Ministry of Health at various testing and vaccination sites. Grenada Red Cross, September 2021.

Guatemalan Red Cross

In Guatemala, there has been an increase in the number of cases nationwide and the Guatemalan Red Cross (GRC) has supported with expenses for the purchase of food, medical expenses for post COVID-19 evaluations and expenses for medications authorized by the MoH to reduce symptoms.



Guatemalan Red Cross volunteers in support of vaccination centers, Guatemala, June 2021.

Through risk communication aimed at the general population, 1,386,934 people has been reached through the GRC's social media with information on the prevention of COVID-19 and the benefits of the vaccine, as well as information on the black fungus, post COVID and the Delta variant. In addition, information has been provided to local media about the vaccination centers installed nationwide, where the general population can access.

Educational sessions have been held for the general population virtually, where groups of people from educational centers, community leaders and young people have been reached. The topics addressed are "Basic knowledge of COVID-19 and preventive measures" and "Advice for self-care".

The GRC has continued to support the National Vaccination Plan since May 2021, setting up vaccination centers, providing human resources, fixed and mobile facilities, supplies, computer systems and emergency units to vaccination centers in the departments of Guatemala, Jalapa, Quiché, Quetzaltenango, and Retalhuleu. The facilities have been adapted to have all the necessary areas to guarantee an efficient process, such as data entry, comfortable waiting area, vaccination and observation areas, medical care clinics to aid those who need it. Also, the NS continues to provide PSS services to volunteers, distribute key messages and PPE. Medical monitoring is also carried out to ensure the good health of the first responders.

Guyana Red Cross

As an auxiliary to the State, the role played by the Guyana Red Cross (GRCS) was fortified as it continued to support the MoH in its vaccination drive. The GRCS provided risk communication information, conducted pre-registration and screening, managed crowds, monitored vaccinated persons and administered first aid when needed. House-to-house sensitization was also carried out to reduce vaccination hesitancy which has been increasing due to the perception that more vaccinated persons were dying. For the period, the NS completed vaccination support activities during which 3,470 adults and 1,487 children were vaccinated.

Faced with a compound disaster, the NS was also responding to severe flooding in six out of the ten regions of the country. The level of inundation meant that displaced persons who were accommodated in formal and informal settings, were at increased risk of contracting the virus. Over 900 families were reached with cleaning and hygiene kits, while the NS also disseminated risk



A volunteer assists during mobile vaccination drive in Mahdia, Region 8. Guyana Red Cross, July 2021.

communication information. In addition, 12 health facilities were provided with PPEs and sanitizing products. Hand-washing demonstrations were also carried out.

In the area of PFA and PSS support, volunteers counselled and shared risk communication information with 1,002 affected persons through the Ministry's COVID-19 hotline service. Families who were displaced by the floods were reached with PSS to allay fears of transmission of the virus while in shelter settings.

The Meals on Wheels continues to be an active programme catering to 60 vulnerable persons. The National Society distributed 100 kitchen sets and 100 tarpaulins to members of the migrant population. Additionally, volunteers' activities continue to be supported through the provision of PPEs, sanitizing products and capacity building courses such as Epidemic Control for Volunteers (ECV), PGI, Conflict Resolution, PSS and PFA.

Haiti Red Cross Society

The Haitian Red Cross (HRC) continues supporting health authorities to address and respond to the effects of the pandemic. The country continues to face the population's denial of COVID-19, public skepticism about vaccine, refusal to comply with containment measures, struggle in raising awareness about the vaccine, lack of water supply and, the most challenging, the difficult socio-political context of the country. The NS has reached 2,934,986 people through risk communication, prevention awareness and hygiene promotion.



Volunteers support COVID-19 awareness raising and prevention. Source: HRC

The Haitian Red Cross Ambulance Service (SAOM) continues the transport of suspected cases of COVID-19. 200 SAOM volunteers were providing prehospital care, patient transport and awareness raising in response to needs of the population whenever possible. Furthermore, the ambulance service was recently strengthened through the construction of a parking lot and a place to wash, disinfect ambulances and equipment exposed during the transport of COVID-19 patients or suspected cases. 1,708,412 people have benefitted from 237 handwashing stations installed by the Haitian Red Cross. The NS continues the disinfection activities totaling 73 sites sprinkled. Medical equipment was also donated to hospitals and communal health units for better case management (mechanical electric respirators, visors, medical masks, gloves, surgical gowns, protection masks, among others). The National Society continues organizing PSS sessions through a telephone line for volunteers engaged in activities and community members to ease fears and anxiety, provide PSS first aid, and make

appropriate referrals when necessary. Also, training sessions were held in communities around MHPSS support.

Honduran Red Cross

The Honduran Red Cross (HRC) has available to the general population, antigen detection tests and the ELISA antibody detection test for COVID-19. In the period June to September, 3,312 ELISA antibody tests were processed, and 2,794 antigen tests were processed, for a total of 6,106 tests performed. Support has been provided in the tracking of confirmed cases, suspected cases, and contacts by COVID-19. Follow-up and monitoring of cases by volunteers and staff (253 people in this period), through telephone calls, home visits and telemedicine.

Awareness campaigns were done on the importance of keeping living spaces clean, use of masks, hand washing, and physical distancing, benefiting 1,283 families.

A health fair was carried out at the Primary Health Care Unit of Colonia Nueva Capital, where activities included talks on dengue prevention, COVID-19, correct use of masks and hand washing for children, and the theme of self-care was promoted through painting, games and talks. A fumigation campaign was carried out to reinforce the importance of using masks, hand washing and physical distancing, reaching a total of 1,112 families. House-to-house key message days, reaching 528 homes. Two cleaning campaigns were carried out, one in Nueva Capital and the other in Altos de los Pinos, benefiting more than 300 families.



Actions of community surveillance, PSS, livelihoods, care, and solidarity support to patients with COVID-19 in the North Zone and Central District. Source: HRC.

46 washbasins were installed in 17 schools, benefiting approximately 8,550 students and 284 teachers. Additionally, psychosocial support interventions were carried out in different communities, as well as in health facilities, educational centers, rehabilitation

centers, nursing homes, etc., reaching 507 beneficiaries with group and individual interventions. Additionally, at national level, ambulance transport services have been provided to 911 confirmed cases and 873 suspected cases of COVID-19.

Food kits were provided to 60 people (16M/44W) from the different vulnerable groups addressed by the project. Through the non-conditioned cash transfer program, 121 families benefited with assistance for elderly people in vulnerable conditions. An economic incentive of 5,000 HNL (approx. 190 CHF) has been granted to each beneficiary who met the vulnerability criteria established in the program. The non-conditioned cash transfer program benefited 109 MSMEs (micro and small enterprises) in partnership with the Chamber of Commerce and Industry of Tegucigalpa and the international network organization RIKOLTO to identify potential beneficiaries for the restoration and strengthening of their livelihoods. They were granted an economic incentive ranging from 16,000 HNL to 25,000 HNL (approx. 600 to 950 CHF), amount assigned through the Business Plan presented by each of the beneficiary MSMEs that met the selection criteria of the program.

Jamaica Red Cross Society

The Jamaica Red Cross continues to fulfil its auxiliary role to the State in its response to the pandemic. In addition, the National Society provides on-the-ground support in the areas of humanitarian response through food and non-food items distribution, livelihoods restoration/support, cash and voucher assistance and psychosocial support. Partnerships with the private sector and other not-for-profit institutions continue to be strengthened, including one recently forged with Global Giving/Airbnb.

Increased efforts to support immunization have led to the launch of a campaign themed “*Protect Yourself and the People you Love*” which seeks to heighten awareness about vaccination and to reduce hesitancy levels, especially because the country is among those with the lowest rates of vaccination in the Caribbean region. See [here](#). Information is also disseminated by the Public Relations Committee via various social media platforms. The NS has improved access to vaccination sites in 3 parishes through the provision of transportation of 129 vulnerable persons (M-74, F-53), including the elderly and those with disabilities.

Providing psychosocial support services to affected communities is still considered to be critical at this stage of the pandemic, and during this period 33 volunteers completed 2-day training sessions. Trained volunteers are deployed to targeted communities to provide support and necessary referrals. Staff of public and private sector organizations also benefit from PSS services.



Staff conduct an interview with Charles Town Maroon Village Chief for COVID-19 Perception: Jamaica Red Cross, July 2021.

As it strives to alleviate the negative economic impact of the pandemic, the Jamaica Red Cross partnered with Global Giving/Airbnb to provide food assistance to 550 families, and with United Way of Jamaica to support 100 families to restore or commence alternative livelihoods activities. Through the World Food Programme and the Ministry of Labor, 11,000 families received food aid. Another 500 families, affected through the passage of Tropical Storm Grace, were provided with food support, hygiene, and cleaning kits, and other NFIs.

A COVID-19 Perception Survey was conducted in the Charles Town Maroon Village, Portland, which is one of the few remaining indigenous communities in Jamaica. Overall, 356 questionnaires were administered to members of the maroon community. The objective of the survey was to gather information about the socio-economic impact of the pandemic, and to assess the community's perceptions about COVID-19 vaccines, and the ease of access to health-related information among the indigenous population.

Mexican Red Cross

Mexican Red Cross (MRC) continues providing Triage services through the Polanco Hospital in Mexico City, for the identification and referral of suspected cases of COVID-19, reaching 3,946 people. The NS maintains a presence in consultative forums on health matters and with respect to vulnerable groups, its operation has intensified in migration through medical care, awareness, and prevention of COVID-19, strengthening of shelters, and delivery of hygiene kits.



Paramedics from Aguascalientes in full biosecurity gear ready to provide pre-hospital care services. MRC

The NS has increased its prevention and health promotion actions at community level, which include CEA campaigns, and hygiene promotion reaching 273,228 people. The NS continues with infection and prevention control through trainings to internal and external stakeholders (National Guard, Civil Protection, and the Army) focusing on biosecurity measures training for 200 people. The Mexican RC has provided MHPSS services to 1,915 people between June and September.

Between July and August 2021, 536 clinical cases received ventilation support at the INER Field Hospital in Mexico City. Mexican RC continues providing pre-hospital care services in 32 states. The NS has provided ambulance services for 6,717 confirmed or suspected COVID-19 cases and provided prehospital care (without ambulance service) to 10,468 confirmed or suspected COVID-19 cases. The NS is providing support to the immunization campaign along with CEA activities at community level to promote vaccine acceptance. Support to vulnerable groups is provided through the RFL program which focuses on migrant population and includes dissemination of COVID-19 information for more than 15,000 people.

Nicaraguan Red Cross

The Nicaraguan Red Cross (NRC) is supporting the immunization campaign efforts as part of its auxiliary role. Until September, the NS has supported 10 vaccination centers where more than 13,000 doses have been applied. The NRC has supported vaccination through 30 volunteers located in 4 departments (Managua, Bluefield's, Madriz, and Chinandega) ensuring biosecurity protocols are followed, supporting elderly people to reach vaccination points, organizing the influx of patients, and disseminating information. A joint campaign has been agreed with the MoH to support the dissemination of COVID-19 vaccine information as well as prevention measures.

The NS has increased efforts to disseminate key messages on COVID-19 prevention, stress management and PSS in health and hygiene promotion fairs with schools through its 32 branches and through social media. Also, the NS implemented the COVID-19 vaccine perception survey with 117 people, the survey results can be found in the following [Dashboard](#). The 33 PSS focal points from the NS at national level were trained on COVID-19 prevention measures, vaccine awareness and side effects after vaccination.



Nicaraguan RC volunteer supporting elderly to reach COVID-19 vaccination center in Monte Tabor. NRC

The Nicaraguan RC continues to maintain an effective strategy to improve the health of the population, providing medical and psychological care in person (at the PSS center or house-to-house visits) or through tele-assistance for patients diagnosed with confirmed and suspected cases of COVID-19 reaching 440 people between June and September. Regarding pre-hospital care services, an increase has been reported and the NS has provided 405 services.

Between July and August, the Nicaraguan RC implemented its Cash and Vouchers Program reaching 120 people from 6 departments that were affected by COVID-19 and meet vulnerability criteria. The people received vouchers (supermarket cards) to cover basic food, hygiene, and health needs. The NS has distributed PPE between 32 branches at national level and has in place the Volunteer solidarity fund as an alternate protection measure for volunteers affected by COVID-19 and other emergencies.

Paraguayan Red Cross

The Paraguayan Red Cross (PRC) has established partnerships with different governmental institutions to respond to the COVID-19 pandemic. These partnerships have contributed to the State's teleassistance system for COVID-19.

The NS is providing psychosocial assistance, has worked in shelters for family members of people hospitalized, offered communication services between medical professionals and family members, and provided PSS. The NS has also worked with incarcerated people and distributed food and menstrual hygiene kits to populations in situations of vulnerability.

The NS, using the State's back-to-school protocol, created complementary practical guidelines for the prevention of COVID-19 in educational institutions with three modules aimed at teachers, family members of students and students.

Peruvian Red Cross

The Peruvian Red Cross (PRC), in its auxiliary role, is contributing to the Ministry of Health's vaccination campaign. The NS is providing support to promote vaccine acceptance in hard-to-reach Amazonian and high-altitude Andean communities where it is difficult for the State to reach. In 40 community assemblies, at least 800 people in indigenous communities were reached with awareness messages on COVID-19 vaccination.

The PRC support to the Ministry of Health also entails logistical support to geographically extend the cold chain for the vaccines with the donation of 18 refrigeration units and support for the transportation costs for the vaccination brigades to reach remote communities in the country. Through this initiative, conducted with the support from the ICRC and IFRC, at least 600 people, mainly from indigenous people, in the last-mile communities located in Ucayali (Masisea, Lago, Imiria and Iparia districts), Loreto (Chambira river basin and Nauta) and Puno (San Antonio de Putina) regions have been vaccinated.

In this reporting period, the PRC has distributed 800 food kits in Ucayali, La Libertad and Arequipa regions and 800 hygiene kits in peri-urban communities in metropolitan Lima. Additionally, 20 volunteers from the Puno branch were trained in RCCE and CEA via online and in-person sessions.



The Peruvian Red Cross supports the Ministry of Health's COVID-19 vaccination campaigns in indigenous communities in the Amazon.
Source: PRC.

Red Cross Society of Panama

Panama Red Cross has 603 volunteers from 23 branches fully supporting COVID-19 response at national level. The NS provided support for COVID-19 prevention and support to isolated patients through the application of 200 COVID-19 tests at local level; delivery of medicine for 358 elderly or immuno-compromised people, and delivery of food items to 1,567 COVID-19 positive patients. Also, as part of the prevention and hygiene promotion efforts, the NS has provided 2,428 people with essential PPEs and 2,477 with hygiene kits including hard to reach areas where Embera communities live. Local branches have supported health centers in Alcalde Diaz, Calidonia, Veranillo, Children's Hospital and Hogar de la Ninez with 7,000 KN-05 masks and 32,000 units of nitrile gloves to continue IPC activities.



Distribution of face shields, 5 de mayo Metro Station, June 2021. PRC

As part of its auxiliary role, the Panama RC continues supporting the immunization campaign PANAVAC-19 at national level ensuring biosecurity protocols and visitors influx at vaccination centers. The NS has provided 127 prehospital care services at vaccination points as well as promoting health and hygiene. Between June and September, the NS has indirectly assisted 462,293 people in more than 280 vaccination centers.

The NS has increased its efforts in CEA reaching 20 communities (6 from Embera) and 1,387 people with perception survey on vaccine acceptance. Also, key messages on vaccine acceptance and COVID-19 prevention were developed in sign languages and disseminated at national level through local media during "prime time" reaching 500,000 people and 291 reproductions in social media.

The NS participates together with the National Civil Protection System (SINAPROC) and Joint Task Force - Bravo in the humanitarian assistance and disaster response table where it seeks to establish post-COVID-19 Recovery mechanisms and citizen security planning for future emergency situations. All 23 branches from 3 regions have been equipped with PPE and hygiene supplies to continue supporting the pandemic response. The NS has also established a volunteer solidarity fund as an alternate protection measure for volunteers affected by COVID-19 and other emergencies.

St Kitts and Nevis Red Cross

The Saint Kitts and Nevis Red Cross continues to augment the Ministry of Health's immunization drive. Also, the NS procured and installed several tents on the hospital grounds which facilitated vaccines to be administered to a larger number of persons. A bus, which was procured under the operation, is being used as a mobile platform for testing persons at the main hospital in the country. Additionally, volunteers received vaccine sensitization training through the Ministry of Health.

St Lucia Red Cross

Saint Lucia Red Cross (SLRC) has experienced an increase in cases during this reporting period. Nevertheless, the National Society continued to support the Ministry of Health with contact tracing and investigation of cases where 13 volunteers were assigned. With the increasing number of infected persons, the caseload of investigations carried out by volunteers rose to approximately 400 persons in one month. The SLRC also provided its 24-hour ambulance service that transferred patients who presented with flu-like symptoms to the respiratory hospital. The transport services provided by the 5 ambulance drivers helped to relieve the strain on public authorities that offered this service.

Collaborative efforts with the Ministry of Education for Psychosocial Support Services (PSS) for teachers and students is ongoing. An additional 60 teachers were trained to provide PSS support within school settings, and the National Society also implemented a "Back to School during COVID-19" initiative in which teachers were also trained in psychological First Aid (PFA) for children and adults, and in grief and loss.

The National Society has recognized the need for support for food security with the growing numbers of unemployed persons and distributed 120 food parcels for families in July. A hotline service, that was established initially for a Cash and Voucher Assistance (CVA) program, and the National Society's various social media platforms became the channels used by affected persons to request food support in this reporting period. The National Society has been exploring partnerships in this area to address unmet needs.

The National Society continues advocacy efforts with public authorities to support the roll-out of vaccination activities, as it seeks to fulfil its role as an auxiliary to the State.



Distribution of 'Back to School during COVID-19' packages. St. Lucia Red Cross, 2021.

Salvadorean Red Cross

The Salvadorean Red Cross (SRC) conducted six television interviews in August during youth and young adult programs with wide coverage throughout the country, to encourage the population to get vaccinated and to practice prevention measures against COVID-19, in addition to broadcasting an advertising spot on vaccination every day of the same month, reaching 9,900 direct beneficiaries.

600 personal disinfection kits were delivered to two hospitals of the national network with the aim of assisting in the prevention of handwashing and the prevention of infections. On-site PSS sessions are held for front-line personnel, including schoolteachers and medical staff and nurses from the San Rafael National Hospital. Also, efforts continue in the detection of suspicious cases at the SRC emergency and upper respiratory disease clinic at headquarters.

The NS provides support to the emergency system (SEM) of the national health system to be present in the largest vaccination centers in the country and ensure that the population has adequate immunization care. The SRC has two base vaccination teams, in addition to a corporate mobile vaccination team. Since May to August 2021, the NS has provided 368 assistances of which the most frequent diagnoses are: hypotension, anxiety crisis, and dehydration.

As part of the actions to strengthen the SRC, a CEA workshop was held, in which 16 people participated. Additionally, to guarantee the sustainability of the operation, the payment of insurance for volunteers of the SRC was arranged to guarantee care in the occurrence of any eventuality. The SRC staff continues to be strengthened with training on COVID-19 operating procedures and access to PPE is guaranteed to each member of the NS, in addition to guaranteeing food for the team on duty at the headquarters.



Delivery of personal disinfection kits to front line personnel of the Dr. Juan Jose Fernandez National Hospital, Zacamil.

St Vincent and the Grenadines

The response efforts by the Saint Vincent and the Grenadines Red Cross to a compound disaster continue unabated, as COVID-19 and immunization risk communication, distribution of PPEs, and sanitizing materials were provided to affected persons, including evacuees of La Soufriere volcanic eruption.

The NS collaborated with the Ministry of Health to conduct training sessions in risk communication and hygiene practices for frontline workers, teachers, community workers and volunteers. Several key sector ministries were also supported with PPEs in reusable shopping bags. These products were also distributed among vulnerable groups including the elderly and children. In addition, 200 taxi drivers were provided with N95 masks and pump sanitizers for use in their vehicles.

Volunteers conducted sensitization activities in 15 communities, shelters, and isolation centers, sharing information to reduce vaccination hesitancy and to encourage testing.



Volunteers find creative ways to distribute items to affected persons. St. Vincent and the Grenadines Red Cross, 2021.

Suriname Red Cross

The Suriname Red Cross (SRC) strengthened partnerships to conduct immunization support activities. Through agencies such as the Bureau of Public Health (BOG) and Medical Mission (MZ), it expanded its reach to urban and rural / indigenous communities respectively.

Volunteers played a key role at vaccination sites in activities including triage, assisting elderly, managing data entry and monitoring vaccination recipients. The National Society has also assisted in the red zone of COVID-19 departments at regional hospitals where staff and volunteers have worked with medical staff to provide overall patient administration and care for affected persons. To address the demand in hospitals to manage the increasing number of new cases, and to help reduce the long shifts worked by existing volunteers, the National Society recruited 30 new volunteers who were trained and then deployed to these red zones.

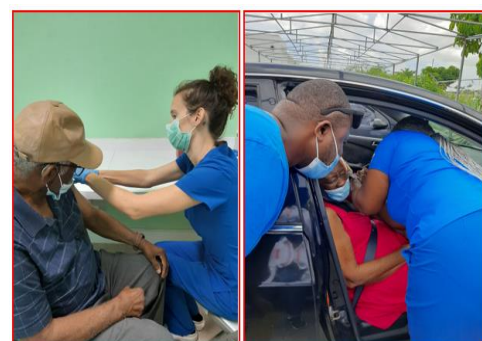
Suriname, like one of its geographically neighbors (Guyana), was also faced with a compound disaster during this period. The National Society responded to the needs of persons affected by severe floods and distributed a range of NFIs, including hygiene kits which helped to reduce the spread of COVID-19 infection. Donated PPEs have also been distributed to elderly homes, orphanages and to a public agency.

The Bahamas Red Cross

The Bahamas Red Cross focused on WASH and vaccination support activities during the reporting period from June to September 2021.

The National Society installed wall-mounted hand sanitizers in three nursing homes and three schools. Additionally, PPEs were distributed, and hand-washing demonstrations were conducted in these facilities as well.

The ability of the elderly to access vaccination sites was facilitated through transportation services that were provided by the National Society. Volunteers also accompanied the elderly and assisted with registration process. The Bahamas Red Cross continues to partner with the Ministry of Health and Public Hospital Authority and used its 2 ambulances to transport suspected or confirmed COVID-19 patients.



Volunteers assist elderly to receive vaccine and transport them to/from vaccination sites. September 2021.

A vaccination awareness campaign was launched in September 2021 to respond to the low immunization rates. Volunteers worked in 10 communities distributing RCCE materials, conducting sensitization sessions and one-on-one discussions with residents to address misinformation and to reduce vaccination hesitancy.

Trinidad and Tobago Red Cross

The Trinidad and Tobago Red Cross focused on immunization and livelihood activities in its ongoing thrust to reduce the spread of the virus and to return communities to some level of normalcy.



COVID-19 Perception Survey focus group conducted in Icacos, Trinidad with a group of Warao, an indigenous migrant tribe from Venezuela, TTRC, August 2021.

Through its nationwide campaign called “*Stronger Together*” the risk communication messaging emphasized adherence to protocols for the safety of all. Using a four-pronged approach that included social media campaign ambassadors, community announcements via loudspeakers, PSAs on various media and information placed in high traffic areas in communities and online, the NS sought to expand its reach to reduce vaccine hesitancy and to dispel rumors and myths. The ten-week campaign reached 89,000 people via social media, 26 communities representing 7,800 households via community miking, and approximately 250,000 persons via PSAs.

The livelihoods activities included a CVA programme done in partnership with Digicel through an e-transfer mechanism that enabled cash vouchers to be distributed to 100 vulnerable families via text messages. To address food security, the NS Embarked on another livelihood project that entails the development of a model farm, using 7 acres of land secured with the support from the private sector. The farm will create employment opportunities as well as provide fresh produce for use in the National Society’s kitchen and for distribution to affected families.

Uruguayan Red Cross

Since the beginning of the operation, communication materials with key messages related to the COVID-19 and Uruguayan Red Cross (URC) response have reached more than 900,000 people through its institutional website and social media (Facebook, Instagram, Twitter, Chat Box).

The URC continues the coordination and management of five contingency centers in Rivera in coordination with public authorities. Three contingency centers are operational for COVID-19 patients while the other two centers are operational for individuals, mostly migrants, who are isolated while waiting for their COVID-19 test results. An additional contingency center for COVID-19 patients remains active in Montevideo with operational support from the URC.

Cleaning and Disinfection Kits have been delivered to educational and sports centers in at risk areas in Rio Negro, Soriano, Mercedes, San José, Canelones, Colonia, Nueva Palmira, and Paysandú departments. Additionally, the NS has incorporated COVID-19 actions into its “*Move it, Red Cross*” program addressing non-transmissible diseases. On its institutional YouTube channel, the NS has videos promoting physical activities to combat the sedentary lifestyle increased during this pandemic.



The URC has held multiple trainings for its volunteers engaged in the COVID-19 response. Source: URC.

Venezuelan Red Cross

The Venezuelan Red Cross (VRC) continues to focus its actions to ensure the continuity of the response through its health network.

The NS provides PSS to volunteers and staff, implements health and hygiene promotion activities, screening at the entrances of health facilities, ambulances services and support the National Immunization Plan for COVID-19. From the operation’s start until the end of September 2021, a total of 1,062,926 people has been reached with activities implemented in 35 branches. Among the main achievements are 28,072 people reached through triage points established at the hospitals and outpatient clinics; 142,257 people reached with hygiene promotion and educative sessions, and 5,337 VRC staff and volunteers reached with PSS.

Through its Operational Plan, the VRC is providing support to the national authorities in the implementation of the State’s National Immunization Plan for COVID-19 in which 15 branches are participating in 19 vaccination centers. The NS actions have focused on providing support in the registration of people, hand washing, PSS activities, information about the vaccines, and delivery of first aid if needed. Since June 2021, a total of 915,332 people has been reached through these actions.



Vaccination day at the VRC Parque Miranda Vaccination Center, Caracas. Source: VRC

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Asia Pacific Region

Bangladesh Red Crescent Society volunteers are assisting with COVID-19 vaccination at the vaccination centres under the government nationwide campaign. Photo: IFRC

The narrative section of the report focuses on the main outcomes for the period between June and September 2021.

Key data for the region (as of 8 November 2021)

55.1M

Total reported cases

276.5k

New cases

7 DAYS SINCE DATA DATE

864.2k

Total deaths

4.5B

Total vaccination doses administered

104.3

Doses administered per 100 people

26

NS involvement in at least 1 vaccination related activity

16

Number of WHO approved vaccines in circulation

82%

Percent vaccine acceptance

Financial Overview



Funding Requirements:

CHF 95 million

Income to date:

CHF 100 million*

Expenditure to date:

CHF 43.8 million

*The funding requirement is being revised as half of the income received have been earmarked to India and Bangladesh, while many countries in the region are still in need of funding support.

National Society involvement per COVID -19 Operational Priority



38 National Societies
Sustaining Health and WASH



37 National Societies
Addressing Socio-economic Impact



35 National Societies
Strengthening National Societies



35 National Societies in the region are actively supporting their health authorities in the vaccination roll-out.

Regional overview

During the reporting period from June to September 2021, the **new waves** of COVID-19 continued to be fuelled by the Delta variant throughout the region. As cases in South Asia has mostly stabilized since the 16-month update, countries in South East Asia and the Pacific started to experience overwhelming surge in cases. Many countries have been rolling out major **COVID-19 vaccination** campaigns, but vaccine coverage remains below 10 per cent for several countries in the region including Afghanistan, Myanmar and Papua New Guinea. Pandemic fatigue has also posed challenges to infection prevention and control measures. The **impacts of COVID-19 on socioeconomic** is severe especially among the most vulnerable including migrant workers and communities dependent upon remittances, those engaged in informal sectors and smallholders. Resources to support long-term recovery efforts beyond the immediate humanitarian needs are crucial moving forward. IFRC continues to welcome **flexible funding** to the wider Asia Pacific region through the COVID-19 Emergency Appeal (MDR50001).

Priority 1: Sustaining Health and WASH

Epidemic control measures

National Societies continue to engage in epidemic control activities in communities and clinical settings. Regional capacity in epidemic prevention and control is being enhanced through the establishment of a regional Thematic Advisory Group on Epidemic and Pandemic Preparedness consisting of Asia Pacific National Societies and Participating National Societies (PNS), which will develop a regional Asia Pacific epidemic and pandemic preparedness roadmap, support resource mobilization to scale up epidemic and pandemic preparedness and increase visibility for Red Cross Red Crescent and National Societies in the health security agenda.

Risk communication, community engagement, and health and hygiene promotion

National Societies continue to carry out WASH activities with COVID-19 preventive measures, to protect its staff, volunteers and the people they serve. Preventive measures taken include social distancing, wearing appropriate PPE and practising hand hygiene as well as carrying out activities in smaller groups of people to reduce risk of transmission and spread of diseases. Distribution of key hygiene messages has been a focus are, particularly on the importance of hand washing with soap, coupled with dissemination/display of relevant IEC materials.

Infection prevention and control & water, sanitation and hygiene (WASH)

Emphasis continued to be placed on increasing access to appropriate WASH facilities such as handwashing stations and latrines, and to distribute suitable items required to maintain hygiene (be it personal or environmental) such as soap, disinfectants and cleaning materials.

Mental health and psychosocial support services (MHPSS)

Together with Asia Pacific MHPSS Training and Learning Collaborative in Hong Kong, emphasis will be put on supporting the scaling up of regional capacity for Psychological First Aid (PFA) as a means to prevent and alleviate MHPSS needs and promote individual and community resilience. This is sought done through adopting the approach of "PFA for All".

Support for immunization

National Societies are supporting immunization activities, placing emphasis on complementing government efforts – especially in reaching marginalized groups such as documented and undocumented migrants. National Societies are also supporting through providing facilities and trained health staff to administer the vaccine.

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

From June to September 2021, focus was given on undertaking analysis and assessing the need for initiating programme to address negative impact of COVID-19 in the socioeconomic sector. National Society Response Plans

have been revised accordingly. Technical support have been provided through discussion with Country Delegations (CD) and Country Cluster Delegations (CCD).

In the past 20 months, a total of 15 National Societies reported utilizing cash and voucher assistance (CVA) to address immediate basic needs of households impacted by the pandemic and the secondary economic impact. In the case of Viet Nam and Philippines, National Societies continued to provide food and cash assistance especially during the new waves and surge of COVID-19 cases. In order to better understand the secondary socioeconomic impact of the pandemic, a research on "Socioeconomic Impact of COVID-19 in Asia Pacific" has been initiated. This research will be initiated in December 2021, covering five countries – Bangladesh, Fiji, Mongolia, Philippines and Vietnam.

Regional Livelihood Reference Group (RLRG), Asia Pacific, was formed in April 2021 with membership from IFRC CDs, CCDs and National Societies. In the reporting period, the RLRG has organized regular monthly call to understand the progress on livelihoods and economic recovery. For example, there was a presentation from Rakhine Sub Delegation, Myanmar on the Community Resilience Project.

Shelter and Urban settlements

Across the region, some shelter and settlements preparedness and response activities have been carried out to support containment of the virus along with mitigation of its spread within the past few months. Interventions 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. There has also been support for shelter and settlements that has been addressed through CVA.

APRO has supported the dissemination of the "Step-by-step Guide to Rental Assistance" guidance throughout the region, including sharing information on the guidance, TipSheets, webinars as well as the newly launched rental assistance training course that is available on the IFRC Learning Platform.

Lastly, after the 2nd session on Asia Pacific Webinar Series which focused on the interlinkages between shelter and settlements sector and the COVID response, with global RCRC examples of specific interventions including support for setting up quarantine centres, rental assistance programs supporting vulnerable women to evictions, the 1st [Cross-regional Shelter and Settlements Newsletter](#) also focused around 'Shelter during a Pandemic Response' The Newsletter, not only provided access to key resources and guidelines on this topic and information on upcoming webinars, it also promoted further the work done by National Societies disseminating the lesson learnt by those National Societies working on the provision of shelter and settlement assistance in the COVID-19 context.

Gaps to be addressed:

- 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 build the capacity of National Societies to deliver cash programming geared towards rental assistance, as part of cash preparedness efforts.
- In the fast-moving pace of the initial months of the pandemic, it has not been possible to fully explore the supporting function of shelter and settlements programming to deliver public health outcomes. Attention will be given by global team to identify and address the gaps in this respect.

Migration and Displacement

The IFRC Asia Pacific Migration and Displacement team continues to provide regional coordination and technical guidance to National Societies to support migrants, refugees and internally displaced people (IDPs) at risk of 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, with a particular focus on access to COVID-19 vaccines and associated information
- External engagement including in inter-agency and multi-stakeholder regional fora; and support for national and regional level communications on migration, displacement and the COVID-19 crisis
- Public facing communications and humanitarian diplomacy included contributions from Asia Pacific National Societies to the latest Red Cross Red Crescent Global Migration Lab publication - *Sight unseen: A vision for effective access to COVID-19 vaccines for migrants*, which complements the earlier analysis prepared by the Global Migration Lab in March 2021, on barriers to accessing basic services for migrants during the COVID-19 pandemic.
- This latest publication takes stock of the current global trends with respect to migrants' access to COVID-19 vaccines and draws on publicly available data from a range of sources, including research organizations, governments, the United Nations, media and civil society organizations, complemented by insights and case studies from a survey of **52 National Red Cross and Red Crescent Societies** working directly with migrants and host communities around the globe. The report documents common barriers faced by migrants in accessing COVID-19 vaccines, captures key actions and learnings from National Societies in supporting migrants to access vaccines and puts forward a number of recommendations to ensure vaccine equity for all.

Priority 3: Strengthening National Societies

National Society readiness

The IFRC APRO has continued to prioritize 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-safe and disaster-ready. National Societies have reviewed programming protocols to ensure that all activities are COVID-safe for personnel and affected communities. APRO has supported National Societies to develop or adapt multi-hazard contingency plans in anticipation of the compound impacts of COVID pandemic and seasonal risks. Some National Societies have organized pre-disaster planning workshops and meetings in anticipation of disaster season.

National Societies have been supported to develop and maintain their Emergency Operations Centres to follow the situation, to analyze information collected and to deliver processed information within National Societies and to other stakeholders.

National Society sustainability

IFRC's support in the area of financial sustainability remains an ongoing process with continued support to National Societies in the area of core cost. IFRC together with Norwegian Red Cross, Australian Red Cross and Netherlands Red Cross has had 2 workshops during this period to provide better understanding for National Societies. The workshops held were aimed at identifying core cost and presenting a framework for the National Societies to calculate the core cost.

In addition, four National Societies in Asia Pacific have been actively supporting the global initiative to pilot a financial sustainability dashboard. The National Societies involved are Timor-Leste Red Cross (CVTL), Mongolian Red Cross Society, Solomon Islands Red Cross Society and Kiribati Red Cross Society. This initiative begun in August 2021 and is currently ongoing. The objective of this pilot is not only to get feedback on the usefulness of indicators contained in the dashboard but also in the process for National Societies to understand better their income generation activities and areas that can be further improved to support the sustainability.

Support to volunteers

IFRC's support to the National Societies to improve the duty of care towards its volunteers is an ongoing process. We continually advocate National Societies to ensure that the highest level of care and protection is afforded to its volunteers who are working on the frontlines of the COVID-19 response. With the support of the Lacoste and the Emergency Appeal, the Asia Pacific region has supported 6 National Societies to establish the Volunteer Solidarity Mechanism to ensure that volunteers have protection and financial support in case of illnesses or injuries.

The IFRC is also constantly advocating that volunteers should be equipped with personal protective equipment to ensure that volunteers are able to operate in a safe and efficient manner. Apart from COVID-19 medical personal protective equipment, other equipment such as lifejackets, raincoats, safety helmets, etc. are also provided to volunteers when working in the field. The Asia Pacific Regional Office is also providing technical and financial support to ensure that National Societies provide these basic necessities to the volunteers. This effort will continue especially with upcoming monsoon season in many parts of Asia where the ongoing pandemic coupled with natural hazards will be a norm within the region.

Enabling Actions and Support Services

Communications

IFRC Asia Pacific has collaborated with National Societies and IFRC Geneva to achieve significant international news media including opinion articles and coverage across digital news, print, TV and radio reaching tens of millions of people in Asia and around the world. **Opinion Articles included, in the Bangkok Post:** [Migrants can help beat Covid-19](#), [Malaysian New Straits Times](#), [Nepal Times](#) – [Global solidarity needs intensive care in pandemic battle](#).

A [press release on the COVID vaccine divide](#) in Asia, has been relayed by many high-value media outlets such as Associated Press, Reuters, VOA, the Guardian. A story on the Associated Press COVID-19 news feed was run in hundreds of digital, print and broadcast outlets globally, including [UK Independent](#), [US ABC TV News and Digital](#), [Canada CBC Digital](#), [Republic World](#). Alexander Matheou was interviewed on [Channel News Asia](#).

Major international media coverage was achieved on the COVID surge in Indonesia including [CNN live interview](#), [BBC World interview](#) and [ABC News Radio interview](#). [The Guardian](#), [BBC World](#), [Wall Street Journal](#), [CNA](#), [Tagesschau](#), [the New Humanitarian](#), [Deutsche Welle's interview](#). An [AP story](#) has been picked up by key media outlets such as [ABC News](#), [CTV News](#), [Daily Mail](#), and a [Reuters story](#) ran in dozens of outlets.

Significant and influential global media on Myanmar COVID crisis: [Washington Post](#) – [Myanmar's coup fueled a covid surge](#), [Swiss Info](#), [Reuters Global Newswire](#), [Bangkok Post](#), [CNN International](#), [The Guardian](#).

A Reuters article - [Settlements locked down as Fiji endures deadly coronavirus wave](#) and associated [Reuters TV story](#), quoting IFRC Pacific Head of Delegation: [Euro News](#), [Swiss Info](#), [Singapore Straits Times](#), [Yahoo News Global sites](#). AP Newswire – [Death rates soar in Southeast Asia as virus wave spreads](#) published in [Los Angeles Times](#), [Washington Post](#), [ABC – Australia Digital](#), [ABC Radio National interview](#), [The Toronto Globe and Mail](#), [Fox News Digital](#).

A [press release issued on 18 August](#) quoting IFRC Asia Pacific Director. A story on the **Associated Press** COVID-19 news feed was run in hundreds of digital, print and broadcast outlets globally, including [Canada CTV News](#), [US ABC News Digital](#), [New York Times](#) Live Updates.

A story published by **Reuters Newswire** - [Southeast Asia needs vaccine access to curb record deaths - Red Cross](#), was published in dozens of major media including: [CBC Canada](#), [Washington Post](#), [Singapore Straits Times](#). [The Guardian UK - International](#), [UK The Telegraph](#).

CNN TV two Live interviews on COVID-19 surge in Southeast Asia. **CNN Digital:** [Indonesia is now the epicenter of Asia's Covid-19 crisis](#). Here's what you need to know (Jan Gelfand) and [Channel 7 Australia Digital](#), National Geographic: [Indonesia is a new COVID-19 epicentre. The peak has yet to come](#).

Extensive photo and video content packages from across the region, being used with strong engagement globally on IFRC and National Society social media channels and digital platforms. **Exposure photo stories** - [Indonesia COVID hospital](#), [Recovering from typhoon Goni in a pandemic](#), [India – volunteers vaccinate – A force to be reckoned with](#).

A broad range of publications supporting Asia Pacific National Societies including: Video - 'When Empathy Wins' - sharing facts on COVID-19 featuring Dr Arvind. Infographic series, including Covid in the Pacific and Myanmar Covid Response, Video series - Indonesia COVID response, Nepal Red Cross Society - 'COVID-19 Preparedness and Response Operation 2020-2021' and Overview on the Southeast Asia Delegation operations.

Information management

Since its first launching in January 2021, the [COVID-19 Portal](#) has been revised several times due to the emerging COVID-19 situation and subsequent response. A new dashboard called [COVID-19 country profile analysis](#) was added to the portal in August 2021. This dashboard is developed to analyze the country profile risk related to COVID-19 operation using six indicators, namely direct health impact, cases per million 7-day average, vaccination rate, compounding disasters, and positive rate. New analysis on the daily new confirmed cases per million people, biweekly cases charts has been added into the [COVID-19 Outbreak](#) dashboard to support the development of the monthly situation report. This dashboard also successfully transformed to a fully automated update to optimize the dissemination of COVID-19 status to be more timely and accurate. In the last 90 days, the [COVID-19 Portal](#) has been accessed 2,148 times by users from 59 countries worldwide. [COVID-19 Outbreak](#), [Vaccine Landscape](#), and [Operation Analysis](#) dashboards are the top three visited by users among 16 dashboards in the portal.

The APRO IM has provided technical support to CEA team and National Societies from Malaysia, Fiji, Cambodia and Tuvalu to conduct the COVID-19 community survey. The CEA mobile data collection is currently ongoing with several subjects such as general community feedback on COVID-19, community feedback on vaccine hesitancy as well as community insight on COVID-19 and vaccination.

Logistics and supply chain

The Global Humanitarian Services and Supply Chain Management, Asia Pacific (GHS&SCM-AP) unit in Kuala Lumpur has been fully engaged, providing support in the supply chain management aspect of the COVID-19 operations since the start of the outbreak. In the past 20 months, the GHS&SCM-AP unit had supported the response for the first and second wave outbreak & preparedness efforts in the region in the following areas.

Procurement

- Secured value of CHF 26 million, with approximately CHF 14 million or 54% for local procurement.
- Quality assurance undertaken for close to 50 procurement files worth CHF 5 million.
- For the second wave response, additional procurement close to CHF 3 million concluded for oxygen related equipment and oxygen plants for the region.
- All the activities were conducted in line with IFRC Logistics and Procurement Procedures and quality assurance guidelines, focusing on the overall support enabling the National Societies to carry out their response plan in a timely and effective manner.
- On suppliers' management, more than 20 suppliers including manufacturer and trader/distributor for PPE and consumable validated and supplier due diligence process completed with Finance.

Logistics & Mobilization

- 6 Mobilization Tables were launched, seeking in-kind donation for value close to CHF 17 million. We have also received cash pledge earmarked towards the Mobilization Tables from donors.
- Actively coordinated on both the multilateral and bilateral in-kind donations mostly on PPEs with the support of IFRC Medical Logistics on quality assurance verification.
- Under this operation, 9 personnel have been deployed under various profile which included procurement, logistics and supply chain coordination.
- Engagement with different partners and stakeholders such as ICRC, WFP, UPS and Qatar Airways on joint tender, staff in-kind and free flights support. Sourcing of free transportation has been extended to Airbus, Airlink and Turkish Airlines. Collaborating closely with AHA Centre, World Custom Organizations (WCO) and UN agencies on different platforms for the promotion of humanitarian diplomacy agenda and logistics access.

Fleet

- 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 the region.
- In close coordination with Global Fleet Unit (GFU), there have been close to 107 vehicles (including ambulances, testing vans, bloods collection vans) procured and in the process of being procured for the region, including for Bangladesh, Myanmar, India, Sri Lanka and Maldives.

Financial Analysis

Regional Overview	CHF Million
Appeal Funding Requirement	95
Confirmed Income (PEAR)	100
Total Operating Budget 2020-22	89
Expenditure Year-To-Date	44
Budget Implementation	49%
Income vs Funding Requirement *	n/a

**please refer the explanation below*

A total confirmed income of CHF 100 million has been received for Asia Pacific. While the income has exceeded the total funding requirement of CHF 95 million, almost half of the income are earmarked to India and Bangladesh. A lot of countries in Southeast Asia and Pacific are still in need of further funding. These funding needs will be the focus of the forthcoming revision of the appeal.

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, like Afghanistan, the Philippines and Pakistan, are also facing concurrent emergencies that have caused delays in implementation. Managing concurrent emergencies have stretched local capacities and delayed community outreach activities among affected population.

Due to the second wave of COVID, countries like India, Nepal and Bangladesh had much increased needs and hence, income. This created pressure to implement and spend in a timely manner. On the other hand, countries like PNG, Malaysia, Philippines, Thailand, Vietnam and some of the Pacific islands have spent more than 80% of the confirmed income. Hence, they are in huge need of additional funds to support the response.

National Society response – key highlights

Bangladesh Red Crescent Society

BDRCS with the support from IFRC and PNSs continues to respond to the COVID-19 pandemic throughout the country. Ten in-country PNSs are supporting BDRCS multilaterally and bilaterally in COVID-19 operations – American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent. Overall, more than 14,000 staff, youth and community volunteers have been mobilized in the COVID-19 response operation. On average, 1,600 volunteers are assisting the vaccination programme every day and BDRCS supported around 20.4 million people to receive their COVID-19 jab in nationwide vaccination campaign. Some other noteworthy COVID-19 response activities for this reporting period include:

- 640 **oxygen cylinders** and 148 **oxygen concentrators** sent to 68 BDRCS branches, including Mother and Child Care (MCH) centres in remote areas. Additionally, BDRCS distributed (7 sets) high flow nasal cannula to Holy Family Medical College Hospital in Dhaka and (3 sets) to Magura district 250 government general hospital. The oxygen cylinders and concentrators benefitted 4,904 people with lifesaving free 24/7 oxygen support.
- 21 units **ambulances** hired for providing emergency 24/7 transportation service to the critical COVID-19 patients (19 units supported by IFRC), which helped reach 2,170 COVID-19 patients with free ambulance services in the worst affected districts.
- Distributed **cooked food** in the most 18 impacted districts. During 21 June to 30 September, 166,800 people were reached with cooked food pack, especially whose livelihood adversely affected due to country wide movement restriction.
- 337,320 people with **face mask** during June – September.
- 43,702 people reached through country wide **MCH centres** of BDRCS during the reporting period, through different services (e.g. ANC, PNC, delivery, counselling, EPI, family planning) under its basic health care services.
- 676 people reached with **psychosocial support (PSS)** during this reporting period. So far, 37,454 people reached by BDRCS with PSS service during this pandemic. In addition, the **Polymerase Chain Reaction (PCR) lab** at the Holy Family hospital has conducted 1,706 tests and confirmed 445 positive cases as of 21 September 2021.
- 6,686 households reached with **unconditional cash support** during this reporting period (2,986 HHs in 8 districts were supported by IFRC).
- IFRC has issued a work order for the installation of a **new oxygen generation plant with filing system and gas pipelining** at BDRCS Holy Family Hospital. The supplier's full assignment will take 20 weeks.
- 4 tenders launched by IFRC CD to **strengthen the capacity of BDRCS blood centre** at Dhaka. These include blood centre's consumables, renovation work, IT equipment and electronics items.
- IFRC CD team attended multiple meetings with USAID, existing partners in Bangladesh and the IFRC regional office regarding possible **COVID-19 partnership**.
- 533 calls received through the **CEA hotline number** related to information request, service request, vaccination information, etc during this reporting period.
- **ITV**, a leading UK television network, published a photo and video story on BDRCS COVID-19 response in Rajshahi. Social media videos on the overall COVID-19 response and oxygen, ambulance, and cooked food support have been posted by BDRCS and IFRC. Also, the IFRC newswire has updated the COVID19 key messages.



BDRCS volunteers providing lifesaving free oxygen support to COVID-19 patients at their homes. Photo: IFRC

Population Movement Operation (PMO), Cox's Bazar

- From early 2020 to 12 September 2021, **WHO** reported 2,975 cases in the camp settlement and 16,974 cases in the host community in Cox's Bazar district. From 2020 to 12 September 2021, 32 people died in the camp community (this count stood at 10 in January 2021, before the recent spike in cases). 247 in the host community (this count stood at 73 in January 2021, before the recent spike in cases).

- The government began **vaccinations of the camp population** on 10 August 2021. Between 10 and 23 August, 36,943 people were vaccinated in the camps. The targeted groups for this first round of vaccinations are community leaders and the rest of the camp population aged 55 and above. The second dose of vaccinations for the same group was given between September 18 and 23. Around 895,515 people live in 34 camps, with roughly 49 per cent of them being over 18. (Source: Joint Government of Bangladesh-UNHCR Population Factsheet published in August 2021).
- **BDRCS Isolation and Treatment Centre (ITC)** is one of 12 ITCs operating in the camp. On 25 September, the ITC which has a 30-bed capacity, had 10 beds occupied. Start of ITC till 30 September, total OPD 7,268, IPD 484 treated.
- BDRCS reached 1,186,544 people through hygiene promotion, treated 4,572 people with COVID-19 symptoms, established 11 information hubs and desks, and treated 1,683 people at the Integrated Isolation Treatment Centre.

Bhutan Red Cross Society

The Bhutan Red Cross Society (BRCS), as an auxiliary to the Government of Bhutan, 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. The National Society's specialized volunteers have also handled the management and transportation of any COVID-19 related and suspected deaths. They were deployed for transporting and performing the last rites of the deceased.

Isolation and clinical case management for COVID-19 cases – 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. They have been a part of various **surveillance and disinfection activities**, especially in the southern areas of the country categorized as high-risk areas. This has included ensuring public compliance to health protocols, disinfection of vehicles and commodities and public advocacy on the COVID-19 precautionary measures in the respective Dzongkhags, thereby helping prevent the spread of the infection.

The National Society's extensive specialized volunteer network has been used to **provide public service delivery** to those stranded and in need in rural and urban areas, especially during national lockdowns. Prior to the lockdown, BRCS carried out an extensive COVID-19 advocacy programme and set up a total of **43 WASH facilities** in 20 Dzongkhags.

The National Society has been running a '**Red Cross Ride for Health**' initiative. As part of this, BRCS volunteers supply free transportation, within districts as well as across districts, to patients from their homes to hospitals and back. This service has helped a total of 245 patients. The National Society also supplied a total of **215 meal boxes** to travellers during lockdowns, especially for patients discharged from hospitals and their attendants.

Support for COVID-19 immunization – BRCS also supported the Government of Bhutan's effort in the vaccination roll out programme and in transporting health workers to help the public register for the vaccination.

Cambodian Red Cross

The Cambodian Red Cross (CRC) has trained 664 staff and volunteers on Mental Health Psychosocial Support (MHPSS) and Community Engagement and Accountability (CEA) through



BRCS specialized in volunteers transport and performing the last rites for COVID-19 related deaths. Photo: BRCS



The CRC team spreading COVID-19 prevention messages among the public. Source: CRC

online trainings from May to August 2021. The trainers were drawn from the Royal University of Phnom Penh for MHPSS. In August and September 2021, the MHPSS virtual trainings were continuously rolled out for a total of 1,555 staff and volunteers (377 females) from 25 different Red Cross branches.

The CRC volunteers/youth are promoting behaviour change among local communities to cope with the COVID-19 pandemic. Teams from the branches are conducting home visits, meetings in small groups of less than 10 people and spreading messages on prevention of COVID-19 using Posters, Flyers, Banners, mobile loudspeakers and peer educators. They have reached 479,443 people (274,587 females) and 4,246 migrants (2,338 females) in 6,167 villages.

Red Cross Society of China (RCSC)

Response to the COVID-19 outbreak – From 20 July to the end of August, China went through a large-scale domestic COVID-19 outbreak, as the Delta variant spread to 17 of 31 provinces. The Red Cross Society of China (RCSC) branches actively implemented COVID-19 response and control work. From 2 to 8 August, the RCSC Zhengzhou branch set up a Red Cross Medical Transfer Team, dispatching 81 vehicles with 135 drivers and medical staff, and transferred 361 target individuals. In Nanjing, the Chinese Red Cross Foundation donated 5.94 million masks to the RCSC Nanjing branch. Responding to the Fujian province COVID-19 outbreak in September, the RCSC dispatched medical supplies and transferred RMB 1 million (CHF 143,117) to support COVID-19 prevention and control in branches.

Recovery from the pandemic – The RCSC plans to construct RCSC Emergency Command and Dispatch Centres (ECDC) in 32 provincial branches to strengthen the RCSC communication network during crises or emergencies. To support RCSC, the IFRC secretariat, under the IFRC COVID-19 Global Emergency Appeal, procured 24 emergency command and control mainframe servers and donated them to the National Society in June. These servers have been transferred and installed at 24 RCSC branches.

The Hongkong Red Cross branch of RCSC (HKRC) organized a seminar entitled "Humanitarian Services in the New Normal" on 9 July 2021 to exchange and encourage cross-sector collaboration. The HKRC maintains [an online platform](#) to update risk communication and community engagement materials and circulate them among selected high-risk groups. In addition, the HKRC's second and expanded round of the Integrated Food Voucher Programme started in September 2021 and benefited 900 people who received cash vouchers.



The medical transfer team of RCSC Zhengzhou branch was transferring target groups. Source: RCSC

International assistance – From June to August 2021, the RCSC mobilized resources and donated COVID-19 vaccines to other countries in need. In July and August 2021, the Hongkong Red Cross branch of RCSC (HKRC) contributed more than HKD 2 million (CHF 235,600) to Afghanistan, Nepal, Indonesia and Myanmar through IFRC and ICRC. The funds provided oxygen concentrators, oxygen cylinders and other medical equipment to the countries, and supported their COVID-19 health programmes.

Cook Islands Red Cross Society

In June 2021, the Cook Islands Red Cross Society (CIRC) supported their Ministry of Health (MoH) in Rarotonga to roll out the second dose of the Pfizer COVID-19 vaccine. This was a big achievement for the country as they managed to vaccinate over 90% of the over-18 population.

In August, the CIRC supported the MoH in contact tracing during a three-week response to the threat posed by the outbreak of the Delta variant in Auckland, New Zealand. The Cook Islands was on heightened alert due to the travel bubble created between NZ and the Cook Islands, which opened on 17 May 2021 and closed on 16 August in response to the NZ outbreak. During "Operation Delta", volunteers and staff of the CIRC were based at the MoH, working with the Health Intelligence Unit to carry out contact tracing of all arrivals from NZ between 4 to 16 August. These people were

traced, tested and then isolated until they received a negative test result. Approximately 3,500 people were tested during this time, and fortunately, all test results came back negative. The CIRC staff and volunteers traced target travellers, provided them with instructions on behalf of the MoH, and informed them of their tests results.

'Operation Delta' was a fantastic opportunity for CIRC to work with the MoH in contact tracing, with many lessons learnt captured for future responses. Subsequently, CIRC collaborated with the MoH to draft the contract tracing SOP. Discussions are underway on possibly hosting the Contact Tracing Unit within the CIRC office during an outbreak of COVID-19 in the country. Such measures ensure the contact tracing unit will not be exposed to risks associated with working at the MoH premises together with the clinical response team.

CIRC supports the MoH in risk communication and promotes COVID-19 preventative measures through face-to-face training with communities, online platforms, and local media outlets. The National Society has also partnered with the Tourism Corporation to produce promotional banners on the alert levels and contact tracings. The CIRC also supports the Chamber of Commerce by providing them with volunteers to promote and roll out the CookSafe+ contact tracing app in various locations and events around Rarotonga.



A CIRC volunteer providing support at the vaccination centre. Source: CIRC

Red Cross Society of Democratic People's Republic of Korea (DPRK RCS)

The DPRK government has taken consistent pre-emptive and offensive measures since the outbreak of COVID-19, continuing to raise awareness of all people with campaign against the rapid spread of highly infectious new COVID-19 variants. Since the outbreak, the DPRK RCS, through its wide network of volunteers and branches across the country, has actively joined the nationwide anti-epidemic campaign, working closely with national stakeholders including the Ministry of Public Health and the state anti-epidemic authorities.

During this reporting period, around 134,100 Red Cross volunteers have been mobilized across the country to support the nationwide anti-epidemic activities including awareness raising, surveillance and screening of the community. Red Cross volunteers worked closely with household doctors and anti-epidemic staff to provide around 1.37 million people with services including risk communication and community engagement and health and hygiene promotion. Around 10,000 Red Cross volunteers were educated about hygiene messages, common knowledge, preventive measures related to COVID-19 through public education networks in their respective cities and counties in close cooperation with anti-epidemic authorities and household doctors. In addition, DPRK RCS with the support of IFRC country delegation has finalized the bill of quantity for procurement of materials and PPE kits to prevent the spread of COVID-19.

Fiji Red Cross Society

Since the Delta variant was detected on 17 April 2021, Fiji has recorded over 51,977 cases, with widespread COVID-19 community transmission. In response to this outbreak, the Fiji Government, with the support of the Fiji Red Cross, has rapidly accelerated the vaccination programme. The FRCS has deployed over 200 volunteers from 15 branches to assist the MoH at vaccine sites. Volunteers are responsible for registering individuals at the sites and completing data entry and verification tasks supporting the MoH vaccination team. The FRCS volunteers have also joined mobile vaccination teams, travelling to remote communities inland or in maritime areas to ensure equal access to vaccinations.

In addition to assisting the vaccination programme, FRCS has also been supporting the MoH COVID-19 response at screen sites and through a nationwide blood donor recruitment drive. A team of volunteers has been deployed at screening sites to provide administrative support, including issuing clearance letters for individuals. The FRCS warned that the COVID-19 pandemic had heavily impacted the country's blood supply. In response, approximately 80 FRCS volunteers carried out a nationwide blood drive during August and September 2021, with 1,014 individuals donating blood.

Indian Red Cross Society

India hit the highest number of daily cases, 414,188 on 7 May 2021 and the highest number of daily deaths, 7,374 on 10 June; both figures have been decreasing continuously. During the period from mid-June to mid-October 2021, India recorded around 4.5 million new COVID-19 cases. As of 21 October 2021, there were 1.8 lakh active cases. The daily new infections have come down from 67,294 to 14,936 per day in the last four months.

Support for Immunization: During the reporting period, Indian Red Cross Society (IRCS) has supported people to access vaccinations through the state governments' vaccination programme. IRCS also distributed masks, soaps, sanitizers, and gloves to those in need, as well as raised community awareness of COVID-19 and immunization, including handwashing demonstrations and the distribution of IEC materials.

Medical Relief services: A total of 175 oxygen concentrators were distributed to states and IRCS' Odisha, Maharashtra and West Bengal state branches started oxygen concentrator banks in their respective states. The National Society also installed oxygen related equipment at various locations. IRCS has clinics in more than 100 polyclinics, health centres and hospitals across the country and supported COVID-19 patients.

Ambulance services: More than 200 Red Cross ambulances across the country are helping to transport patients to hospitals while IRCS continues to conduct blood services. IRCS also supports local administrations in surveillance, screening at state borders, testing, and the setting up of isolation/quarantining facilities.

A 24/7 telephone helpline, manned by volunteer doctors, is providing callers with information about COVID-19 and how to access assistance. IRCS also provided food to people living in hard-to-reach areas and people who could not go out due to lockdown restrictions. In addition, IRCS supported the Government of India in logistics arrangements of in-kind foreign aid that was coming in from various countries.

IRCS' Telangana state branch runs two Urban Health and Family Welfare Centres catering to two urban slums in Hyderabad. The centres are vaccinating people in the slums – some of the most difficult to reach communities in that city. Volunteers have gone from door-to-door promoting vaccination.



IRCS' Belagavi district branch in the state of Karnataka and the Taluka Health Office conducted a vaccination drive in an aviation business and at a training academy. Some 180 people received vaccinations. Photo: IRCS

Japanese Red Cross Society (JRCS)

Medical treatment – Overall, 89 out of 91 Japanese Red Cross Hospitals have been involved in the COVID-19 operations. As of 29 August, 1,196 inpatients and 16,997 patients were admitted to Japanese Red Cross hospitals, and 149,834 COVID-19 outpatients were treated. These Red Cross Hospitals have also deployed 7,655 medical personnel to other medical facilities, social welfare facilities, prefectures/local governments, PCR testing sites, and vaccination campaign sites. In response to the government's request, the medical teams from Tokyo and Saitama Red Cross hospitals were also deployed to some Olympic and Paralympic venues to support medical rescue teams.

COVID-19 immunizations – Japanese Red Cross Hospitals have been contributing to the government's vaccine campaign. Over 65 hospitals have administrated vaccine rollout inside the facilities, and 38 hospitals deployed staff members to the local vaccination venues. Even though over 92% of medical staff members are fully vaccinated, some cases were still confirmed inside the Red Cross Hospitals and adequately supported.

Support to the vulnerable groups – Poverty is one of the exacerbating factors under the COVID-19 pandemic in Japan. Socially vulnerable families and people are deeply affected. In Japan, many children cafeterias provide meals at a reasonable price to children are unable to eat at home under the COVID-19 pandemic. The JRCS volunteer corps purchased and donated surplus food to the children's cafeterias through a food drive. The Awara City Red Cross Volunteer

Corps carries out this food drive for the children's cafeteria once a month. Some JRCs also conduct food drives or food banks for those in need during this pandemic.

Kiribati Red Cross Society

KRCS coordinates with the Ministry of Health and the Office of the President to implement COVID-19 preparedness and mitigation activities. Targeted RCCE on COVID-19 is an ongoing priority in Kiribati. Since June, KRCS volunteers have reached 400 households in Betio by distributing pamphlets and posters with COVID-19 safety measures. COVID-19 risk communication messaging is also regularly disseminated by the NS through local media platforms like radio, TV, and newspapers.

In August, following a request for assistance with vaccine rollout, 16 KRCS volunteers trained in vaccine CEA assisted the Ministry of Health and Medical Services (MHMS) with vaccine registration. The KRCS also visited ten primary schools in South Tarawa to distribute hygiene kits to students, ensuring they maintained COVID-19 safe practices and kept themselves safe.

In September, a training was conducted at the KRCS Maneaba branch with volunteers from two selected communities in Betio (Ueenterooti and Betio Camp communities) and the Mesi community in Ambo. The training's purpose was to increase community involvement in the COVID-19 prevention program. Volunteers are trained on community-based health and first aid (CBHFA) and community mobilization. Training with Kiribati National Olympic Committee (KNOC) sports referees was also conducted on first aid and COVID-19. At the Teinainano Urban Council (TUC) branch, 19 community volunteers (nine males and 10 females) trained in COVID-19 risk communication are expected to share their knowledge with peers, families and other community members.

Republic of Korea National Red Cross (KNRC)

Medical treatment – Since the pandemic's beginning, the KNRC has been conducting treatment and screening of COVID-19 confirmed patients through Red Cross Hospitals across the country. Seoul, Sangju, Yeongju, and Tongyeong Red Cross Hospitals have been designated and operating as COVID-19 Treatment Hospitals. Seoul, Incheon, Tongyeong, and Geochang Red Cross Hospitals have been categorized as the triage centres for COVID-19 testing through screening clinics. In addition, the KNRC dispatches medical staff from Red Cross Hospitals to other public hospitals in Seoul, Daegu, and Gyeongsangbuk-do for extra support in treating COVID-19 patients. As of 18 October, 6,134 COVID-19 patients have been treated in KNRC hospitals, and 5,356 patients have been discharged.

COVID-19 Immunization – As an entrusted medical organization for COVID-19 vaccination, the KNRC has carried out its immunization program in six Red Cross hospitals (Seoul, Incheon, Sangju, Tongyeong, Geochang, and Yeongju) and facilitated vaccination drive across the country in line with the national immunization policy. By the end of September, a total of 54,997 people had been vaccinated through the KNRC hospitals. With the help of local government and volunteers, the KNRC also offered transportation services for those over 75 to get vaccinated.

Relief activities – The KNRC has been carrying out relief activities in compliance with the government's quarantine guidelines and social distancing. In response to the spread of COVID-19 across the country, the Red Cross volunteers have continuously participated in fever checking, hygiene and sanitization promotion, and assisted preliminary medical examinations. As of 31 July, the KNRC has distributed 38,704,974 masks, 764,275 hand sanitizers, 134,252 relief kits, 219,411 food items, 19,304 prevention kits and other medical supplies to vulnerable groups, medical personnel, homeless and small businesses. In response to the fourth wave of COVID-19, the KNRC delivered 400 daily necessities kits to the Armed Forces Medical Command in August for confirmed cases quarantined in the armed forces hospitals. In September, KNRC volunteers prepared and packaged 1,000 food parcels for those under self-quarantine.

Psychosocial and other support – During the hot summer of July and August, the KNRC distributed mineral and sports water and heatwave prevention kits to the medical personnel at COVID-19 Treatment Hospitals and screening centres. The KNRC Daegu Chapter held a joint birthday party to provide psychosocial support for 32 senior citizens living alone. In a campaign to share warmth through handwritten letters by the Jeju Chapter, 360 people sent letters through lunch boxes to their marginalized neighbours.

Lao Red Cross

As part of its epidemic control measures, the Lao Red Cross (LRC) is planning to conduct awareness campaign on Covid -19 in communities, quarantines centre and Migration check point in 6 branches/ provinces: Kammoun, Savanaket, Champasak, Sekong, Salavan and Attapeu by the end of October 2021.

LRC is also supporting the government in assisting migrant returnees in quarantine in 6 provinces Kammoun, Savanaket, Champasak, Sekong, Salavan and Attapeu. Lao Red Cross is supporting quarantine centers for migrant workers by:

- Providing assistance to maintain social distancing and queuing at the Lao Point of Entry (immigration check point), when returning migrants arrive there.
- By providing Covid-19 risk communication awareness, maintaining social distancing for Covid-19 testing and distributing food and non-food items to people in 12 quarantine centers.
- By conducting community work such as assisting for disinfection of infected person's house and surroundings.
- As of September 2021, Lao Red Cross is supporting a total of 5,883 migrant workers in the quarantine centers. LRC provided 50,698 food boxes for them.

Malaysian Red Crescent Society

The MRCS had in February 2021 developed a platform called MyVac to register volunteers nationwide and help deliver these trained volunteers to vaccination centres countrywide. MyVac had registered more than 320,000 volunteers. More than 13,000 volunteers were trained and more than 8,000 volunteers have been deployed to over 400 vaccination centres nationwide.



Mobile vaccination by MRCS. Photo: MRCS



In July, MRCS along with three other NGOs were entrusted to help vaccinate those bedridden and the disabled who were unable to go to vaccination centres to get inoculated. MRCS managed to visit more than 1,100 homes and administered more than 2,100 doses of vaccine in the Klang Valley. Currently MRCS is doing similar vaccination efforts in Penang and Kelantan. Subsequently, MRCS is working with a few District Health Centres to vaccinate 845 indigenous people or orang asli in 11 villages in Batang Padang and Lipis districts, Pahang state.

The role of MRCS was further expanded to help vaccinate the migrants, both documented and undocumented. MRCS has so far inoculated 200 Vietnamese, 750 migrants from Myanmar, Bangladesh and Thailand, plus another 950 migrants from Somalia, Yemen, and other nationalities.

Maldivian Red Crescent Society

The Maldivian Red Crescent Society (MRCS) has been represented in the national level taskforce convened to consolidate efforts on preparedness and response. It is part of the National Emergency Operations Centre, setup by the National Disaster Management Authority and the Health Protection Agency, supporting the coordination of ongoing response work and providing technical expertise for this. As an independent organization, with its outreach across the country, MRCS is working in close coordination with public authorities to fill the gaps as per the need and situation under the following domains and focus areas:

Mental health and psychosocial support services (MHPSS) - MRCS is providing psychosocial support services (PSS) to migrants along with risk communication and community engagement activities. Support is being provided to rapid response teams while conducting mass inspections and monitoring. A total of 7,313 volunteers have been trained/oriented in psychosocial support and psychological first aid. The National Society has provided PSS helpline services through a toll-free number. A toll-free migrant support helpline has also been established by MRCS' Male branch

to provide assistance to migrants in need, especially to those living in hard-to reach areas. During 2021, this helpline has received 3,773 calls.

The "**Migrant Meal Provision Programme**" activity was resumed between February to end-August 2021, and 5,309 meals and 3,257 hygiene kits were distributed among migrants.

Medical relief services - MRCS teams have supported the rapid response teams of the Health Emergency Operation Centre in the movement of 740 COVID-19 positive patients (primarily elderly or bed-ridden patients) to treatment facilities (as of 31 August 2021). To address the challenges in blood supply during the COVID-19 pandemic, eight blood camps were organized between 01 January–31 August 2021, with 270 donors donating blood.

Support for Immunization - Since February 2021, MRCS has been supporting the Health Protection Agency in supporting the nationwide COVID-19 vaccination efforts in the Maldives. A total of 200 volunteers were mobilized to provide support at vaccination centres in Male', Addu and Haa Dhaal branches. They assisted with registration, managing queues, helping the elderly and those who needed assistance at these centres, registering of undocumented migrants and providing support to the Health Emergency Operations Centre. MRCS is also utilizing its vehicle fleet to carry out mobile vaccinations for bed-ridden and high-risk elderly patients living in the Greater Male' Region. Since the beginning of the nationwide vaccination campaign, 526 mobile vaccination trips have been carried out by MRCS' Male' branch.

Marshall Island Red Cross Society

In support of the Ministry of Health (MoH), the Marshall Islands Red Cross Society (MIRCS) staff and volunteers assist national COVID-19 preparedness and mitigation efforts. A team of MIRCS volunteers and staff have been deployed with MoH vaccine teams in Majuro and Ebeye. The team has provided administrative support at vaccine sites, conducted household awareness on the COVID-19 vaccine, including referral information, and assisted 227 vulnerable individuals in accessing vaccines in Majuro and Ebeye.

MIRCS also continued COVID-19 vaccine awareness and key messaging in the community. In June and July, a team of 10 volunteers supported the vaccination rollout at Namu Atoll, registering individuals at vaccination sites. A total of three islands were visited (Majkin, Mae, Leon), where approximately 249 people were vaccinated and provided with information. The MIRCS staff nurse visited individuals with disabilities at their homes to administer the vaccine and promote COVID-19 awareness, ensuring no one is left behind. Hand soaps were also distributed to households in these communities.

In August and September, the Ministry of Health and Human Services (MOHHS), with the support of MIRCS first aid and health nurse, vaccinated 246 fisherfolk at Delap Dock and flew to remote Mejit Island to complete the second-dose vaccinations.

MIRCS volunteers visited nine schools to provide risk communications and community engagement (RCCE) on COVID-19 safety measures, including first aid demonstrations with the participation of 300 students. A team of volunteers distributed handwashing bags and soaps to students to encourage good hygiene practices.

Micronesia Red Cross Society

In support of the Government, Micronesia Red Cross Society (MRCS) has mobilized 60 staff and volunteers to support national COVID-19 preparedness and mitigation efforts. MRCS has assisted with risk communication, localization, translation, and dissemination of health messages and hygiene promotion in coordination with stakeholders.

In June, MRCS joined the Pohnpei State Taskforce and Municipal Taskforce in planning and implementing the COVID-19 vaccine programme in Kitti. MRCS assisted the vaccine taskforce by conducting household visits to disseminate



The MIRCS staff nurse administering COVID-19 vaccine. Photo: MIRCS

information on the vaccine, including referral to the vaccine site, while public health teams provided vaccinations. Through the vaccination campaign, MRCS reached 70% of Kitti's population or 1,456 households, out of which 815 people were vaccinated with their first or second dose. From July to September, the NS additionally supported the vaccination campaign in Kosrae State. MRCS volunteers reached communities with key messaging on COVID 19 vaccine and directed them to the vaccination sites. Approximately 505 children from 12-17 years and 42 adults were vaccinated.

MRCS Chuuk Chapter engaged with communities in Eot and Romolum to deliver refresher training to 41 participants (12 male, 29 female) on COVID-19 and preventative measures. As part of this outreach, RC teams also engaged with community disaster teams to draft an action plan in the event of a COVID-19 case within the community.

MRCS, UNICEF and MoH collaborated to develop a survey on COVID-19 vaccination coverage and perceptions. The survey aimed to strengthen the COVID-19 vaccination efforts in Pohnpei and Kosrae by identifying unvaccinated populations and investigating the contributing factors. Over 70 volunteers were trained and deployed to conduct a rapid assessment survey among 2,511 households.

In Pohnpei, MRCS provided retrofitting faucets to 30 school tanks, and volunteers, together with school students, painted five water tanks with COVID-19 messages. The schools also received 539 handwashing buckets. Volunteers distributed COVID-19 awareness posters to 41 schools, targeting 9,179 students (4,729 males and 4,480 females). These posters aimed to promote healthy actions to prevent the spread of COVID-19 and other communicable diseases.



Volunteers ready to distribute COVID-19 awareness posters to schools. Source: MRCS

Mongolian Red Cross Society

Mongolia suffered its third wave of COVID-19 starting from August 2021. The MRCS continues to work with many different partners to cover the urgent needs identified in its revised National Society Response Plan.

Volunteer capacity building

In August and September, supported and funded by IFRC, Ministry of Health and other partners, the MRCS trained 400 Red Cross volunteers from 9 districts of Ulaanbaatar on infectious disease surveillance. The training covers briefing on the history and development of RCRC and MRCS, ethics and role of volunteers, COVID-19 control and prevention system, infectious disease prevention and surveillance system, PSS in emergencies, etc.

On September 8-9, 2021, in cooperation with the NCCD, the MRCS organized an online training on infectious disease surveillance for around 200 volunteers from the Red Cross mid-level branches of 21 provinces. These trained volunteers started working to support provincial emergency commission and health departments.



The training on infectious disease surveillance for MRCS volunteers was organized. Source: MRCS

Close contact tracing and surveillance

Starting from the early of July, MRCS volunteers started to work with the Field Epidemiology team at the hotlines centre of the National Centre for Communicable Disease (NCCD) to track close contacts and conduct surveillance to the infected people under home isolation.

After the training organized in August and September, these 400 trained volunteers have been working at the NCCD and 112 Family health centres in the capital city, conducting surveillance and research, providing support, and delivering health packages to the confirmed cases in districts of the capital.

Support the COVID-19 Immunization

The MRCS continues to train volunteers to conduct vaccination awareness session through phone call to facilitate people to get vaccination, disseminate vaccination promotion information to herders at the remote area, and provide support at vaccination centers.

Myanmar Red Cross Society

During the reporting period, Myanmar was hit by the fastest and worst increase of cases since the beginning of the pandemic. By the end of September, a total of 465,000 people in the country had tested positive for COVID-19 and nearly 18,000 deaths had been recorded, with a significant proportion of these since July during the peak of the wave. With this 'third wave' of cases rapidly overwhelming the already strained health system, one of the areas of most acute needs was in oxygen therapy, with serious gaps faced in supplies necessary to provide lifesaving help for those experiencing the most serious effects of COVID-19.

The MRCS responded to this gap and helped deliver urgently needed oxygen therapy supplies – such as oxygen cylinders and concentrators – to health centres, communities and families most in need, benefitting at least 2,800 people directly. This was made possible through support from the IFRC as well as other MRCS partners. This is in addition to the more than 81,000 people supported living under quarantine measures, nearly 585,000 people supported in receiving COVID-19 vaccination doses, and over 19,400 people transported by ambulance services during the same period.

As the number of cases continued to drop by the end of the reporting period, MRCS focus will be continued provision of inputs to prioritized areas: sustaining Health and WASH, tackling socio-economic impacts to assist and support vulnerable populations affected by COVID-19 including building their resilience, including:

- Pre-positioning stocks of essential protective consumables in central and regional branches
- Necessary technical and capacity strengthening of MRCS staff and RCVs
- Improved access to essential WASH services and interventions designed to change hygiene practices in most vulnerable areas such as schools and quarantine sites
- Participate in ensuring access to COVID-19 vaccines with equitability and fairness to reach the community via local and international collaboration
- Contribution in oxygen support: provision of oxygen cylinder and delivery service to the community in need and planning to have appropriate oxygen source: oxygen plants, in easy, accessible areas.

Nepal Red Cross Society

The first case of COVID-19 infection was detected in Nepal in January 2020. The second wave of COVID-19 infection hit the country in February 2021 reached the peak in May and started to decrease afterwards. As of 21 October 2021, 901,293 people have tested positive out of which 784,881 have recovered and 11,326 people have lost their life due to COVID related complications. Although the latest surge seems to be subsiding, there is a concern that the festival season in October and November, when a large number of people will return back to their hometown either from abroad or from bigger cities of Nepal, might result in another wave of COVID-19 in Country. The Government has lifted the lockdowns and/or prohibitory orders given the small number of people testing positive in recent days which could also lead to an increase in cases.

Nepal Red Cross Society (NRCS) has been implementing its COVID-19 Preparedness and Response Operation since January 2020 with the support of IFRC and its membership. The IFRC and its membership have procured and supplied more than 291 oxygen concentrators for the Government and NRCS and other medical supplies, including 2,470 oximeters, 1,000 dead body bags, 17 ventilators and 600 oxygen cylinders. More than 10 tonnes



NRCS volunteers distributing IEC material on COVID-19 protection and prevention considering the starting of the festival season in October and November. Photo: NRCS

of personal protective equipment (PPE) have been handed over to NRCS to protect Red Cross essential workers and promote community members' safety. Red Cross further distributes life-saving medical equipment and supplies to protect essential health workers at district hospitals and local health posts.

The Government of Nepal has started a vaccination campaign in February 2021. As of 21 October 2021, 8.5 million people (29.5 per cent of the total population) have received at least one dose of the vaccine, and 6.5 million people (22.4 per cent of the total population) have received the full dose of vaccines. NRCS has been mobilizing around 3,900 volunteers to support the COVID-19 response, out of which 500 volunteers are supporting the vaccination centres for the centres' management and WASH purposes.

NRCS has reached 127,609 people through infection prevention and control measures and WASH activities in the communities, Point of Entries, quarantine and Isolations sites. In addition to this, 4,469 people were reached by the Red Cross trained staff and volunteers on MHPSS. Furthermore, NRCS has reached 2.7 million people with the Red Cross CEA activities through the operation, including mass messaging, door-to-door visits and distribution of IEC materials on COVID-19 prevention and protection.

Pakistan Red Crescent Society

Pakistan has been experiencing its fourth wave from July 2021 onwards, after a short-lived decrease in June after recovering from the third wave. The daily cases count had risen to 4,934 cases in August, with the highest positivity rate reported at 9.06 per cent. Maximizing vaccination efforts and increasing restrictions imposed by the government during the period have resulted in a decrease in cases from late September onwards.

Aligning with the national priority and directly contributing to the government's response, Pakistan Red Crescent Society PRCS continues to expand its vaccination efforts across the country with the establishment of two static vaccination centres, 12 mobile vaccination units and engagement of volunteers and ambulances to support government centres. PRCS has reached a total of 191,061 people directly through vaccine administration, out of which 99,848 are completely vaccinated and 91,213 are partially vaccinated. The National Society is in the process of further expanding its efforts through the support of the Humanitarian Buffer to reach marginalized population groups such as migrants, refugees and internally displaced people who are currently not covered under the ongoing national vaccination campaign.

Alongside vaccination administration, PRCS continues to address vaccination hesitancy, maximizing its usage of its volunteer force, community engagement and accountability mechanisms and social media presence to address the population's concerns and advocate for vaccine administration. Volunteers trained in psychosocial support have also been deployed, providing preliminary consultations in the field addressing the community mental wellbeing.

Response efforts also continue to focus on mitigating spread through awareness building and the practise of preventive measures in daily life. An additional 228 latrines, 200 hand sanitizing booths and 165 hand washing stations have been installed across eight districts in the country at high foot traffic public locations to increase accessibility to the practise of good hygiene on a daily basis. Furthermore, 50 oxygen concentrators and PPEs were also procured through IFRC and are in the process of being distributed to government facilities and internal National Society use based on need.

Palau Red Cross

Palau Red Cross Society (PRCS) has been implementing COVID-19 activities through its headquarters in Koror with the remote support of two newly established branches, mobilizing approximately 110 staff and volunteers. In July 2021, PRCS disseminated 1,000 information education and communication (IEC) materials to promote the importance of the 2nd vaccine dose on behalf of MoH.

The PRCS organized the Red Cross Disaster Action Teams Training (RDAT) with 65 participants from 13 states, including state, women, and youth representatives. Participants were trained on epidemic control, including COVID-19 preventative measures and hygiene promotion, which will assist them to support their communities in preparedness for COVID-19 and other disasters.

In September, 2,498 people were also reached through risk communication, community engagement, and health and hygiene promotion during the Palau National Preparedness Month Fair.

Papua New Guinea Red Cross Society

The Papua New Guinea Red Cross Society has been implementing its COVID-19 response by distributing Personal Protection Equipment (PPE) to medical facilities and organizing community awareness-raising activities. Trained and equipped with PPE, PNG Red Cross staff and volunteers support efforts to provide accurate and reliable public health information about COVID-19 across 13 provinces through their branches and volunteers networks.

The overall PNGRCS COVID-19 response operation has reached 75,159 people (38,979 males and 36,180 females). It focuses on risk communication, community engagement (RCCE) and PPE distribution. The indirect beneficiaries of 601,272 are based on an estimated 5% of the province's population that the PNGRCS targets.

To respond to the escalating COVID-19 situation, PNGRCS has procured 636,000 surgical masks, 65,000 examination gloves, 360 infrared thermometers, and 24,000 hand sanitizer units. The procurement received support from the Australian Red Cross, the IFRC and funding from the Australian Government and the Coca Cola Foundation. The PNGRCS will distribute these goods to available medical facilities and branches across PNG's four regions through the Coca-Cola Amatil PNG's logistics network.



The PNGRCS volunteers conducted door to door COVID-19 awareness in Port Moresby. Source: IFRC

Philippine Red Cross

Between July and September, PRC mobilized medical tents to augment the surge of cases in Pangasinan, Benguet and Davao del Sur. In terms of operationalization of molecular laboratory, a molecular laboratory has started its operation in Cotabato last 18 September, 2021. This facility has been supported by ICRC. Key achievements of Philippine Red Cross include:

- The PRC has set up **107 medical field tents**, which served as a staging, isolation wards were set up in different parts of the country with **234,660** people served. PRC also set-up 5 isolation facilities in Metro Manila as well the mobilization of emergency field hospital.
- Administered **284,869 vaccinations**: 209,524 through Bakuna Center and 75,345 through Bakuna Bus
- Ambulances are continuously mobilized to support DOH with the transportation of suspected and confirmed with COVID-19 individuals. A total of **3,335** suspected and confirmed COVID-19 cases were catered.
- The Convalescent Plasma Center in Port Area were able to collect **1,137 units** and served 1,099 patients from 112 hospitals.
- The PRC is operating its **molecular laboratories in 13 areas nationwide**. As of 22 September, 2022, PRC tested **4,337,404 specimens** using RT PCR machines.
- To date, **10.4 million people** were reached with health and hygiene awareness activities.



The Philippine Red Cross volunteers are crossing muddy terrain and bodies of water to reach people in the island and isolated areas to deliver lifesaving COVID-19 vaccines. Photo: PRC

Samoa Red Cross Society

Through its auxiliary role to the Government of Samoa, the Samoa Red Cross Society (SRCS) collaborates with the Ministry of Health to support COVID-19 vaccination campaign. Approximately 52 volunteers have been deployed with the MoH team at 23 vaccination sites, providing first aid standby, crowd management, community mobilization, and monitoring people following vaccinations. Volunteers have engaged with 5,400 individuals from different communities to provide information on the vaccine and address misinformation.

From June to September 2021, SRCS organized blood drives to maintain blood supply throughout the pandemic. The National Society collected blood from 2,447 individuals. The SRCS has conducted WASH awareness in targeted communities and schools to educate people on good hygiene practices to halt the spread of COVID-19. WASH and RCCE materials, and demonstrations on COVID-19 safety measures reached 26 villages from Faleasi'u-Falelatai, Safata district and Anoama'a district. Nofoalii Primary School and Kindergarten students received COVID-19 basic hygiene and first aid demonstrations and 20 hygiene kits. To expand the capacity of SRCS to respond in the event of a COVID-19 outbreak, 36 new volunteers and staff have completed training in WASH, correct use of PPE, epidemic control for volunteers, first aid, psychosocial first aid and blood donor recruitment.

Solomon Islands Red Cross Society

Solomon Islands Red Cross Society (SIRCS) has been working very closely with the Ministry of Health and Medical Services (MHMS) and the National Disaster Arrangement and Intergovernmental Organisations, NGOs and the communities to support COVID-19 preparedness. With technical support from IFRC and the Australian Red Cross, the health team has been instrumental in ensuring coordination, information sharing and staff and volunteer training in institutional preparedness.

An achievement worth noting is the tremendous effort of the SIRCS health team in institutionalizing a well-informed, systematic Epidemic Control for Volunteers (ECV) and COVID-19 training to equip volunteers. SIRCS now has 75 trained volunteers supporting the MHMS in Honiara. The volunteers also assist in provincial risk communication and vaccine rollout awareness. The Prime Minister of Solomon Islands acknowledged the positive work of Red Cross Volunteer Support during the first National Lockdown Simulation in Honiara. Following this, volunteers were requested to participate in the second National Lockdown Simulation preparation for the COVID-19 Delta variant. 30 volunteers and staff were involved in the various scenarios to test the revised SOPs. Volunteers have now been requested to provide administrative support such as registration in the COVID-19 vaccine rollout. This also includes Community Preparedness and Response Planning in rural communities.

"Our Volunteers needs more awareness around COVID 19 vaccine"

"Our local communities need more awareness around the COVID-19 vaccine. They have a lot of questions regarding the vaccine that need to be answered. Once they understand the vaccine and its role in keeping people safe in this time of COVID-19, especially with the delta variant, people will come forward to get their jab", said Mr. Neitai Kaituú, Solomon Islands Red Cross Society community engagement officer and volunteer.



Neita explaining use of PPE at Kochachai Community, Guadalcanal Province. Source: SIRCS

Singapore Red Cross

From June to September, Singapore Red Cross (SRC) continues its efforts to respond to those affected by the pandemic both locally and internationally. In the home front, Red Cross volunteers distributed 1,032 boxes of surgical masks to residents staying in the Western part of Singapore. SRC also continued with programmes to reach out to low-income families that were adversely hit by COVID-19 by supporting 75 families with food vouchers, and establishing an interim centre to reach out to youth-at-risk from these low-income families. Internationally, SRC concluded its COVID-19 response efforts to India, with a total of 205 ventilators, 3000 10L oxygen concentrators, 960 oxygen cylinders, 245,600 surgical masks and 2000 flowmeters being distributed to at least 10 states in India. SRC also extended its international response efforts to other countries in South Asia, Southeast Asia and Africa, mainly focusing on the purchase of oxygen supplies to these countries.

Sri Lanka Red Cross Society

SLRCS has been responding to the pandemic from its onset in accordance with the dynamics of the pandemic's impact on the country. During the period from mid-June to mid-October 2021, Sri Lanka recorded 305,000 new COVID-19 cases.

As of 20 October 2021, there are 26,088 active cases. The daily new infections have come down from 2,334 to 442 per day in the last four months.

Support for Immunization: The Government of Sri Lanka speeded up the COVID-19 immunization among citizens all over the country and the Sri Lanka Red Cross Society (SLRCS) facilitated the vaccine roll out programme in 15 districts out of the 25 districts. SLRCS medical assistant volunteers were deployed in community vaccination centres to support the medical staff for administration work, data entries, vaccination and clinical waste handling processes. Besides vaccine centre facilitation, SLRCS provided mobile vaccination support by offering transport facilities for vulnerable community members who were unable to reach vaccination centres and medical staff who visited the disabled and elderly unreachable for COVID-19 immunization.



SLRCS volunteers provide transport support to vaccination centre for patients in need. Photo: SLRCS

Medical Relief services: While assisting with the vaccination campaign, SLRCS volunteers were also deployed in hospitals, intermediate care centres and quarantine centres to assist medical staff and patients. They supported administrative work, patient management, data entry and the distance treating process. During the distant treatment programme, medicine was packed and prepared to post patients since the regular clinics were temporarily closed at that time. To connect the patients with their respective doctors, SLRCS volunteers worked tirelessly at the pharmacies and the telephone operating centres within the hospitals. Similarly, in partnership with UBER Taxi company, SLRCS provided free rides for frontline health workers and patients who visited both hospitals and vaccine centres.

Risk communication, community engagement, and health and hygiene promotion: In addition, more than 6.7 million people have been educated up to now while assisting behavioural change focused on three rules of COVID-19 prevention: physical distancing, hand hygiene and respiratory hygiene. Meanwhile, people were made aware of the importance of the COVID-19 vaccination by the National Society's Social Behavioural Change Communication campaign through public announcements, IEC material distribution, social media posts, and so on. Furthermore, SLRCS donated personal protective equipment and medical equipment to hospitals, such as oxygen concentrators, pulse oximeters, or thermo guns, and engaged in continuous transmission risk reduction activities, such as disinfection, in public places during the period.

Thai Red Cross Society

The ongoing COVID-19 epidemic continues to be the primary focus of TRCS and will be for the foreseeable future. Although the daily reported cases are decreasing, the slow pace of vaccinations remains.

TRCS has mobilized a large volunteer force of over 4000 people including more than 200 doctors and 350 nurses to vaccinate the public. They have been carrying out the vaccinations in collaboration with local health agencies. TRCS aims to vaccinate at least 5,000 migrant workers.

TRCS is also providing 'tele-medicine' support to people who are in Home Isolation and are registered in the tele-medicine system in Bangkok, Nonthaburi, Samut Prakarn and Pathum Thani Provinces. After patients with COVID-19 are diagnosed, they receive medical check-ups twice daily



Cooked food and other essentials being delivered to the doorstep for people in home isolation. Source: TRCS

through the system and cooked food is delivered to their doorstep along with a digital thermometer, fingertip pulse oximeter and basic medicines. 16,027 patients have received assistance through this system.

IFRC handed over two buses that will function as mobile blood collection units, to the Thai Red Cross Society. TRCS has provided nearly 1 million masks for the public including for migrants (both adults and kids) along with a relief kit that includes alcohol gel, IEC information packs translated into Burmese, Cambodian, and Vietnamese, leaflets, etc.

Tuvalu Red Cross Society

TRCS volunteers and staff have been working closely with the Ministry of Health (MoH) vaccination teams to disseminate key information on the vaccine, assist at vaccine sites and collect data on adverse effects from immunization. The TRCS has also been deployed in the outer islands with MoH teams to ensure remote communities access the vaccine. People have been assisted in the vaccination roll out in the islands of Nanumea, Nanumaga, Niutao, Nui, Vaitupu, Nukufetau, Funafuti, Nukulaelae and Niulakita. The TRCS works closely with MoH to mobilize and recruit donors to maintain the national blood supply, and 90.8% of the eligible donors have been fully vaccinated.

Volunteers and staff have been trained in community engagement and accountability for COVID-19 and the vaccine. Volunteers shared information through house-to-house visits, distributed posters to public places and schools, and conducted handwashing demonstrations in schools, communities, and faith-based organizations. Around 1,694 people were reached through these activities.

From June to September 2021, mass media campaigns promoting the COVID-19 vaccination campaign were launched via TV, social media and radio. Despite the rise of digital communication, radio remains the most widely used media, and a talk-back radio show, Boom-Box, provides essential updates and information on COVID19. During the segment, listeners are encouraged to engage through questions and feedback.

International travellers are required to complete mandatory quarantine at a government isolation facility on arrival in Tuvalu. In response to the surge of the Delta variant in neighbouring countries, the Tuvalu Government extended the quarantine period and imposed stringent movement restrictions. To relieve stress and lower mental health risks, individuals held in quarantine facilities received support from 25 TRCS volunteers and staff trained in psychological first aid. The ECV training further helped volunteers understand COVID-19 and its spread, as well as methods to prevent and control the outbreak.



A volunteer doing a household registration for vaccine uptake. Photo: TRCS

Vanuatu Red Cross Society

The Vanuatu Red Cross Society (VRCS) staff and volunteers support the Provincial Health Team with COVID-19 vaccination rollout in the targeted provinces of Shefa, Sanma, Tafea, and Malampa. In each province, VRCS volunteers are embedded in mobile vaccination teams. To ensure the vaccine is accessible to everyone, the COVID-19 mobile teams help people reach vaccination sites, including the elderly or people with disabilities.

The VRCS has provided communication support to the MoH to reach individuals overdue for vaccination in Shefa and Sanma Province. Along with monitoring and surveillance support in Port Vila and Shefa Province, the National Society also supports four provinces with COVID-19 vaccine data entry and vaccine registration. An MoU was signed between MoH and VRCS to strengthen collaboration on COVID-19 and other community health awareness programmes.

VRCS has provided various support at the national level, including full-time volunteers who manage risk communication at the national vaccination site, support monitoring and surveillance operations at MoH and operate the COVID-19 Call Centre. The National Society also attends monthly National Immunization Coordination Committee (NICC) meetings and has participated in four COVID-19 simulation exercises in Port Vila.

At the provincial and community level, VRCS continues to reach communities with RCCE, hygiene promotion and COVID-19 vaccine awareness. VRCS Health Awareness Vests (visibility material) has been distributed to all six provinces. Between June to September, nine consultation meetings with local stakeholders such as chiefs, church leaders, youth, women, people with disabilities, and LGBTQI groups have further strengthened community engagement in the vaccination campaign. The National Society has also actively promoted COVID-19 hygiene awareness in focus communities and schools in four provinces. By distributing COVID-19 hygiene promotion and IEC materials in communities and schools, the VRCS volunteers have reached 6,000 individuals.

Training and capacity building activities have scaled up VRCS preparedness to respond to COVID-19 outbreaks. Up to 98 volunteers and staff received training on RCCE, infection prevention and control (IPC), ECV, COVID-19 vaccine, hygiene promotion, data entry and registration for COVID-19, and Public Health in Emergency (PHiE). In the meantime, A COVID-19 lockdown tabletop simulation exercise in Port Vila, Shefa, built the National Society's response capacity.



Red Cross volunteers assisting senior citizens and people with disabilities to receive their first dose of the vaccine.
Source: VRCS

Viet Nam Red Cross Society

Viet Nam has faced its highest levels of community infection since 27 April until September when thousands of cases have been reported on a daily basis. The hardest hit cities are Ho Chi Minh, Dong Nai, and Binh Duong. Slow vaccination rates have compounded the problem. Currently [19.2%](#) of the population have received one dose of the vaccine.

Lockdown have now been partially eased in many parts of the country which has enabled migrant workers from other provinces to leave the cities after four months of home lockdown with little or no access to services and support. IFRC CCD has been working with VNRC to develop a plan of action to address the socio-economic impact of COVID-19 pandemic as well as provide support to internal migrant workers who are leaving the main cities for their homes.

VNRC continues to conduct fund raising activities nationwide targeting the private sector. At least VND 10 billion (CHF 400,000) has been raised from May to July and allocated to the most vulnerable communities to procure essential items. Some in-kind donations of masks and milk have also been done.

Massive risk communication campaigns have been held on various channels including social media to reach over 1 million people through 9,549 news, articles and broadcasts. VNRC has organized 'humanitarian marketplaces' to provide food and non-food items to almost 50,000 people in 27 worst affected provinces.

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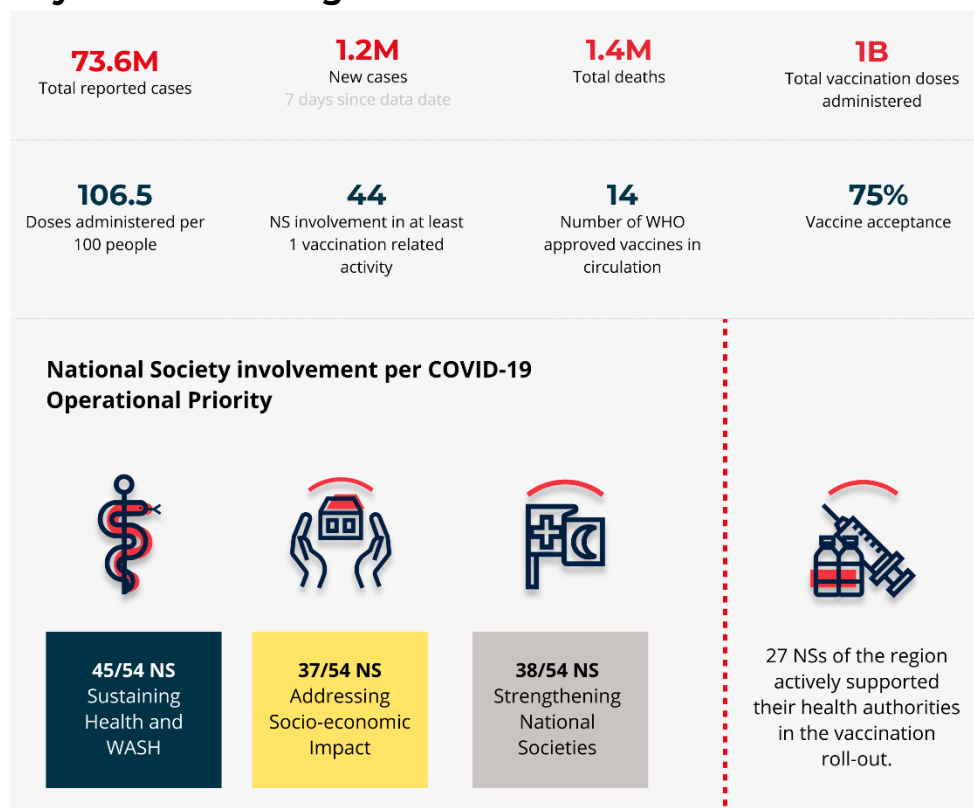


EUROPE REGION

Italian Red Cross staff and volunteers conducting health screenings at Rome Fiumicino airport.

The narrative section of the report focuses on the main outcomes for the period between June and September 2021.

Key data for the region



Financial Overview



Funding Requirements:

CHF 89,000,000

Income to date:

CHF 50,402,375

Regional coverage: 56 %

Expenditure to date:

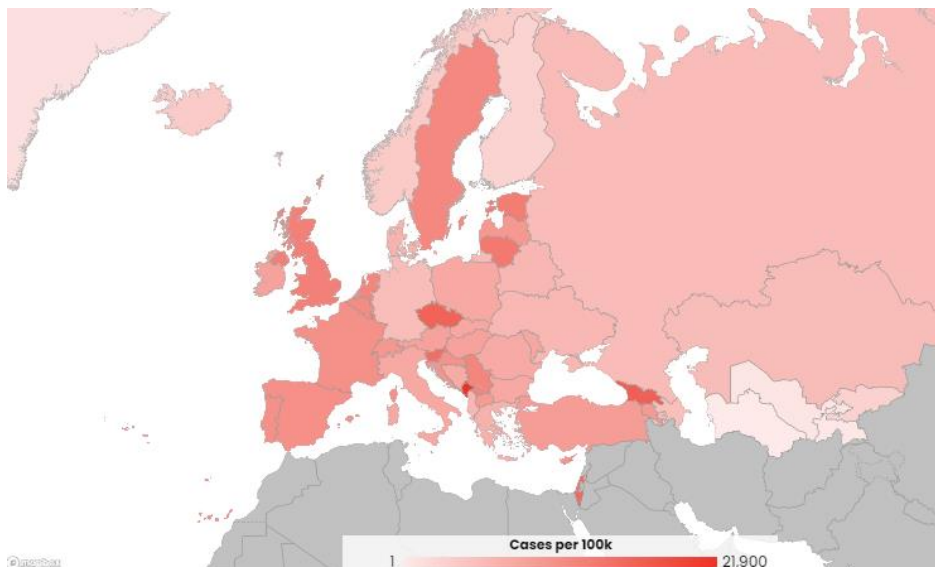
CHF 43,972,738

87 % of total income

Regional overview

The Europe region continues to be the worst affected in the world. About 30% of global COVID-19 cases are reported from Europe, whilst it only represents 9% of the global population. This brings the infection rate to 2.7 times higher than the global average. Based on the per capita incidence rate per country, 15 out of the top 20 are countries in the Europe region. More recent figures (based on previous 7 days' average), point at 6 out of the 10 most affected countries being in Europe, when looking at per capita death rate. Similarly to other regions, the impact of the virus is not homogenous, with particularly heavy impact in Eastern Europe, the Balkans, Caucasus and Central Asia. Countries and National Societies (NS) in the Europe region will need to maintain vigilance, readiness and capacity as waves will continue.

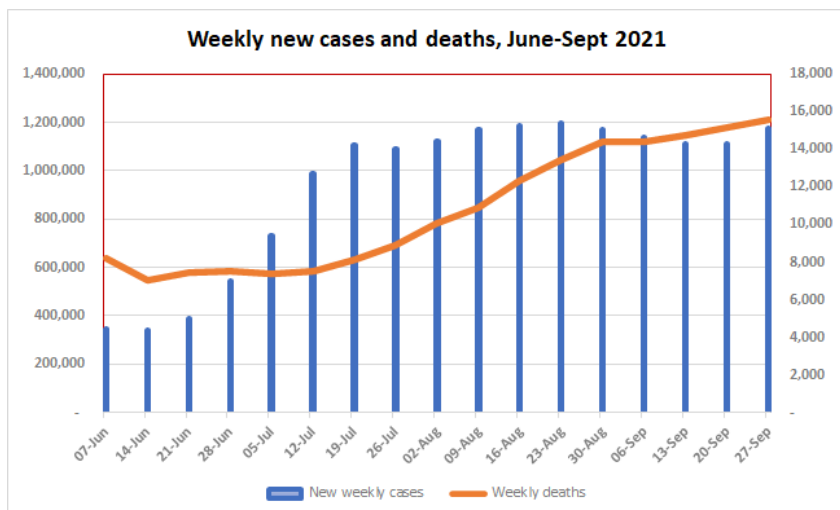
An analysis of the weekly new cases from June to September 2021 shows that the pandemic progressed exponentially from the beginning of June (344,527), and reached a peak in August (1,199,900). After a short decrease, cases again rose to the 30 August levels by the end of September. The steadily increasing rate of deaths in the Europe region is alarming, starting from 8,220 weekly deaths reaching to 15,553 by the end of September, with no decline. All 54 countries in the region have started



COVID-19 vaccination with the approved vaccines. By 31 August 2021, 865 million doses of COVID-19 vaccine have been administered and 50.2% of the total population have received at least one dose, with 43% of the total population having received a complete COVID-19 vaccine series.

While the vaccination uptake of complete doses is 57.5% in the high-income countries (34 countries with 56.8% of the region's total population), the uptake in low and low-to middle-income countries has only reached 8.2%. The latter includes 5 countries: Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

For a detailed dataset please see [WHO's Europe COVID-19 Vaccine Programme Monitor](#).



Priority 1: Sustaining Health and WASH

Epidemic control measures

As of 31 August, the DG SANTE Mobile testing initiative continued to build capacities and support testing by the community health systems in Austria, Germany, Greece, Italy, Malta, Portugal and Spain. 6,812 staff and volunteers were trained on the process of collection of samples, use of rapid antigen test kits, personal protection etc. to successfully organize mobile testing. Overall, 1,428 mobile testing teams have been set up and conducted 1,056,387 tests in the seven countries.

The Europe Regional Health and PRD teams conducted a series of field visits to Austria, Greece, Italy, Malta and Portugal to liaise with National Society project teams, to familiarize themselves with COVID-19 testing modalities and processes used in the project, and visited testing points and engaged with people assisted. National Societies expressed their appreciation for the project and how it has positioned them towards their respective health authorities. An additional outcome of the project has been an overall strengthening of NS health capacities and coordination mechanisms with health authorities.

Further to the DG SANTE project, the Austrian Red Cross has been actively supporting health authorities in the country through separate funding sources, where more than 14 million COVID-19 tests have been conducted with the National Society's direct support.

Risk communication, community engagement, and health and hygiene promotion

A CEA Training of Trainers was held in person in Yerevan, Armenia, July 5-9, for 12 participants from the Georgian and Armenian NSs as well as the Danish RC. In partnership with the Danish Red Cross and IFRC, the Armenian and Georgian NSs have identified CEA as a priority area in their programmes. The aim of the training was for participants to become familiar with the theory and practice of CEA and have the skills to integrate CEA approaches and activities into their regular work, as well as feel confident to support the delivery of CEA trainings to NS colleagues.

Several workshops, webinars and online sessions were also held on topics related to RC/CEA, such as rumour tracking, feedback mechanisms, all of which support the NSs to enhance their systematic approach to community participation and feedback, evidence-based advocacy and social and behaviour change communication.

As part of the UN Solidarity Fund, technical support has been provided to the Ukrainian Red Cross Society, including on the development of a perceptions survey on COVID-19 and general inputs into feedback protocols.

Community-based surveillance (CBS)

IFRC aims to develop a sustainable community-based surveillance system to identify early alerts on public health emergencies in the region. A proposal that involves enrolment of community-based volunteers, training them on the CBS methodology, reporting on early alerts and linking the cases with the nearest primary health facilities were developed to cover Georgia, Tajikistan and Ukraine. The main aim of the project is to increase awareness on the interlinkage between human and animal diseases and their connection with the environment, for community preparedness, and early action to public health threats. It will improve country-specific routine, event-based, and indicator-based surveillance systems through community preparedness and CBS, using the Red Cross Red Crescent approach to CBS. Increased preparedness and response capacity for disease outbreaks through community mobilization, workforce development including volunteers, MOH and other partners trained in data management, analysis and surveillance, will enhance the response to any future epidemics.

Infection prevention and control and WASH (community)

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The IFRC continued to build the capacities of Red Cross and Red Crescent National Societies and local communities to prepare for and respond to health emergencies in South Caucasus and the Balkan areas. The support includes training and mentoring of the NS staff to deliver effective life-saving support to the most vulnerable people, infection prevention and control in community settings including hand washing, social distancing and coughing etiquettes, etc. 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 strengthened 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. Several meetings with NS 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)

MHPSS in Emergencies (MHPSSiE) Training of Trainers (ToT)

In cooperation with the PS Reference Center, the IFRC ROE Health and Care Team organised an international ToT on MHPSSiE. With the overall aim of building Red Cross Red Crescent capacities in MHPSS and preparing experienced MHPSS trainers for the role of trainers to work at the community level, a training was held under the USAID-funded project "*Strengthening local capacities for effective preparedness and response including Health Emergencies in Europe Region*". 15 participants from 5 National Societies included: Albania, Bosnia and Hercegovina, Montenegro, Republic of North Macedonia, and Serbia. The training was facilitated by the IFRC Europe MHPSS Delegate and a trainer from IFRC Global PSS center.

MHPSS review in Armenia

To provide a strategic framework for the development of the MHPSS services in Armenia, at the request of Armenia Red Cross Society, a 12 day field work was conducted in the country, starting from 30 August 2021. Together with an external consultant from the Austrian RC and the MHPSS Focal point of the NS and the Regional MHPSS Delegate, several meetings were held with key stakeholders in the Governmental and non-Governmental structures, including NGOs and international organizations. Interviews with local communities and RC branches were conducted to both capture their experiences with ARCS MHPSS services and to ascertain existing needs. The review resulted in a final report outlining the MHPSS strategic framework with recommendations to scale up the MHPSS services provided by the NS in the country.

Maintain access to essential health services (clinical and paramedical)

FA ToT in SutoMore Montenegro, 22-26 June 2021

IFRC ROE Health and care team in cooperation with the Global First Aid Reference Center conducted the International training (ToT) on First Aid. The training was conducted within the project: "*Strengthening local capacities for effective preparedness and response including Health Emergencies in Europe Region*" funded by USAID. The overall aim of the training is to build Red Cross capacities in First Aid, to prepare experienced first aid trainers for the role of trainers. In total 18 participants from 5 NS were present: Albania, Bosnia and Hercegovina, Montenegro, Republic of North Macedonia, Serbia. The training was conducted by FA trainers from American RC and Nigeria RC. Activities within the course focused on developing the skills and knowledge of each candidate, and expanded their coaching and mentoring abilities.

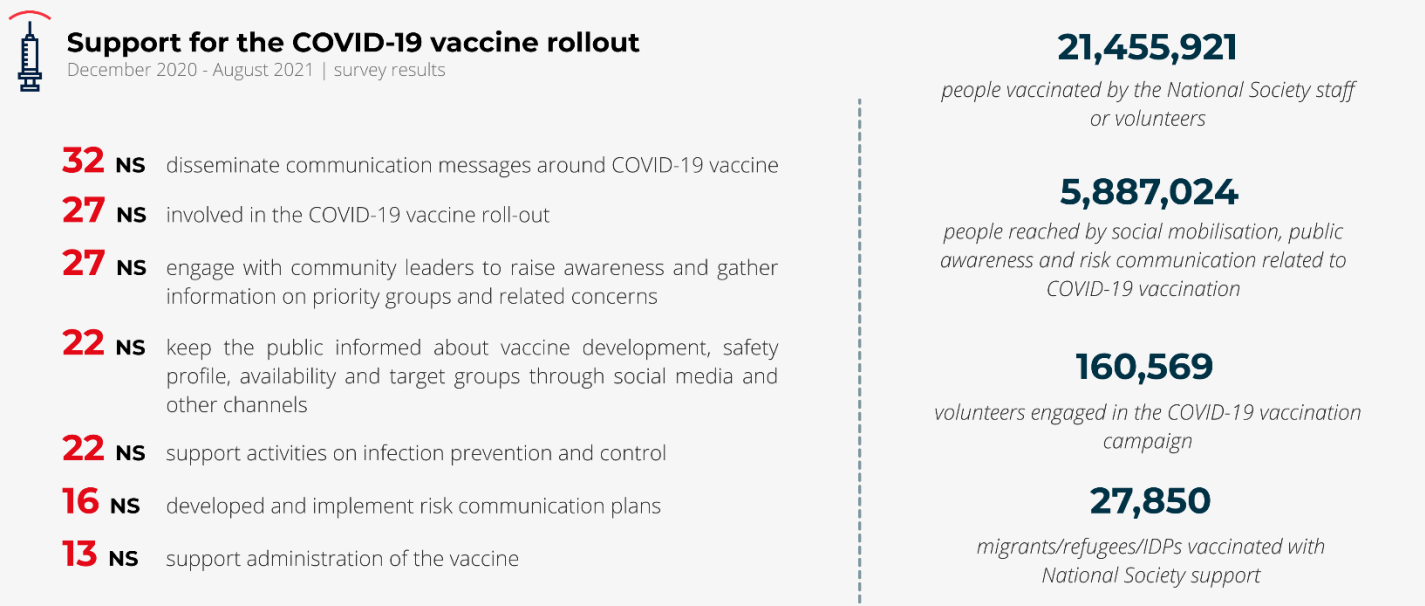
Support for immunization

The Regional Office continuously tracks the engagement of NSs in the COVID-19 vaccination roll out in the region. While 32 NSs reported that they disseminate communication messages around COVID-19 vaccination reaching 5.9 million people, 27 NSs are actively involved in the vaccine roll out. 21,455,921 people were vaccinated directly by membership staff or volunteers: British, Czech, French, German, Hellenic Red Cross, Magen David Adom in Israel,

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Portuguese, Georgia, Slovak, and Spanish Red Cross. About 4.95 million people were monitored by NS staff and volunteers on possible adverse reactions after receiving the vaccine. Mental health and psychosocial support was provided in Armenia, Belarus, Bulgaria, Greece, Lithuania, Portugal, North Macedonia, Georgia, Moldova, Romania, Slovenia, Spain, Bosnia and Herzegovina and Ukraine to reach 152,143 people.

About 27,850 migrants/refugees/IDPs were vaccinated with NS support in the Europe region in the United Kingdom, Bulgaria, France, Kazakhstan, Lithuania, Azerbaijan, Montenegro, North Macedonia, Spain, Sweden and Serbia. The British RC and the RC of Serbia were instrumental in reaching the maximum number of migrants with vaccines, 15,000 and 9,804 respectively by August 2021. 3 out of 11 NSs not currently involved in the COVID-19 vaccination have the activity under consideration and 13 NSs didn't respond to the latest survey (78% response rate).



Strategic partnership with WHO

New Memorandum of Understanding (MoU) signed between IFRC Europe and WHO Europe

7 September 2021: A new MoU was signed in Copenhagen between IFRC and WHO Europe. This MoU covers the following areas of cooperation: Protecting against Health Emergencies, Promotion of healthy lifestyles and NCDs prevention through the life-course, moving towards Universal health coverage and Promotion of Health and Wellbeing, Voluntary Blood Donors Recruitment, evidenced-based approach, Innovation: health data management (including monitoring and analysis), digital health technologies. Both organizations reaffirmed and strengthened their cooperation to facilitate and guarantee health services for all, with a particular focus on supporting the most vulnerable. Bilateral meetings took place between IFRC Europe and WHO Regional Directors as well as series of meetings on different thematic: COVID-19 response, vaccination, MHPSS areas took place.

Cooperation with the WHO Collaborative Center on Migrants' Health, Medical Faculty of Pecs University (Hungary)

In September 2021, the IFRC Health and Care team continued its cooperation with the WHO Collaborative Center on Migrants' Health in the Medical Faculty of Pecs University. IFRC's Health and Care Coordinator was invited as a guest lecturer to the Humanitarian Diplomacy course and made a presentation: "Main mission, policy and goals of Red Cross Red Crescent Societies in the delivery of Universal Health Coverage".

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

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Most of the 14 National Societies (the Red Cross Societies of Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Cyprus, the Republic of North Macedonia, Serbia, the Hellenic, the Italian and the Ukrainian Red Cross Societies and the Red Crescent Societies of Kyrgyzstan, Tajikistan, and Uzbekistan) out of 54 using cash transfers in their COVID-19 responses completed their distributions. The only CVA distributions still on-going are in Belarus and Italy.

After having supported the Armenian RC, Belarus RC, RC of the Republic of North Macedonia and the RC Society of Tajikistan in Fast-Track CVA Preparedness at the beginning of 2021, the ROE CVA team assisted them to transition to the more long-term, standard Movement CVA preparedness. Building on the sub-regional preparedness approach in the Balkans covering Albania, Bosnia and Herzegovina, Montenegro, the Republic of North Macedonia, and Serbia (led by the Red Cross of Serbia and closely supported by the IFRC ROE CVA team, jointly with the Swiss and Austrian Red Cross Societies), the ROE CVA team extended the preparedness approach to the RC Society of Kazakhstan, Kyrgyzstan and Azerbaijan.

Livelihoods Planning Workshops were organized to assess a holistic capacity of Tajikistan, Kyrgyzstan, and Kazakhstan Red Crescent Societies to make livelihoods assessments, evaluate internal and external environments concerning the livelihoods programming, and to plan, and implement COVID-19 and other Livelihoods-related responses to crises. The focus of the workshops was to complete the planning exercise, including development of the real-time livelihoods operational plan, logical framework, and estimated budget. To ensure that the information provided is operationally relevant and context specific, the exercise focused on COVID-19's negative socio-economic impacts in these three countries. Workshops were based around a facilitated discussion in a plenary and small group to identify national response capacities and gaps, in support of a country-led response around livelihoods programming.

Main Outcomes:

- National Societies better understand the national response structures and capacities to deliver livelihoods-related support to targeted affected population.
- Draft outline plans were developed concerning the livelihoods plans of action;
- National Societies' capacity was strengthened in livelihoods programming assessments, planning, budgeting, and targeting.

Considering the reviewing of the Federation's approaches to Food Security and Livelihoods and based on the lessons-learned from the COVID-19 response operation, Regional Office for Europe and Central Asia has drafted the regional theory of change contributing to global processes in the field of Food Security and Livelihoods. The region aims to build on existing practices and to invest in capacity development within National Societies to consider these approaches for basic needs and livelihoods in contexts where they are appropriate and feasible. The aim is to institutionalize livelihoods interventions in long-term response decisions and to consistently include considerations on livelihoods of affected people.

Community Engagement and Accountability, and Community Feedback Mechanisms

As part of the UN Solidarity Fund, technical support has been provided to the Ukrainian Red Cross Society, including on the development of a perceptions survey on COVID-19 and general inputs into feedback protocols. Please see further CEA activities described above.

Social Cohesion and Support to Vulnerable Groups

Migration and Displacement

Report "The Impact of COVID-19 on Migrants in the Western Balkans": In 2020, the arrival of the COVID-19 virus in the Western Balkans resulted in a new series of extenuating circumstances that have aggravated the pre-existing precarity of migrants in the region, and the pandemic led to increased limitations for aid organizations to mitigate this situation. The IFRC, in cooperation with the Central European University, commissioned a research aiming to

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examine how the COVID-19 pandemic has affected the vulnerabilities of migrants in the region. The results of the survey underpin that the pandemic increased the risks faced by already vulnerable groups in the region, with migrants in transit being the most at risk. In relation to the findings of the research on the role of National Societies, the report confirmed that almost all participant National Societies modified their operations during 2020 to both meet the changing needs of migrant communities, while also adapting to local laws and best practices regarding pandemic adaptation measures. National Societies and NGOs increased their advocacy activities with local authorities and their digital communication efforts towards migrants.

“Humanitarian assistance and protection programme for people on the move” – a three-year programme: On 26 August 2021 IFRC launched a [three-year plan to extend humanitarian assistance and support to migrants and displaced people](#) along the migration routes of greatest humanitarian concern in Africa, the Middle East and Europe. This multiregional plan of IFRC brings together humanitarian operations of 34 National Societies across Africa, the Middle East, and Europe and focuses on delivering humanitarian assistance and protection to over 2 million people and more than 500,000 individuals from host communities every year. In Europe 13 National Societies (primarily countries where migrants first arrive and transit through) are part of the plan to support 437,000 people on the move and 255,000 people from host communities on an annual basis. At the operational level, the three-year plan focuses on the critical need of all migrants and displaced people – irrespective of their legal status - to have access to life-saving humanitarian assistance and protection throughout their journeys, both on land and at sea, including needs compounded by the COVID-19 pandemic.

Protection, Gender and Inclusion (PGI)

Similarly to previous crises, COVID-19 has brought social protection to the forefront, disrupting existing protection systems and safety-net mechanisms, especially for groups already facing discrimination, isolation, and deprivation. The long-lasting socio-economic impacts further deteriorated these fragile systems, making people exposed to more or new vulnerabilities. Loss of livelihoods, work uncertainty and fear for the future make individuals face severe pressure to fulfil their needs, and create conditions for negative survival mechanisms that can lead to exploitation and abuse, as well as other severe protection risks such as early marriage, trafficking in persons and sexual exploitation and abuse. Similarly, people working in informal sectors or with precarious jobs, or migrant workers who are mainly engaged in the informal economy resulted to be exposed to severe risks, such as engaging in illegal activities, discrimination in the community and isolation, exploitation by abusive employers.

Restrictive policies and measures increased the likelihood of domestic and intimate partner violence. Women and girls, as well older adults and children, became more exposed, without having the possibility to access specialized services or functional legal and security systems that provide regular formal and informal support. The loss of livelihoods and the economic strain increased household distress, heightening the risk of intimate partner and domestic violence and abuse.

IFRC ROE attended the regular AECT (OSCE) coordination meeting and the global annual meeting, where priorities for the region were presented and the impact of COVID-19 on trafficking of persons in Europe was presented. Likewise, IFRC ROE attended the 21st High Level Alliance against Trafficking in persons conference, where COVID-19 challenges were discussed and new possible strategies to address new forms of digital and localized trafficking were explored.

IFRC ROE continued to improve the implementation of internal policies and mechanisms to better protect people and communities served. It will also support National Societies in developing conducive and safe working environments where staff, volunteers, partners and contractors are aware of policies and procedures aimed at safeguarding and protecting people (internally and externally). This helps NSs strengthen their knowledge and capacities in addressing exposure to protection risks, such as exploitation and abuse.

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 older people affected can meet their basic needs, essential services and

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maintain their dignity. RCRC NSs are supporting the vaccination process and are providing: transportation for older people 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 and digital inclusion and socialization.

Joint IFRC-WHO Webinar: A Global Campaign to Combat Ageism, 25 August 2021: IFRC Europe Regional Health and Care team organized a joint IFRC-WHO webinar devoted to the Global Campaign to Combat Ageism 2021. Representatives of 34 National Societies from Europe, MENA, Asia-Pacific, Americas and Africa regions, participated and shared their knowledge and experience on healthy ageing.

Priority 3: Strengthening National Societies

National Society readiness

Emergency Operational Centres (EOC)

Support to NSs with newly established EOCs is continuing, looking into further needs assessment and operability with authorities. Few good examples of EOC interoperability with local stakeholders are emerging, especially related to the involvement in government plans and activities (vaccination, transportation of COVID-19-positive patients, feedback mechanisms). Further needs in EOCs are assessed and integrated in a concept note for donor funding focused on Western Balkans.

Needs assessment among Europe region NSs related to the implementation of NRT common standards and harmonised curriculum has been triggered after the online webinar organised on 14 September 2021, where 18 NSs took part. Further work will provide facilities for joint planning and assessment of the current NS situations and mapping of the needed activities to improve NRT training and performance.

As result of the PER approach conducted in 4 NSs, the implementation of the PoA generated improvement in NS DM strategy development and business continuity plans.

National Society sustainability

The IFRC ROE RMCB team continued its methodical support for domestic resource mobilization development in light of COVID-19 and the related contraction of regional economies. A total of 16 National Societies in Europe have been receiving support in income generation with a focus on unrestricted funding.

Support to volunteers

During the reporting period (June – September 2021), the following activities were implemented by the Europe Regional Office in the Region to support volunteers in dealing with the difficulties related to COVID-19:

- Working together with the CEA team on the preparation of a Volunteer Perception Survey to be launched before the end of 2021. The survey will provide insights on the evolution of and response to the COVID-19 pandemic. This will enable real time pivots in nationally and locally coordinated responses, and will help understand how community-led response initiatives can be better integrated into the work of the IFRC and its partners in this and future health emergencies.
- Providing technical support to NS Youth and Volunteering (Y&V) focal points in presenting application to the CBF Programme. Y&V is one of the four categories for which it is possible to apply for funds, presenting a holistic proposal including the response to COVID-19;
- Supporting the Youth European Network in developing tailored initiatives to raise awareness about Mental Health issues among youth and young volunteers.

Enabling Actions and Support Services

Logistics and supply chain

The GHS&SCM team has continued to provide technical support in the COVID-19 response on regional, country, cluster, and country-levels, including support on procurement, logistics and quality assurance.

Since August 2021, under the DG SANTE project for COVID-19 testing, GHS&SCM Medical procurement team has purchased 3,135,120 pcs of COVID-19 rapid tests in the value of CHF 7,040,333 for the Italian RC.

The team also supported the process for FSP selection in Tajikistan, Kazakhstan and Bosnia and Herzegovina and supported the establishment of a long-term Framework Agreement in Azerbaijan based on a recently concluded tender with Azer Post by ICRC.

Resource Mobilization

Over a course of 4 months, the market study identifying the potential domestic income sources was developed for Bosnia and Herzegovina, including scenarios for most potential income streams. Additionally, a set of research projects have been launched during the period in support of National Societies and their income diversification efforts. Some examples include: fundraising market researches in Serbia and Azerbaijan.

ROE continues its series of technical upskilling webinars on topics of financial sustainability through domestic resource mobilization, including subjects relating to CRM development and management, peer to peer fundraising and financial sustainability case studies. The National Societies that benefited from such webinars were Georgia, Romania, Lithuania, Belarus and others.

Several tools to support National Societies in their domestic resource mobilization efforts were developed by IFRC ROE team, including a Handbook on Peer-to-Peer fundraising and a Handbook on Fundraising on social media for NS branches.

Regular Giving amplification stands as priority area due to its unearmarked income generation potential with preparatory projects currently ongoing in Ukraine, Kazakhstan, Kyrgyzstan, Georgia and Portugal. For the reporting period, over 760,000 CHF were raised already using regular giving as fundraising channel.

Three 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 through domestic income generation activities.

Various consultations have been carried out in relation to supporting application drafting to Capacity Building Fund on the area of financial sustainability. This fund is particularly interesting for countries that lost big part of their fundraising income due to COVID-19 related issues, such as Romania.

Risk Management

The Regional Office for Europe has strengthened its Risk Management efforts in line with IFRC's overall risk management strategy. Risk management plays a crucial role in ensuring that essential assistance reaches communities in need, while safeguarding donor investments, as well as IFRC's reputation as a trusted partner of choice. 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. Systematic risk management continues to be an integral part of the COVID-19 operation to ensure effective and efficient use of Movement resources and enhance complementarity. There is continuous identification and analysis of risks to the operation to ensure proactive implementation of mitigation measures, to prevent or mitigate the impact of the risks identified.

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Risk matrixes have been updated accordingly, informing preparedness and response activities and ensuring SOPs are developed for more efficient responses. Key risks to the delivery and continuity of the response:

- securing financial and human resources consistent with regional needs;
- capacities of National Societies to mobilize resources and to reduce dependence on some revenue streams;
- decrease of National Society stocks and resources;
- overload of staff and volunteers;
- growing rates of infection among staff and volunteers and their family members;
- an unclear evolution of the humanitarian situation in some locations;
- COVID-19-related security impacts on staff, volunteers and operations such as civil unrest, socio-economic protests and violent political demonstrations as a result of the pandemic restrictions;
- vaccine hesitancy;
- the occurrence of other emergencies in locations prone to natural disasters, such as floods, earthquakes, that put further strains on the scarce capacities and resources;
- data protection and cyber security.

The risks to the operation, along with risk mitigation and control measures are being revised regularly. These support IFRC to maximize the learning gained from the COVID-19 response, strengthen its overall capacity to respond to emergencies, have improved cooperation, coordination, and oversight mechanisms.

Communications

The regional communications team attracted global positive media stories about the Red Cross and Red Crescent response to the pandemic even if overall fatigue is leading to a declining interest in COVID-19-related news.

Press releases focused on the significant threat the Delta variant represents in countries with fragile health systems and low vaccination rates in Eastern Europe, South Caucasus and Central Asia; on the combined effect of COVID-19 and heatwaves and on the urgent need to tackle vaccine hesitancy amid an increase in violent incidents against health services. Other types of articles featured human interest stories and projects on mental health and psychosocial support, livelihood, young volunteers on the frontlines of the pandemic response and COVID-19 prevention in prisons.

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 the situation remains worrisome, as reported cases and deaths soar; that new variants can be particularly deadly in countries with low vaccination rates; that boosting vaccine acceptance and access to immunization remain top priorities, and that it is crucial to address the socio-economic impacts of the pandemic on 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 have been organised across IFRC global social media platforms with National Societies from the region – and infographics on COVID-19 prevention measures produced by the team are being used by almost every National Society in Europe.

The number of followers of the regional Twitter account increased by 147% to 11,800 during the past 20 months, while the number of people reached rose by 317%, to 9.3 million. The Communications team has also been actively using Instagram, TikTok and Viber channels in Russian to reach out to a younger audience, and those platforms now reach 172,800 Russian-speaking people. Quizzes on COVID-19 prevention have also been organised on social media.

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 – both in English and Russian.

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In addition, following discussions with the Red Cross Red Crescent European Youth Network, in August 2021 members of the network created a video promoting vaccination and COVID-19 prevention measures among young people in Europe. The video was published on IFRC's global TikTok and regional Twitter channel.

On partnerships and resource development, the Communications team continued supporting 14 National Societies in implementing their visibility and communication plans related to the COVID-19 programmatic funding received from USAID. The team has also been assisting seven National Societies with communications and visibility requirements related to the EU Mobile Testing Initiative funded by DG SANTE. A set of infographics and videos have been produced, which could be easily translated and adapted to the local contexts, and the majority of National Societies in Europe have been using them for distributing information and advice to the public. Furthermore, the team has been facilitating initiatives undertaken by corporate donors 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 140 articles in international and regional media about our COVID-19 work. Highlights of the media coverage in the past 4 months include:

Delta variant: [ReliefWeb](#); [Humanitarian News](#); [Morocco News](#)

Vaccine hesitancy: [Associated Press](#); [Sputnik](#); [The Guardian](#); [ReliefWeb](#)

Vaccination of migrants and refugees: [Associated Press](#); [Washington Post](#); [ABC News](#); [US News](#); [New York Post](#)

Heatwave concerns: [Reliefweb](#); [Humanitarian News](#); [Morocco News](#)

COVID-19 and HIV: [France24](#); [RFI](#); [LN24](#) ; [Euractiv](#)

Situation in Russia: [Moscovski Komsomolets](#)

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](#)

Information Management

The Information Management (IM) team has continued to provide technical support in the COVID-19 response on regional, country, cluster, and country-levels, including support on data collection, analysis and visualisation, as well as setting up core information management processes to support evidence-based decision-making processes.

On the regional level, the IM team has been working closely with the Health team, developing the "Support for the COVID-19 vaccine rollout" survey, available to National Societies in English and Russian. The main objective of this survey is to better understand NS involvement in COVID-19 vaccination-related activities. The main findings are presented under the Health update section.

On the cluster/country level, together with IFRC CEA colleagues, the IM team has been supporting National Societies of Georgia and Azerbaijan in developing and implementing feedback mechanisms, as well as organising an in-person training covering programmatic and technical aspects of the system, familiarising National Societies with the newly developed mechanism, and enhancing their capacity in feedback collection and analysis. In addition, in Georgia, the National Society conducted a survey on attitudes towards and perception of the COVID-19 vaccine - 198 volunteers mobilised in all regions of Georgia (39 branches) conducted 7,302 interviews.

Continuous support is provided to National Societies to access and share information via the GO platform, which has proven to be a central information sharing channel in the ongoing COVID-19 response, including submitted on monthly basis by National Societies COVID-19 field reports.

Planning, Monitoring, Evaluation and Reporting (PMER)

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During the reporting period, the ROE PMER team has continued engaging National Societies to showcase their work via submitting monthly field reports via 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. Building on the strong engagement during COVID-19 operations, monthly opportunities of Movement-wide knowledge sharing continue in the format of monthly 'PMERL' Community of Practice webinars.

Financial Analysis

Regional Overview	CHF Million
Appeal Funding Requirement	89
Confirmed Income (PEAR)	89
<i>(Out of which DG Santé 38.6)</i>	
Total Operating Budget 2020-22	85
Expenditure Year-To-Date	82
Budget Implementation	96%
Income vs Funding Requirement *	57%

**DG Santé CHF 38.6M excluded*

Europe region is currently close to fully spend the entire income allocated (96%) to the region for the COVID response. With more than 1 year still to be responded to under the Global COVID Emergency Appeal and with the Epicentre of the Pandemic in Europe ([ref WHO statement](#)), the region is in dire strait for additional funding. Because of the great demand for NS in Europe to continue their response activities, the funding requirement of the region has grown from 89mio to 120mio, soon to be announced in the coming emergency appeal revision. This reflects a realistic ambition considering the overall federation wide requirements exceed CHF 1billion.

Within the current funding available for the region and the respective timeframe eligibility attached to those, the NS foresee very little or no need for timeframe extension to spend the funding. However, due to the foresight that additional income is not yet forthcoming, several NS are now requesting timeframe extension to make the existing funding last longer. Thereby adapting the scope of the activities to be focussing more on community engagement, mobilisation and awareness raising activities. These generally represent a less costly approach and therefore the NS can continue to deliver relevant services for the foreseeable future. Funding for such activities however requires increased predictability as these activities include 'attitude & behaviour' changes which take more time to have an impact. Lastly, the relevance of the activities in relation to COVID are increasingly included in comprehensive responses to other disasters and crisis that the Europe region is prone to and that are foreseen to increase in the (winter)months to come.

National Society response – key highlights

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for Europe on various channels. National Societies that have completed the activities supported through the IFRC Emergency Appeal, are no longer featured in this report, however, they continue providing support in response to COVID-19 through domestic and bilateral funds, and are featured in the [Europe Region Monthly Highlights](#).

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. From the onset of the State of Emergency, the ARCS has been responding to the needs of vulnerable groups in coordination with public health authorities and local municipalities of the Republic of Armenia.

To ensure efficiency of response, as well as safety of its volunteers and target communities, **2,100 Armenian Red Cross volunteers** were mobilized, equipped with PPE, and trained on COVID-19 safety to support the operation across the country.

To date, within the COVID-19 response, the ARCS has supported **36,000 vulnerable people** with basic food and hygiene supplies. **400 older people** living alone were provided ICT equipment for the improved access to social interactions and information on COVID-19. **500 children from vulnerable households** were provided ICT equipment to ensure their uninterrupted access to remote education. **735** individuals made vulnerable by the pandemic assisted to cover their electricity bills; **16,117** to cover their utility expenses and **435** with rental assistance.

To address the impacts of COVID-19 on the mental health of local communities, the ARCS psychosocial support centers and its hotline have been operating in an emergency mode since the onset of the pandemic. In total, **45,800** people (32,976 women, 12,824 men) received PSS/PFA, as well as information on COVID-19 safety and referral to state and non-state services via ARCS hotline. Moreover, the ARCS PSS officers have carried out **1,010** home visits to vulnerable households.

The ARCS has been proactively disseminating key messages on COVID-19 prevention measures, rules of safety and other important information through its awareness raising and RCCE activities, reaching **over a million people**. During the awareness raising campaigns, the ARCS encouraged the COVID-19 safe behaviour of local population through distributing hand sanitizers and masks.



"Volunteering gives me an opportunity to experience the world that many do not know. Thanks to this opportunity I get to know myself better too. The perception that one volunteers for free is not correct, because you receive more than what you give: the warmth and smile of older people. Today we support older people living alone to stay at home and be safe, as this virus is very dangerous, especially for them. I am happy that I can contribute to improving their lives." - Lusine Avetisyan, Volunteer of Armenia Red Cross Society

Red Crescent Society of Azerbaijan

The Red Crescent Society of Azerbaijan (AzRCS), with its country-wide network of 92 local and field branches, 8 regional centers, 300,000 members and over 22,000 registered volunteers, in partnership and cooperation with the public health authorities and local municipalities, has been actively responding to the needs of local people made vulnerable by COVID-19 from the onset of the pandemic.

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To ensure efficiency of response as well as the safety of its volunteers and target communities, over **2,700 AzRCS volunteers** were mobilized, equipped with PPE, and trained on COVID-10 safety to support the operation across the country.

To date, with support from Movement Partners, international donors and private sector companies, the AzRCS has provided relief assistance (food and non-food items) to 23,800 households made vulnerable by COVID-19; **28,174** households were provided hygiene items, including liquid soap, hand sanitizers and wet wipes. Moreover, **959 most vulnerable households (up to 4,000 people)** affected by the pandemic were provided a one-off cash assistance in the amount of CHF 145.15 per family.

The AzRCS has been proactively disseminating key messages on COVID-19 prevention measures, rules of safety, vaccination and other important information through its awareness raising and RCCE activities, involving the dissemination of over 2.5 million IEMs, its hotline, and face-to-face, reaching over **3 million people**. The awareness raising campaigns also involved the distribution of masks and sanitizers, to encourage COVID-19-safe behaviour by local population.

To address the impacts of the pandemic on the mental health of local communities, the AzRCS has been providing PFA/PSS through key PSS messages, home visits to the most vulnerable households, including the migrants, and its hotline. More than **70,000 people** have been reached with the PSS messages and support (including through the hotline) throughout the response operation.

The AzRCS volunteers have been supporting the local vaccination centers by disseminating key messages on COVID-19 prevention among the people awaiting their vaccine jabs. The AzRCS is currently in the process of implementing a comprehensive approach to feedback mechanism with the aim of addressing misconceptions and vaccine hesitancy, and generating trust and acceptance towards COVID-19 vaccines and health authorities.

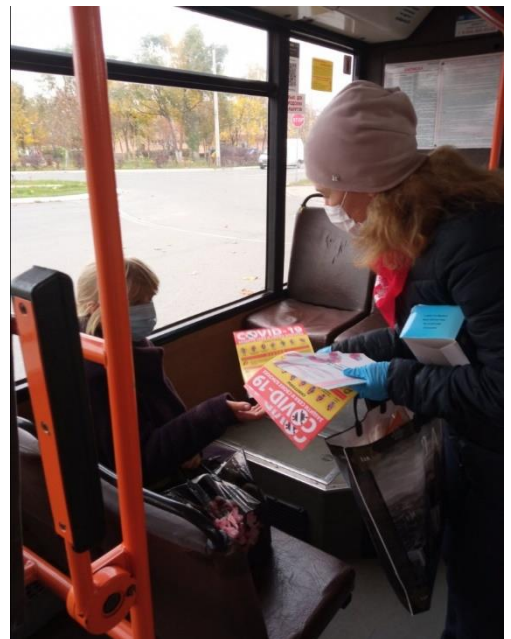


Volunteer of the Red Crescent Society of Azerbaijan distributing food and non-food items.

Belarus Red Cross

In June – September 2021 Belarus Red Cross continued to respond to COVID-19 in the following directions:

- assistance and home care for lonely older people and people with disabilities by medical and social service of the Red Cross “Dapamoha”;
- delivery of food, basic necessities, prescriptions and medicines to vulnerable categories of citizens by BRCS volunteers;
- information line “201” to provide counselling and psychosocial support; the initiative “support calls” in regional organizations to provide PSS to lonely older people via phone;
- provision of personal protective equipment (PPE) to health care institutions, purchase of equipment and materials for immunization;
- informing the population about the risks and preventive measures of COVID-19, about the progress and features of the vaccination campaign against COVID-19;
- assistance in access to immunization for vulnerable groups of the population and for people in the penitentiary system;
- BRCS volunteers informing citizens at vaccination points;
- provision of humanitarian aid (food parcels and hygiene kits) to homeless people, ex-prisoners, people with hearing and vision impairments;
- vouchers provision to meet the priority needs of vulnerable citizens;
- training for staff and volunteers to provide PSS;
- ensuring unrestricted access to diagnostics and treatment for people living with HIV and in the regions with a high epidemiological burden as well as in remote areas with mobile stations.
- Cash and Voucher Assistance (CVA) to vulnerable groups of the population.



Belarus Red Cross disseminating leaflets about COVID-19 prevention in public transport in Vitebsk. Photo by Belarus Red Cross

Changes compared to the previous phases:

- The categories of beneficiaries have been expanded based on the results of the needs assessment, whereas a new category of vulnerable people has been covered - people with hearing and visual impairments. For this population group, new directions have been introduced to improve understanding and awareness about the risks, preventive measures and vaccination (involving a sign language interpreter), along with new activities on improving the psychosocial well-being.
- Prevention of psycho-emotional burnout among staff and volunteers has been strengthened.

People reached from the beginning of the response

- 123,802 services were provided by 1,750 volunteers for 86,660 people.
- More than 3,650,000 people were covered by information about risks, preventive measures and ways to improve psycho-emotional well-being; 35,000 information leaflets were distributed throughout the country.
- 231 medical institutions received support from the BRCS in the field of infection prevention and control;
- 146 territorial social service centres across the country received support in providing social workers with PPE;
- 3,410 people received help through the BRCS "201" information line;
- 21,600 people received food parcels and hygiene kits;
- Voucher and cash assistance was provided to more than 21,300 people;
- 79,640 vulnerable citizens received assistance in the form of PPE;
- Over 117,000 vulnerable citizens received PSS, including "support calls";
- 325 vulnerable citizens were taken to vaccination points for vaccination.
- 13,308 services for the delivery of food, basic necessities, prescriptions and medicines.
- Trained staff and volunteers provided psychosocial support to 9,000 vulnerable citizens.

The Red Cross Society of Bosnia and Herzegovina

Bosnia and Herzegovina is a highly de-centralized country, with regional and entity governments holding many jurisdictions. This is also the case with Health and Public Health, meaning that the COVID-19 measures were different throughout the state, as well as the organization of the response. While there were plans in place for responding to the pandemic, most of them were not activated, but the decision makers were driven more by ad-hoc decision making.

After the previous pandemic wave which ended in May 2021, the epidemiological situation was good with low number of cases, which led the governments to lift most of the restrictions. The new wave of infections started at the beginning of September, which is expected to put the health care system under big pressure once again, affecting not only current, but also long-term health, including the mental health of the population.

The activities of the RCSBiH structure and the achievements of those activities can be grouped as follows:

The NS continued to support the population by transportation of COVID-19 positive patients, with 522 completed transportations; transportation of teams to provide vaccination at the address, with 428 completed transports; transportation of people to the vaccination points, with 1,032 people transported; registration for vaccination of 5,275 people; scheduled appointments for 22,064 people. Furthermore, the Red Cross is in charge of implementing the IM platform for vaccination, which is in line with EU guidelines for vaccination pass. Psychosocial support was provided for more than 2,300 people, using 6 phone lines; 90,000 people were reached through promotional campaigns. The information about vaccination was shared with more than 30,000 people and mass control at vaccination points throughout the country.

RCSBiH has been in charge of coordination with partners in this operation, including IFRC, ICRC and PNSs working in Bosnia and Herzegovina, government at all levels and external partners.

Georgia Red Cross Society

In line with its mission and mandate, the Georgia Red Cross Society has been responding to the COVID-19 pandemic from the onset of the crisis, in coordination with public health and municipal authorities of Georgia, through its network of 39 local branches, over **11,000** active Red Cross volunteers.

To ensure efficiency of response, as well as the safety of its volunteers and target communities, over **3,000 GRCS volunteers** were equipped with PPE, and trained on COVID-19-related topics, to support the operation across the country.

Throughout the response operation, the GRCS has supported the communities with food and non-food items, awareness raising and dissemination of key messages on COVID-19 prevention and safety, homecare service and PSS/PFA. In total, **101,173** vulnerable households were assisted with basic food and hygiene items; around **2.8 million** people were reached through RC/CEA efforts involving dissemination of key messages on COVID-19 safety and vaccination through different channels; **18,613** people were provided PSS/PFA, information and referral to state and non-state services through the GRCS' hotline; **5,200 older people** were provided homecare services.



"I would like to thank the Georgia Red Cross Society for allowing me to stand by my city in these difficult times! I can proudly say that the happy faces of people and the spark of hope that shines through their eyes upon our visit, proves that the work we are doing is important and timely." – Luka Revazishvili, Georgia Red Cross Branch Volunteer

GRCS has been supporting public health authorities' efforts towards meeting the national COVID-19 vaccination targets. In September 2021, with the support of the IFRC, the GRCS received **100,000 doses of Sinopharm** vaccines donated by the Red Cross Society of China, which were handed over to the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia. To support the country's public health system, with the support of the Swiss Red Cross, the GRCS handed over **22 tons of liquid medical oxygen** to public health authorities.

The GRCS volunteers have been mobilized to assist the vaccination centers across the country with queue management and provision of information and PSS/PFA to people awaiting vaccines. To ensure the access of the most vulnerable communities to COVID-19 vaccines, the GRCS hotline supported the people with limited ICT access and skills with online registration for the COVID-19 vaccines available in their region. To date, **35,000 people** (14,000 men, 21,000 women) were registered for COVID-19 vaccines by the hotline operators.

In August – October 2021, in cooperation with the public health authorities, the GRCS established two mass vaccination centers in the regions of Georgia to vaccinate both registered and unregistered individuals. To date, the vaccination centers have administered **7,386 COVID-19 vaccines**.

GRCS also established a **COVID-19 testing center** close to the administrative boundary line with the breakaway region of South Ossetia, offering local residents COVID-19 testing free of charge.

Hellenic Red Cross

COVID-19 has required significant readjustments and additional activities to be deployed by the Hellenic Red Cross (HRC). With the support of the IFRC, the ICRC, its extensive network of 86 local branches and its highly trusted volunteers and staff across the country, the HRC is able to stand in solidarity with communities as a front-line responder during the fast moving and challenging pandemic.

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The HRC is providing critical support to communities and actively helping the most vulnerable to access basic primary health services and to address the socio-economic consequences of COVID-19. Among the vulnerable people being assisted, whose health and livelihoods were impacted mostly by the pandemic are migrants, refugees, unaccompanied minors, older people and homeless people. The HRC staff and volunteers are conducting thermal screening of individuals as they enter public spaces such as courts, airports, hospitals and in state detention establishments. On a daily basis, "Educational Health Stations", "Home Care" and "Home Help" services are supporting people in need with personal care and day-to-day domestic tasks. A "Telephone Line of Psychosocial Support" has been launched with social workers and psychologists providing counseling and psychological support to people who have difficulty in coping with the psychological effects of the situation. The HRC is also working with the Ministry of Health to ensure medical staff have sufficient medical supplies (face masks, gloves, disinfectants).



HRC Rapid Test team in action. Photo credits: HRC

Red Cross teams are also supporting migrants in Reception Centres at Kleidi-Serres, Malakasa (Attica), Ritsona, Korinthos, and the islands of Lesbos (Kara Tepe RIC) and Samos with primary health care services, first aid, distribution of hygiene items, temperature screenings, diagnostic testing. The HRC is focusing on hygiene promotion within the camps, by highlighting the importance of handwashing and other basic preventative measures and by providing advice and support via printed materials.

Finally, concerning COVID-19 vaccines protection, as the Greek National Vaccination Campaign accelerated, the HRC, with Health Sector as a cornerstone of its mobilization, was actively involved in the rollout of COVID-19 vaccines and testing. HRC nurses, both professional and volunteers had been deployed on a daily basis, from May to August 2021, at a series of vaccination sites in Attica explaining the process, administering vaccines, monitoring individuals after vaccination, and providing accurate information to the population on common questions.

The HRC will continue to play a crucial role in providing life-saving services adapted to the changing needs of the pandemic and will help further people cope with the multiple aspects of the current crisis.

Italian Red Cross

As per health support, between June and September 2021, ItRC continued its efforts in the national vaccination campaign and screening activities, and ItRC operators managed to administer a total of 682,075 vaccines. In addition, more than 414,760 molecular and antigen COVID-19 tests were performed during the same period. About 131,400 ambulance services (including 59,250 emergency transports) were also performed, thus guaranteeing emergency transportation to both COVID-19 and non-COVID-19 patients.

The 24/7 toll-free number, available for everyone to request support and receive information, also remained active throughout the reporting period: since June 2021, about 37,430 requests for support services and information were received. In addition, the ItRC delivered about 64,170 services to the population (including groceries and medicines deliveries, vouchers and food parcels) within the "Time for Kindness" program.

As part of its effort to reach particularly vulnerable groups, ItRC also continued to provide support to migrants (including people hosted on quarantine ships off the Italian coasts and in national quarantine centres). In addition, following the arrival of Afghan refugee families in Italy, ItRC activated itself to host and support 1,394 people in need of assistance. While providing a safe space to quarantine, ItRC operators also managed to provide a wide range of services, including: 14,865 distributed meals, 5,823 psychosocial support services, 1,512 screening and prophylaxis services, 5,823 social assistance services, and so on.

In the reporting period, the project "Older adults and COVID-19: protecting the most vulnerable people in home care settings by establishing self-protection and safeguarding measures" started. The project is looking to pilot a new approach to combat the

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isolation and distance from their families of older adults in home care structures, by making them the main characters in their own digital learning process and skilled in the use of new technological devices, which can be a real tool for self-determination, rediscovery of personal and cultural values, in cooperation with home care workers and with their families.

ItRC continuously supported food assistance for households in need and homeless people. As of the month of August 2021, the total number of food vouchers purchased by ItRC and distributed to regional branches within the framework of the project reached the threshold of 407,310. The distribution process – to be carried out according to the vulnerability criteria for Household (HH) selection shared at national level – is currently ongoing and is aiming at supporting vulnerable families (with an average of four members each) for a period of one month. During the reporting period, ItRC reached 8,062 households throughout its Local Branches across the country. In addition, during the reporting period, food parcels distribution (77,184) was completed across ItRC Local Branches, aimed at providing support to homeless facing the winter season.

Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK) has an auxiliary role to the public authorities in the humanitarian field, and is the largest humanitarian organization in the country, with a

network of 46 branches (1 urban, 7 provincial and 38 districts), 226 staff, more than 3,000 active volunteers and a strong community presence. Since the beginning of the pandemic, the RCSK has been actively involved in preparedness and prevention activities across the country, working closely with the Ministry of Health and Social Development (MoHSD), WHO and other partners. During the reporting period, with funding through the Appeal, RCSK has implemented the following activities:

- RCSK staff and volunteers continued risk communication activities across its branches, reaching 18,643 people, with messages on COVID-19 prevention and the importance of vaccination.
- RCSK has reinforced its cooperation with the MoHSD by supporting the national vaccination campaign across the country, sharing information and assisting at vaccination points, ensuring better organization of the vaccination process. More than 900 RCSK volunteers from all branches have been mobilized for organizing and implementing vaccination roll-out, at family medicine centres and vaccination points countrywide, and were responsible for patient registration, blood pressure measurements, and providing water distributions. RCSK volunteers promoted vaccination against COVID-19, consulting and explaining about the importance and necessity of vaccination, giving information on locations of vaccination centres and where people may contact for any questions related to COVID-19 vaccination.
- RCSK supported the Republican Centre for Health Promotion and Mass Communication of MoHSD, by printing informational materials on COVID-19 vaccination. RCSK volunteers provided outreach and information sessions on the importance and necessity of vaccination, and consequences of not being vaccinated, for the general public, target groups, private and public sector such as commercial banks, educational institutions, sewing factories and municipal institutions. Target groups included older people, TB and HIV patients, rural population with limited access to health facilities and ethnic minorities. RCSK volunteers used a peer-to-peer approach, helping ensure the correct understanding of information, and provided necessary psychological support if needed.
- RCSK mobile brigades continued to assist patients with COVID-19 symptoms, as ambulance services were overloaded. Through construction of new facilities in Naryn and Kara-Balta RCSK branches, RCSK is strengthening its capacity in terms of assisting even more vulnerable people. Additionally, cash support and food items were delivered to vulnerable people.



Red Crescent Society of Kyrgyzstan volunteer at a family health centre vaccination point. Photo: RCSK

Moldova Red Cross

In the reporting period (June- September 2021) Moldova Red Cross Society continued to work in partnership with local authorities and organizations. The Red Cross of Moldova aims to inform the population about COVID-19 and the vaccination process. Through

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the IFRC-funded project “Response to the consequences of COVID-19 and promoting the vaccination of the population against COVID-19”, Moldova RC developed with the Ministry of Health, Labour and Social Protection and the World Health Organization in Chisinau, 888,415 informational leaflets on vaccination against COVID-19 which is being distributed to the population. The constant dissemination of correct information via printed materials and mobile teams will contribute to strengthening the general knowledge of the population about the pandemic.

In the period from June until September 2021, the third training of volunteers on vaccination promotion was organized. As a result of the trainings organized in collaboration with local partners, the Red Cross of Moldova printed and distributed brochures for volunteers, so that they become prepared during the Vaccination promotion campaign in the country.

From June and by the end of September 2021, the Red Cross volunteers organized 252 vaccination information sessions in 40 regions of the country, promoting vaccination against COVID-19 especially in villages and remote areas without communication lines.



Ungheni Red Cross branch. Distribution of food parcels to solitary older people, August 2021

Several Red Cross branches were supporting local vaccination units with registration, temperature measurement, disinfection, vaccination promotion, PSS and monitoring of vaccinated persons.

On 18 June, the Red Cross of Moldova organized a national training for volunteers on „Providing psycho-social support to socially vulnerable groups and people affected by the COVID-19 pandemic.” For this training, pocket guides were prepared for volunteers to help better address certain situations in their fieldwork. Different Red Cross branches mobilized to offer psychosocial support to isolated people in state care facilities, and raised funds and donations for these. The funds raised helped to offer hygiene kits to the people of the state institutions, but the most popular donation were clothes for children and old people which were delivered to the beneficiaries by the Red Cross volunteers.

During the reporting period (June-September), Moldova Red Cross Society continued to offer masks for vulnerable people in absolute poverty, to ensure that they have access to the basic personal protection measure. The NS offered volunteers 50,000 personal protective equipment.

In the summer of 2021, the Red Cross of Moldova offered 1,802 food parcels with the financial support of the IFRC. The beneficiaries were selected in collaboration with the National Social Assistance Agency, who assured the selection of the most vulnerable people from the country. The food parcels benefited around 4,505 people from socially vulnerable groups.

Moldova Red Cross purchased 3,515 liters of disinfectant and disseminated them jointly with health and local authorities. The disinfectant supplies were placed at public transport vehicles, allowing people to have constant access to disinfection.

Moldova Red Cross Society continued working in the reporting period on measures of protection and prevention of COVID-19 spread. The volunteers intensified their activities on the information campaigns, public activities, and mobile lessons about the measures of protection and prevention of COVID-19. Due to the closer collaboration with the WHO in Chisinau, the Ministry of Health, Labour and Social Protection, National Agency for Public Health, and UNICEF in Chisinau, the Red Cross of Moldova strengthened its position in the national information campaign on vaccination importance and promotion. More people became aware of the role of the Red Cross and addressed Moldova RC National Society numerous times. Many communicated their intention to help others by offering clothes and other ways of assistance. During this period, the number of people who expressed their interest in becoming volunteers has raised considerably, which means that at hard times humanity within us wins.

Red Cross of Montenegro

From the beginning of the COVID-19 pandemic, the Red Cross of Montenegro has been active in both preventive and response activities, in line with its role, mandate and responsibilities in the system. With a network of 23 branches, around 100 staff, 450 volunteers and 132 professional home helpers, the Red Cross of Montenegro provided different types of assistance across the country and for the period from 1 June 2021 to 01 October 2021 reached 92,481 people receiving the vaccine and 21,103 people by social mobilisation, public awareness and risk communication related to COVID-19 vaccination/during COVID-19 vaccination campaign.

The Red Cross of Montenegro is providing assistance during the mass vaccination process in the country. Volunteers, who are trained in First Aid, PSS, disaster response are present at vaccination points for crowd management and temperature check, providing assistance to medical staff through helping with hand disinfection, providing masks, information on the vaccination, and answer questions and respond to myths and misinformation with accurate information and by providing trusted sources. Trained volunteers are also helping people complete paperwork before being vaccinated, and are providing psychosocial support before and after the vaccination, in case of need.



Volunteers helping at vaccination points. Photo by Red Cross of Montenegro.

- Number of people reached by public awareness and Risk Communication on vaccine related topics – 21,103
- Number of people guided in the vaccination sites – 92,481
- Number of migrants and Roma people vaccinated with RCRC support – 160
- 262 volunteers engaged in the immunization process

In addition, Red Cross of Montenegro organized a training 24-26 September for 20 new and 10 experienced RC volunteers. The training was used for sharing the knowledge, lessons learned, challenges, and experience in vaccination process in general. Red Cross of Montenegro was closely coordinating with all the relevant stakeholders in the country at local and national level, primarily Ministry of Health and Institute for Public Health as authorities in charge for the pandemic situation. There is a continuously good cooperation with UN agencies, mainly UNHCR and UNICEF but also with diplomatic missions and some international foundation.

Red Cross of the Republic of North Macedonia

From 17.02.2021, the Ministry of Health of the Republic of North Macedonia started the process of immunization of the population against COVID-19. From 05.04.2021, mass vaccination started in Skopje. The vaccination is provided in 10 regional centers (Skopje, Kavadarci, Kumanovo, Tetovo, Stip, Bitola, Strumica, Ohrid, Veles and Prilep). Vaccination is carried out in accordance with the National Immunization Plan. As the mass vaccination started, RCNM provided direct support to the Ministry of Health in dealing with COVID-19. The Red Cross of North Macedonia is in communication with the Ministry of Health and the local hospital where the vaccination process is ongoing through the whole country in order to provide support at the vaccination points regarding the needs of the citizens and local hospitals.

From 01 June until 30 September the NS with engagement of 320 volunteers from 14 Red Cross Branches and City Red Cross of Skopje provided the following support:



RCNM volunteers engaged at the COVID-19 vaccination points in North Macedonia.

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- Administrative and logistical support before the vaccination (temperature measurement, registration, filling out a questionnaire)- **185,252** people supported.
- First aid for the people in the vaccination points- **13,833** people supported.
- Mental Health and psychosocial support at the vaccination points- **104,461** people supported.
- Support for people with disabilities in the vaccination points- **8,182** people supported
- Vaccination of migrants- **78** people vaccinated
- Transport for people from and to the vaccination point- **5,158** people supported
- Total number of people supported – **316,964**

The Red Cross of North Macedonia in the last quarter has strengthened the capacity of the volunteers engaged at the vaccination centres in the field of First aid and Psychosocial support. On 28 September 2021 - 30 September 2021 the NS has organized 2 PFA/PSS online trainings for 80 volunteers that are engaged at the vaccination points. On 18 September 2021 the City Red Cross of Skopje organized 1 FA training for 30 volunteers that are engaged at the vaccination points. X

Russian Red Cross

Russian Red Cross has identified the following priority areas for COVID-19 response: assistance to vulnerable people, particularly migrants, provision of psychosocial support by RRC regional branches, assistance people who are at quarantine or self-isolation, information and awareness raising activities as well as promotion of vaccination.

Withing the reporting period, the Russian Red Cross has provided assistance to **more than 25,000 migrants** (PPEs and hygiene kits). More than **100 migrants** have been assisted in obtaining vaccination by the Sputnik-Light vaccine.

Due to the deteriorating of the epidemiological situation, RRC strengthened support of the regional branches to provide necessary assistance the local levels. Within the reporting period more than **1,500,000 masks and 19,200 liters of antiseptic** were provided to vulnerable people, including people in health facilities and the houses of mercy.

The psychosocial support to people in the context of COVID-19 is one of the key priorities of the Russian Red Cross. More than **10,000 people** received this type of assistance during the reporting period.

The Russian Red Cross is active in the social media to promote vaccination as well as safer behavior and compliance with anti-epidemic conditions. At the reporting period, more than **850,000** users of social networks raised their awareness on the COVID-19 prevention and importance of vaccination.

Red Cross of Serbia

From the beginning of the COVID-19 crisis, the entire structure of the Red Cross of Serbia was engaged in local and national emergency management and provision of support to the affected communities. It engaged 176 Red Cross branches, 700 staff, and more than 6,000 volunteers to provide support to affected communities, national and local government efforts to respond to the pandemic and its impact to the population. In the reporting period, the Red Cross of Serbia supported more than 2,270,000 people.

Sustaining Health and WASH:

Number of people reached through risk communication and community engagement for health and hygiene promotion activities – 638,815 people. 174 local RC branches are implementing risk communication and Community engagement – providing advice on the correct use of PPE, social distancing, washing hands and helping people with food and non-food items (638,815 people assisted). 186 local Red Cross branches delivered more than 200,270 leaflets to the local community, providing 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 is needed (268,548 people assisted). Through info-centres and established info lines there were over 48,873 call-backs from RC volunteers and staff to affected population.

Number of people supported through community WASH activities – 172,223 people. 44 local Red Cross branches were involved in the distribution of disinfection liquid.

Number of people reached with Mental Health/ Psychosocial Support (MHPSS) services –128 local Red Cross branches were providing PSS and PFA to the population, volunteers, and staff, reaching 8,591 people. The Red Cross of Serbia organized a Psychological First Aid training for 12 psychologists. The “help the helpers” activity provided psychosocial support and burnout prevention to persons active in the COVID-19 response.

Number of health facilities supported: 29 health facilities in 25 municipalities and cities. Staff and volunteers have been engaged in data processing for more than 6,831 working hours. 27 local RC branches are providing support to the healthcare system and institutions in Serbia. During the past 16 months, more than 209,938 people were reached.

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Number of people supported with information about their family members that are in COVID-19 hospitals: 48,000 people.

Number of people supported in process of vaccination: From January 2021, Red Cross of Serbia local branches were providing support to the vaccination process in Serbia in 78 municipalities, by engaging 980 staff and volunteers. By calling citizens, providing information on the place of vaccination, and transporting them, RCS volunteers had 195,305 hours of engagement while providing support to 1,071,543 people.

Livelihoods, cash support and food aid:

Number of people made vulnerable by COVID-19 reached with food and other in-kind assistance: 1,196,194 people. 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 with 134,000 meals delivered.

Number of community feedback comments collected: 48,873 feedback comments collected by 114 local Red Cross branches.

Number of branches who include an analysis of the specific needs of marginalised groups in their assessments: 130 local Red Cross branches in 76 cities provided assistance to 3,881 vulnerable families with 9,000 food and 9,000 hygiene parcels.

Number of people reached by programmes addressing exclusion: 170 older persons were coached in IT skills in five Red cross of Serbia branches.

Number of people made vulnerable by COVID-19 reached with conditional and unconditional cash and voucher assistance: Until 30 April, the Red Cross of Serbia transferred cash assistance to 946 households.

Strengthening National Society:

Number of volunteers provided with insurance: 1,981 volunteers for 2020.

Number of volunteers that have access to PPE: 6,587 volunteers.

Supporting National Society Financial Sustainability and Organizational Development – number of RC branches 186: The Red Cross of Serbia continued the implementation of its ICT Capacity strengthening project to improve internal communication, the flow of information and to ease some existing processes and introduce new features.

Implementation of local training for staff and volunteers for managing volunteers in emergencies: 37 local trainings implemented for staff and volunteers for managing volunteers in emergencies with 569 participants.

Red Crescent Society of Tajikistan

The Red Crescent Society of Tajikistan (RCST), with 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. During the reporting period, the following activities were implemented with funding through the IFRC Emergency Appeal:

- RCST is providing support to the MoHSP in its COVID-19 vaccination programme (funded by USAID). Within the first phase, 2,100 volunteers were involved in 65 districts and cities, and information sessions were conducted among 1,162,202 people (736,387 women, 425,815 men). Project volunteers conducted information sessions following safety measures (using masks, keeping physical distances), and all sessions were conducted in open spaces. 65 employees of Healthy Lifestyle Centres and 40 volunteers from the Association of Young Doctors under the MoHSP were involved. More than 12,000 information sessions were held and 50,000 information materials on COVID-19 immunization were distributed. The second phase is at an early stage; 300 volunteers were involved in 10 pilot districts.
- In partnership with UNICEF, a perceptions' survey was conducted, to understand people's perceptions around COVID-19, with a focus on vaccination and to fine-tune messages accordingly. The survey involved over 1,000 respondents and was conducted using the CATI telephone survey method (900 respondents) and face-to-face interviews (100 respondents); the survey results will be published in October.



Red Crescent Society of Tajikistan volunteers distributed leaflets on COVID-19 prevention and the importance of vaccine. Photo RCST

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- At present, financing of a single hotline number (511) is carried out by the World Bank. The RCST project management held meetings with the leadership of MoHSP and World Bank, to attract project staff to the hotline, and an agreement was reached on attracting three psychologists and organizing an additional communication line (a psychologist service).
- 7,700 people (6,500 on Facebook and 1,200 on Twitter) raised their awareness on COVID-19 prevention measures and importance of vaccines. Though smaller numbers of women are reached on Facebook (75% of Facebook users in Tajikistan are men, 'We Are Social', February 2021), women more actively get engaged in the posts, by liking them, sharing them, and commenting on them. Some 900 people engaged in the posts and 48% of those were female.
- With the support of IFRC, a Humanitarian Buffer Project is being developed to provide vaccines to Afghan refugees. It is expected that around 50,000 refugees from Afghanistan may arrive in Tajikistan and the project will also cover 15,000 people of seven border districts where refugee temporary filtration centres are planned.

Turkish Red Crescent Society



Hygiene kits distribution to agricultural workers in Izmir. Photo: TRCS

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.

Risk communication and community engagement (RCCE):

Activities have been maintained to produce and disseminate information, education and communication (IEC) materials in different languages based on the findings of Knowledge, Attitude and Practices (KAP) assessments conducted earlier. Life-saving information was provided to host and refugee communities about the disease, its symptoms, and measures to prevent infection throughout the country; to encourage people to adopt safe health

practices and reduce fear, stigma and misinformation; as well as to provide clear and accurate information about vaccination and respond to any misperceptions in the community. To promote local dialogue and social cohesion, meetings were organized at community level on stigma prevention, rumors and xenophobia related to COVID-19. To engage community networks and key influencers in promotion of safe health practices, and addressing rumors with actionable and verified information, meetings were conducted with the participation of local and refugee communities as well as youth groups. Information materials were developed including visuals and videos by involving key influencers, e.g. community leaders, doctors, religious leaders, community volunteers, etc.

Health and hygiene promotion: Mask production continued with a fully automatic face mask making machine. 2,000 masks were produced daily and to date 65,400 masks were produced and 22,000 masks were distributed to vulnerable communities as part of the activities aiming to reduce the spread of COVID-19. In order to reduce the economic impact of COVID-19 on host and refugee communities, 16,000 hygiene kits were procured and distributed to help cover personal care needs. Antibody tests were conducted in cooperation with small and large-scale businesses in Istanbul that the Community Centres already cooperate with.

Livelihoods: vocational courses in agriculture, livestock, service and industry sector as well as Turkish language courses for refugees were implemented. Capacity building trainings related to product development, marketing strategy, digitalization, and sales were provided for those who had been supported with resources to improve their household income earlier. Work permit support was provided to support individuals to have dignified working conditions, as well as to support legal working across Turkey.

A total of **306,638** individuals from refugee and host communities benefited from TRCS' COVID-19 response activities to date: **71,960** through RCCE; **228,561** through health, hygiene promotion and PSS activities including distribution of hygiene kits, masks and gloves, PPE kits, health referrals, community-based health education activities, and anti-body testing; and **6,117** through livelihoods and cash support including distribution of vouchers, vocational trainings, language trainings, support to improve household income, and work permit support.

Ukrainian Red Cross Society

During the reporting period (June-September 2021), the URCS has provided the following COVID-19 response actions in three priority areas.

Sustaining Health and WASH:

The URCS engagement includes the support of the national-level hotline for a vaccination with:

- PSS referrals (to/from the partners such as the MoHU and the PHC)
- dissemination of information and awareness-raising on vaccination throughout Ukraine.

URCS activities to support the National Campaign for Vaccination of population from COVID-19 has started in April 2021 to inform people about the benefits of vaccination and to eliminate myths. The result of the work demonstrated the practicality of informational and educational activities, as it turned out that the population, especially people aged 65+ and people with disabilities, have incomplete information on this issue. There is a need to provide a detailed explanation of the possible risks, benefits, and vaccination process. Based on the experience, the URCS project team focused on expanding territorial coverage by involving regional branches in the National COVID-19 Vaccination Campaign activities

Livelihoods, cash support and food aid:

During the reporting period, the URCS has actively supported vulnerable people and communities throughout Ukraine. The "Support the development of household income - responding to COVID-19" project is in progress, leading to four vocational training sessions held. The training was developed to build the capacity of participants for registering, starting and conducting their own business. The "Cash support to COVID-19 and floods-affected communities" project is ongoing. In September 2021, an active phase of the project implementation has started providing multi-purpose cash assistance to the population affected by adverse weather conditions in June 2021. Totally 115 cash grants of CHF 200 were distributed.

National Society Strengthening:

During the reporting period, with IFRC support, the URCS carried out resource mobilization activities via different tools and platforms, supported volunteers and local staff in their work, provided facilities and assistance for conducting workshops, meetings and training.

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MENA REGION



Figure 1: The Iranian Red Crescent has deployed trained medical volunteers to accelerate the vaccination efforts all around the country.
Credit: IRCS

Key data for the region



National Society involvement per COVID-19 Operational Priority



11/17 NS
Sustaining Health and WASH



9/17 NS
Addressing Socio-economic impact



11/17 NS
Strengthening National Societies



More than 9 NSs of the region actively supported their health authorities in the vaccination roll-out.

Financial Overview



Funding Requirements:

CHF 89,000,000

Income to date:

CHF 41,783,798

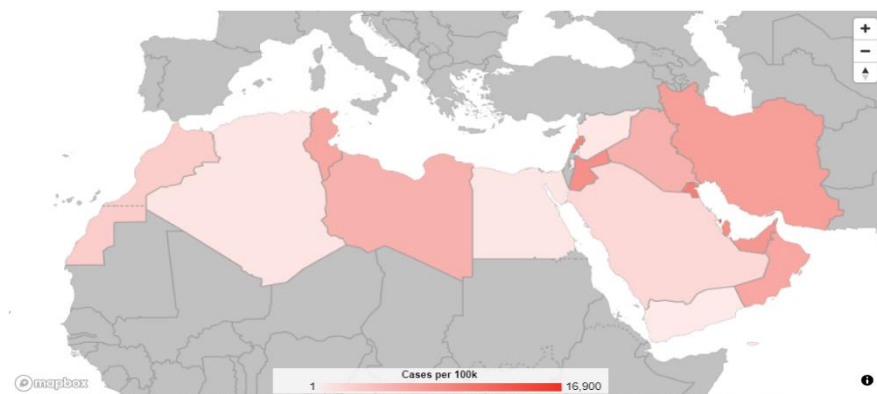
Regional coverage: 49 %

Expenditure to date:

CHF 33,927,027

83% of total income

Regional overview



This map used does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Society concerning the legal status

Libya, Morocco, Lebanon, and Tunisia started to exhibit signs of a possible “fourth wave” of COVID-19. The surge in cases occurred following the Eid Al-Adha when large gatherings were held across the region and coincided with the spread of the newly recorded Delta variant globally and regionally.

Currently, the countries experiencing the greatest increase in cases are those with low vaccination rates and healthcare systems that were already frail before the pandemic hit. Regionally, more than 232 M doses of COVID-19 vaccines have been administered since December 2020. For instance, Kuwait and Bahrain were the first GCC countries to launch national COVID-19 vaccination campaigns, with other countries following suit throughout the first and second quarters of 2021. Regardless of this fact, access to vaccines and inequitable distribution remain major challenges in the region. COVID-19 third booster shots are being authorized in some countries, while others, such as Syria and Yemen, are still struggling to vaccinate their most vulnerable populations.

Priority 1: Sustaining Health and WASH

Support for COVID-19 immunization:

- Consultations were held with 11 National Societies and IFRC country delegations to discuss the status of the National Societies' participation in national [COVID-19 vaccination](#) campaigns, the challenges they face, and potential areas of support needed.
- Discussions were held with the IFRC GVA about MENA National Societies requesting Humanitarian Buffer Stock to receive COVID-19 vaccines.
- Talks are ongoing with the IFRC Secretariat in Geneva about a “Sputnik V” vaccine donation initiative facilitated by the Europe Regional Delegation. Four MENA countries, Egypt, Algeria, Syria, and Iran have expressed interest in participating in the initiative.
- Technical support was provided in the development of the indicators for the World Bank-funded COVID-19 vaccination third-party monitoring (TPM) project in Lebanon.

Epidemic control measures

- A virtual Vaccine-Preventable Diseases (VPD) workshop was conducted in MENA, with participation from 13 MENA National Societies of Bahrain, Egypt, Iran, Iraq, Jordan, Saudi Arabia, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia, and Yemen), seven Participating National Societies (Canadian RC, American RC, Finnish RC, German RC, Danish RC, Japanese RC, and Qatar RC), as well as ICRC and IFRC staff.
- Support was provided to the National Societies in adapting and reactivating community-based health tools used in disease prevention, encouraging positive behaviour changes, and promoting community health.

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- Regional health forums and sub-technical working group (STWG) meetings were conducted. During these meetings, technical COVID-19 information was disseminated to National Societies, including topics on prevention and control measures, COVID-19 vaccines, and the latest scientific information on COVID-19.
- The IFRC MENA continued to disseminate the bi-weekly epidemiological updates with MENA National Societies and regional/global RCRC Movement partners. The epidemiological update included an update on global and regional trends, country-specific updates, as well as scientific and vaccination updates. The IFRC MENA also disseminated COVID-19 information sheets periodically.

Risk Communication, Community Engagement and Accountability (RC/CEA)

The IFRC MENA worked on Arabic translations of the COVID-19 related messages for the Delta variant, which were distributed to National Societies and promoted through regional communications and social media platforms. A technical revision to the Heat Waves health messages has been carried out and messages have been shared with National Societies.

National Societies and Capacity Building

- The IFRC MENA supported the development of two Risk Communication and Community Engagement (RCCE) proposals: one for Libyan RC for UNICEF funding, and another for North Africa National Societies (Egypt and Morocco) for Coca-Cola funding “stop the spread”. In addition, technical support is provided to the Moroccan RC solidarity fund plan of action.
- The IFRC MENA collaborated with WHO and UNICEF to design the RCCE training package for COVID-19 vaccine acceptance.
- A pilot training was delivered to Egyptian RC community health workers (CHW) and volunteers on assessing the relevance, accessibility, and clarity of the content and approaches of the joint RCCE CHWS vaccine acceptance training package that was produced jointly by the IFRC, WHO, and UNICEF.
- A joint plan (with WHO and UNICEF) is being developed to roll out the training package among the MENA National societies, to strengthen inter-agency coordination at the country level. Moreover, a partial training pilot has been conducted in Syria in coordination with the Syria Arab Red Crescent.
- A joint regional workshop on Behavioural strategies was conducted to support the COVID-19 vaccination, in the MENA region in collaboration with UNICEF.
- The Inter-Agency Regional Advisor for Risk Communication and Community Engagement (RCCE) has been hired to help strengthen RCCE coordination across technical pillars and between the country, regional and global levels.

Infection prevention and control and WASH (health facility)

The main objective for WASH in health facilities remains to be limiting the spread of COVID-19 and support MENA National Societies staff and volunteers in ensuring safety and protection.

- IFRC MENA continues to provide technical support and guidance to MENA National Societies through the development, dissemination, and application of tools and methodologies to help prevent increases in COVID-19 transmissions. The previously developed English and Arabic versions of the outputs are being utilized by the MENA National Societies with more than 45 focal points across the region.
- The Infection Prevention and Control (IPC) Guidelines developed by the WASH/Health Team are still being disseminated in MENA and contextualized to respond to regional/country needs. The guidelines have also been made available in both English and Arabic. During the reporting period, the guidelines were reviewed and updated in a collaborative approach between WASH and Emergency Health Teams.
- The WASH Sub Working Group platform continues to remain active and meets regularly to ensure appropriate coordination with National Societies, Participating National Societies, and ICRC WASH focal points in MENA linking with the Geneva WASH team concerning WASH-related COVID-19 interventions and guidelines. One such virtual meeting took place with presentations from the Syrian Arab Red Crescent and ICRC and Geneva Urban WASH focal person.

Infection prevention and control and WASH (community)

- IFRC MENA continues to engage with the National Societies and the participating National Societies who are active in supporting their national authorities in applying strict prevention control measures at the community level, especially in public spaces.
- The updated IPC guidelines are still in use as the regional delegation supports MENA National Societies in rolling out the guidance to their staff and volunteers. This includes a variety of technical designs for hand-washing facilities.
- Working groups continue to discuss media campaigns aimed at promoting good WASH practices at both the household and community levels.
- Training was delivered to the Egyptian Red Crescent around WASH in Emergency which includes proper sanitation and hygiene practices in emergency settings. The training also covered safe access and quality assurance of potable water.
- Collaboration with the National Societies on the Hygiene Kit design is ongoing as is the collection of additional contextual adaptations to ensure that it meets the standards and specifications required by each country in the MENA region.
- A series of Emergency WASH exercises have been planned in collaboration with UNICEF to increase Emergency WASH HR and equipment assets for the current pandemic as well as future pandemics and epidemics, which will begin in November 2021.

Mental health and psychosocial support services (MHPSS)

MENA MHPSS Network, supported by the IFRC, collaborated with the MENA youth Network in one of the series of Youth Café by addressing the Psychological First Aid (PFA) as a life skill where they can address the mental health and psychosocial needs among themselves and how to deal with their stressful conditions during the COVID-19 pandemic. 95 participants from MENA have attended the session.

In addition, the MENA MHPSS network hosted a global Arabic webinar in August 2021 to introduce the Movement MHPSS policy, resolution, road map, and how the COVID-19 pandemic was considered as a context in which the Movement addressed its impact on mental health and psychosocial wellbeing while translating the MHPSS policy, resolution, and roadmap into action at the national level. The webinar was released in Arabic, and 53 participants joined in on the discussion and actively participated.

IFRC MENA, in collaboration with the Danish Red Cross and the MENA MHPSS Network, developed a leadership on MHPSS training program that was piloted for the first time in the region. Twenty participants from MHPSS focal points and senior volunteers from four National societies (Libya, Egypt, Palestine, and Jordan) physically attended the training in Egypt. The training is considered a major milestone in the development of leaders and champions within the National Societies to strengthen the MHPSS across all the National Societies, with a focus on dealing with the different crises, including COVID-19.

Ambulance services for COVID-19 cases

The Lebanese Red Cross (LRC), Palestine Red Crescent Society (PRCS), Syrian Arab Red Crescent (SARC), Iraqi Red Crescent Society (IRCS), and Yemen Red Crescent Society (YRCS) continue to play an auxiliary role for their respective authorities by providing ambulance support services (Paramedic and transportation) to COVID-19 cases. The IFRC MENA continues to disseminate technical materials and guidance tools relating to ambulatory services in English, Arabic, and French.

Maintain access to essential health services (clinical and paramedical)

IFRC MENA Supported the National Society needs for COVID-19 response and health care services through:

- The dissemination of technical materials and guidelines in English, Arabic, and French.
- The provision of technical support to scale up and maintain the quality of the National Societies medical interventions to address the secondary impacts of COVID-19, to increase access to essential health services through Mobile Health Units (MHU) and pre-existing health facilities.

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- The provision of support to physical rehabilitation and physiotherapy services in Syria.
- The recruitment of a Medical Services delegate to provide appropriate technical support to National Societies in managing and improving the quality of the medical services provided in RCRC health facilities.

Delays in the procurement of PPEs, medications, and medical equipment, as well as their delivery to some National Societies, have been encountered as a result of sanctions and political instability, and have been attributed to the global high demand for PPEs and a lack of sufficient stocks in the market. Furthermore, due to the already overburdened healthcare system, many National Societies were asked to provide home care and oxygen therapy support.

Priority 2: Addressing Socio-economic impact

Community Engagement and Accountability

- An RCCE study on the perception and relevance of RCCE approaches in Lebanon was completed and published. Through its recommendations, the study helped the Lebanese Red cross in developing an action plan to address the emerged results.
- Two RCCE perception studies are planned in Palestine and Iraq through external consultants, with the study in Iraq being conducted jointly with WHO and Iraqi RC, and the study in Palestine being conducted in collaboration with IFRC and Palestinian RC. The studies aim to explore the perceptions of community members residing in conflict and protracted crisis-affected areas, around the relevance of the health information provision related to COVID-19 including vaccines, and their access to such information.
- A Multi-Sectoral Needs Assessment was conducted in Jordan by IFRC in coordination with Jordanian RC. The purpose of the assessment is to provide strong, evidence-based information both from the host and refugee communities in Jordan on multi-sectoral humanitarian needs (including gaps and challenges in meeting these needs) and priorities of vulnerable people, those that may have been caused or exacerbated by COVID-19 pandemic. The needs assessment included a section on COVID-19 RCCE approaches, including vaccination.
- IFRC MENA supported Qatari RC in developing community-based activities, including RCCE approaches, to assist Afghani displaced people in Qatar. Additionally, IFRC MENA has supported Qatari RC in developing a rapid needs assessment tool to better understand community needs and respond accordingly.

Social Care, Cohesion and Support to Vulnerable Groups

Migration and displacement

The IFRC MENA has coordinated the implementation of a pilot project aimed at supporting children on the move working on the streets in Egypt, as part of the MENA region's Red Children Initiative for children on the move. The project aims to implement COVID-19 awareness campaigns involving both children on the move and Egyptian children, as well as to create safe spaces for children on the move in Egyptian Red Crescent community centres in Greater Cairo.

Priority 3: Strengthening National Societies

National Society Preparedness

IFRC MENA continued to provide support to MENA National Societies on institutional response preparedness through a harmonized NS Preparedness for Effective Response (PER). The following National Societies have been supported in different phases of the multi-hazard PER process:

- **Moroccan Red Crescent Society:** Assessment, prioritization and analysis, and the development of a work plan to feed into the Forecast-based Financing project (supported by German Red Cross).
- **Jordan Red Crescent Society:** Assessment, prioritization and analysis, and the development of a work-plan with quick wins identified, to work on the Contingency Planning and Emergency Operations Centre's standard operating procedures, which will be developed in October.

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- **Iraq Red Crescent Society:** PER post-operational assessment was piloted during the DREF lessons learnt workshop.
- **Syrian Arab Red Crescent:** Prioritisation, analysis, and work-planning phase were carried out in the Homs branch. The branch assessments integrated epidemics preparedness considerations.

Moreover, based on the need of having Arabic speaking capacities on the systematic strengthening of MENA National Societies, regional PER facilitators' training was conducted, creating a roster of MENA facilitators to shadow and facilitate PER processes in the upcoming exercises.

In addition, a globally harmonized National Response Teams training package was introduced to the IFRC Secretariat in the region across thematic sectors and Disaster Management/ Disaster Risk Management (DM/DRM) focal points to strengthen the National Response Teams across the MENA region in the next coming months.

Emergency Operational Centres (EOC)

Yemen Red Crescent Society has made technical and operational progress on the Emergency Operation Centre (EOC) by revising the EOC guideline, establishing a common understanding of the functioning of the EOC, as well as equipping it with equipment.

National Society Sustainability

Business Continuity Planning

From the standpoint of financial sustainability, support was provided to MENA National Societies to take part, present, and share practices at the recent FR skillshare in September, to learn from concrete examples of how to enhance income, raise funds from diverse sources, utilize digital technology and explore Islamic and diaspora financing options. National Societies in the region have also been oriented to apply for specific funding mechanisms such as the National Society Investment Alliance (NSIA) to enhance their efforts through exploring commercial first aid, developing Community Engagement and Accountability (CEA) capacities, and strengthening branch development. National Societies from Syria, Iraq, Jordan, Yemen, and Palestine applied for a combination of bridge and accelerator funding with Yemen successfully securing finance.

Support to Volunteers

The MENA Regional Youth Café is firmly established, with consistent and high levels of youth volunteers' attendance, with recent themes focusing on PGI and education, Human Trafficking, and celebrating the importance of youth-led action on International Youth Day. There has been targeted support and guidance to National Societies to strengthen their care and protection mechanisms in relation to volunteers working in the Covid response who have been personally impacted. This also ensures that the IFRC and National Societies demonstrate a clear duty of care towards their volunteer personnel by providing insurance coverage, establishing solidarity mechanisms, and providing Psychosocial Support (PSS) support to volunteers (mentioned in an earlier section). There has also been specific support provided to National Societies, such as Libya RC, in revising and adapting volunteering policies as part of a broader effort to improve volunteer management systems.

Integrating the Youth as Agents of Behavioural Change (YABC) methodology in delivering leadership skills as part of the regional workshop "leadership in MHPSS" was another success in developing participants' leadership skills with a specific focus on MHPSS.

Enabling Actions and Support Services

Category 1: International Support and Resourcing

Security

The IFRC MENA continued to provide direct and indirect support to National Societies across the MENA region over the reporting period. In Iraq, initial steps have been taken towards closer Movement Coordination to strengthen the security framework of all Movement Partners. A discussion is now in progress on how to support Iraqi RC to strengthen its day-to-day approach to security with preparations for a workshop to this end in the planning stages. In Syria, Movement Partners continue to work together to finalize the Movement Security Framework Agreement, part of which includes scope for Movement collaboration on security. In Lebanon, a Movement-wide relocation drill was recently conducted which will assist all Movement Partners in their readiness to respond in case such a contingency is implemented.

Logistics and supply chain

Continuous assistance, advice, and support have been provided for the procurement of Hygiene and Food Parcels, PPE, and Oxygen Concentrators, carried out by MENA National Societies or IFRC. Support included assistance in specification development as well as advice and documentation preparation for procedural compliance, ensuring the auditability of National Societies procurement. Several activities were carried out, including explaining IFRC's procurement procedures, reviewing National Society procurement procedures to ensure they are aligned with the IFRC requirements for the Emergency Appeal, particularly the approval process for any procurement exceeding 50,000 CHF. As a part of the operational preparatory activities, the IFRC MENA undertakes an informal procurement systems and procedures review, highlighting any key risks or concerns, for National Societies which were working on DREF and/or Emergency Appeal responses with IFRC on Emergency Appeals. One of the key goals was to ensure that the National Societies procurement procedures are complementary to IFRC procurement procedures, simplified and adjusted to the National Societies context.

A high-level mapping of the logistics capacity of the MENA National Societies is underway. Daily remote support was provided to operations, while continuous follow up provided during the process of obtaining technical approvals.

Category 2: Evidence-based Programming, Communications, and Advocacy

Planning, monitoring, evaluation, and reporting (PMER)

The MENA PMER network, which was formed at the start of the COVID-19 response operation, meets bi-weekly to focus on data collection and analysis. The bi-weekly one-hour sessions, which at least seven National Societies attended regularly, provided participants with PMER and IM knowledge and skills, particularly on the topics of evaluation and data visualization. Throughout the 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, COVID-19 EA Ops Updates, KOBO financial overview, and indicators tracking tables.

Communications

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 COVID-19 response activities. The key advocacy message has been on vaccine equity.

IFRC MENA also continued positioning IFRC as well as the whole RCRC 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

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publications. During the reporting period, IFRC MENA issued two press releases, gave a few media interviews, and published web stories on the COVID-19 effects and responses in the region.

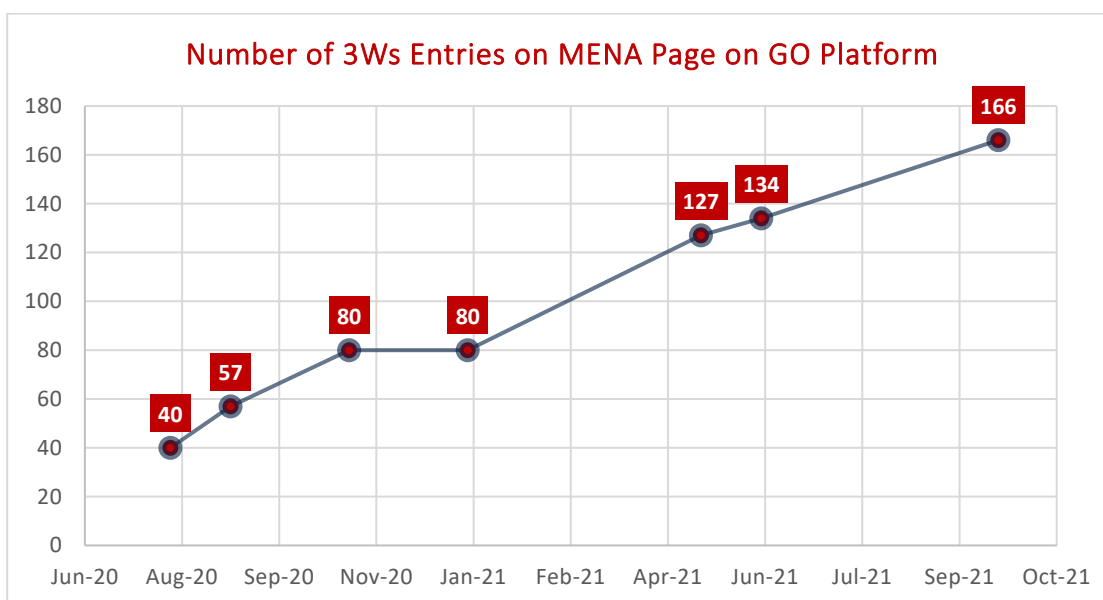
Until the end of June 2021, IFRC had recruited COVID-19 Communications Coordinator to enhance the support as well as to upscale the IFRC MENA Regional Office capacities.

IFRC MENA has also been supporting the Third-Party Monitoring for Pfizer vaccines in Lebanon to ensure the accountability and visibility of the project for existing as well as possible new partners.

- Press release: Inclusive vaccination and protection measures urgently needed to stop the new pandemic waves in North Africa | [In English](#) / [In Arabic](#)
- Media interview: The New Humanitarian: [Soaring cases and little vaccination: A COVID-19 Middle East snapshot](#)
- Press Release: Combination of wildfires and COVID-19 threaten tens of thousands of lives in Algeria and Tunisia | [In English](#) / [In Arabic](#) / [In French](#)
- Media interview: Geneva Solutions: [Covid and climate change: when crises collide](#)
- Partner's blog: Independent third-party monitoring: [A risk management tool for fiduciary assurance in Lebanon](#)
- Web story: [COVID-19, drought and population movement: Thousands of Iranian Red Crescent volunteers are at the frontline](#)
- Web story: [Life-saving work in Palestine continues, more flexible funding needed](#)
- Tweet: [Ramping up the COVID-19 vaccine efforts in Syria](#)
- Tweet: [Tunisian Red Crescent volunteers working at the vaccination centres](#)

Information Management (IM)

- The IFRC MENA has supported National Societies to improve their data literacy as well and understanding of IM, with a focus on digital data collection and analysis tools
- The IM network in the region has grown, and there is increased interest in IM and knowledge management from National Societies. More than 30 IM/PMER focal points have been supported to use mobile data collection tools (Kobo, ODK).
- Five different virtual workshops were hosted for more than 40 participants from various profiles, primarily IM, PMER, and DM on GO Platform updates, field reports, 3Ws, ITT, and financial reporting. As shown in the graph below, the number of 3Ws inputs on the MENA page on GO is still increasing and has risen from 134 to 166 reports of various activities in the region.



- The IFRC MENA supported the data analysis of the Jordanian RC sectorial assessment and will continue to assist with the layout and design of the final product.
- Two sessions on data visualizations were held; the first focused on visualizations basic tips of while the second went in-depth knowledge on important visualizations skills. In addition, the Lebanese RC and the Jordanian RC were assisted to develop IM products and infographics.

Category 3: Coordination for Quality Programming

In Jordan, the results of the multi-sectoral needs assessment will be used as an evidence-based document to inform the Jordanian RC strategy for 2022, as well as to address shortcomings related to RCCE among communities. The findings will also be shared with the World Bank, which is conducting a similar study as part of a joint seminar with various stakeholders in Jordan aimed at improving response to needs during COVID-19 and improving coordination across different partners.

The RCCE Inter-Agency Regional Advisor for the Middle East and North Africa/Eastern Mediterranean was hired to help strengthen RCCE coordination across technical pillars and at country, regional and global levels. This includes reviving inter-agency technical working group coordination.

Financial Analysis

Regional Overview	CHF Million
Appeal Funding Requirement	89
Confirmed Income (PEAR)	40
Total Operating Budget 2020-22	41
Expenditure Year-To-Date	34
Budget Implementation	83%
Income vs Funding Requirement	45%

The overall implementation of the COVID-19 appeal in MENA region is on the track, despite some challenges related to Reporting from few national societies. One of the risks to highlight is a lack of income for some National Societies beyond December 2021. The following countries are the main contributors for the higher implementation rate are Syria, Lebanon, Palestine, Iraq and Jordan.

It is worth noting that IFRC MENA anticipates accelerated reporting from the North Africa cluster National Societies as a result of intensive support and close follow-up Income relocation is currently underway to ensure full utilization of funds and is based on regional gaps and priorities.

National Society response – key highlights

The list of National Societies and activities below 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, which is missing, please let us know and it will be added with the next update. Some National Societies have completed the activities supported through the IFRC Appeal, they continue providing support in response to COVID-19 through domestic and bilateral funds.

Algerian Red Crescent

As an auxiliary to the public authorities, the Algerian Red Crescent (ARC) increased its intervention with communities in COVID-19 prevention, misinformation, and rumours about the COVID-19 vaccine, relief aid for vulnerable communities, and support for the Ministry of Health in the National vaccine roll-out campaign ([Big Day COVID-19 vaccination in Algeria](#)).

ARC is assisting the government in the roll-out of the vaccine campaign and is playing a significant role in raising public awareness about the importance of getting vaccinated, particularly among the elderly and individuals with chronic diseases.

So far, at least 14,082,920 doses of COVID-19 vaccine have been administered in Algeria. Assuming that each person requires two doses, that is enough to vaccinate approximately 16.4 percent of the country's population².

ARC carried out the following activities across the country:



Figure 2: ARC physician administering COVID-19 vaccine to a patient. **Credit: ARC**

- Reached over **4,506,425 people through RCCE activities** in vaccine centres, public places, and schools.
- Distributed hygiene and disinfection kits to 2,685 families (approximately 13,425 people) in remote areas.
- Reached **1,966,000 people through disinfection operations**.
- Reached **1,810,000 people through public awareness campaigns** that included the distribution of flyers about COVID-19 prevention and vaccination.
- Supplied **11 oxygen concentrators** to hospitals across the country.
- Served **680 hot meals to doctors and patients in hospitals** daily.
- **Trained 960 volunteers** in community health and provided them with the necessary PPE and assistance to enable them to provide services to the population.

Bahrain Red Crescent Society

The Bahrain Red Crescent (BRC) launched a **donation campaign** in June to provide relief and support to the Palestinian people facing difficult living conditions.

BRC Volunteers took part in a "**Dialogue of Cultures**" event organized by the Middle East and North Africa Youth Network. In July 2021, the Bahrain Red Crescent Society, in collaboration with the International Committee of the Red Cross and the regional

² [Reuters COVID-19 Tracker Algeria](#)

COVID-19 MENA Region | National Society Highlights delegation of Gulf Cooperation Council countries, organized a distance training course titled "**Integration and Rehabilitation of Volunteers**" in which 55 volunteers from the Bahraini Crescent participated.

The initiative "**Your health matters to us**" is still maintained by BRC through holding more meetings to raise public awareness about the COVID-19, presenting more experiences and interviews with recovered people, and asking questions and answers to benefit from their experiences.

BRC volunteers are on the front lines at **Bahrain International Airport**, continuing to support the pandemic response.



Figure 3: BRC volunteers at the International Airport to support with Covid-19 procedures. **Credit: BRC**

Egyptian Red Crescent

The risk of COVID-19 spreading is considered high in a country with over 100 million residents. The Egyptian health system is overburdened as a result of COVID-19 responses and an increase in the number of cases reported.

The Egyptian Red Crescent (ERC) carried on with its response activities and interventions in order to reduce the impact of the pandemic on the population.



Figure 4: ERC volunteers conducting community-based activities. **Credit: ERC**

- Medical convoys were deployed in 14 governorates to cover 109 small villages, **reaching a total of 41,504 people.**
- Mobile clinics provided primary health care services in a variety of specialties to migrants and refugees in Cairo, with a total of **9,012 people receiving medical care.**
- A total of **121,107 patients** were **screened**, with **5,813 suspected cases** referred to the Ministry of Health for specialist care.
- Over **68,471 people benefited from Mental Health and Psychosocial Support services** provided over the phone and through online platforms.
- A total of **1,246 health awareness campaigns** have been conducted, reaching a total of **176,963 people.**
- ERC distributed **food parcels to 678 people.**
- In addition, mother and baby boxes for newly born infants were distributed. A total of **90 new non-Egyptian mothers have benefited from this program.**
- ERC has provided **cash assistance to 673 non-Egyptian people** to cover their nutritional and rental needs.
- ERC has **established an online learning platform** with modules on various topics to increase the capacity of volunteers working on COVID-19 responses. **1,700 ERC volunteers have benefited from the online platform** so far.

Emirates Red Crescent

According to the UAE's health ministry, the country has one of the highest rates of fully vaccinated residents in the world; more than 20.2 million doses of Covid vaccine have been administered to the 10-million-strong population, and more than 85.5 million PCR tests have been performed. The Emirates Red Crescent provided **COVID-19 vaccine to 27,000 Syrian refugees** in Jordan, Iraq, and Kurdistan.

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- ERC sent **960 tonnes of emergency medical and food supplies** to the Gaza Strip in order to alleviate the humanitarian consequences for **approximately 20,000 families**, during the month of June.
- Delivered more than **2,062 tons of medical aid**, ventilators, testing kits, personal protective kits, and supplies to 135 countries around the world, as well as **20 million doses** to 26 countries, in July.
- Dispatched **60,000 vaccines** to a Yemeni province in August to aid in the fight against the pandemic.

Iranian Red Crescent Society

The Iranian Red Crescent Society (IRCS) is a member of Iran's Coronavirus Response Headquarters. Since the outbreak of COVID-19 in Iran in February 2020, IRCS staff and volunteers have been at the forefront of the response. Recently, the IRCS has been mandated (subject to vaccine availability) to facilitate vaccinations for 3 to 4 million Afghan migrants in the country.

The key areas covered by the response operation are as follows:



Figure 5: The Iranian Red Crescent Society has set up multiple temporary hospitals and medical posts to support the people affected by COVID-19, especially in the worst-hit southern parts of the country. **Credit: IRCS**

- The National Society secured more than **76,390,000 vaccine shots** (out of 100 million).
- 70,529,000 vaccines were administered.
- IRCS has dispatched **11 field hospitals** to assist the Ministry of Health (MoH) immunization efforts; however, only one field hospital in Tehran Province is currently operational, along with **7,000 staff and volunteers** to vaccinate the population.
- **22 immunization centres** were established to assist the MoH.
- **Two medical centres** have been established to treat COVID patients.
- **471 IRCS relief workers** have been stationed at 14 province borders to test travellers.
- **730,000 passengers were screened** at the entry borders.
- **Over 198, 000 PCR tests** were performed.

Iraqi Red Crescent Society

The Iraqi Red Crescent Society (IRCS) continues to carry out hygiene promotion activities, provide mobile clinic services, and distribute food and cash.

Throughout the reporting period, the IRCS has undertaken the following activities as part of its response to the pandemic:

- Provided **mental health and psychosocial support** services to **3,034 people**.
- Distributed **food parcels to 259 families**.
- Distributed **cash grants to 439 families**.
- Carried out **Disaster Risk Reduction** activities and reached **4,195,561 people via social media, 213,956 via community awareness campaigns, 48,118 via publications and 1,5310 via hygiene kit distribution**.



Figure 6: IRCS volunteers conducting awareness campaigns. **Credit: IRCS**

Jordanian National Red Crescent

The Jordanian National Red Crescent Society (JNRCS) developed and implemented the COVID-19 response, which includes activities in three main areas of intervention: livelihoods, health/WASH, and institutional strengthening.

Part of its response, the JNRCS has carried out the following activities:



Figure 7: JNRCS medical staff in front of the newly renovated mobile clinic at JNRCS headquarters in Amman. Credit: JNRCS

- Conducted Risk Communication and Community Engagement (RCCE) trainings, campaigns, and activities; **141 volunteers were trained, and 43,089 people were reached by RCCE activities.**
- Conducted Mental Health and Psychosocial Support (MHPSS) trainings to volunteers and communities; **2,991 people were reached by MHPSS related activities;**
- Converted and upgraded an ambulance car to Advanced Life Support (ALS);
- Renovated JNRCS Mobile Clinic;

Kuwait Red Crescent Society

According to the health minister and the continued response, Kuwait has immunized 70% of its population against COVID-19.

In June, the Kuwait Red Crescent Society (KRC) donated a fully equipped ambulance equipped with sterilizers and preventive and precautionary materials against COVID-19, to the Palestine Red Crescent Society.

In July, the KRC **signed an agreement with the Lebanese Ministry of Health** to provide vaccines against Coronavirus (Pfizer-type) for the benefit of Lebanese, Syrians, and Palestinians.

KRC handed over to the Lebanese Red Cross **10 ambulances, four vehicles** designated for blood transfusion, and **one blood bank collection vehicle** provided by the Kuwait Fund for Development to support their response to COVID-19.

Lebanese Red Cross

The Lebanese Red Cross (LRC) continued to transport suspected/confirmed COVID-19 cases, PCR tests from one hospital/laboratory to another, people who require ambulance support to hospitals, oxygen machines to COVID-19 patients who suffer from respiratory difficulties at home, and medical visits to COVID-19 patients at home.

LRC has established a vaccination centre in June 2021, which is one of Lebanon's five major vaccination centres.

In addition, as part of its response to the pandemic, LRC is intervening to improve community members' knowledge of the COVID-19 vaccination and registration process. LRC has also tasked its **"1760" hotline** with answering vaccination-related questions, and it is currently processing 30 vaccination-related calls per day on average.

COVID-19 MENA Region | National Society Highlights

LRC transported **3,941 suspected/confirmed COVID-19 patients** and **910 individuals to vaccination centres**, as well as **10,326 PCR tests** from one health facility to another, from June to September 2021.

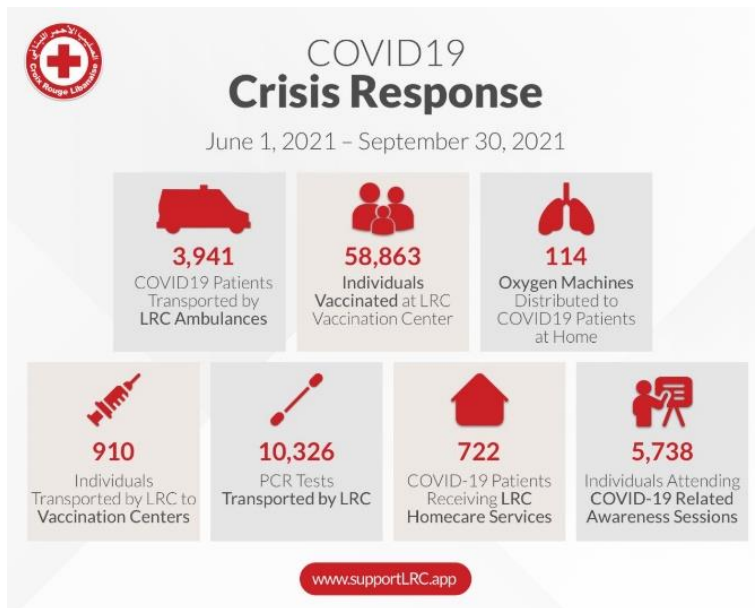


Figure 9: LRC COVID-19 Response from June to September 2021

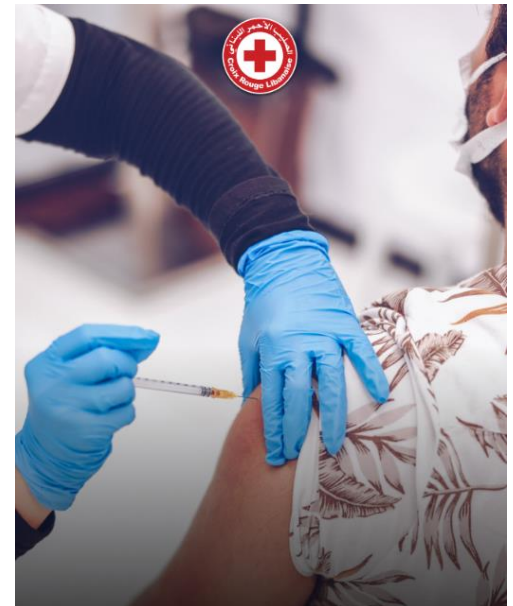


Figure 8: Individuals getting vaccinated at LRC vaccination Center. **Credit: LRC**

When compared to the previous reporting period (Feb 2021 - May 2021), these figures have significantly decreased, owing to a reduction in COVID-19 cases in Lebanon following the administration of **2,974,838 vaccine doses⁹**.

LRC also **distributed 114 oxygen machines** to COVID-19 patients at home, **vaccinated 58,863 people** at its vaccination centre, and **provided medical/homecare services to 722 patients at home** as part of its newly launched projects.

Libyan Red Crescent Society

Since June, the country has experienced an epidemic surge, especially in the west of the country. The number of confirmed cases in the first week of June reached 2,007 and in the last week of September, this had risen to 4,425 cases with very little acceptance of the vaccine in many communities.

The Libyan Red Crescent Society (LRCS), continues to educate the local communities on prevention and safety measures as well as to support the local population affected by the crisis in adapting and developing strategies to overcome the epidemic, especially given the little interest in the vaccination.

The LRCS has carried out the below activities throughout the reporting period:

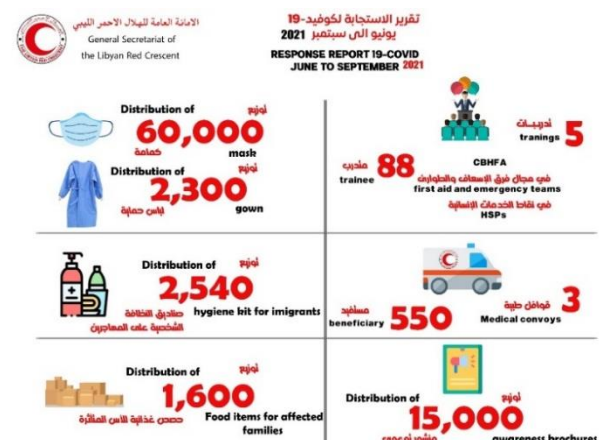


Figure 10: LRCS COVID-19 Response from June to September 2021. **Credit: LRCS**

⁹ <https://impact.cib.gov.lb/home?dashboardName=vaccine>

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- Distributed **hygiene kits to 2,540 migrants** in three cities (Zawiyah, Zwara, Sebrata).
- Distributed **1,600 food parcels to families** in those branches, which were severely affected by the epidemic **reaching more than 8,000 individuals**.
- **Trained 88** staff and volunteers on CBHFA.
- Completed the Interviews for the assessment of LRCS' programmatic GBV mainstreaming.

Moroccan Red Crescent

Morocco has so far administered at least 41,099,861 doses of COVID-19 vaccine. Assuming that each person requires two doses, that is enough to vaccinate approximately 56.3 percent of the country's population.

As an auxiliary to the public authorities, the Moroccan Red Crescent (MRC) increased its intervention with communities in COVID-19 prevention measures, misinformation and rumours about the COVID-19 vaccine, relief aid for vulnerable communities, and support for the Ministry of Health in the National vaccine roll-out campaign.

MRC **screened and tested 200,000 passengers** as part of the Marhaba national operation at Casablanca Mohamed V airport from 28 June to 31 August 2021 and reached **2,000,000 people through COVID-19 prevention and vaccine awareness campaigns**.

The following activities were carried out by the MRC:

- Distributed **41,500 public masks** across 27 provinces.
- Distributed **hygiene products to 384 schools**.
- Reached **1,290,000 people through awareness campaigns** on COVID-19 preventive measures and vaccination.
- Contributed **to vaccine inoculation in 419 high schools** for students aged 12 to 17.
- Distributed **food parcels to 200 migrant families**.
- Trained **1,043 volunteers on RCCE**.
- Provided volunteers with additional visibility equipment: **900 jackets and 900 caps**.



Figure 11: MRC Volunteer supporting the national vaccine roll-out campaign. **Credit: MRC**

Furthermore, a total of **4,700 volunteers** from 41 branches participated in the national vaccine campaign, and two branches, Errachidia and Boujdour, were involved in screening and rapid test activities.

Palestine Red Crescent Society

In its auxiliary role to public authorities, the Palestine Red Crescent Society (PRCS) is a member of the Prime Minister's National Emergency Committee (NEC) to ensure a coordinated response to COVID-19 in Palestine. The PRCS has continued to respond to the humanitarian imperative. In particular, for the COVAX Vaccination Programme, PRCS will work with the MOH to mobilize and disseminate the MOH's COVID19 Vaccination Plan.

The PRCS response to COVID-19 addressed the following needs:

- Preparing and protecting EMS, hospital, and primary health care clinic staff.
- **Raising awareness** and disseminating key public health messages, as well as providing psychosocial support
- Distributing **15,000 food parcels** to vulnerable families, including laborers returning from Israel.

COVID-19 MENA Region | National Society Highlights

- Ensuring the well-being and basic needs of vulnerable families, particularly those with a disabled member.
- Providing **PSS to families** and raising awareness about violence prevention.
- Distributing **NCD medicines** for vulnerable chronic patients who are unable to move due to the lockdown/curfew.



Figure 11: Figure 10: COVID-19 in the Minds and Hands of Gaza PRCS Volunteers. Credit: PRCS

Palestine Red Crescent Society – Lebanon Branch



Figure 12: PRCS-L volunteers spread awareness about vaccination in Badawi Camp in the north of Lebanon with a sign reading, "The vaccine is safe and effective". Credit: PRCS-L

During the reporting period, key activities included COVID-19 testing and patient care in PRCS-L hospitals, home visits to COVID-19 patients who were isolated in their homes to provide support and check-ups, as well as spreading vaccination awareness among communities via WhatsApp, social media, and face-to-face sessions with a small group of people.

The following activities were carried out by PRCS-L:

- Distributed PPEs and medical supplies to its staff and volunteers.
- Delivered messages on risk communication via social media accounts.
- Conducted home visits to COVID-19 patients.
- Disseminated information and regulations for staff and volunteers to ensure their safety while participating in outdoor activities.

Featured story: "Overcoming isolation and saving lives through homecare visits"

PRCS-L volunteers and medical staff visit COVID-19 patients who are home isolated for support and check-ups as part of risk management and community outreach activities. During a visit to one patient in June, the PRCS-L volunteers discovered he was suffering from severe COVID-19 symptoms and required hospitalization. PRCS-L referred him to an outside hospital, where it was discovered that his lungs were failing and required oxygen. This patient received a timely referral for lifesaving care through the home care visit before it was too late.

Qatar Red Crescent Society

The Qatar Red Crescent Society (QRCS) has launched a project in September 2021 to restore and equip six health centres in Sanaa and Taiz in Yemen, to provide health care services for COVID-19 patients. A project to control the Coronavirus pandemic in the Republic of Tajikistan has been implemented by QRCS, by supporting the poor families worst affected by the virus in Dushanbe. This project is part of QRCS's initiative to back the fellow National Societies in 22 countries across six continents, aimed at protecting 320,000 persons against the virus.

The list of activities conducted by QRCS in support of those countries includes the **provision of equipment and supplies** for health facilities, **provision of medicines and medical supplies**, **protection for medical professionals** and volunteers, **provision of food and shelter** for families worst affected by the loss of income, and **provision of protective supplies**.

Saudi Red Crescent Authority

According to the ministry, over **587 inoculation centres** have been established throughout the Kingdom to ensure that all citizens and residents have access to COVID-19 vaccines.

Saudi Arabia intends to achieve herd immunity and immunize at least 70% of its population against COVID-19 by October of this year. Almost 46 percent of the population has been fully vaccinated so far.



Figure 13: Saudi Arabia Red Crescent Volunteer during fieldwork. **Credit: Saudi Red Crescent Authority**

Syrian Arab Red Crescent

The government continues to implement a variety of preventive measures, including vaccination of frontline health workers, but the vaccination campaign remains minimal, with less than 2% of the total population vaccinated to date. On 9 August 2021, the Ministry of Health issued guidelines on its official website for those who want to receive vaccines for free, and a vaccination centre was established at Al-Fayhaa city's emergency hospitals in Damascus.



SARC COVID-19 Activities

People reached by awareness activities 1,282,478	People reached on social media 1,373,800	People reached by hygiene kits 68,462	8,305 Mobilized Staff & Volunteers
Awareness Activities 189,288	Awareness Posters distributed 45,931	Hygiene kits distributed 13,735	

Figure 14: SARC volunteers carrying out spraying and sterilization campaigns to control the spread of the Coronavirus. **Credit: SARC**

COVID-19 MENA Region | National Society Highlights

Priority is given to health care workers and citizens over the age of 55. On August 30, WHO and UNICEF called for the inclusion of teachers on the priority list. During the reporting period, **2,729,099 people were reached through various COVID-19 response activities.**

The Syrian Arab Red Crescent (SARC) maintained coordination with the Ministry of Health and the World Health Organization (WHO), carrying out a variety of activities such as **awareness messaging, hygiene promotion, distribution of personal protection equipment (PPE), food parcels, nutrition, and awareness materials.**

Tunisian Red Crescent

COVID-19 vaccine doses were administered to 8,196,113 people, accounting for 36.4 percent of the country's population. As an auxiliary body to public authorities, the TRC is ramping up its response to increased humanitarian needs, focusing primarily on assisting the country's health system and population with:

- Expanding **risk communication campaigns: 700,000 people** have been reached.
- Distribution of **Personal protective equipment (PPE)**: 1,203,000 surgical FFP1 masks, 58,000 FFP2 masks, and 2,502 litres of hydro alcoholic gel were distributed for the population.
- Distribution of **4,500 hygiene kits.**
- **Psychosocial support:** In collaboration with the Ministry of Health, a free dedicated hotline reached **5,500 people.**
- Advocated for migrants' right to vaccinations.



TRC **deployed 5,000 volunteers** across the country to conduct screening and vaccination activities, as well as crowd control inside vaccination centres, as well as registration and vaccination by TRC doctors and nurses.

TRC launched the "**Hilal Oxygen**" project in June 2021, with the goal of deploying mobile units comprised of five volunteers and health workers to provide home care assistance to infected individuals in need of oxygen concentrators, thereby relieving pressure on hospitals. TRC initially deployed **five units** in the five Tunisian regions most vulnerable to and affected by the pandemic, namely Manouba, Kasserine, Sousse, El Kef, and Zaghouan.

TRC, on the other hand, provided humanitarian assistance to vulnerable people affected by the pandemic, such as food and cash.

- Distributed **9,800 food vouchers to 4,900 low-income families.**
- Distributed **105,000 food parcels** containing essential items.
- Assisted **12,000 families by providing school supplies.**
- Provided **122,140 food vouchers, 7,474 litres of disinfection products, 6,400 PSS sessions, and PPEs** to migrants housed in Tunis, Zarzis, and Medenine centres.

Figure 15: TRC volunteers supporting in the National vaccine roll-out campaign. **Credit: TRC**

Yemen Red Crescent Society

As Yemen faces a third wave of the pandemic, the first batch of Johnson & Johnson (151,000 doses) vaccines arrived in late August, followed by the second batch of AstraZeneca vaccines in September (360,000 doses).

- Provided **X-ray machines** for diagnosis at Manakhah hospital and YRCS HC at Raymah, which will serve approximately **132,000 people** in the catchment areas.
- Distributed **hygiene kits to 36,666 people** (communities and IDPs) in nine governorates.
- **17,857 people** benefited from the awareness session.
- Provided food parcels to **9,100 people** in Hajjah governorate and **15,750 IDPs** in 20 camps.
- Conducted Psychological First Aid related to COVID-19 for 80 volunteers.
- Trained 25 communications focal points on how to produce a story.



Figure 16: Community awareness about psychological stress during COVID-19 conducted by YRCS volunteers in Lahj. **Credit: YRCS**

The IFRC supported the training of 40 YRCS staff and volunteers from 20 branches on basic public health. This training provided the volunteers with knowledge and a better understanding of health/epidemic emergency response

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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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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 - Strengthen 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 09 Nov 2021	372,510,529
Appeal Coverage	67.73%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,627,644	1,214,244	413,400
AOF2 - Shelter	649,931	1,290,599	-640,668
AOF3 - Livelihoods and basic needs	18,428,259	14,328,077	4,100,182
AOF4 - Health	232,180,393	180,870,122	51,310,271
AOF5 - Water, sanitation and hygiene	5,417,195	4,801,212	615,983
AOF6 - Protection, Gender & Inclusion	1,528,676	675,320	853,356
AOF7 - Migration	649,213	582,317	66,896
SFI1 - Strengthen National Societies	21,353,974	15,143,323	6,210,651
SFI2 - Effective international disaster management	26,150,506	18,536,849	7,613,656
SFI3 - Influence others as leading strategic partners	5,654,173	3,301,867	2,352,306
SFI4 - Ensure a strong IFRC	14,207,695	7,612,298	6,595,397
Grand Total	327,847,659	248,356,229	79,491,431

III. Operating Movement & Closing Balance per 2021/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	319,786,274
Expenditure	-248,356,229
Closing Balance	71,430,046
Deferred Income	30,764,113
Funds Available	102,194,159

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	Outstanding :	0
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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	12,420,998		55,800		12,476,798	
Andorran Red Cross	16,134				16,134	
Asian Football Confederation	192,323				192,323	
Australian Government	30,314				30,314	
Australian Red Cross	205,803		103,627		309,430	
Australian Red Cross (from Australian Government*)	7,143,831				7,143,831	
Australian Red Cross (from Australia - Private Donors*)	207,072				207,072	
Australian Red Cross (from Coca Cola Foundation*)	89,672				89,672	
Austrian Red Cross		51,298	64,931		116,229	
Austrian Red Cross (from Austrian Government*)	1,365,386				1,365,386	
Bahrain Red Crescent Society	94,112				94,112	
BeiGene	10,100				10,100	
Belgian Federal Government	5,360,662				5,360,662	463
Boston Scientific	231,546				231,546	
Bristol-Myers Squibb Company	442,835				442,835	
British Government	374,153				374,153	
British Red Cross	2,715,124		92,035		2,807,159	
British Red Cross (from Astra Zeneca*)	181,930				181,930	
British Red Cross (from Aviva Plc.*)	169,463				169,463	
British Red Cross (from British Government*)	42,961,080				42,961,080	
British Red Cross (from DEC (Disasters Emergency Commi	739,490				739,490	
British Red Cross (from Dixon International Group*)	11,748				11,748	
British Red Cross (from HSBC - HongKong & Shanghai Bai	937,485				937,485	
British Red Cross (from M&G Prudential Services Limited*)	59,186				59,186	
British Red Cross (from Standard Chartered Bank*)	3,220,861				3,220,861	
Calypso Technology	10,759				10,759	
Cambodian Red Cross Society	45,708				45,708	
Canadian Government	137,645				137,645	
CDC Centers for Disease Control and Prevention	9				9	81,941
Charities Aid Foundation	101,929				101,929	
Charities Aid Foundation (from Cisco*)	7,148				7,148	
China Red Cross, Hong Kong branch		80,866			80,866	
Coca-Cola	189,668				189,668	
Coca Cola Foundation	2,415,765				2,415,765	
Danish Red Cross	44,193		156,413		200,606	
Danish Red Cross (from Danish Government*)	1,518,568				1,518,568	
Danish Red Cross (from Denmark - Private Donors*)	55,226				55,226	
Danish Red Cross (from Rudolph Care A/S*)	16,146				16,146	
Electrolux Food Foundation	530				530	
Ericsson	178,706				178,706	
Estonia Government	108,819				108,819	
EU-DG SANTE	38,357,402				38,357,402	402,755
European Commission - DG ECHO	5,713,052				5,713,052	
European Investment Bank Institute	380,451				380,451	
Federation Internationale de l'Automobile FIA	877,871				877,871	
FIA Foundation	1,605,349				1,605,349	
Finnish Red Cross	526,850	570,935	187,023		1,284,808	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Finnish Red Cross (from Finland - Private Donors*)	99,945				99,945	
Finnish Red Cross (from Finnish Government*)	4,523,725				4,523,725	
Finnish Red Cross (from Huhtamaki*)	494,125				494,125	
French Red Cross (from L'Oreal*)	1,058,843				1,058,843	
German Government	18,302,311				18,302,311	
German Red Cross	113,922				113,922	
Goldman Sachs	663,839				663,839	
Great Britain - Private Donors	20				20	
IBM	456				456	
Icelandic Red Cross	70,190		86,387		156,576	
Icelandic Red Cross (from Icelandic Government*)	210,759				210,759	
ICRC	144,396				144,396	604
ICRC (from DirecTV*)	27,538				27,538	
Intercontinental Hotels Groups(IHG)	9,234				9,234	
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	1,327,292				1,327,292	
Italian Government Bilateral Emergency Fund	856,832				856,832	
Italian Red Cross			83,600		83,600	
Italy - Private Donors	12				12	
Japanese Government	24,801,561				24,801,561	716,700
Japanese Red Cross Society	1,251,799				1,251,799	
Japan - Private Donors	42,011				42,011	
Johnson & Johnson foundation	4,550,940				4,550,940	623,815
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)	302,014				302,014	
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.	2,410				2,410	
Medtronic Foundation	6,398				6,398	
Mondelez International Foundation	22,578				22,578	
Morgan Stanley	26,597				26,597	
Nestle	3,742,055				3,742,055	3,510,152
Netherlands - Private Donors	3,401				3,401	
New Balance	22,883				22,883	
New Zealand Government	4,154,050				4,154,050	
New Zealand Red Cross			101,374		101,374	
Norwegian Red Cross	206,576				206,576	
Norwegian Red Cross (from Norwegian Government*)	2,570,550				2,570,550	
Novartis	576,547				576,547	
Olympus Corporation	177,183				177,183	
On Line donations	31,983				31,983	
Other	5,549		0		5,549	
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	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Prudence Foundation	200,000				200,000	
Qatar Red Crescent Society	9,282				9,282	
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	1,937,955				1,937,955	
Republic of Korea - Private Donors	11,486				11,486	
RM Sotheby's	151,260				151,260	
Sandoz International GmbH	1,083				1,083	
Saudi Arabia Government	417,987				417,987	582,013
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	4,062,038				4,062,038	514,225
Spanish Red Cross	11,285				11,285	
Spanish Red Cross (from Inditex*)	541,699				541,699	
Spanish Red Cross (from KPMG International Cooperative)	11,285				11,285	
Supreme Master Ching Hai	1,008,956				1,008,956	
Swedish Red Cross	1,653,998		7,600		1,661,598	
Swiss Government	12,439,947				12,439,947	1,360,053
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	11,139				11,139	
Taiwan Red Cross Organisation	240,658				240,658	
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	903,799	5,644			909,443	
The Canadian Red Cross Society (from Canadian Governr	23,018,611				23,018,611	
The Netherlands Red Cross	608,537				608,537	
The Netherlands Red Cross (from Heineken International B	15,912,000				15,912,000	
The Netherlands Red Cross (from Netherlands Governmen	9,558,986				9,558,986	
The Netherlands Red Cross (from Netherlands - Private Do	923,347				923,347	
The Netherlands Red Cross (from PVH Europe BV*)	102,021				102,021	
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 c	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	684				684	
UNICEF - United Nations Children's Fund	370,905				370,905	107,062
Unidentified donor			68,400		68,400	
United States Government - PRM	1,082,318				1,082,318	490,810
United States Government - USAID	24,245,004				24,245,004	20,828,004
United States - Private Donors	11,798				11,798	
Université de Management de Suisse	53,942				53,942	
UPS foundation	49,406				49,406	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Vanguard	405				405	
Western Union Foundation	43,404				43,404	
WHO - World Health Organization	286,511				286,511	1,544,763
World Bank	2,198,906				2,198,906	753
YourCause LLC	275				275	
Zalando	54,076				54,076	
Total Contributions and Other Income	316,913,113	1,795,167	1,077,994	0	319,786,274	30,764,113
Total Income and Deferred Income					319,786,274	30,764,113

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II. IFRC Operating Budget Implementation BY REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Africa	Budget	-1,647	257,102	4,164,032	29,976,951	679,037	293,055	19,343	8,286,116	9,284,216	123,185	1,224,427	54,305,817
	Expenditure	-89,254	265,772	3,507,240	27,459,292	773,977	176,481	27,449	6,134,699	6,767,740	16,249	773,283	45,812,927
	Variance	87,607	-8,671	656,792	2,517,659	-94,940	116,574	-8,105	2,151,417	2,516,476	106,936	451,145	8,492,890
Americas	Budget	9,936	71,584	2,006,787	29,291,938	1,525,071	93,118	101,603	4,374,196	4,348,987	252,705	41,175	42,117,101
	Expenditure	6,901	128,705	1,867,515	22,749,558	1,266,506	28,411	37,484	3,591,190	2,713,808	224,956	32,793	32,647,828
	Variance	3,035	-57,121	139,271	6,542,380	258,565	64,707	64,119	783,006	1,635,179	27,749	8,382	9,469,273
Asia Pacific	Budget	284,658	139,710	6,121,111	62,558,724	1,498,049	146,981	322,068	3,902,870	7,082,331	1,855,033	5,142,112	89,053,646
	Expenditure	253,757	712,873	3,203,249	27,471,483	1,482,567	135,928	317,746	1,790,303	4,587,394	985,769	2,849,290	43,790,359
	Variance	30,901	-573,164	2,917,862	35,087,241	15,482	11,053	4,322	2,112,567	2,494,938	869,264	2,292,822	45,263,287
Europe	Budget	1,296,359		2,035,286	79,914,818	0	235,840	80	420,811	-2,068	592,555	611,727	85,105,409
	Expenditure	1,013,665		1,892,921	77,671,827		27,102	80	285,871	117,252	275,950	456,090	81,740,757
	Variance	282,694	0	142,366	2,242,991	0	208,739	0	134,940	-119,320	316,605	155,637	3,364,652
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	29,175	169,713	699,972	2,742,160		270,085	69,492	398,878	1,434,004	1,666,329	2,957,523	10,437,331
	Variance	9,163	11,823	42,811	1,062,926	0	383,612	8,253	150,216	123,610	705,331	3,620,411	6,118,156
Middle East and North Africa	Budget			3,358,260	26,632,877	1,715,038	105,985	128,373	3,820,887	3,879,425	459,034	610,320	40,710,200
	Expenditure		13,535	3,157,180	22,775,802	1,278,162	37,314	130,066	2,942,383	2,916,651	132,614	543,321	33,927,027
	Variance	0	-13,535	201,080	3,857,074	436,876	68,671	-1,693	878,504	962,774	326,421	67,000	6,783,173

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Angola	Budget				34,434				15,503	1,183			51,120
	Expenditure				34,434				15,503	611			50,548
	Variance	0	0	0	0	0	0	0	0	572	0	0	572
Benin	Budget	-105,000			147,711				60,134	224,123			326,969
	Expenditure	-105,000			210,064				36,834	185,410			327,308
	Variance	0	0	0	-62,353	0	0	0	23,300	38,714	0	0	-339
Botswana	Budget		29,712	427,086	84,565		6,263		358,936	752,942	3,834	2,103	1,665,442
	Expenditure		37,503	745,092	87,981		6,263		420,758	89,981	3,834	2,103	1,393,516
	Variance	0	-7,791	-318,007	-3,416	0	0	0	-61,822	662,961	0	0	271,926
Burkina Faso	Budget		45,562	104,991	435,540			4,018	143,848	142,657	137	7,143	883,897
	Expenditure		45,562	94,241	344,651			4,018	90,098	147,385	137	7,143	733,236
	Variance	0	0	10,750	90,888	0	0	0	53,750	-4,728	0	0	150,661
Burundi	Budget				484,202	2,407			45,827	341			532,777
	Expenditure				488,041	2,407			45,875	344			536,668
	Variance	0	0	0	-3,840	0	0	0	-48	-3	0	0	-3,891
	Budget			541,985	498,538			122	244,027	536,902		135,393	1,956,967

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Expenditure		37,280	503,572			11,472	246,698	645,775		15	1,444,811	
	Variance	0	0	504,705	-5,034	0	0	-11,350	-2,671	-108,873	0	135,378	512,155
Cape Verde	Budget		26,085	179,997	3,132		126	83,028	26,350			318,717	
	Expenditure		8,827	126,048	3,132		126	75,154	25,828			239,115	
	Variance	0	0	17,258	53,949	0	0	0	7,873	522	0	0	79,602
Central African Republic	Budget	10,288	68,637	1,361,631	60,570			7,010	104,215			1,612,352	
	Expenditure	67	19,579		1,289,680	57,305		3,474	118,402	487	11,686	1,500,681	
	Variance	-67	-9,291	68,637	71,952	3,265	0	0	3,536	-14,187	-487	-11,686	111,671
Chad	Budget	22,191	26,747	84,536				31,102	60,663			225,240	
	Expenditure	22,191	50,946	57,388				24,120	124,378			279,023	
	Variance	0	0	-24,198	27,148	0	0	0	6,982	-63,715	0	0	-53,783
Comoro Islands	Budget			407,336		1,672		62,760	57,075		15,480	544,324	
	Expenditure			407,336		1,672		62,760	57,075		15,480	544,324	
	Variance	0	0	0	0	0	0	0	0	0	0	0	
Cote d'Ivoire	Budget	16,293	397,053	492,416	6,376			433,435	200,286		7,583	1,553,443	
	Expenditure	16,293	397,053	404,481	6,376			349,370	200,286		7,583	1,381,443	
	Variance	0	0	0	87,935	0	0	0	84,065	0	0	0	172,000

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
Democratic Republic of Congo	Budget	798		193	2,144,964		624		841,052	2,239,938	1,170	20,445	5,249,184
	Expenditure	798		193	1,629,960		624		623,909	1,570,499	1,170	20,445	3,847,598
	Variance	0	0	0	515,004	0	0	0	217,143	669,439	0	0	1,401,586
Djibouti	Budget				456,373					39,330			495,703
	Expenditure				458,290					1,623		8,077	467,989
	Variance	0	0	0	-1,917	0	0	0	0	37,708	0	-8,077	27,714
Equatorial Guinea	Budget			31,794	132,635				17,787	44,591			226,808
	Expenditure			32,093	134,021				17,954	45,032			229,099
	Variance	0	0	-299	-1,385	0	0	0	-167	-440	0	0	-2,291
Ethiopia	Budget				16,385					1,299			17,684
	Expenditure				418,818					14,254			433,072
	Variance	0	0	0	-402,433	0	0	0	0	-12,955	0	0	-415,388
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				310,956				103,714	288,103			702,773

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Expenditure			310,956				103,714	288,103			702,773	
	Variance	0	0	0	0	0	0	0	0	0	0	0	
Gambia	Budget		104,888	484,938	12,490	12,754		653,528	249,723			1,518,320	
	Expenditure		104,888	360,648		12,754		586,878	176,777			1,241,946	
	Variance	0	0	0	124,289	12,490	0	0	66,650	72,946	0	0	276,375
Ghana	Budget		151,143	126,568	500,199			620,275	250,845			1,649,031	
	Expenditure	14,726		179,568	171,962	652,485		222,725	101,473		8,929	1,351,867	
	Variance	-14,726	0	-28,425	-45,394	-152,285	0	0	397,550	149,372	0	-8,929	297,163
Guinea	Budget		105,417	181,975		8,236		93,765	154,073			543,465	
	Expenditure			106,544	272,420		8,314		93,553	62,619		543,450	
	Variance	0	0	-1,128	-90,445	0	-77	0	212	91,453	0	0	15
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	2,825	5,325	263,278	9,422,898		84,242	5,325	722,958	319,459	83,782	10,503	10,920,596
	Expenditure	5,631		26,748	8,665,740	856	30,559		207,599	339,647		41,148	9,317,928
	Variance	-2,806	5,325	236,530	757,158	-856	53,683	5,325	515,359	-20,187	83,782	-30,645	1,602,668

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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	Strengthen 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	327
Lesotho	Budget			77,420	99,998		1,093		62,743	48,282		289,536
	Expenditure			77,420	99,998		1,093		63,674	28,599		270,784
	Variance	0	0	0	0	0	0	0	-931	19,683	0	18,752
Liberia	Budget				230,747	45,035	5,528		150,685	123,454	1,063	556,513
	Expenditure				207,978	45,035	5,528		150,685	123,454	1,063	533,743
	Variance	0	0	0	22,770	0	0	0	0	0	0	22,770
Madagascar	Budget				583,059				131,720		12,500	727,279
	Expenditure				475,433			2,080	65,526	130,672	102	676,117
	Variance	0	0	0	107,626	0	0	-2,080	66,194	-130,672	12,398	51,162
Malawi	Budget		4,579	119,087	394,332		98,201		102,537	70,945		789,682
	Expenditure		4,579	119,326	165,808		68,186		102,537	42,093		502,528
	Variance	0	0	-238	228,524	0	30,015	0	0	28,853	0	287,154
	Budget		3,573	80,899	325,549	0			85,193	31,133	8,077	534,423

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	Expenditure		3,573	80,899	245,073	0			41,631	28,378		8,077	407,630
	Variance	0	0	0	80,476	0	0	0	43,562	2,755	0	0	126,793
Mauritania	Budget			35,209	143,297			9,753	47,398	40,971			276,627
	Expenditure			33,428	67,003			9,753	27,430	40,057			177,670
	Variance	0	0	1,781	76,294	0	0	0	19,968	914	0	0	98,957
Mauritius	Budget			11,076	359,055					230,590	2,260		602,981
	Expenditure			5	234,739					178,474	1,048		414,266
	Variance	0	0	11,071	124,316	0	0	0	0	52,116	1,211	0	188,715
Mozambique	Budget	9,179			586,309		4,309		123,926	59,141	28	1,614	784,506
	Expenditure	9,179			455,385		1,084		30,328	25,810	28	1,614	523,428
	Variance	0	0	0	130,925	0	3,225	0	93,598	33,331	0	0	261,079
Namibia	Budget			137,692	293,183		3,842		151,436	99,945		36,708	722,806
	Expenditure			204,887	108,043		3,842		110,217	97,432		1,726	526,146
	Variance	0	0	-67,195	185,140	0	0	0	41,219	2,513	0	34,982	196,659
Niger	Budget				848,584		28,778		327,125	8,958	328	486,818	1,700,591
	Expenditure				182,548				214,143		328	389,570	786,589
	Variance	0	0	0	666,036	0	28,778	0	112,983	8,958	0	97,248	914,002

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Nigeria	Budget	50,872		538,663	1,816,934				438,717	91,169	9,984	38	2,946,376
	Expenditure	50,872		538,663	1,779,285				380,793	91,169	9,984	38	2,850,803
	Variance	0	0	0	37,648	0	0	0	57,924	0	0	0	95,572
Republic of Congo	Budget				220,356				139,439	48,919		108	408,822
	Expenditure				234,491				104,802	66,554		105	405,952
	Variance	0	0	0	-14,135	0	0	0	34,636	-17,636	0	4	2,870
Rwanda	Budget				643,519				14,224	12,470			670,213
	Expenditure				650,810				14,224	3,514			668,547
	Variance	0	0	0	-7,290	0	0	0	0	8,956	0	0	1,666
Sao Tome and Principe	Budget		26,580		44,080				11,446	91,716		18,390	192,211
	Expenditure		26,580		44,080				19,486	91,717			181,862
	Variance	0	0	0	0	0	0	0	-8,040	-1	0	18,390	10,349
Senegal	Budget		76,930	196,264	592,042	58			107,568	454,868		38,725	1,466,456
	Expenditure		76,930	196,264	435,543	58			108,649	455,409		38,725	1,311,579
	Variance	0	0	0	156,499	0	0	0	-1,081	-541	0	0	154,877
	Budget				37,099				9,146	17,002	3,752		67,000

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
	Expenditure			28,558				10,420	30,259			69,237	
	Variance	0	0	0	8,541	0	0	0	-1,274	-13,257	3,752	0	-2,237
Sierra Leone	Budget			247,619				384,898	4,371			636,888	
	Expenditure			225,748				400,638	30			626,416	
	Variance	0	0	0	21,871	0	0	0	-15,740	4,341	0	0	10,472
Somalia	Budget			582,401		4,394		15,445	128,839		1,185	732,263	
	Expenditure			578,809		11,471		25,359	111,206		1,185	728,030	
	Variance	0	0	0	3,592	0	-7,077	0	-9,914	17,633	0	0	4,233
South Africa	Budget		127,243	696,929	32,394	12,523		287,673	430,469		190,577	1,777,809	
	Expenditure		127,243	637,319		12,939		194,352	241,527		21,931	1,235,310	
	Variance	0	0	0	59,611	32,394	-416	0	93,322	188,942	0	168,646	542,498
South Sudan	Budget			368,659				191,857	1,051,981		102,626	1,715,123	
	Expenditure	18,091		427,503	995			356,870	523,655		172,338	1,499,451	
	Variance	-18,091	0	0	-58,844	-995	0	0	-165,012	528,326	0	-69,712	215,672
Sudan	Budget	4,215	-5,326	776,363	16,374	8,444		163,269	1,583	-869	0	964,054	
	Expenditure		-5,326	741,368	5,326			64,787	1,598	-869	8,077	814,961	
	Variance	4,215	0	0	34,995	11,048	8,444	0	98,483	-15	0	-8,077	149,093

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
Tanzania	Budget				441,594				68,388	11,313		3,567	524,863	
	Expenditure				441,652				68,388	11,355		3,567	524,963	
	Variance	0	0	0	-58	0	0	0	0	-42	0	0	-100	
Togo	Budget				170,699				34,936	66,134			271,769	
	Expenditure	-100,000			253,324				49,757	48,271			251,352	
	Variance	100,000	0	0	-82,626	0	0	0	-14,820	17,863	0	0	20,417	
Uganda	Budget	19,170			981,229				312,903			101,713	1,415,015	
	Expenditure				1,214,053				71,193				1,285,246	
	Variance	19,170	0	0	-232,824	0	0	0	241,710	0	0	101,713	129,769	
Zambia	Budget			138,856	507,303		8,008		103,382	163,553			921,102	
	Expenditure			138,856	426,768		8,008		103,382	64,912			741,926	
	Variance	0	0	0	80,535	0	0	0	0	98,641	0	0	179,176	
Zimbabwe	Budget			250,657	230,345		551		139,255	235,032	6,279	34,566	896,686	
	Expenditure	89	11,969	5,139	476,641		551		17,077	1,760		351	513,577	
	Variance	-89	-11,969	245,519	-246,296	0	0	0	122,178	233,272	6,279	34,215	383,109	

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Americas												
Antigua and Barbuda	Budget	899		20	257,546	27,264	632		127,556	4,053	2,686	420,655
	Expenditure	899		45,005	191,158	26,344			93,522		30,417	387,346
	Variance	0	0	-44,985	66,387	919	632	0	34,033	4,053	-27,731	33,309
Argentina	Budget				429,685	121,413			91,366	326,055	136,886	1,105,405
	Expenditure			137,600	137,270	121,402			40,770	195,127	77,013	709,181
	Variance	0	0	-137,600	292,416	11	0	0	50,596	130,928	59,873	396,224
Bahamas	Budget			110,731	554,518	58,640			114,952	96,760		935,601
	Expenditure			110,004	462,965	58,577			135,290	73,462		840,298
	Variance	0	0	727	91,553	62	0	0	-20,338	23,298	0	95,303
Barbados	Budget			37,257	94,763	265			49,779			182,065
	Expenditure			35,739	25,229	265			67,070			128,303
	Variance	0	0	1,518	69,534	0	0	0	-17,291	0	0	53,762
Belize	Budget			133,937	178,514	49,006			31,104	-176		392,386
	Expenditure			133,930	148,269	48,999			31,087	-176		362,109
	Variance	0	0	7	30,245	7	0	0	18	0	0	30,277
	Budget	38,562	114,015	750,649	112,230	17,200	4,300	39		106,474	25,546	1,169,015

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Selected Parameters			
Reporting Timeframe	2020/1-2021/9	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 09 Nov 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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure	20,250	80,837	579,654	48,986	4,264			39	113,766	11,205	859,000
	Variance	0	18,312	33,178	170,995	63,244	12,936	4,300	0	0	-7,292	310,015
Brazil	Budget			409,296				10,812	32,805			452,913
	Expenditure		1,741	169,181	15,741			38,095	3,563			228,320
	Variance	0	0	-1,741	240,115	-15,741	0	0	-27,283	29,243	0	224,593
Chile	Budget			469,834				3,763				473,596
	Expenditure	62,632	77,845	70,656	50,798			84,105				346,036
	Variance	0	-62,632	-77,845	399,178	-50,798	0	0	-80,343	0	0	127,561
Colombia	Budget			1,668,433					476,930			2,145,363
	Expenditure		224,089	692,223	28,052			207,738	301,270			1,453,372
	Variance	0	0	-224,089	976,210	-28,052	0	0	-207,738	175,660	0	691,991
Costa Rica	Budget		21,574	568,733	52,705	7,372	11,325	72,092	19,625			753,427
	Expenditure			541,466								541,466
	Variance	0	0	21,574	27,267	52,705	7,372	11,325	72,092	19,625	0	211,961
Cuba	Budget			690,915								690,915
	Expenditure			299,311				21,488	600			321,400
	Variance	0	0	0	391,604	0	0	0	-21,488	-600	0	369,515

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Dominica	Budget	2,770		41,925	212,888	35,671		168,444	-286			461,412
	Expenditure	2,770		41,925	210,056	35,671		168,444	-286			458,580
	Variance	0	0	0	2,832	0	0	0	0	0	0	2,832
Dominican Republic	Budget			36,799	1,102,457	186,837		487,439	954,936			2,768,469
	Expenditure	539		36,799	972,506	191,113		457,649	791,292		2,346	2,452,244
	Variance	-539	0	0	129,951	-4,275	0	29,790	163,645	0	-2,346	316,225
Ecuador	Budget				2,630,093			641,398				3,271,491
	Expenditure			395,627	2,224,887	91,913	13,313	168,593	-277			2,894,055
	Variance	0	0	-395,627	405,206	-91,913	-13,313	0	472,805	277	0	377,436
El Salvador	Budget			439,068	1,109,770	23,422	4,876	196,308	236,500		2,977	2,012,921
	Expenditure				1,629,419							1,629,419
	Variance	0	0	439,068	-519,649	23,422	4,876	0	196,308	236,500	0	383,503
Grenada	Budget	2,150		24,301	271,868	4,454		217,139	1,290	3,836		525,038
	Expenditure			30,500	208,442	4,454		203,299		936		447,631
	Variance	2,150	0	-6,199	63,426	0	0	13,840	1,290	2,900	0	77,407
	Budget			154,932	1,291,927	20,599	3,753	78,373	255,031	43,030		1,847,645

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Selected Parameters			
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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	Expenditure	192			1,634,074			37,484	66,820	15,758			1,754,328
	Variance	-192	0	154,932	-342,147	20,599	3,753	40,889	188,210	27,272	0	0	93,316
Guyana	Budget			2,383	288,543	44,459			162,376				497,762
	Expenditure			2,613	225,451	68,879			129,830				426,772
	Variance	0	0	-229	63,093	-24,419	0	0	32,546	0	0	0	70,990
Haiti	Budget				758,985	242,724			269,477				1,271,187
	Expenditure				825,376	118,720			249,616				1,193,712
	Variance	0	0	0	-66,391	124,005	0	0	19,861	0	0	0	77,474
Honduras	Budget			152,105	1,105,619	16,979	57,954	7,605	260,198				1,600,459
	Expenditure				1,186,565		10,835		237,233				1,434,632
	Variance	0	0	152,105	-80,946	16,979	47,119	7,605	22,965	0	0	0	165,827
Jamaica	Budget			237,146	841,662	7,659			311,081	7,063			1,404,610
	Expenditure			130,803	528,558	2,821			257,183				919,365
	Variance	0	0	106,343	313,104	4,837	0	0	53,898	7,063	0	0	485,245
Mexico	Budget				869,584				18,232	1,301		12,653	901,770
	Expenditure				863,797				20,351	1,301		15,669	901,118
	Variance	0	0	0	5,787	0	0	0	-2,119	0	0	-3,016	652

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Budget Timeframe	2020-2022	Budget	APPROVED

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Nicaragua	Budget		102,125	893,651	125,863			156,403				1,278,041
	Expenditure		29,401	958,340	122,731			113,017				1,223,489
	Variance	0	0	72,724	-64,689	3,132	0	0	43,386	0	0	54,552
Panama	Budget		13,320	6,005,248				136,789	762,400			6,917,757
	Expenditure	591	16,659	3,824,350				103,930	521,502		899	4,467,930
	Variance	-591	0	-3,338	2,180,898	0	0	32,859	240,898	0	-899	2,449,827
Paraguay	Budget			487,321				1,613	31			488,965
	Expenditure		32,988	221,023	71,183			112,253	31			437,479
	Variance	0	0	-32,988	266,297	-71,183	0	0	-110,640	0	0	51,486
Peru	Budget	22,465	223,138	741,274	30,076			85,431	1,109,767			2,212,151
	Expenditure	22,465	152,701	530,397	25,970			100,370	641,508			1,473,411
	Variance	0	0	70,437	210,876	4,107	0	0	-14,939	468,259	0	738,740
Saint Kitts and Nevis	Budget	10,557	31,424	253,459	907	1,330		46,770		2,824		347,272
	Expenditure	10,459	19,873	177,185				27,160		2,824		237,501
	Variance	0	98	11,551	76,274	907	1,330	0	19,611	0	0	109,771
	Budget		160	111,130	2,343			4,617				118,250

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Budget Timeframe	2020-2022	Budget	APPROVED

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure		14,795	83,327	4,292			13,693				116,106
	Variance	0	0	-14,635	27,803	-1,949	0	0	-9,076	0	0	2,144
St Vincent and Grenadines	Budget		20,258	128,829	12,694			29,841				191,622
	Expenditure		9,211	38,074	16,336			70,769				134,390
	Variance	0	0	11,047	90,755	-3,642	0	0	-40,928	0	0	57,232
Suriname	Budget			289,309	1,331			36,245				326,885
	Expenditure			101,905	1,331			35,972				139,208
	Variance	0	0	0	187,404	0	0	272	0	0	0	187,676
Trinidad and Tobago	Budget	4,117	110,168	1,875,078	40,831			107,152	27,835			2,165,182
	Expenditure	1,458	74,122	1,012,852	26,685			83,706	7,121			1,205,944
	Variance	2,660	0	36,047	862,226	14,147	0	0	23,446	20,713	0	959,238
Uruguay	Budget			798,138				4,300				802,438
	Expenditure		12,900	32,710	431,595	38,772		103,504				619,480
	Variance	0	-12,900	-32,710	366,543	-38,772	0	0	-99,204	0	0	182,958
Venezuela	Budget			1,152,220	306,698			276,450	249,067			1,984,434
	Expenditure	453		1,543,997	46,472			148,593	162,012		2,675	1,904,201
	Variance	-453	0	0	-391,777	260,226	0	0	127,857	87,055	0	80,233

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Selected Parameters			
Reporting Timeframe	2020/1-2021/9	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL

Emergency Appeal

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Selected Parameters			
Reporting Timeframe	2020/1-2021/9	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Asia Pacific												
Afghanistan	Budget		745,430	2,961,281				70,929	363,983	54,847	232,299	4,428,769
	Expenditure	12,832	804,793	2,619,245	36			15,687	93,556	45,509	251,660	3,843,318
	Variance	-12,832	0	-59,363	342,036	-36	0	55,242	270,427	9,338	-19,361	585,451
Bangladesh	Budget	1,509		14,001,092	352,858	7,333	22,483	24,767				14,410,040
	Expenditure	1,509		6,099,570	327,826	7,946	33,654					6,470,504
	Variance	0	0	0	7,901,521	25,032	-613	-11,171	24,767	0	0	7,939,536
Bhutan	Budget	0		192,377				44,522			1,065	237,964
	Expenditure			192,375				37				192,412
	Variance	0	0	0	2	0	0	44,485	0	0	1,065	45,552
Brunei	Budget			100,000								100,000
	Expenditure			31,987								31,987
	Variance	0	0	0	68,013	0	0	0	0	0	0	68,013
Cambodia	Budget			115,059				639	207,698			323,396
	Expenditure			115,059				639	157,721			273,419
	Variance	0	0	0	0	0	0	0	49,977	0	0	49,977
	Budget	3,118		2,177,517	0	0	0	491,736	554,021	139,256	176,658	3,542,305

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
	Expenditure			2,601,517				1,156	470,214	104,448	186,767	3,364,102
	Variance	3,118	0	0	-424,000	0	0	490,579	83,807	34,808	-10,109	178,203
Cook Islands	Budget			62,906	320			27,895	1,322			92,443
	Expenditure			43,710	1,799			13,621	1,719			60,849
	Variance	0	0	0	19,196	-1,479	0	14,274	-397	0	0	31,594
Democratic People Republic of Korea	Budget	186,344		459,010	221,379			18,263	14,591	204,769	533	1,104,887
	Expenditure	90,853	68,014	295,769	61,524			22,780	3,470	156,497		698,908
	Variance	95,491	-68,014	0	163,241	159,855	0	-4,518	11,121	48,271	533	405,979
Fed. States of Micronesia	Budget			80,643	839			73,725	6,439		10,750	172,396
	Expenditure			107,063	16,801	90		14,046	5,868		8,482	152,349
	Variance	0	0	0	-26,420	-15,962	-90	59,679	571	0	2,268	20,046
Fiji	Budget			1,125,642	27,827	2,325		112,404	25,567	544,045	158,701	1,996,511
	Expenditure	97,088		274	249,119	9,730	2,719	81,238	39,615	230,042	94,783	804,608
	Variance	-97,088	0	-274	876,523	18,098	-394	31,166	-14,048	314,003	63,918	1,191,903
India	Budget		1,597,500	20,571,184			27,657	265,090	276,001	2	1,203,941	23,941,375
	Expenditure	0		2,074,792			27,657	57,078	23,354	2	197,054	2,379,937
	Variance	0	0	1,597,500	18,496,392	0	0	208,013	252,646	0	1,006,886	21,561,438

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Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

2023 Operating Budget Implementation Report													
		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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Indonesia	Budget			423,262	3,644,982				123,727	443,117	351,419	223,836	5,210,343
	Expenditure			323,219	1,608,724				76,918	350,039	63,292	158,741	2,580,934
	Variance	0	0	100,043	2,036,258	0	0	0	46,809	93,077	288,127	65,095	2,629,409
Kiribati	Budget				53,757	9,891			71,203	24,136			158,987
	Expenditure				30,418	4,823			54,361	19,375			108,977
	Variance	0	0	0	23,339	5,068	0	0	16,842	4,761	0	0	50,010
Laos	Budget				267,751				1,369	68,154	688		337,962
	Expenditure				177,226				1,369	58,183	688		237,466
	Variance	0	0	0	90,525	0	0	0	0	9,971	0	0	100,496
Malaysia	Budget			488,709	1,313,155	92,581	119,308	11,392	565,372	1,985,721	439,901	1,121,062	6,137,203
	Expenditure			347,582	1,361,549	89,020	974		387,170	1,367,231	283,374	577,453	4,414,354
	Variance	0	0	141,127	-48,393	3,561	118,334	11,392	178,202	618,490	156,527	543,609	1,722,849
Maldives	Budget	42,879		16,934	379,841		3,225	47,309	99,875	4,280		28,755	623,097
	Expenditure	42,879		16,934	164,910		3,225	47,309	99,888	4,280			379,425
	Variance	0	0	0	214,930	0	0	0	-13	0	0	28,755	243,672
	Budget				91,393	11,320			53,239	5,375		41,388	202,715

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Budget Timeframe	2020-2022	Budget	APPROVED

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL	
		Expenditure			98,668	10,132			18,296	2,228		45,761	175,085	
		Variance	0	0	0	-7,274	1,188	0	0	34,943	3,147	0	-4,374	27,630
Mongolia	Budget	41,429			285,874	5,849			302,299			125,676	761,126	
	Expenditure			93,648	35,696	105,636			109,646	27,655	-3,369	39,324	408,236	
	Variance	41,429	0	-93,648	250,178	-99,787	0	0	192,653	-27,655	3,369	86,352	352,890	
Myanmar	Budget			249,386	903,523	91,429		301	559,990	1,329,272	24,961	251,976	3,410,838	
	Expenditure			99,922	371,336	308,908			45,738	1,119,344	28,891	173,469	2,147,609	
	Variance	0	0	149,464	532,187	-217,479	0	301	514,252	209,929	-3,930	78,507	1,263,229	
Nepal	Budget		139,710		3,591,670	40,614	271		62,144	49,414	24,369	319,361	4,227,552	
	Expenditure	1,317	644,859		1,040,105	111,969	114,597		66,525	17,957	15,932	245,115	2,258,375	
	Variance	-1,317	-505,149	0	2,551,565	-71,354	-114,326	0	-4,381	31,457	8,437	74,246	1,969,177	
Pakistan	Budget			104,131	3,672,608	474,240	12,845	12,853		244,569	0	785,765	5,307,011	
	Expenditure			8,454	2,458,097	311,864	6,377	7,769	101,994			575,059	3,469,614	
	Variance	0	0	95,677	1,214,511	162,376	6,467	5,084	-101,994	244,569	0	210,706	1,837,397	
Palau	Budget			2,580	117,275	17,681			78,617			25,800	241,953	
	Expenditure				87,971	23,094			47,903	4,403		25,660	189,032	
	Variance	0	0	2,580	29,303	-5,413	0	0	30,714	-4,403	0	140	52,921	

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Selected Parameters			
Reporting Timeframe	2020/1-2021/9	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Papua New Guinea	Budget			357,502				0	0		0	357,502
	Expenditure			270,008				17,599			17,500	305,106
	Variance	0	0	87,494	0	0	0	-17,599	0	0	-17,500	52,396
Philippines	Budget		2,032,638	2,860,002	35,244		301	770	438,098	51,967	112,273	5,531,293
	Expenditure		1,103,048	3,101,312	35,244		301	770	253,192	24,335	53,701	4,571,903
	Variance	0	929,589	-241,309	0	0	0	0	184,907	27,632	58,571	959,390
Samoa	Budget			91,577	20,034			102,350	4,849			218,810
	Expenditure			90,750	2,511			39,196	9,990			142,446
	Variance	0	0	828	17,523	0	0	63,154	-5,141	0	0	76,364
Singapore	Budget		15,975				127,800	11,502	44,730			200,007
	Expenditure						197,100					197,100
	Variance	0	0	15,975	0	0	-69,300	11,502	44,730	0	0	2,907
Solomon Island	Budget			141,859	18,122	1,032		102,741	27,925			291,679
	Expenditure			116,209	8,196			51,007	26,221	19,086	25	220,742
	Variance	0	0	25,650	9,926	1,032	0	51,734	1,704	-19,086	-25	70,936
	Budget			880,702			6	400,913	34,565	2,095	178,554	1,496,834

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	Expenditure				336,053			6	343,883	34,565	2,095	106,263	822,865
	Variance	0	0	0	544,648	0	0	0	57,030	0	0	72,291	673,969
Thailand	Budget	7,163			903,997			71,966	3,682	490,003	19	61,862	1,538,693
	Expenditure	7,163			904,025		0	3,951	3,682	193,611	19	61,862	1,174,314
	Variance	0	0	0	-28	0	0	68,015	0	296,392	0	0	364,379
Timor-Leste	Budget				416,767				42,723	65,786	16,566	72,867	614,708
	Expenditure				175,247				10,723	19,831	14,799	21,619	242,219
	Variance	0	0	0	241,520	0	0	0	32,000	45,955	1,767	51,248	372,489
Tonga	Budget				44,118	43,380			48,149				135,647
	Expenditure				40,567	40,951			18,438	4,620			104,577
	Variance	0	0	0	3,551	2,429	0	0	29,711	-4,620	0	0	31,070
Tuvalu	Budget				44,035	12,172	642		43,125	1,998			101,972
	Expenditure				52,789	8,371			17,581				78,741
	Variance	0	0	0	-8,754	3,801	642	0	25,544	1,998	0	0	23,231
Vanuatu	Budget	2,150			137,933	22,269			98,386	17,896			278,634
	Expenditure				115,001	4,134			70,609	14,821			204,565
	Variance	2,150	0	0	22,932	18,135	0	0	27,777	3,075	0	0	74,069

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Viet Nam	Budget	67		444,566	511,695			723	352,822	129	8,990	1,318,993
	Expenditure	116		405,374	404,618			723	264,332	129	8,990	1,084,282
	Variance	-49	0	39,192	107,077	0	0	0	88,490	0	0	234,711

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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	Strengthen 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			491,467				2,970				494,523
	Variance	-86	0	0	4,392	0	0	0	-2,970	0	0	0	1,336
Armenia	Budget				2,866,453	0							2,866,453
	Expenditure				2,607,360								2,607,360
	Variance	0	0	0	259,093	0	0	0	0	0	0	0	259,093
Azerbaijan	Budget				2,198,360								2,198,360
	Expenditure				1,896,312								1,896,312
	Variance	0	0	0	302,048	0	0	0	0	0	0	0	302,048
Belarus	Budget				1,786,328								1,786,328
	Expenditure				1,571,325								1,571,325
	Variance	0	0	0	215,003	0	0	0	0	0	0	0	215,003
Bosnia and Herzegovina	Budget				1,049,082							3,242	1,052,324
	Expenditure				992,551							3,242	995,793
	Variance	0	0	0	56,531	0	0	0	0	0	0	0	56,531
	Budget				422,822							20,735	443,557

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Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	Expenditure				427,014								427,014
	Variance	0	0	0	-4,192	0	0	0	0	0	0	20,735	16,543
Croatia	Budget				146,065								146,065
	Expenditure				143,309						3,310		146,619
	Variance	0	0	0	2,756	0	0	0	0	0	-3,310	0	-554
Cyprus	Budget				254,106								254,106
	Expenditure				248,180								248,180
	Variance	0	0	0	5,926	0	0	0	0	0	0	0	5,926
Czech Republic	Budget				116,238							323	116,560
	Expenditure				114,515								114,515
	Variance	0	0	0	1,723	0	0	0	0	0	0	323	2,045
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				2,125,334							37,223	2,162,557
	Expenditure				2,046,868							37,223	2,084,091
	Variance	0	0	0	78,466	0	0	0	0	0	0	0	78,466

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Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

2023 Operating Budget Implementation - 2023 Financial Overview													
		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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Greece	Budget			202,604	3,206,127	0	235,740	80	86,823			46,460	3,808,050
	Expenditure				2,652,055		32	80				30,216	2,682,383
	Variance	0	0	202,604	554,071	0	235,709	0	86,823	0	46,460	0	1,125,668
Hungary	Budget	892		52,648	36,440,199		100		47,573	-2,068	546,095	397,653	37,483,092
	Expenditure	3,671		140,434	37,851,159		27,070		73,843	117,252	254,942	234,437	38,702,809
	Variance	-2,779	0	-87,786	-1,410,961	0	-26,970	0	-26,270	-119,320	291,153	163,216	-1,219,716
Ireland	Budget				223,462				0			1,125	224,587
	Expenditure				222,305								222,305
	Variance	0	0	0	1,157	0	0	0	0	0	0	1,125	2,282
Israel	Budget				270,708								270,708
	Expenditure				259,196				8,873		2,532		270,601
	Variance	0	0	0	11,512	0	0	0	-8,873	0	-2,532	0	107
Italy	Budget				11,407,452								11,407,452
	Expenditure				11,167,682								11,167,682
	Variance	0	0	0	239,769	0	0	0	0	0	0	0	239,769
	Budget	199		163,430	661,185							74,103	898,916

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	Expenditure	199		163,430	580,763							74,103	818,495
	Variance	0	0	0	80,422	0	0	0	0	0	0	0	80,422
Kyrgyzstan	Budget	124		281,691	1,004,994				18,770				1,305,578
	Expenditure	124		309,293	812,315				21,507				1,143,239
	Variance	0	0	-27,603	192,679	0	0	0	-2,737	0	0	0	162,339
Moldova	Budget				539,988								539,988
	Expenditure				429,376								429,376
	Variance	0	0	0	110,612	0	0	0	0	0	0	0	110,612
Montenegro	Budget				1,131,553								1,131,553
	Expenditure				954,907								954,907
	Variance	0	0	0	176,646	0	0	0	0	0	0	0	176,646
Poland	Budget				138,254								138,254
	Expenditure				138,243								138,243
	Variance	0	0	0	11	0	0	0	0	0	0	0	11
Portugal	Budget				97,464							0	97,464
	Expenditure				94,005				5,987				99,992
	Variance	0	0	0	3,459	0	0	0	-5,987	0	0	0	-2,528

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Republic of North Macedonia	Budget			931,137	0							931,137
	Expenditure			763,708								763,708
	Variance	0	0	0	167,428	0	0	0	0	0	0	167,428
Romania	Budget			711,318								711,318
	Expenditure	9,117		687,125						15,166		711,408
	Variance	-9,117	0	0	24,193	0	0	0	0	0	-15,166	-90
Russia	Budget			1,227,554							46,575	1,274,130
	Expenditure			1,091,922							46,575	1,138,498
	Variance	0	0	0	135,632	0	0	0	0	0	0	135,632
Serbia	Budget			858,077							0	858,077
	Expenditure			855,793								855,793
	Variance	0	0	0	2,285	0	0	0	0	0	0	2,285
Slovenia	Budget			178,233							533	178,765
	Expenditure			177,441								177,441
	Variance	0	0	0	792	0	0	0	0	0	0	1,324
	Budget			730,125								730,125

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Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
	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	5,453		593,388	1,605,973								2,204,814
	Variance	-3	0	0	326,325	0	0	0	0	0	0	0	326,321
Turkey	Budget				4,504,039								4,504,039
	Expenditure				3,882,296								3,882,296
	Variance	0	0	0	621,743	0	0	0	0	0	0	0	621,743
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	1,289,695		311,022	558,749				266,015			0	2,425,482
	Expenditure	995,016		255,872	490,593				171,061			30,294	1,942,835
	Variance	294,680	0	55,150	68,156	0	0	0	94,954	0	0	-30,294	482,646
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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	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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
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	-52

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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	Strengthen 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	29,175	169,713	699,972	2,742,160		270,085	69,492	398,878	1,434,004	1,666,329	2,957,523	10,437,331
	Variance	9,163	11,823	42,811	1,062,926	0	383,612	8,253	150,216	123,610	705,331	3,620,411	6,118,156

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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	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	TOTAL
Middle East a													
Algeria	Budget				987,413				131,609	376,275	6,267	40,894	1,542,458
	Expenditure				767,928				51,764	135,623		96,330	1,051,645
	Variance	0	0	0	219,485	0	0	0	79,845	240,652	6,267	-55,436	490,814
Egypt	Budget			10,034	1,119,660	292,400	12,500	17,648	166,951	19,067	23,908	13,541	1,675,708
	Expenditure			10,034	1,088,317	238,650		2,709	154,251	13,254		49,086	1,556,301
	Variance	0	0	0	31,343	53,750	12,500	14,940	12,699	5,813	23,908	-35,546	119,407
Iran	Budget			989,677	2,081,415						4,260	-284	3,075,068
	Expenditure			989,678	1,492,911								2,482,589
	Variance	0	0	0	588,504	0	0	0	0	0	4,260	-284	592,480
Iraq	Budget			298,025	2,014,817	135,874			530,129	868,862		27,553	3,875,260
	Expenditure			323,642	1,536,269	92,486			490,988	845,662		27,553	3,316,599
	Variance	0	0	-25,618	478,549	43,388	0	0	39,141	23,200	0	0	558,660
Jordan	Budget			185,022	644,402	231,158			260,370	617,542	11,354	15,317	1,965,165
	Expenditure			209,352	574,739	228,513			200,870	581,779	1,437	14,687	1,811,377
	Variance	0	0	-24,329	69,663	2,644	0	0	59,500	35,763	9,917	630	153,788
	Budget			328,926	6,426,076	304,977	93,485		1,251,301	953,926	406,796	186,638	9,952,124

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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		Strengthen National Societies		Effective international disaster management		Influence others as leading strategic partners		Ensure a strong IFRC		TOTAL
	Expenditure			199,027		6,199,977		270,448		37,314				783,536		781,126		126,340		97,318		8,495,085
	Variance	0	0	129,899		226,099		34,529		56,172		0		467,765		172,800		280,456		89,320		1,457,039
Libya	Budget			141,497		488,570		171,167				110,725		328,406		95,672		6,450		205,031		1,547,518
	Expenditure			185,144		283,335		208,431				127,357		103,421		77,505		4,838		137,809		1,127,840
	Variance	0	0	-43,647		205,235		-37,264		0		-16,632		224,985		18,167		1,613		67,223		419,678
Morocco	Budget					530,210								279,035		494,784				49,948		1,353,977
	Expenditure					454,416								245,156		1,996				14,757		716,325
	Variance	0	0	0		75,795		0		0	0	0	0	33,879		492,787		0		35,191		637,652
Palestine	Budget			821,837		3,751,303		174,092						89,109						37,430		4,873,771
	Expenditure			787,399		3,233,352		37,410						226,613		40,013				64,373		4,389,160
	Variance	0	0	34,438		517,951		136,682		0	0	0	0	-137,504		-40,013		0		-26,943		484,611
Syria	Budget			9,905		5,005,304								177,706		100,270				-10		5,293,175
	Expenditure			9,905		4,804,203								169,004		100,270				-10		5,083,372
	Variance	0	0	0		201,101		0		0	0	0	0	8,702		0		0		0		209,803
Tunisia	Budget			184,187		1,389,945		53,509						299,295		3,653				34,262		1,964,850
	Expenditure			93,202		1,023,422		27,076						461,618		4,610				41,417		1,651,345
	Variance	0	0	90,985		366,523		26,432		0	0	0	0	-162,323		-957		0		-7,155		313,505

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2021/9	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 09 Nov 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

2023 Operating Budget Implementation - 2023 Overview												
	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	Strengthen 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		13,535	349,798	1,316,934	175,147		55,161	334,815			2,245,390
	Variance	0	-13,535	39,352	876,827	176,715	0	0	251,815	14,560	0	0